PASTORAL CARE AND ACCOMPANIMENT FOR PEOPLE WHO REQUEST EUTHANASIA OR ASSISTED SUICIDE

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Summary: I. *The refusing parish priest*. II. *Pastoral aspects*. III. *Ethical guidelines*. 1. Administering the sacraments to people who intend to die by euthanasia or assisted suicide. 2. The request for an ecclesiastical funeral or other rite for someone who will die or has died by assisted suicide or euthanasia.

Dutchmen are quite creative and imaginative in coming up with nicknames. One such nickname is "*weigerambtenaar*," which could be translated as 'refusing official'. This expression refers to the officiant or minister who refuses to act as such when a marriage involves two people of the same sex. In 2011, the word "*weigerambtenaar*" was chosen as the word of the year by the association 'Onze Taal' ('Our Language').[1] The refusing officiants were often severely attacked on social media and by regional media as well. Because some officiants courageously continued to refuse to cooperate in homosexual marriages, the COC Netherlands, the national LGBT association, started the action 'refuse the refusing official' or 'officiant'. After fighting for thirteen years against the refusing officiant, the COC finally won. Since November 1, 2014, Dutch municipalities are no longer legally allowed to employ officiants who are not willing to act as such in so-called same-sex marriages.[2] The law makes it possible (though not obligatory) for municipalities to fire refusing officiants or to offer them other employment. This means that Parliament has chosen to let the refusing officiant die out in due time. However, another refuser has been found: the 'refusing parish priest', in Dutch "*weigerpastoor*."

I. The refusing parish priest

In 2011, a parish priest in a Dutch village refused to celebrate an ecclesiastical funeral for the fifty-nine-year-old owner of a garage and taxi business and well-known person in the village, who suffered from cancer and therefore decided to die by means of euthanasia. In protest of the parish priest's decision, half

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[1] See: http://www.volkskrant.nl/vk/nl/2686/Binnenland/article/detail/3051760/2011/11/26/Woord-van-het-jaar-is-weigerambtenaar.dhtml.

[2] *Staatsblad van het Koninkrijk der Nederlanden* (2014), 260.

the members of the parish council (three of the seven) resigned, so went the headline in a national newspaper (the term of the members was expiring anyway). The remaining members were of the opinion that the bishop should fire the parish priest, because he could no longer be active in their parish.[3] A number of parishioners had their names removed from the parish register. Volunteers decided they would no longer cooperate in an effort to restore the historic organ in the church, and artists who were going to contribute to the project withdrew. In short, the decision of the parish priest led to divisions and a deep crisis in the parish. The staff of the diocese, however, supported him.[4] The parish priest himself kept his head high, calmly faced the turmoil, and stuck to his post.

One of the parishioners, in a conversation with the auxiliary bishop after a Saturday evening Mass, proposed a practical solution: "Then we simply don't mention euthanasia. That's it: ignorance is bliss."[5] What he meant was: when we request a funeral for one of our loved ones who died by euthanasia, we will not inform the parish priest about it. It is certainly a quite practical solution, and one which, undoubtably, a good number of Catholics will eventually choose. But is it also ethically recommendable?

A comparable controversial case already happened back in 2002.[6] The Bishops' Conference had decided to issue some pastoral-ethical guidelines for priests and others active in pastoral care (like deacons and lay pastoral workers) who were confronted with requests for euthanasia and physician-assisted suicide.[7] First of all, the Dutch bishops intended to answer the questions of priests, the faithful, and the media which arose in response to the commotion caused by these controversial cases.

Another reason for issuing guidelines on this topic was that the bishops had received many indications that an unacceptable practice had developed. Apparently, sick or elderly people (or their relatives) were asking priests to administer the

[3] See: http://www.trouw.nl/tr/nl/5009/Archief/article/detail/2964709/2011/10/12/Helft-kerkbestuur-Liempde-stapt-op-om-weigerpastoor.dhtml.

[4] See: http://www.bisdomdenbosch.nl/Lists/Nieuws/ViewForm.aspx?ID=16615.

[5] See: http://www.trouw.nl/tr/nl/13912/Rooms-katholicisme/article/detail/2891320/2011/09/05/Weigerpastoor-zondigt-tegen-Brabantse-gezelligheid.dhtml.

[6] J. van Eekelen, *Priesters werken bij euthanasie niet mee aan uitvaart*, «Leidsch Dagblad» (2002) 5; more of these cases occured, see for instance: W. Pekelder, *Geen uitvaart na euthanasie, zegt de priester* (20 Oktober 2007;see:https://www.google.nl/?gfe_rd=cr&ei=foziV6ifD4nDaKGPuNAG&gws_rd=ssl#q=weigerpastoor+liempde&start=40.

[7] Dutch Bishops' Conference, *Pastoraat rond het verzoek om euthanasie of hulp bij suïcide: een handreiking voor studie en bezinning*, Secretariaat van het Rooms-Katholiek Kerkgenootschap, Utrecht 2005; cfr. W.J. Eijk, L.M. Hendriks, J.R. Raymakers, J.I. Flemming (eds.), *Manual of Catholic medical ethics. Responsible healthcare from a Catholic perspective*, Court Connor Publishing, Ballarat 2014, 517-524.

sacrament of the anointing of the sick immediately before the physician would terminate the patient's life, following the patient's request. This practice also involved making appointments and arrangements for the funeral service before the euthanasia or assisted suicide took place. When priests let people have their way, the media did not get involved, and the priests who engaged in this practice did not inform their bishops about it. So there were no reports about this practice. However, the rumors were so strong that it became urgent for the bishops to issue pastoral and ethical guidelines for situations in which a priest is asked to celebrate the anointing of the sick and the other last sacraments for someone who has scheduled euthanasia or assisted suicide. In other words, cases in which the priest becomes aware that the life of the person in question will afterwards be terminated by request.

Apart from correcting this wrong praxis, the bishops wanted to support priests who stood strong when faced with the aforementioned requests. Often, priests who did not yield to the pressure placed on them in these situations were reproached for being rigid or told that by resisting they were following their personal views instead of Church guidelines. It would be helpful for these priests if they could refer to guidelines issued by the Dutch Bishops' Conference.

Other cases for which guidelines were needed concern the situation of which I spoke above, i.e.situations in which a priest is asked to celebrate the funeral for someone who died by euthanasia or physician-assisted suicide, and the relatives inform him about this after the euthanasia or assisted suicide has already taken place.

In 2016, the Catholic Bishops of Alberta and the Northwest Territories of Canada also published a set of guidelines for the celebration of the sacraments with persons or their relatives who consider the option for physician-assisted suicide and euthanasia.[8] The specific occasion for the guidelines was that in 2016 the Parliament of Canada had passed federal legislation on medical assistance in dying (abbreviated as MAID). This legislation made it possible for eligible Canadian adults (i.e. at least eighteen years of age) to request assistance in dying, either in the form of physician-assisted suicide or euthanasia. This law was modified in 2021 with regard to eligibility, procedural safeguards, and the framework for the data collection of the federal government and the reporting system.[9]

In Switzerland, assisting someone in suicide, unlike euthanasia, is not prohibited by law if not incited for selfish motives:

[8] The Catholic Bishops of Alberta and the Northwest Territories, *Guidelines for the celebration of the sacraments with persons & families considering or opting for death by assisted suicide or euthanasia: A vademecum for priests and parishes*, September 14, 2016 (see: https://www.cccb.ca/wp-content/uploads/2020/05/2016-0914_SacramentalPracticeinSituationsofEuthanasia.pdf).

[9] Bill C-7, see: https://www.parl.ca/DocumentViewer/en/43-2/bill/C-7/royal-assent.

> Any person who for selfish motives incites or assists another to commit or attempt to commit suicide is, if that other person thereafter commits or attempts to commit suicide, liable to a custodial sentence not exceeding five years or to a monetary penalty».[10]

As a result of this legislation, Swiss right-to-die organizations, like Exit Deutsche Schweiz founded in 1982 in Zürich, and later Exit International and Dignitas, offer assistance in suicide.[11] Consequently, Swiss priests, deacons, and lay pastoral workers are confronted with requests for administering the sacraments of penance, the anointing of the sick, and the Eucharist from people who intend to commit suicide with medical assistance. In response, the Swiss Bishops' Conference in 2019 issued guidelines for the way in which these ministers should act when confronted with these requests.[12] The Dutch, Swiss, and Canadian guidelines, largely agree with one another, except for some particular points, as we will below discuss.

II. Pastoral aspects

Unfortunately, it often happens in a secularized society that the priest offering pastoral care encounters people who disagree with the Church's teaching on ethical questions, particularly those concerning healthcare, marriage, and sexuality. Here one can distinguish three factors:

1. the receptivity of the person receiving spiritual caregiving;
2. the spiritual caregiver's experience, expertise, and maturity in the faith;
3. the way in which pastoral care—or, as it is generally called in The Netherlands, spiritual care— is organized in healthcare facilities.[13]

The decreasing receptivity of people toward the Church's teaching implies limits to the possibilities of offering pastoral care based on this teaching. First of all, the priest (or other spiritual caregivers, like deacons and lay pastoral workers) must respect the religious and ethical views of others, as God respects the freedom of human beings. The spiritual caregiver should *propose* the Catholic faith and the norms it includes, but he cannot *impose* them. In proposing the Faith and its norms, he would be well-advised (if given the opportunity) to patiently take

[10] *Swiss Criminal Code*, art. 115 (see: https://fedlex.data.admin.ch/filestore/fedlex.data.admin.ch/eli/cc/54/757_781_799/20200701/en/pdf-a/fedlex-data-admin-ch-eli-cc-54-757_781_799-20200701-en-pdf-a.pdf; status as of July 1, 2020 (consulted on March 2, 2022).

[11] Cfr. C. Bartsch, K. Landolt, A. Ristic, T. Reisch, V. Ajdacic-Gross, *Assisted Suicide in Switzerland: An Analysis of Death Records From Swiss Institutes of Forensic Medicine*, «Deutsches Ärzteblatt International» 116 (2019) 545–52.

[12] Schweizer Bischofskonferenz, *Seelsorge und assistierter Suizid: Eine Orientierungshilfe für die Seelsorge*, December 2019 (see: https://www.bischoefe.ch/seelsorge-und-assistierter-suizid/).

[13] Eijk, Hendriks, Raymakers, Flemming, *Manual of Catholic medical ethics*, 517.

his time so as to gradually inform the person about the Church's teaching and to journey with him in his illness or dying process. This approach reflects God's Divine Pedagogy with humanity as a whole and with each of us personally.

Another important aspect is that problems do not only arise from the person receiving pastoral care, but also from the person offering it: the spiritual caregiver may have more or less experience and expertise and—equally or even more importantly—may be more or less mature in his faith. Spiritual caregivers in the Church are often confused themselves by the many divisions and dissensions within the Church and do not always easily manage to escape the influence of secularization. Spiritual caregivers working in hospitals should attend clinical pastoral training and regular postgraduate schooling. Dioceses should ensure that clergy are offered sufficient formation for the pastoral care of the sick and the elderly before and after ordination. A risk of these courses and formation is that they sometimes tend to present pastoral care as a kind of psychological assistance or to give it a one-sided, therapeutic character. Pastoral care most definitely aims at healing, but this is above all a healing of the relationship with God. It is therefore absolutely necessary that the spiritual caregiver have a true Christian spirituality, a personal relationship with Christ, and a life of committed prayer.

Difficulties in offering pastoral care according to the Church's teaching may also stem from the way in which spiritual care in healthcare facilities is organized. In the Netherlands, the spiritual caregiver of a healthcare facility is not appointed to people of his own denomination, but to one or more wards of the healthcare facility. For example, he may be responsible for spiritual care in the internal medicine or the neurology ward, where he must offer spiritual care to Catholics, Protestants, Jews, Muslims, Buddhists, Hindus, and atheists. Thus Catholics desiring contact with a Catholic spiritual caregiver must explicitly ask for it. This creates an essential difficulty concerning the pastoral mission: the bishops give Catholic spiritual caregivers a pastoral mission to proclaim the Christian faith, whereas the actual way in which spiritual care is organized in Dutch healthcare facilities makes this impossible in many situations. This may create difficult situations in which the pastoral caregiver often has to deal with people who disagree with him; alternatively, he tries to prevent this, either by adapting himself to the convictions of the patient or by offering a very general form of spiritual care. Both attitudes are unacceptable. The way in which pastoral care is organized in Dutch healthcare facilities may also create ecumenical difficulties, such as non-Catholic people asking for the sacraments without being, or aiming at being, in full communion with the Roman-Catholic Church. Generally, non-Christians will not ask for the sacraments, but they may occasionally desire something which the spiritual caregiver cannot reconcile with his own conscience.

To the spiritual caregiver confronted with people who say they want euthanasia or assistance in suicide, the first advice the Dutch Bishops' Conference offers is not to address the request directly as such, but to "look behind the question."[14] He must first know what the real problem bothering them is. The spiritual caregiver must try to understand them. The request to be euthanized or assisted in suicide does not necessarily or

> directly involve the wish to die or to terminate life. The question is: 'How can my life in this situation (still) be dignified?' Experience shows that a request for the termination of life is often motivated by fear of unbearable suffering and by aversion to personal degradation. Physical pain is usually not in the foreground. Research shows that in only 10% of cases is pain the sole motive for a request for termination of life.[15]
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> The primary problem is preserving self-respect and human dignity. Put in general terms, the request for euthanasia or assisted suicide seems above all to be a request for help and relief. That is why it is very important to speak with the other person and discover with him the source of his request.[16]

The primary problem is maintaining self-respect and human dignity. In general terms, the request for euthanasia or assisted suicide appears to be primarily a request for help and assistance. That is why it is always very important to enter into conversation with the other person and to explore together the background of a possible request.

What is their real question and what is its source? Apart from the fear of losing their human dignity and the fear of unbearable pain, they might be concerned about becoming a burden to their relatives. Even when their requests for euthanasia or assisted suicide are based on their desire to preserve their self-determination, one should inquire what exactly they really mean by this. It might be that the sick person fears becoming a burden for his relatives. They may want to say that "no other person, like the doctor, is in charge of my life," or that "other people should not presume that they can decide about my life."[17] Older people in particular may still remember the medical overtreatment of the fifties and sixties of the last century. At that time, physicians made very far-reaching decisions about applying

[14] Dutch Bishops' Conference, *Pastoraat rond het verzoek om euthanasie of hulp bij suïcide*, 11-12 (Section 2.1).

[15] G. van der Wal, P.J. van der Maas, *Euthanasie en andere medische beslissingen rond het levenseinde. De praktijk en de meldingsprocedure*, Sdu Uitgevers, Den Haag 1996, 57. This also appears from other surveys, e.g. E.J. Emanuel, D.L. Fairclough, E.R. Daniels, B.R. Clarridge, *Euthanasia and Physician-Assisted Suicide: Attitudes and Experiences of Oncology Patients, Oncologists, and the Public*, «The Lancet» 347 (1996) 1809.

[16] Dutch Bishops' Conference, *Pastoraat rond het verzoek om euthanasie of hulp bij suïcide*, 11-12.

[17] *Ibidem*, 12.

medical treatments and surgical operations without asking the patient what he thought or desired. This may still cause fear that life will be endlessly prolonged. That the patient himself, and not the physician or the relatives, should make these decisions is truly a just desire which should be respected. The request for euthanasia or assisted suicide can often be understood as a cry or request for help which then functions as an invitation to speak about the questions actually bothering the person, who wants advice from a pastoral counselor or spiritual caregiver.

It is important to realize that the fear of suffering and dying and the worries mentioned above, which people may express by requesting euthanasia and assisted suicide, have their roots in social, scientific, and cultural developments.[18]

1. People have to learn how to cope with the greatly extended life expectancy. This change is creating new challenges. For example, how does one give meaning to a longer life at an old age when bodily forces and mental capacities may be diminished or lost? It becomes more difficult to participate meaningfully in social life; many social contacts are lost because relatives and friends of the same age have died. Of course, the pastoral caregiver cannot solve all these questions, but the fact that he is present and pays attention to the sick person is in itself already very helpful and meaningful. This presence and attention can open the door to discussing religious and ethical questions as well from the Christian perspective.
2. The rapid development and introduction of new medical technologies makes it possible to prolong life for the elderly, but the question is whether this is meaningful. Patients themselves may want to know that they have a say about applying treatments. In this respect, the pastoral caregiver may help the patient to make a well-considered morally good choice, on the basis of the distinction between proportionate and non-proportionate treatment.
3. The current culture of expressive individualism leads to secularization and the loss of the social function of the major social, philosophical. and religious orientations, especially that of the Church. As a result of this, people are living within a private horizon. Also, the ideas of life after death, eternity, and resurrection—when not denied in themselves—are foreign to many people or have hardly any impact on the way they live and the choices they make. People generally view death as the end of everything. This makes it difficult for the pastoral caregiver to bring up the Christian belief in eternal life and the resurrection. However, even though it is difficult, it should be done.

[18] *Ibidem*, 13-19 (Section 2.2).

Taking all these factors into account, the pastoral caregiver should look for prudent ways to build a relationship of trust with the patient and to understand his questions, including the background and sources of these questions. In this way, he can create space for announcing the Christian faith and the ethical values and demands it implies.

III. Ethical guidelines

Without a doubt, the Catholic spiritual caregiver must accompany persons who are sick, suffering the ailments of old age, or dying, and do this from the ethical perspective as well, because this is an integral part of the Church's teaching. He must therefore be well-trained in medical ethics. If he works in a Catholic healthcare facility, it goes without saying that he should be a member of the ethical commission, but this membership would also be good in a non-Catholic healthcare facility, because it would enable him to represent the convictions of Catholics who are admitted there.

As we indicated above, it often happens that the pastoral caregiver and patient have different systems of values and norms. How should the pastoral caregiver deal with these differences when people seek his advice as their pastoral and spiritual counselor? Three different possibilities are offered by Ashley, DeBlois, and O'Rourke:[19]

1. If the patient's condition permits it, the pastoral caregiver could try to speak with the patient about the patient's convictions and value system with due respect. The pastoral caregiver could help the patient to make decisions according to the Catholic faith. This may be facilitated by the fact that the moral values and norms the Catholic Church proposes can be explained from a purely philosophical point of view, without referring to Revelation.
2. If such a discussion with the patient about values and norms from the Catholic perspective is not possible or appropriate, the pastoral caregiver could help the patient make a decision according to the latter's view, so that the patient is following his conscience thus acting subjectively well, even if what he decides contrasts with the view of the Church. Obviously, this approach has its limits. It is perhaps possible that the pastoral caregiver could follow this approach to a certain extent, for example, when decisions to accept or forego treatment are concerned. However, when the patient is considering options that would harm himself or others, or when he

[19] B.M. Ashley, J.K.de Blois, K. O'Rourke, *Health Care Ethics. A Catholic Theological Analysis*, Georgetown University Press, Washington D.C. 2006 (5th ed.), 242-244.

considers euthanasia or physician-assisted suicide, the pastoral caregiver should try to convince the patient that these acts are objectively evil.

3. It may happen that the patient is considering a decision based on an assessment of his situation or current condition other than that provided by the pastoral caregiver. In this case, the caregiver could try to correct this assessment, insofar as he is competent to do so. Here the differences between the patient's convictions and moral system and those of the pastoral caregiver are less relevant.

No matter how cautiously, patiently, and prudently the pastoral caregiver may accompany and counsel patients, it is unavoidable that in some cases he will be confronted with people who persist in their request for euthanasia or assisted suicide and ask him to administer the sacraments before their death takes place, or to take care of the funeral service afterwards. The case is also inevitable in which the relatives who ask the caregiver to take care of the funeral service inform him that the deceased person died from euthanasia or physician-assisted suicide. What should the pastoral caregiver do in such situations? First, the point of departure should always be the recognition that "Omitting, hiding, or avoiding what the Church holds as the faith does not belong to pastoral work."[20] In his encyclical *Veritatis Splendor* John Paul II rejects the idea that pastoral care consists of seeking and offering 'compromises' between the Church's teaching and everyday reality in the form of so-called pastoral solutions contrary to the Church's teaching (n. 56). True pastoral care requires that the pastor leads people entrusted to his care to the truth, ultimately found only in Jesus Christ, who is "the way, and the truth, and the life" (John 14,6).

Two separate questions have to be dealt with. In the first place, what should a spiritual caregiver do when a person who intends to terminate his life (or have it terminated) by euthanasia or assisted suicide asks the caregiver to administer to him the sacraments of penance (reconciliation), the anointing of the sick, and Viaticum? The second question is whether the spiritual caregiver can offer a funeral to someone whom he knows to have died by euthanasia or assisted suicide.

1. *Administering the sacraments to people who intend to die by euthanasia or assisted suicide*

What should a priest do in the situation in which a person has decided to terminate his life by euthanasia or physician-assisted suicide, but before doing so, asks the priest to administer the last sacraments: the sacrament of penance (reconciliation)

[20] Dutch Bishops' Conference, *Pastoraat rond het verzoek om euthanasie of hulp bij suïcide*, 34.

(which, by the way, is a sacrament practically forgotten in The Netherlands), the anointing of the sick, and Viaticum. Regarding this situation, the Dutch bishops clearly say that in order to receive the sacraments, one must have the proper disposition.

> Fundamentally, receiving the sacraments means entrusting oneself to God's loving mercy. When one consciously and freely chooses euthanasia or assisted suicide, one wants to take control of the last stage of one's life entirely into one's own hands. Such an attitude is incompatible with surrender to God's loving mercy and, as it were, denies the strength inherent in the sacraments [to bear the suffering one faces, united with Christ in one's suffering]. Through the sacraments one participates in the suffering, death, and resurrection of Jesus and in the unconditional "yes" that He spoke to the Father on our behalf. Seen in this light, it is not possible to accept the request to administer the sacraments if someone intends to actively end his life [or have it ended]. Such a person lacks the required disposition.[21]

The Congregation for the Doctrine of the Faith adds that for the sacrament of penance, the validity of absolution requires the presence of true contrition, "which consists in 'sorrow of mind and a detestation for sin committed, with the purpose of not sinning for the future'"[22] (V.11).

Sick persons often request euthanasia or assisted suicide out of fear or despair. They do not act in full freedom, and consequently their personal responsibility is diminished. However, even in such situations, it is not correct to administer the sacraments to them, because euthanasia and assisted suicide in themselves remain intrinsic, gravely evil acts (*Samaritanus bonus* V.11). According to the Dutch Bishops' Conference,

> Euthanasia is not a "solution" to suffering, but an elimination of the suffering person. As a result, it is the confirmation of his despair, of the overwhelming feeling that suffering can only disappear with the person himself. If the pastoral counselor / spiritual caregiver were to support the request for euthanasia [or assisted suicide], he would, contrary to the hope that lives within him and that he wishes to proclaim, be capitulating to despair.[23]

[21] *Ibidem*, 35-36; cfr. what the Bishops of Alberta and the Northwest Territories of Canada say with regard to the sacrament of the anointing of the sick: *Guidelines for the celebration of the sacraments with persons*, n. 62.

[22] Council of Trent, Session XIV, *De sacramento penitentiae*, chapter 4 (DH 167).

[23] Dutch Bishops' Conference, *Pastoraat rond het verzoek om euthanasie of hulp bij suïcide*, 36.

Moreover, by administering the sacraments, the pastoral caregiver would give the impression that the Church approves of euthanasia and physician-assisted suicide and therefore cause scandal.

From a pastoral point of view, the Bishops of Alberta and the Northwest Territories of Canada suggest that pastoral caregivers, when observing that the person requesting the sacraments is not properly disposed, should speak of "delaying a sacrament rather than denying it."[24]

Postponing or refusing to administer the sacraments in this case implies no judgement of personal guilt or refusal of the person as such. The spiritual caregiver should be ready to assist him spiritually and, in a prudent way, try to convince him that terminating his life (or having it terminated) is an intrinsic evil. When a patient is suffering from an incurable disease, the caregiver should point to the support and relief which palliative care can offer. However, the sacraments can only be administered to him if he clearly reconsiders his request for euthanasia or assisted suicide (*Samaritanus Bonus* V.11).

The Congregation for the Doctrine of the Faith and the Dutch Bishops' Conference insist that spiritual caregivers should continue to accompany persons who consider euthanasia or assisted suicide. However, they are not allowed to stay with them when the euthanasia or the assisted suicide is performed:

> Nevertheless, those who spiritually assist these persons should avoid any gesture, such as remaining until the euthanasia is performed, that could be interpreted as approval of this action. Such a presence could imply complicity in this act. This principle applies in a particular way, but is not limited to, chaplains in the healthcare systems where euthanasia is practiced, for they must not give scandal by behaving in a manner that makes them complicit in the termination of human life" (*Samaritanus Bonus* n. 11).[25]

The guidelines of the Swiss Bishops' Conference determine that the pastoral caregiver should leave the room during the moment the patient takes the means for committing suicide. This could perhaps serve as an invitation to the person involved not to proceed with the action. It is in any case a sign that the pastoral caregiver views suicide as a morally unacceptable act. In doing so, he should make clear that he does not leave the room in order "to leave the patient, but rather out of the obligation to bear witness to the service of life."[26] The pastoral caregiver should inform the person who has decided to die by suicide, the family, and the medical personnel about the meaning of his leaving the room. The patient, after

[24] Bishops of Alberta and the Northwest Territories of Canada, *Guidelines for the celebration of the sacraments with persons*, n. 3.

[25] Cfr. Dutch Bishops' Conference, *Pastoraat rond het verzoek om euthanasie of hulp bij suïcide*, 34.

[26] Schweizer Bishofskonferenz, *Seelsorge und assistierter suizid*, 31.

taking the means of suicide, dies within 7 minutes to 18 hours, with an average of 25 minutes. When these means are administered intravenously, in which case the patient himself opens the infusion, he will die on average after 16 minutes.[27] The guidelines of the Swiss Bishops' Conference do not exclude that the pastoral caregiver, depending on the situation and the attitude of the person involved, reenters the room after the means of suicide have been taken, to accompany him and to pray with him:

> «However, because an accompaniment does not simply end, the spiritual caregiver can, when the circumstance permit or make that possible, not only pray, but assist the person in his last moment. Reality shows that the time interval between taking the lethal means and that of death may be relatively long. What will happen in the person's heart during this time? The care of souls may consider it appropriate to be present in this time and, if circumstances permit, to be present at the moment of death. The decision to do so can also be a kind of «loving to the end» and thus accompanies the person at the moment of his death, in which he may turn to God».[28]

What explains the difference between the position of Congregation for the Doctrine of the Faith and the Dutch Bishops' Conference, which precludes all presence of the spiritual caregiver when the person in question takes the suicidal means and after that moment, and the position of the Swiss Bishops' Conference, which states that the spiritual caregiver should leave the room at the moment when the lethal means life are being taken, but allows him to return after this and to stay with the person until the moment of his death? The basis for this difference is possibly the interpretation of the moral object of the act of suicide, though neither the Congregation for the Doctrine of the Faith and the Dutch Bishops' Conference nor the Swiss Bishops' Conference explicitly make this into a theme. The Swiss Bishops' Conference seems to suppose that the moral object is limited to the act of taking the lethal means, whereas the Congregation for the Doctrine of the Faith and the Dutch Bishops' Conference seem to view the taking of the lethal means until the death of the person as a unified whole that constitutes the moral object of the suicidal act. Those who follow the latter interpretation—as I personally do—will be inclined to give more weight to the risk of scandal created by the spiritual caregiver's presence during the interval between the use of lethal means and death. Naturally, those who limit the moral object of the suicidal act to the moment of taking the lethal means will give less weight to this risk of scandal. However, for those who interpret the moral object as including the use the suicidal drug until death itself occurs, an act with a different (and morally good) object

[27] *Ibidem*, 15; cfr. G. Bosshard, E. Ulrich, W. Bär, *748 cases of suicide assisted by a Swiss right-to-die organisation*, «Swiss Medical Weekly» 133 (2003) 310–317, particularly 314.
[28] Schweizer Bishofskonferenz, *Seelsorge und assistierter suizid*, 32.

and end would be performed if physicians were to attempt to prevent the person from dying. This could happen if the person who first wanted to commit suicide changes his mind and desires that the suicidal choice be undone, for example, by pumping the stomach or giving an antidote. However, it is highly improbable that this would ever occur in the context of physician-assisted suicide.

2. *The request for an ecclesiastical funeral or other rite for someone who will die or has died by assisted suicide or euthanasia*

The second ethical question concerns the situation in which the pastoral caregiver is asked to take care of the funeral service of either 1) a person who intends to die by euthanasia or assisted suicide or 2) a deceased person, about whom relatives or others inform the priest that he died by assisted suicide or euthanasia. The Dutch Bishops' Conference deals with these two situations separately:

a. In the situation in which someone announces that he will have his life terminated and intends to make arrangements for the funeral service before his death, "One will not be able to comply with such a request because doing so could imply approval of euthanasia or assisted suicide."[29]
b. Then there is the question of what to do when the pastoral caregiver is informed after the person's death that he died by means of euthanasia or physician-assisted suicide.

This second case deserves special attention. By accepting to celebrate the funeral service, the pastoral caregiver runs the risk of creating confusion about the Church's teaching on euthanasia and physician-assisted suicide and causing public scandal. He therefore must not celebrate the funeral service, unless he has a grave reason to do so (for example, to respect the seal of confession if he only came to know of the euthanasia or suicide through a sacramental confession).[30]

The pastoral caregiver should however take into account one important factor, namely, the personal responsibility of the person who died by euthanasia or physician-assisted suicide. When the person in question has made his choice to terminate his life in this way consciously and in full freedom, the pastoral caregiver must not celebrate the funeral. By funeral, the Dutch bishops intend "everything that belongs to the 'ordinary' public worship concerning the farewell to a deceased person: the evening vigil service (*avondwake*), the funeral liturgy (a celebration of

[29] Dutch Bishops' Conference, *Pastoraat rond het verzoek om euthanasie of hulp bij suïcide*, 38.
[30] *Ibidem*, n.38; cfr. The Catholic Bishops of Alberta and the Northwest Territories, *Guidelines for the celebration of the sacraments with persons*, n. 24; CCC 983-984.

the Eucharist, a Word and Communion service, or prayer service), and the final commendation of the dead (*absolute*) in the church and at the grave."[31]

However, it may well be that the personal responsibility of the person who died by euthanasia or assisted suicide was in fact diminished. The person may have chosen to have his life terminated out of fear or despair, which may affect inner freedom and therefore diminish personal responsibility. The Church, though generally prohibiting an ecclesiastical funeral for those who committed suicide, nevertheless grants the possibility of an ecclesiastical funeral if the person in question committed suicide because he was overwhelmed by despair resulting from a psychological disorder.[32] The Dutch bishops therefore conclude in their guidelines:

> When there is evidence that the choice of euthanasia or assisted suicide was not made in full freedom, one may, on the basis of a prudent consideration of all the factors involved—if necessary in consultation with the local ordinary—allow a church funeral.[33]

«When there is evidence that the choice of euthanasia or assisted suicide was not made in full freedom, one may, on the basis of a prudent consideration of all the factors involved—if necessary in consultation with the local ordinary—allow a church funeral».[34]

The Bishops of Alberta and the Northwest Territories of Canada agree with this point of view, but add:

> «The case of assisted suicide or euthanasia, however, is a situation where more can sometimes be known of the disposition of the person and the freedom of the chronically ill man or woman, particularly if it is high-profile or notorious. In such cases, it may not be possible to celebrate a Christian funeral».[35]

[31] Dutch Bishops' Conference, *Pastoraat rond het verzoek om euthanasie of hulp bij suïcide*, 37.

[32] Cfr. CCC 2282-2283.

[33] *Ibidem*, n.39. The Swiss Bishops' Conference and the Bishops of Alberta and the Northern Territories also determine that in cases of doubt the local ordinary should be consulted: The Catholic Bishops of Alberta and the Northwest Territories, *Guidelines for the celebration of the sacraments with persons*, n. 19; Schweizer Bishofskonferenz, *Seelsorge und assistierter suizid*, 35.

[34] *Ibidem*, n.39. The Swiss Bishops' Conference and the Bishops of Alberta and the Northern Territories also determine that in cases of doubt the local ordinary should be consulted: The Catholic Bishops of Alberta and the Northwest Territories, *Guidelines for the celebration of the sacraments with persons*, n. 19; Schweizer Bishofskonferenz, *Seelsorge und assistierter suizid*, n. 35.

[35] The Catholic Bishops of Alberta and the Northwest Territories, *Guidelines for the celebration of the sacraments with persons*, n. 20.

Moreover, they emphasize that the Church's refusal to celebrate a funeral for someone is not a punishment of him but a recognition of his decision, "a decision that has brought him or her to an action that is contrary to the Christian faith, that is somehow notorious and public, and would do harm to the Christian culture and the larger culture".[36]

An example would be when a well-known person has publicly voiced his support for assisted suicide or euthanasia, has openly fought for their legalization, or has publicly made known his own request for assisted suicide or euthanasia. On should not risk the funeral becoming a cause of public scandal (*CIC*/1983 c. 1184).[37]

The Swiss Bishop's Conference and the Bishops of Alberta and the Northwest Territories of Canada do not address the distinction between the situation in which the person desires to make arrangements for his own funeral before the suicide or euthanasia takes place and the situation in which the spiritual caregiver hears afterwards (usually from the family) that he died by suicide. The Swiss Bishops' Conference—like the Catholic Bishops of Alberta and the Northwest Territories of Canada[38]—states that Christian funerals or a "farewell rite" (*"Abschiedsritual"*) serve two ends: The first end is for everyone to pray for the dead, in order to commend them to God's mercy. The second end is to support those who mourn for their deceased loved one.[39] It is not specified what a farewell rite implies, but the impression is that a Christian funeral refers to a Requiem Mass, while a farewell rite is a prayer service that includes a homily and addresses of relatives and friends. The Swiss bishops warn that "the funeral should in no way be taken as a defense of the act of suicide or assisted suicide".[40]

The Catholic Bishops of Alberta and the Northwest Territories suggest that when an official Christian funeral must be denied, the priest may, on the basis of a prudent pastoral judgement, propose "a liturgy of the Word at the funeral home or simple prayers at the graveyard," or perhaps "a memorial mass for the repose of the deceased's soul could be celebrated at a later date".[41]

[36] *Ibidem*.
[37] *Ibidem*, n. 21.
[38] *Ibidem*, n. 18.
[39] Schweizer Bishofskonferenz, *Seelsorge und assistierter suizid*, 34-35; cfr. The Catholic Bishops of Alberta and the Northwest Territories, *Guidelines for the celebration of the sacraments with persons*, n. 18.
[40] Schweizer Bishofskonferenz, *Seelsorge und assistierter suizid*, 34-35; cfr. The Catholic Bishops of Alberta and the Northwest Territories, *Guidelines for the celebration of the sacraments with persons*, n. 35.
[41] The Catholic Bishops of Alberta and the Northwest Territories, *Guidelines for the celebration of the sacraments with persons*, n. 22.

Conclusion

Pastoral care for sick and elderly people, a practice since the Early Church, has been characterized in recent decades by a number of new difficulties and questions, especially in regard to the administration of the sacraments and church funerals in countries where euthanasia and physician-assisted suicide have become legal options. This creates a demand for clear pastoral-ethical guidelines for priests, deacons, and lay pastoral workers who may be confronted with the request for administering the sacraments to persons who intend to terminate their lives (or have their lives terminated) by euthanasia or assisted suicide. Guidelines are also required for how to deal with requests for funerals of people when it is known that they will die by euthanasia or assisted suicide. The guidelines of the Dutch Bishops' Conference, those of the Swiss Bishops' Conference, and those of the Bishops of Alberta and the Northwest Territories of Canada offer priests, deacons, and lay pastoral workers clarity concerning these issues. They largely agree with one another but supplement each other in some respects and differ from each other in other respects. In any case, they can prevent priests, deacons, and lay pastoral workers from handling the situations mentioned in ways that could contradict the Church' teaching regarding euthanasia and assisted suicide and cause confusion. The Congregation for the Doctrine of the Faith, in its letter *Samaritanus Bonus*, has provided similar guidelines for the whole Church for situations in which people who intend to die by assisted suicide or euthanasia ask to receive the sacraments. These guidelines are clear, though less detailed than the guidelines of the Dutch and the Swiss Bishops' Conferences and those of the Bishops of Alberta and the Northwest Territories of Canada. The advantage is that guidelines for these situations are now also available for church provinces which have not issued them yet. However, the letter *Samaritanus Bonus* does not address the question of whether a Christian funeral may take place for someone who will die or has already died by assisted suicide or euthanasia.

Abstract

The article analyzes the genesis and application of some guidelines drafted by several Bishops' Conferences concerning the pastoral accompaniment of people who request euthanasia or assisted suicide. Conversations with the patient and his or her family, administration of the sacraments, and funeral services are some of the topics addressed in these guidelines. The letter Samaritanus bonus from the Congregation for the Doctrine of the Faith responds to the need to give guidelines for those nations that do not yet have them and to unify the sometimes discordant criteria, although it still leaves some questions open.