



AMRI Office:
c/o Missionaries of Africa,
Cypress Grove Road, Templeogue,
Dublin 6W, D6W YV12,
Ireland.
Tel: +353 1 531 0055
Email: info@amri.ie
Web: www.amri.ie

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Statement from

The Association of Leaders of Missionaries and Religious of Ireland (AMRI)

On the Dying with Dignity Bill (2020)

In a democratic society such as ours, freedom of speech is a core value, and legislators must pay special attention to the different voices of individuals and groups who feel called to articulate their opinions on issues touching on the common good and the quality of life of its citizens.

In this statement we, the Executive Council of the Leaders of Missionaries and Religious of Ireland (AMRI), wish to contribute to the ongoing public conversation about the ethics of end-of-life care and the sensitive question of assisted dying raised by the Dying with Dignity Bill (2020).

In sharing our collective insights on this topic, we are in part echoing the consistent teaching of the Catholic Church, while also speaking from a considerable degree of personal experience in this area, both the experience of suffering and of accompanying and caring for others who are suffering, in Ireland and overseas, including some of the most vulnerable in the Global South. Many of our communities consist of older men and women experiencing various levels of diminishment and facing the challenge, like many others in society, of adapting to a less independent lifestyle, often in nursing homes. We also know the reality of younger family members and friends suffering painful and diminishing illness, so we can empathise with the human situations at the heart of this difficult ethical issue.

The core value: human dignity

The central ethical principle guiding our care for those facing end of life decisions, in the context of the experience of what can feel like intolerable suffering, is respect for human dignity. This concept is valued by virtually all people of good will. It is widely regarded as the foundation for human rights, including the right to life, perhaps the most fundamental right of all, since all other values require the protection of life to function and flourish.

The human right to life is based on the radical notion that persons have an inherent worth, independent of the qualities that differentiate them from one another. Thus, dignity and the rights defending this value are opposed to every form of discrimination based on age, gender, race, social status, religious beliefs, etc. This also

implies that we must respect people at every stage of life, including the elderly and those experiencing terminal conditions. We cannot accept the conclusion that permission be given to end a life prematurely by deliberate intention because what appears to be intolerable suffering is thought to cause the individual to lose something of his or her inherent worth.

This position does not imply an attitude which glorifies suffering or advocates the prolongation of life “to the bitter end”. Physical existence is a fundamental value but not an absolute one. Traditional medical ethics fully supports a degree of patient autonomy, such as refusing burdensome treatments which militate against the quality of life. We applaud the wonderful work of the Hospice Movement, which gives such compassionate end of life support in specialised settings, as well as in the patients’ homes where appropriate.

The Key Ethical Principles: Do no harm, do good, respect autonomy, act justly
The principle of respect for the dignity of the person not only grounds the right to life, it also points to four specific principles traditionally recognised in medical ethics: do no harm; do good; respect autonomy; act justly. The first principle, of avoiding harm, has up to this been widely understood as prohibiting the direct, intentional killing of a patient. The second, underlies the positive care a sick person is due from medical staff, and in the case under discussion includes relief of pain in all its aspects. The third principle, respect for autonomy – allowing, even encouraging, patients to participate in their treatment – is now in danger of trumping the other principles, including the final one, to act justly. Acting justly demands that we give each suffering person his or her due, and this implies that, in the words of the Royal College of Physicians of Ireland in reference to assisted dying, “Physicians have a duty to eliminate pain and suffering, not the person with the pain and suffering.” (Assisted Suicide: Supplementary key updates and literature review for RCPI, October 2020, p.8)

Legislating for assisted dying, then, means a radical overhaul of the proper order of ethical principles, and implies a significant change in medical culture with the risk of immense social costs, including, not least, one’s trust in one’s doctor, if proper safeguards are not put in place to protect the vulnerable. Such legislation in Ireland raises the prospect of doctors who have a conscientious objection to assisted dying being forced to refer patients to those willing to comply with the law.

It is highly significant that the official voices of the medical profession in Ireland, e.g., the Royal College of Physicians of Ireland, as well as other international bodies representing national medical associations, are totally opposed to physician-assisted-suicide. Clearly for them, assisting a patient to die is a bridge too far in end-of-life care. Surely, the voices of these organisations, whose members are daily in contact with so many tragic cases, including the ones envisaged by the proposed bill, must hold a special resonance in the attention of legislators considering this challenging and risky policy.



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The Christian Perspective

So far, we have been presenting our concerns about the proposed legislation from a largely humanistic perspective. In addition, of course, there are distinctive ethical positions on end-of-life care that stem from Christian theology. The basic reason why life is precious and dignified is based on the doctrine of creation, common to the three Abrahamic religions, Judaism, Christianity, and Islam, whereby each person is made in the image of God. Life is viewed as a gift which brings opportunities as well as responsibilities, from its beginning right to the end of its course.

Christians also look to their own faith to see value in what seems valueless, the prolonging of a life of suffering. In the gospel portrayals of the life of Jesus Christ, we see a person who initially displays great power. He is active in healing people, feeding a multitude, calming storms, even raising the dead. Then suddenly he is handed over to the authorities, moving from action to passion. He loses his autonomy as he is dragged from one place of torture to another. However, we believe that in doing this he gives value to the whole of human life, not only our active lives, but especially our times of diminishment. Christian faith has stressed the example of the suffering, sacrificial love of Jesus who, in the Gospel of Mark's passion narrative, is recognised as Son of God (15:39), and therefore one of infinite dignity and worth, specifically when crucified and unable to act autonomously. We are called to see in this example the truth that in Christ every stage of life, including that of terminal illness, has special meaning to God, and that God accompanies those suffering in such tragic circumstances.

A Dignified and Ethical Death

Without sentimentalising suffering in human life, we still need to make sense of this experience, especially from an ethical perspective. One way of doing this is not to focus on rights and duties alone, but also to include an appeal to virtues and character. Those suffering and those caring for them are challenged to practise virtues of love and compassion, gratitude, perseverance, and acceptance. While we recognise that many of our fellow citizens will invoke love or mercy as a motive for assisting in the death of another, we call for a loving presence on the part of those who suffer and on the part of those who care for them. We strongly affirm the value of every human life and are convinced that those who are nearing the end of life's journey have a great deal to offer and from whom we have much to learn. The psalmist says, "The Lord is close to the broken-hearted; those whose spirit is crushed he will save" (Ps 33:19). God is present, not only in the ministry of those who care for the sick and dying, but also in the ministry of the dying person themselves. Perhaps only God can grasp the degree of goodness that suffering patients may evoke in those who care for them and the dignity that they may express in their pain? In turn, we believe that God is working through medical staff and carers to minimise the pain experienced, assisting the patient to complete their earthly journey in an appropriate way, one that is loving, peaceful, dignified, and ethical.



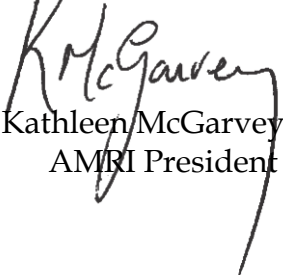
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Signed:


Sr Kathleen McGarvey OLA
AMRI President


Mr David Rose
AMRI Secretary General

On behalf of the AMRI Executive Council Members

Abbot Brendan Coffey OSB
Br Edmund Garvey CFC
Sr Evelyn Greene CHF
Sr Mary Hanrahan PBVM
Fr John Hennebry OSA
Sr Rita Kelly MMM
Fr Timothy Lehane SVD
Sr Kathleen McGarvey OLA
Fr Aidan McGrath OFM
Sr Paula Molloy MSHR
Fr Tom O'Connor SPS
Ms Sally Roddy VC