

Medical assistance in dying

Spiritual care at the end of life

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On June 17, 2016, the parliament of Canada passed bill C-14, which legalized and regulated assisted suicide in Canada. Known as Medical Assistance in Dying (MAID), this law has changed the face of end-of-life

Medical Assistance in Dying (MAID) has changed the face of end-of-life care in Canada.

care in Canada. My interest in MAID soon grew when I started taking courses on pastoral care at Anabaptist Mennonite Biblical Seminary (AMBS). As an aspiring chaplain, I realized that this was likely an issue I would encounter in my future vocation. I did not know much

about the regulations surrounding MAID—and even less about the spiritual care for those involved in the process—and I wanted to learn more. It was daunting to delve into such a controversial topic, but I wanted to sift through my own tangle of ethical questions and concerns. I wanted to explore the themes of suffering, death, faith, ethics, and family relationships—themes that emerge in many end-of-life scenarios but which stand out starkly when MAID comes into play. Most of all, I wanted to establish some guideposts for myself as I shape my identity as a chaplain who may walk alongside palliative patients and their families on this difficult journey.

I found that I was not alone in asking these questions and that there are no easy answers. For instance, one group of chaplains at a spiritual care retreat in Alberta engaged in a role play on MAID. They found that “there were no stock answers or scripts forthcoming. All of the participants found themselves reflecting on the issue of assisted death which left them feeling grossly inadequate, humbled, at loss for words.”¹ It is from this place of seeking that I write this essay and invite readers into discussions about spiritual care for those at the end of life, particularly

1 Gordon Self, “Caring for Our Common Home Also Means Caring for People Pleading to Leave It, Too,” Ethics Made Real newsletter, Covenant Health, June 2015, <https://www.covenanthealth.ca/media/91015/emrfinal19june15.pdf>.

those who are at the point of considering MAID. I acknowledge that I write to a diverse readership who will have different levels of comfort with

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MAID. Many may live in states or countries where MAID is not legal. In the United States, it is illegal for physicians to directly administer lethal medication, although physician assistance in dying (where the physician assists a patient in ending their own life) is legal in ten states. Some pastors or chaplains will choose to conscientiously object, while

others may have already participated in MAID rituals. Some will not feel ready to discuss the topic of MAID at all, so I invite readers to enter this discussion when ready.

I hope that this essay may be an opportunity to unite Christians of divergent political and theological leanings around the specific goal of caring for a person at the end of life. In these vulnerable end-of-life moments, there is an opportunity for ideologies to be laid aside to leave room for compassionate companionship. There is an opportunity for us to leave our divisions at the door and make room for the Holy Spirit to work in mysterious ways. Now is the time for the church to discuss the topic of MAID, particularly in the area of pastoral and spiritual care. MAID has been legalized in Canada for six years. At this point we can learn from family, friends, and healthcare workers who have walked alongside patients who have considered or chosen this path. These narratives can help the church craft appropriate guidelines for care.

I begin with a story to guide the discussion in this essay. I then focus the discussion on common themes that arise in these times and offer a couple of considerations for spiritual care. Throughout, I offer questions to deepen our reflections on spiritual care at the end of life, particularly for those who are involved in the MAID process.

A story of choosing MAID

One story that stood out to me out of the many personal accounts I read and listened to in my research was the story of Corinne Johns-Treat, a Californian mother of two adult children and a lifelong Christian with stage 3 lung cancer. In an article written for *Time*, she shared that as a

non-smoker, the diagnosis was a surprise to herself and her family, but she stated, “God has a plan for what I do and where I should be.”²

Johns-Treat disagreed with Christian advocates who opposed assisted-dying laws: “The more I learned about the safeguards and autonomy in the law, and the more I prayed about it, having seen people suffer so much at the very end of their lives, I came to believe that it fit into my faith. I found comfort in this law.”³ Her rationale was that if God gave humans the intelligence to create treatments that prolong life, then conversely doctors can also use their knowledge to relieve suffering at the end of life.

Johns-Treat emphasized her desire to live. She explained that if she wished to die, she would have chosen against surgery or would have given up during the agony of chemotherapy. But she stated that when death was imminent, she did not want her family to see her suffer. Instead, she imagined the end: “I have seen myself taking the drug. I’m in my room, lying comfortably in my bed surrounded by my family, feeling peace and tranquility, embraced by God and those I love.”⁴

Themes and questions for MAID

I share Johns-Treat’s story not to advocate for or against MAID but rather as a starting point for the discussions around spiritual care of those involved in the MAID process. Johns-Treat’s reflections touch on many themes common to stories about MAID and end-of-life decisions. Here I highlight some of these themes and present some questions that arise from a spiritual care perspective.

Suffering. The desire to end suffering is a major reason for seeking MAID. Often this has been influenced by the experience of watching a loved one die. Many care-seekers, such as Johns-Treat, express the desire to save their own loved ones from watching them suffer in their final days.

The Judeo-Christian tradition has grappled with the theology of suffering from its early beginnings, from Job through the suffering and death of Jesus, and continuing through the martyrs and apocalyptic writings of the early church. Some of the theologies that have emerged from this tradition (such as those used to oppress others) have been downright cor-

2 Corinne Johns-Treat, “I’m a Christian with Cancer. I Want Death with Dignity,” *Time*, August 10, 2016, <https://time.com/4445019/christian-death-with-dignity/>.

3 Johns-Treat, “I’m a Christian with Cancer.”

4 Johns-Treat, “I’m a Christian with Cancer.”

rupt. Other theologies of suffering are more nuanced and may bring some amount of comfort to those who suffer.

The theme of suffering raises the following questions: What is our implicit and explicit theology of suffering? What implications does our theology of suffering have for those who face unimaginable pain (physical or psychological)? What does the Bible teach us about suffering and God's presence in times of trial?

Life and death. An interesting theme that emerges when reading stories of people choosing MAID is the desire for life. Johns-Treat emphasized her desire to live and demonstrated this desire by fighting through grueling physical symptoms and cancer treatments. MAID was considered a last resort when death was imminent. Most of us have such a strong desire for life that it is difficult to discuss death. Yet, having conversations about death in advance can ease the awkwardness of end-of-life decisions.

This theme raises the following questions: What sort of conversations about death have you had with your family, friends, or church? What are some ways we can make these conversations about end-of-life decisions feel more comfortable? Can we use storytelling, humor, or role-play? How can discussions around MAID highlight the importance of quality palliative care?

Matters of faith. Johns-Treat articulated how she went through a time of prayerful discernment before deciding on a medically assisted death. We cannot assume that only non-Christians choose MAID, nor that these decisions are made lightly while most faith traditions continue to oppose MAID.

Questions of faith include these: How can we keep our relationship with God at the center of the discernment process? How do we non-judgmentally walk alongside those in times of ethical discernment?

Family relationships. Johns-Treat's story highlights the importance of family in the dying process. Many stories of people choosing MAID include accounts of loved ones present at the time of death. Perhaps one of the motivations for choosing MAID is the fear of having to transition from life to death alone. However, I also acknowledge that the controversy that surrounds MAID also means that the MAID process can be a difficult one for family, especially if they disagree with a palliative patient's choice to pursue MAID.

These complications around family relationships raise the following questions: What do families need in the MAID process? In what ways is it appropriate for them to be involved in the decision making? What rituals can they partake in at the end of life? How do we support families who experience conflict about MAID decisions?

Considerations for care

In addition to the themes mentioned above, there are specific considerations for those offering care to people considering MAID. Here I address two and raise questions for each.

Conflicting values. There is no doubt that MAID is a controversial topic. A pastor or chaplain may find that their ethical and moral stance on MAID may be at odds with the choices the care-seeker is making. This may be the case even when both individuals are members of the same religious denomination. In such situations, the caregiver is left with the tension of respecting the care-seeker's choices, while remaining true to personal beliefs. Chaplain Vicki Farley, who has experienced accompanying individuals choosing assisted death, explains that the choice to respect an individual's decision, even when it runs counter to her own values, is a "response to God's gift of free will."⁵

If a pastor or chaplain does choose to accompany a person choosing MAID even when it goes against personal beliefs, it may lead to lingering doubts about the choice. The Bishops of Belgium have been dealing with these pastoral concerns since euthanasia was legalized there in 2002. They suggest, "It is important that [the pastor] can communicate openly with others about this. The necessary self-care of a pastor is certainly of great importance here."⁶ When we face conflicting values in our care, we always have the power of prayer—prayer for the care-seekers, prayer for their families, and prayer for ourselves that God will sustain us through our ministry.

Questions for consideration regarding values of caregivers include these: What are your own beliefs about MAID? How do you envision accompanying a patient or family member whose beliefs conflict with yours?

5 Vicki Farley, "The Chaplain's Role: Where Aid in Dying Is Legal," *Health Progress: Journal of the Catholic Health Association of the United States* 95 (2014): 13.

6 Bishops of Belgium, *Uw Hand in Mijn Hand: Pastorale Zorg Bij Het Levens einde* [Your hand in my hand: Pastoral care at the end of life] (Brussels: Licap, 2019), translated by Google Translate.

A ministry of presence. Chaplain Carolyn Herold accompanied Jean Guy Toussaint and his wife, Deanna, through Deanna’s fight against cancer. Deanna struggled for a year through difficult treatments and questions of faith. She eventually decided to apply for MAID, and her husband says her entire demeanor changed, as she found inner peace. In the end, Deanna’s application for MAID was denied. At this point she began refusing all food and water, doing what she could to hasten death. Accompanying her on this journey was challenging and emotional for both husband and chaplain. But Herold’s work

proved fruitful. Jean Guy credits her spiritual accompaniment for being “one of the only true lights in this journey.” He writes, “I would probably be dead if not for her and her husband.”⁷

One of the key themes in stories about MAID is the importance of community—children, grandchildren, spouses, clergy, and other loved ones—walking alongside palliative patients. One might wonder whether presence is all that is left when nothing else can be done,

whether presence is enough, and what the significance of presence is in such moments. In reality, the ministry of presence is perhaps the most powerful ministry we can give to those who are suffering. As Calvin Shenk writes, “If we presume to approach [incarnation and presence] biblically, we are not free to choose or reject a theology of presence. Presence as incarnation is fundamental to all witness.”⁸ We feel God’s presence in the community that embodies God’s unconditional love and grace. In the face of unbearable suffering, it often feels that there is little else we can do than sit helplessly by a care-seeker’s side. Yet, as we see in the story of Jean-Guy, the presence of a caring individual on the journey can make all the difference.

Gloria Woodland explains how the ministry of presence reveals the nature of God:

7 Joelle Kidd, “Spiritual Accompaniment: Chaplains Navigate Medical Assistance in Dying,” *Anglican Journal* (blog), November 14, 2019, <https://www.anglicanjournal.com/spiritual-accompaniment-chaplains-navigate-medical-assistance-in-dying/>.

8 Calvin Shenk, quoted in David Augsburger, *Pastoral Counseling across Cultures* (Philadelphia: Westminster, 1986), 38.

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*The role of the pastor, chaplain, or counsellor, then, is to abide with the individual, to hear their story for what it is, and to be a reminder of God as present and active there. Christians must remember that God is and that his presence is not contingent on the situation. It is in relationship, in lingering with the story, that ministry becomes a revelation of a caring and reconciling God.*⁹

The Anglican resource *In Sure and Certain Hope* notes, “Being present to another requires the sacred ability to listen, to speak and to touch. It is within the sacred conversation of being present that one can sometimes discern most clearly the needs, questions and desires of the other.”¹⁰ This ministry of presence can take other names as well. Joelle Kidd describes it as spiritual accompaniment, while Mike Harlos uses the phrase, “Sit down, lean in.”¹¹ Whatever we choose to call it, the ministry of presence embodies God’s love and grace. It is a ministry of relationship, compassion, and listening to another’s story. How God’s transformative love transmits through this presence is a mystery God alone understands.

To conclude these reflections, I leave the following questions: Have you ever experienced the ministry of presence in your own life? How do you see this ministry being applied in an end-of-life situation involving MAID?

Conclusion

The legalization of MAID in Canada presents an opportunity for renewed conversations about end-of-life spiritual care. It calls us to consider how God is calling us to talk about suffering, death, faith, ethics, and relationships, how we deal with conflicting values when accompanying someone in their final days, and how we embody God’s compassionate love as we minister to those at the end of life. May these considerations spark conversations, build relationships, and guide us to faithful practices for end-of-life care.

9 Gloria J. Woodland, “Ministry amid Competing Values: Pastoral Care and Medical Assistance in Dying,” *Direction* 47, no. 2 (2018): 150.

10 *In Sure and Certain Hope: Resources to Assist Pastoral and Theological Approaches to Physician Assisted Dying* (Toronto: The General Synod of The Anglican Church of Canada, 2018), 22, <https://www.anglican.ca/wp-content/uploads/In-Sure-and-Certain-Hope.pdf>.

11 Mike Harlos, “Sit Down, Lean In,” Canadian Virtual Hospice, https://www.virtual-hospice.ca/en_US/Main+Site+Navigation/Home/For+Professionals/For+Professionals/The+Exchange/Current/Sit+Down_+Lean+In.aspx.

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