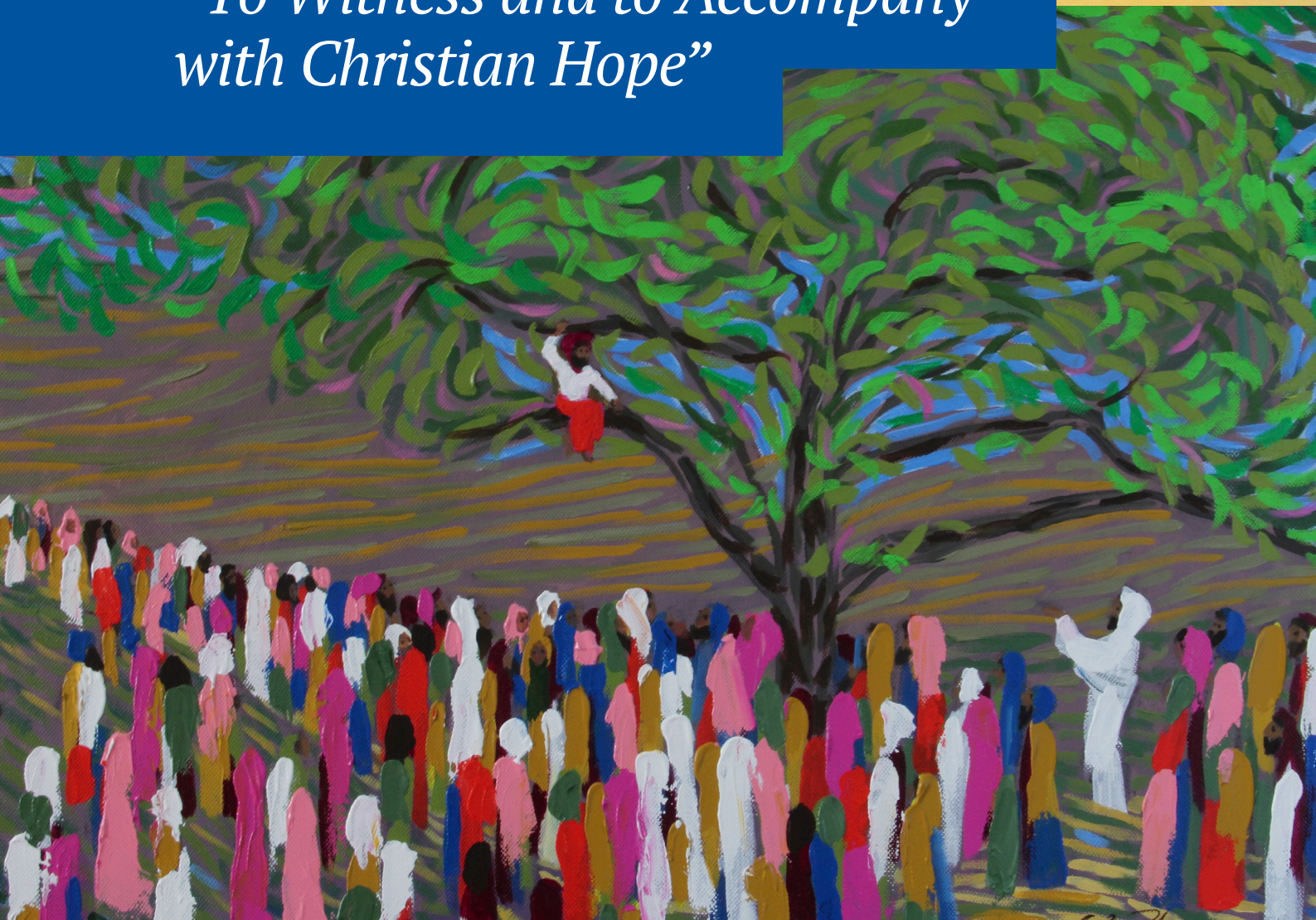




COMPANION GUIDE

“To Witness and to Accompany with Christian Hope”



“Zacchaeus” by Irene Thomas

“Christian accompaniment is a continuation of the ministry of Jesus Christ, who reached out to the sick, the outcast and the sinner. He never condoned evil. He did not condemn the wayward, but he always called them to conversion.”

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1. Introduction to this companion guide

This is a companion guide to reading and using the document *To Witness and to Accompany with Christian Hope* produced by the Australian Catholic Bishops Conference to assist those accompanying Catholics who are considering euthanasia. This resource comprises seven sections which cover both a summary of the document and tools for continued reflection and ongoing learning and formation for relatives, friends, pastoral carers, healthcare workers and ordained ministers.

2. Summary of Document: *To Witness and to Accompany with Christian Hope*

INTRODUCTION

The document begins by reminding the reader that to witness and to accompany a sick or dying person with Christian hope is an extension of Christ’s own witness and ministry. As such, the document is deeply Christ-centered: witnessing and accompanying follows the example and ministry of Jesus, who reached out to all in a spirit of hope.

The introduction of the document also highlights the important role the *community* plays in accompanying the dying person. The document’s purpose, therefore, is to ‘assist those who exercise sacramental and pastoral ministry to respond to the families and patients who seek to access or who have accessed services that the Church teaches to be morally unacceptable.’

By way of highlighting how the document is supported as a whole, it outlines four *irreducible elements* which guide the person in accompanying a dying person:

1. A COMMITMENT to be the patient’s companion during the last phase of their life;
2. An UNDERSTANDING of the medical care that will assist the patient at this time;
3. An UNDERSTANDING and ACCEPTANCE of the Church’s teaching about the sacred and intrinsic value of every human life;
4. A READINESS to provide appropriate forms of pastoral care toward the end of life.

These four elements form recurring threads that tie the three parts of the document together as a whole.

The document consists of THREE-PARTS: **PART A:** Common principles guiding responses; **PART B:** The specific responsibilities of family members, healthcare professionals and pastoral workers; **PART C:** Specific responsibilities of Ministers of the Sacraments of Penance and Anointing of the Sick.

PART A: COMMON PRINCIPLES GUIDING OUR RESPONSES (NN. 3-22)

Part A offers *five common principles* that underpin our response to someone considering euthanasia. To understand these, however, the document recognises that the human person is multi-faceted: we are not just physical and social, but emotional, spiritual and contextual. Thus, the document underscores the principles of our Catholic moral teaching that form the foundation of a Christian understanding of the human person; that is, that we are made in the image of God as beloved sons and daughters, having an immense dignity and worth; and that we live in relationship – in community – with each other, and that our responses in relationships affect those around us in a variety of ways.

The *first principle* notes that because of our Christian vision of the human person, we can never accept euthanasia as a morally acceptable option. Quoting the 2020 Vatican document on the care of persons in the terminal phase of life, the document adds that those who care for the sick – such as doctors, nurses, relatives, pastoral carers and ministers – have the responsibility to acknowledge the fundamental dignity of the human person. This principle encourages us to work to a world where this fundamental vision of the human person is supported and promoted.

The *second principle* offers a Christian understanding and response to human suffering. It acknowledges the deep *reality* of human struggle in the face of suffering and illness: it can give rise to the very natural and normal feeling of helplessness and isolation; even to the point where one’s purpose and meaning in life is questioned. In the face of this isolation and loneliness that forms part of the normal reaction to suffering, the Christian response to suffering involves the dimension of faith: having hope that we are never alone, and that, in fact our deepest moments of suffering are our closest and most profound experiences of the suffering Christ and the mystery of the Cross. The Christian understanding of suffering, therefore, never exists without the light of Easter and the light of the resurrection beckoning and guiding, in order to give new strength. Suffering, in other words, has the ability in the light of faith to transform us to new perspectives and horizons, as the document says, quoting Pope Francis. The fruit of this transformation, we are reminded, is none other than the gift of love; a love that is deeply grounded in human reality and deeply

celebrated in our need for each other. Encouraging each other in this type of love, the document says ‘can alleviate the physical, emotional and spiritual causes of suffering that a patient considering euthanasia might be feeling.’

Critically, the *third principle* of this section seeks to describe ‘what Christian accompaniment means.’ Recalling the guiding principle of the document, that to witness and to accompany is to continue the example and mission of Jesus Christ, the third principle notes that at the depths of every person’s heart is a desire – realised or not – to be touched by the comfort, consolation and love of God. To *accompany*, then, is to remind others of God’s presence with them, and to remind them of this mysterious longing for peace and relationship with God. In the Judeo-Christian vision of pastoral care, the pastoral accompanier assists the person to realise *shalom* – a deeply consoling peace – with God and others. This realisation is facilitated, practically speaking, by harnessing a deeply ‘listening heart’ on the side of the carer: accompaniment, it says, ‘requires a listening heart formed in prudence, understanding and receptivity to the Holy Spirit.’

Accompaniment, however, means that this realisation can take time and patience on behalf of the person accompanying the patient. The *patient’s* realisation of God’s presence is not always automatic, the document reminds us; and they may wish to walk in a direction not desired by the minister, carer, relative or friend. As well as reminding the one accompanying the sick person of the need for patience, it also relieves the accompanier of feeling that they have to abandon their commitment to the Church’s teaching on euthanasia. Rather, Christian accompaniment ‘involves a commitment to walk with a patient and their family on a journey without necessarily knowing how that journey will unfold.’

The *fourth principle* notes that the Church embraces the best of science and medical care in order to relieve the suffering of the sick or dying person, and, when this is exhausted through inefficacy or unreasonable side-effects, ‘the time will come when death should be allowed to arrive naturally.’ This principle also notes that the Church continues to advocate for effective palliative care, given that, administered thoughtfully, it supports the Christian vision of the human person.

The *fifth principle* highlights that there is always a ‘community’ that accompanies the *carer*; be the carer an ordained minister, pastoral carer, family member or friend. This community, explicitly, is both the pastoral team delegated to minister, and, implicitly, the spiritual presence and companionship of God; present as the Holy Spirit, guiding our decisions and actions. This means that both pastoral and spiritual formation should be first offered by the Church to all involved in offering pastoral care to the sick and dying. Such formation can be supported, for example, by the parish or by other Catholic communities.

Christian accompaniment also requires knowledge of any legal obligations associated with euthanasia. Advice may be sought from the diocese or another competent authority.

PART B: THE SPECIFIC RESPONSIBILITIES OF FAMILY MEMBERS, HEALTHCARE PROFESSIONALS AND PASTORAL WORKERS (NN. 23-36)

Part B articulates the specific Christian *responsibilities* of those most commonly called to accompany the sick or dying person – family members, healthcare professionals and pastoral workers. Importantly, this section carefully makes the distinction between the different ways these groups accompany the sick or dying person. One way to accompany the dying person is to *assist* them by removing unacceptable burdens (that is, by treating the patient with the very best of science and medicine) and thus caring for the patient with the intention of respecting their dignity. A second way is to intend to bring about death by removing treatment that is keeping the patient alive. In this second case, the intention and goal is quite different from the first, and involves cooperation with the patient’s death, which can never be approved or supported by the Church. From here, this section considers how three groups (family and friends, healthcare professionals and pastoral carers) might ensure that they are accompanying a patient in a way that does not support an intention to deliberately end a person’s life, and therefore that their accompaniment is responsible and congruent with a Christian vision of the human person.

Family and friends are acknowledged as a vital community that accompanies the dying patient. However, the tension between supporting the *person*, whom they love, and the *action*, which in the case of euthanasia is not morally acceptable, is acknowledged. In this instance, the Catholic friends and family members should feel free and safe to articulate and witness to their own beliefs, whilst reassuring the sick person of their love for the person through the bond of friendship or family.

Healthcare professionals should explain to patients and families that euthanasia does not provide effective health care, but rather ‘takes the life of the patient and eliminates the possibility of further medical care.’ Primary care physicians, such as doctors, who provide access to lethal medication are in fact directly cooperating in the act of euthanasia, and as such is contrary to their call to care for patients rather than to harm. All healthcare professionals are obliged to outline the possibility of the efficacy of palliative and end-of life care that is available. Given the multifaceted vision of the human person that is part of a Christian anthropology, healthcare professionals are encouraged to further their education in not only physical aspects of a person’s health, but also the religious, contextual, psychological and spiritual aspects; the aim of which is to open a space for the patient to reflect deeper on the alternatives to euthanasia.

Pastoral care workers and chaplains, both lay and ordained, have added responsibilities of both being informed about the Church’s position on end-of-life care, and of offering professional – possibly more objective – guidance to both the patient and family members. There is also the possibility that the lay chaplain or pastoral carer may need to offer advice on the reception of the sacraments associated with end-of-life care.

PART C: SPECIFIC RESPONSIBILITIES OF MINISTERS OF THE SACRAMENTS OF PENANCE AND ANOINTING OF THE SICK (NN. 37-54)

This section of the document discusses the responsibility of ordained ministers of the sacraments in the context of end-of-life care, and the case where a patient has considered or decided upon euthanasia.

It notes that as minister of the sacraments of healing, the priest should first try to ascertain if the person is either *considering* euthanasia or has *decided* to engage with it. In any case, when sought for end-of-life care, he should attend in charity with the presumption and hope that the patient is acting ‘in good faith.’

In the case of the patient indicating that they are *considering* euthanasia, it is recommended that the priest encourage the patient to continue discerning their position and disposition to celebrate the sacrament of reconciliation outside of any celebration of the sacrament. In the course of pastoral and spiritual counselling outside of the sacramental celebration of reconciliation, the priest can explain, with the gift of time, and in a pastorally sensitive way, the reasons that the Church does not support euthanasia as part of end-of-life care. Prayer should be encouraged. Spiritual accompaniment by the priest, and referral to accredited Catholic spiritual directors, would assist the person to realise the reasons that the Church does not support euthanasia as part of end-of-life care.

Upon discerning that the patient is *no longer considering* euthanasia, the priest is encouraged to offer the opportunity for the celebration of the sacrament of reconciliation and follow-up pastoral care to support the patient; chiefly by encouraging them to make use of effective, multidisciplinary (medical, spiritual, pastoral, social) palliative care.

In the case of the patient who has *decided* to engage in euthanasia, the document identifies two scenarios. In the first scenario, a patient – despite the efforts of the pastoral carers and priest to make known the Church’s position on euthanasia – may still feel that their conscience permits them to choose this option. How might this conflict between the Church’s position and the position of their conscience be resolved? The preference to resolve this conflict is to sensitively and circumspectly encourage the patient to see the teaching and tradition of the Church’s view on the human person as something to embrace

and empathise with, out of love, respect, and affection for their faith tradition, thus choosing not to pursue euthanasia, despite the (personal) conscientious decision that it might be best for them.

If, however, this cannot be resolved and the person firmly resolves to engage with euthanasia, again, pastorally and sensitively, the patient is advised that, while the sacraments cannot be celebrated under these circumstances, there remains an earnest promise on the side of the pastoral care team and priest to still remain close to the patient who may not be able to receive the sacraments. In this way, the priest can maintain empathy with the patient; such a presence reminding the patient of a God who never abandons us as adopted sons and daughters. Furthermore, the priest, although making a judgement about the celebration in this specific circumstance, is not judging for God. God remains the only one fully aware of the patient’s ability to make fully-informed and free decisions, especially at the end of their life or when one’s psychological or mental capacities may be affected.

In the case that the patient changes their mind and is not definite on their decision, and the sacrament is celebrated (i.e. there is a transition to scenario one) the patient is advised to make it clear that they no longer intend to choose euthanasia.

The final section of Part C offers guidance to the *preparation and celebration of the funeral rites* for a person whose life has ended through euthanasia. Like all funerals, the celebration is entered into knowing that the person who has died always remains a beloved child of God and loved member of the Church who we pray for. A Catholic funeral liturgy, if requested, should be celebrated, provided there is no serious risk of damage to the faith of others. If there is any difficulty in discerning this, the local Ordinary should be consulted. Throughout the celebration of the liturgy, special attention by the celebrant, parish community and pastoral carers should be given to the care of all attending the funeral, and to emphasising the vastness of God’s mercy and love, without endorsing euthanasia in the words chosen throughout the celebration, including any words of remembrance offered.

CONCLUSION

The document concludes by highlighting the unwavering desire of God to heal, welcome and guide all people as beloved sons and daughters. It reminds us of the image of Christ as the Good Shepherd who never ceases to seek out the lost and who is ever-present to bandage our wounds and to draw us deeper into God’s merciful love.

The conclusion returns to the principle foundation of the whole document: as people made in the image and likeness of God, and as a community called to love after the example of

Jesus Christ, witnessing and accompanying with Christian hope is a calling and task that will never be obsolete in the Church. The document underscores that as a hopeful, Easter people, who have witnessed the gift of transformation and resurrection in their own lives, we remain steadfast in our commitment – indeed our mission – to witness and to accompany those most in need with the assurance of the Good News and of a steadfast and loving God.

The document fittingly concludes with prayer invoking Mary, who bore eternal hope in her womb, and witnessed to this Good News: ‘May Mary, present beneath the Cross of Jesus in his suffering, support our enduring commitment to compassionate care, which points to God’s unconditional love for every person and to our great hope in eternal life.’

3. Reflections for Families and Friends

‘The role of family [and friends] is central to the care of the terminally ill patient.’ (*To Witness and to Accompany with Christian Hope*, n28)

Throughout *To Witness and to Accompany with Christian Hope*, we are guided in our accompaniment and witnessing by (i) Committing to be the patient’s companion in the last phase of life; (ii) Understanding the medical care that will assist the patient at this time; (iii) Understanding and accepting the Church’s teaching about the sacred and intrinsic value of every human life; (iv) Readiness to provide appropriate forms of pastoral care toward the end of life.

Some practical and pastoral reflection for relatives and friends witnessing and accompanying in this way could include:

1. How might I come to identify in myself any tensions between our own beliefs and convictions and the belief of our sick relative or friend?
2. Do I have a space (e.g. a support network, trusted friend, priest or other professional) where I can discuss my reactions to the illness and intentions of my friend or family member in a free and open way?
3. In the case of conflicting views, am I still able to love and be present with this person? What might be stopping me from doing this and who can I discuss this with in a way that doesn’t inflame any tension with my ill relative or friend?

4. Am I giving myself appropriate space and support to ensure my own wellbeing in the call to commit to be present with my relative or friend in their illness?
5. Do I have a pastoral care support network myself (e.g. pastoral counsellor, priest, pastoral associate, trusted friend from my faith or parish community)?
6. Are there moments in this time where I can be sustained by prayer and meditation on God’s word?
7. Do I have any questions that I need to ask of the medical team, palliative care team or doctors in order to understand the medical care that will assist my friend or relative at this time?
8. Do I have any questions that I need to ask of the pastoral care team, my parish priest or other relatives in order to understand and accept the Church’s teaching?
9. Are there any factors or unresolved issues that are making it difficult to be present and commit to love this person as a relative or friend? Who might I talk to about these?

4. Reflections for Healthcare Professionals, Chaplains and Pastoral Carers

‘Healthcare professionals may have both personal and institutional responsibilities in relation to the euthanasia provisions across the country [...] They should explain to patients and families why euthanasia is not part of ethical medical practice.’ (*To Witness and to Accompany with Christian Hope*, n30)

‘Healthcare professionals have an obligation to inform their patients about the effective end-of-life and palliative care that is available to them.’ (*To Witness and to Accompany with Christian Hope*, n32)

‘Pastoral care workers, whether they be lay, chaplains, or ordained ministers, epitomise the dual responsibility of *witnessing* to the truth about reverence for the gift of human life, while *accompanying* those whose lives are ending and/or who are considering intentionally ending their own life.’ (*To Witness and to Accompany with Christian Hope*, n35)

Throughout *To Witness and to Accompany with Christian Hope*, we are guided in our accompaniment and witnessing by (i) Committing to be the patient’s companion in the last phase of life; (ii) Understanding the medical care that will assist the patient at this time; (iii) Understanding and accepting the Church’s teaching about the sacred and intrinsic value of every human life; (iv) Readiness to provide appropriate forms of pastoral care toward the end of life.

Some practical and pastoral reflection for pastoral carers, chaplains and healthcare professionals witnessing and accompanying in this way could include considering:

1. How might I come to identify in myself any tensions in my care of this patient?
2. Do I have a space (e.g. a support network, trusted friend, priest or other professional colleague) where I can discuss my reactions to my pastoral work and ministry in a free and open way?
3. In the case of conflicting views, am I still able to deliver ethical pastoral care to this person that fulfils my obligation to outline the ethical problem with

euthanasia? What might be stopping me from doing this and who can I discuss this with in a way that enables me to be listened to?

4. Am I giving myself appropriate space and support to ensure my own wellbeing in the call to commit to be present and professional in my work or ministry? Am I receiving regular supervision or professional pastoral accompaniment relevant to the demands of my ministry?
5. Do I have a pastoral care support network myself (e.g. spiritual direction, mentoring, pastoral counselling, support from a trusted friend, priest or member of a faith community)?
6. Am I engaged with intentional and professionally accompanied *reflective practice* in ministry? (e.g. group supervision in the context of clinical pastoral care, the regular writing of verbatim or theological reflections?)
7. Am I able to make time to be sustained in my work and commitment through prayer and meditation on God’s word?
8. Do I have any questions that I need to ask of those with whom I am professionally accountable to? Do I feel free that I can have an open conversation with my superiors about my commitment to witness and accompany?

5. Reflections for Ordained Ministers

‘When reflecting on [euthanasia] it is important for [the priest] to understand whether the patient is still considering their decision, and hence open to changing their mind, or whether their decision is final.’
(*To Witness and to Accompany with Christian Hope*, n37)

‘The priest will explain that “following one’s conscience” presupposes that a Catholic has sincerely tried to form their conscience by listening to the Word of God and the teaching of the Church. He will spend time praying with the patient and together listening to the Word of God, and he will explain [about] the reception of the sacraments.’ (*To Witness and to Accompany with Christian Hope*, n41)

‘It is also necessary to remember that, although the priest needs to make a judgement about whether it is appropriate for the patient to receive the sacraments, they are not making a judgement about the imputability of the patient’s guilt since personal responsibility may be diminished.’
(*To Witness and to Accompany with Christian Hope*, n49)

Throughout *To Witness and to Accompany with Christian Hope*, we are guided in our accompaniment and witnessing by (i) Committing to be the patient’s companion in the last phase of life; (ii) Understanding the medical care that will assist the patient at this time; (iii) Understanding and accepting the Church’s teaching about the sacred and intrinsic value of every human life; (iv) Readiness to provide appropriate forms of pastoral care toward the end of life.

Some practical and pastoral reflection for ordained ministers could include considering:

1. How might I come to identify in myself any tensions in my care of this patient?
2. Do I have a space (e.g. a support network, trusted friend, priest or other professional colleague) where I can discuss my reactions to the illness and intentions of my friend or family member in a free and open way?
3. In the case of conflicting views, am I still able to deliver professional care to this person that fulfils my obligation to outline the ethical problem with euthanasia?

What might be stopping me from doing this and who can I discuss this with in a way that enables me to be listened to?

4. Am I giving myself appropriate space and support to ensure my own wellbeing in the call to commit to be present and professional in my work or ministry?
5. Do I have a pastoral care support network myself (e.g. pastoral supervision, pastoral counselling, spiritual support or a trusted friend from my faith or parish community)?
6. Am I able to make time to be sustained in my work and commitment through prayer and meditation on God’s word?
7. Do I have any questions that I need to ask of those to whom I am professionally accountable? Do I feel free that I can have an open conversation with my superiors about my commitment to witness and accompany?
8. Is there provision in my workplace for ongoing formation related to the best of medical care and science in the field of palliative care?
9. Am I receiving regular supervision or professional pastoral accompaniment relevant to the demands of my ministry?
10. Am I engaged with intentional and professionally accompanied *reflective practice* in ministry? (e.g. group supervision in the context of clinical pastoral care, the regular writing of verbatim or theological reflections?)
11. Do I have any questions that I need to ask my Ordinary in relation to committing to witness and to accompany?
12. Is there provision in my ministerial setting and diocese or religious community for ongoing formation related to the best pastoral practice related to the field of palliative care?
13. Do I feel free from embarrassment to ask any questions relating to the document *To Witness and to Accompany with Christian Hope*; especially regarding aspects of the document that that I don’t fully understand or might need assistance to interpret?
14. Do I have an action plan or structure in place if I am faced with a pastoral dilemma or uncertainty in my care of the terminally ill or of those who might be considering euthanasia?

6. A Skill within Accompaniment: Attentive Listening

‘... a pastoral ministry of accompaniment [...] is a ministry that calls for “much time and patience,” requiring a listening heart formed in prudence, understanding and receptivity to the Holy Spirit.’ (*To Witness and to Accompany with Christian Hope*, n13)

Pastoral or attentive listening (sometimes termed “intentional” or “active” listening) is an essential skill to assist in both the care of the patient we are called to accompany, but also in the discernment of which pastoral care and counsel is best suited to their situation and circumstances.

Traditionally, attentive listening involves three components: creating an *empathic and warm rapport*, being *congruent*, and maintaining *unconditional positive regard* for the person being listened to. 3

1. Creating an empathic and warm rapport: even when there are conflicting views on euthanasia, the minister is invited to make the person feel welcome and loved, looking the example of Christ, the Good Shepherd.
2. Being congruent: maintaining one’s sense of integrity and identity as a Christian witness to hope in the context of one’s attentive listening
3. Maintaining unconditional positive regard for the person being listened to: even if there is a tension between what one believes and what one is hearing from the patient.

Having pastoral or group supervision, accompanied with techniques to aid reflective practice such as written *verbatim*s or theological reflections on difficult or significant ministerial conversations can assist in the development of these skills, especially as they relate to clinical pastoral settings.

7. A Pastoral Reflection – Homily Notes

Written by Terry Kennedy CSSR and Jake Mudge

THE TRANSFORMATIVE POWER OF WITNESSING AND ACCOMPANYING

■ *The Sick Person “Calls Us”*

When I was studying the sacrament of the anointing of the sick, I remember being introduced to a wonderful article by theologian David Power titled *Let the Sick Man Call*. In the article, Power notes that there is a holiness – a sacredness – that is experienced in a special way during illness and fragility: something of the mystery of God is revealed in the anguish of suffering. Such a fundamental realisation of God with us in suffering, I think, can also open a way to consolation and a shift to thanksgiving for the blessings of life received and celebrated. As we often pray as part of our funeral rites, in death “life is changed but not ended.” This rings true when we begin to reflect on our own experience of accompanying friends and family members in their last days, or in ministry to the sick and dying.

Paradoxically, we might say, the sick person “calls” us to realise God present and active among us, and the hope that this realisation gives. The sick person, in the gift of God’s incarnate presence which heals and redeems, witnesses to God-with-us; to Christ, living and active in the world. The sick person, Power says, “discovers God in a particular way and reveals this to the community” who gathers around them. The sick person calls *us*.

■ *The Other Side of the Paradox: “Let the faith community call”*

I remember reflecting on this paradox – the vocation of the sick person to help reveal God’s presence to us – with excitement. It offered a whole new perspective on the extraordinary way that the sick person evangelises the community amidst the sadness associated with dying and death.

The Australian Catholic Bishops Conference has released *To Witness and to Accompany with Christian Hope*, a document which assists priests, chaplains and pastoral workers in their accompaniment of those who might be considering euthanasia. Consisting of three parts (the principles of the Church’s position on euthanasia; some considerations for family members, health care professionals and pastoral workers; and the responsibilities of

ministers) the document opens by highlighting the foundations upon which the Church’s moral teaching rests: the immense dignity and value of each person, made in the image of God, and the fact that we live in community – in relationship – with each other and with the world around us. “The life and death of each of us has its influence on others,” the document says, quoting St Paul.

In light of Power’s invitation to see the sick person’s vocation to call us to see God’s presence, I think that the document *To Witness and to Accompany with Christian Hope* offers a profound reminder for the *community* to reflect upon their call to do the same for the dying person: to witness to the hope that lies ahead, even in tension, and to accompany others; reminding them of the God who accompanies and never abandons them. The document, in a concrete way, invites us to see the other side of the paradox: the faith community’s vocation to give hope in the face of despair and anguish, and to live-out the deep mutuality and interdependence which is at the heart of our identity as “Church.”

- *To Witness and to Accompany*

The document outlines the critical elements in witnessing and accompanying with Christian hope by first taking the lead from Pope Francis. Pope Francis reminds us that by witnessing to the hope that God offers we become instruments that can transform emptiness, despair and loneliness into new possibilities and perspectives. By gently witnessing to a road that offers hope, a joy is sown that has the ability to touch and to transform us, he says.

To Witness and to Accompany with Christian Hope captures the essence of what it is to “accompany” another in pastoral care. It describes accompaniment, above all, as a *commitment* to be with another in their last days, and thus to be a living reminder of the hope that lies before us all, especially in the face of human struggle or uncertainty. “Commitment” in its Latin root means “to go or send with” and therefore evokes a missionary or outward-reaching stance for the pastoral carer, minister or family member. In particular, the document underscores the foundation of the first task of this missionary commitment: to listen carefully to the story of the other. Ministry, it says, “requires a listening heart formed in prudence, understanding and receptivity to the Holy Spirit.”

- *The Gift of Listening: A doorway to new horizons*

Listening remains one of the simplest, yet hardest interpersonal skills to master – even for the trained pastoral carer or minister to the sick! To listen carefully and attentively to another, however, is a great gift. It reminds them that they are not forgotten and that their unique story and life is important and has deep worth. Accompaniment through listening

reminds the sick or dying person of a God who takes great interest in them as a beloved daughter or son; a God who has not forgotten them, especially in pain and suffering.

With skill, care and empathy, active listening opens up a “new world” for the other. It has the power to awaken new insights, new perspectives and a renewed appreciation that we are not alone, a burden, or unloved. Being listened to, fundamentally, frees us from the *fear* of the “unknown” (and even a fear of the “known”) – and offers a deep human and spiritual comfort in doing so. Jesuit priest and theologian Michael Paul Gallagher, in his 2016 book *Into Extra Time*, talks about the gift of being listened to in the final days of his natural death from cancer: “Never has faith seemed so real. This is not out of fear, but out of a discovery of the quiet reality of God with me in all this.” In listening to others, and being empathic in this relationship, the family member, carer or minister sustains the faith of the sick person in a deeply human and tangible way.

■ *A Call to us all*

At present, the practice termed “voluntary assisted dying” (VAD) is now legal in all Australian states. The topic of accompanying friends and family considering euthanasia, and opening up the possibility of the sick or dying person seeing an alternative to this, thus becomes an important pastoral and human consideration. *To Witness and to Accompany with Christian Hope* acknowledges the deep tensions and strong – possibly conflicting – feelings that inevitably arise in death and dying. Further, it provides a support to the family member, pastoral carer and minister called to accompany and witness to a God who is present, especially amid suffering or pain, and offers a way to help them initiate the sick into the timeless message of the Good News, shedding light on a way ahead. The document, as well as offering guidance to the minister, helps to ensure the wellbeing and care of those called to work in the challenging space of being present with others in suffering and terminal illness. Indeed, this is a space that we need to *commit to* and *exist in*: we commit to “go forth” to be with others because Jesus, the Good Shepherd, was first sent to us. We reach-out in mission to others because God first reached-out to us.

As a community called to be living reminders to others of God’s presence and to commit to accompany and witness to this presence in our ministry and love for others, *To Witness and to Accompany with Christian Hope* offers a timely support. It does not call us to a disengaged or superficial appreciation of the complexities and human struggle associated with accompanying the dying person, but invites the community to open a way forward that promises a new knowledge and felt closeness with God, even in the most difficult and apparently “hopeless” times. The document earnestly impels us to commit to others with deep concern, care and empathy; equally conscious of the healing grace of God which is ever-abounding. The document, in dialogue with our cultural context, reminds us to be

instruments of hope in the world. As David Power reflects, our call as a community “is to stay with the sick through the journey [...] so that they will dodge nothing of the darkness and yet be sustained by the light of Christ which beckons.” *To Witness and to Accompany with Christian Hope* invites us to live this call, and to experience the transformative power of Christ who is always with us.



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