

FOR THE
COMMON GOOD
– LOVE IS STRONGER
THAN DEATH





Most Rev Mark Coleridge
Archbishop of Brisbane

Thank you for this opportunity to discuss with you a matter of great concern to all Queenslanders, especially for a Church like ours, which has such a presence in health care and aged care.

I draw upon a long tradition of moral reflection, which reaches back to the Bible and beyond. The tradition has been enriched by philosophical and scientific advances through time, and it continues to grapple with new questions as life expectancy lengthens and medical technology develops.

Mine of course is not the only voice in the discussion, nor do I impute bad faith or evil intent to those who see things differently. We all want to be compassionate in difficult circumstances; we all value personal freedom. The difference is in the way we define what these mean in those circumstances; and in that task I am concerned to look beyond political expediency, economic myopia and ideological posturing. It's more a matter of helping to chart a wise and genuinely human course into the future in a way that learns from the past.

The Queensland Parliamentary Inquiry into aged care, end-of-life and palliative care, and voluntary assisted dying prompts reflection on the kind of society we want to be. And it should be self-evident from the outset that we should want to be a society that promotes and supports people's dignity and autonomy as far as possible as they age and approach the end of life. If we are not doing this, then we need to fix it.

On the issue of so-called 'voluntary assisted dying' (VAD), however, our reflection needs to be very deep and very careful. It cannot simply be about claiming that this would respect free choice, or end suffering. Both human freedom and human suffering are deeply significant experiences. So, as a society, we need to tread lightly and carefully in making laws to ensure that our laws do not undermine freedom and dignity under the illusion that we are supporting them; we need to be careful not to cause more suffering, under the illusion that we are ending it.

First, however, it is worth being clear about what it is that we are considering. We are not talking about demanding that life be prolonged at all costs. Insisting that there is an obligation to preserve life at all costs is not consistent with a Catholic ethic. Life is a good, but it is neither absolute, nor the greatest good. Dying is part of life, and the ultimate good is God. The Catholic tradition has developed several important moral distinctions to help us to navigate this space over its history. For example, the Catholic tradition affirms that:

- a person can voluntarily stop treatment for a terminal illness that is judged to be overly burdensome or disproportionate.
- pain and suffering can be relieved, even if the medication intentionally administered for this purpose could have the foreseeable effect of hastening death.
- a person, together with their families and loved ones, should discuss their wishes in terms of care and their desire for potential life-prolonging interventions should they become incompetent, and can document this in the form of an advanced care plan.



None of the above constitute so-called ‘voluntary assisted dying’, physician-assisted suicide or euthanasia, and each of them is perfectly compatible with the Catholic faith. What’s more, all of these scenarios should fit comfortably within the spectrum of what should be provided in a properly funded Palliative Care system available on a state-wide basis. This is something Queensland has yet to achieve, and something that we should insist be made possible.

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When we talk about so-called ‘voluntary assisted dying’, euthanasia, physician assisted suicide, or however else it’s styled, we cannot avoid the fact that we are talking about the intentional killing of a person; nor can we avoid the fact that the supposed justification for this killing is because that person’s life has been judged by themselves or by others to be not worth living.

Against that background, we might consider questions such as these:

- Is Queensland a community willing to allow our laws to declare some people’s lives to be ‘not worth living’?
- Are we a community willing to abandon to a preventable situation those enduring extreme suffering so that they feel like their only way out is to actively end their lives?
- Do we really expect those who are tasked with healing us, our doctors and nurses, to also engage in intentionally killing patients in their care?
- Is it good that the terminally ill should feel as if they are a burden, or that they have some unexpressed obligation to choose death for the so-called ‘greater good’?
- Does the supposed cost of high-quality palliative care exempt us from the duty to offer it to everyone everywhere?
- Or ... does this State want to be known for our love and care for the most vulnerable, which is the true measure of any society?

I acknowledge that it may be tempting to think of euthanasia as more humane, more compassionate, more loving. I do not dispute the fact that many of those who support the idea do so because they really believe that it is a loving solution to suffering. Seeing loved ones suffer and wanting to end that suffering is of course a response motivated by care, and concern, and love.

Yet this fails to recognise not just the resilience but the power of the human spirit in the face of the most intense suffering. Love, and meaning, and intimacy can find unique and full expression in the care we show those who suffer. Euthanasia puts an end not merely to a person's life, but to the profound meaning and intimacy that can arise from it, even at the very end.

Blanche d'Alpuget spoke recently of her experience of caring for Bob Hawke in his dying days, remarking on the unique intimacy of caring for somebody in so debilitated a state. Hers is one of many stories of the intimacy and meaning that can be born of suffering.

Of course, this rich experience of human love and concern in times of suffering can only occur if we are not abandoned to our fates. Anyone who has personally known acute physical suffering understands how pain can be depressing and lead to thoughts of escape, even by death. There is another pain that can lead to thoughts of death, and that is loneliness, which often goes hand in hand with depression. Loneliness, depression and acute physical pain are a powerful cocktail which seems to be fuelling the call for euthanasia.

And yet the irony of it all, is that these are all things that we can do something about that does not entail legalising the killing of those who experience these things.

Love is a power stronger than any pain. I firmly believe this. It cannot remove all the pain. But it can alleviate the fear, the feelings of being a burden, the feeling indeed that one is not worth anything.





A person suffering intense pain can still love and be loved. In moments of the most intense suffering, love finds its deepest expression. It's the faithful wife at the bedside, the daughter or son holding the hand of the sick mother, the lifelong friend staying in the hospital room while the sick friend sleeps, the priest who ministers the grace of the sacraments to the dying. It's this love that inspires the sufferer to endure pain in order to be with the beloved for just a while longer.

Still, we are not talking merely about individuals and their experiences of suffering. We are also talking about laws, and especially our responsibility as a society to ensure compassionate and just laws.

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In his statement to the inquiry into aged care, end-of-life and palliative care and voluntary assisted dying, the Anglican Archbishop of Brisbane, Phillip Aspinall made the following important point. A simple principle—'you do not take human life'—has been a social, legal and moral cornerstone of civilised society for thousands of years. If the Queensland government wants to propose legislation that would make legal the taking of human life in the form of 'voluntary assisted dying', then it must provide a cogent rationale for such a fundamental change. As recently as the 1990s, many Australian states, the Federal Senate and the House of Lords in the UK all inquired into euthanasia and all recommended against it. What has changed since the 1990s to warrant altering such a fundamental social, legal and moral principle? Why should these relatively recent inquiries now be considered to be in error socially, legally, morally or logically? I agree with Archbishop Aspinall's contention that there have been no such changes in our society to warrant legalising assisted suicide and euthanasia.



So I ask you, do we, as a society, really want to introduce a law that suggests, however subtly, that we are wrong to want to be with our loved ones for just a little while longer, that our suffering is meaningless, or that we reach a stage where we are worthless? Let us not allow our society to be one in which love has been eclipsed to the extent that we are willing to accept the logic not only that someone's life is not worth living, but that we as a society should provide the means to end that life.

Let us not make the mistake of thinking that we are respecting freedom when we provide the means for someone to kill themselves, or of thinking that we are being loving and compassionate when we intentionally and actively hasten a person's death. We respect freedom when we are sure that our social structures and laws don't make anyone feel that they or society would be better off if they were dead. We are compassionate when we ensure that our society and its laws leave no one feeling that their life is not worth living or that they are under some subtle obligation to end their lives.

I favour a society which says yes to meaningful living and no to 'voluntary assisted dying', physician-assisted suicide, and euthanasia; I favour a truly human society which knows that love is stronger than death.

Yours in Christ

Archbishop Mark Coleridge



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For further consideration: Dying at Peace

There is strong evidence to suggest that where individuals, couples or families have discussed their wishes and plans for critical or terminal health situations well in advance, they can more confidently meet any health situation that arises, without the fears which drive many of the calls for assisted suicide and euthanasia.

With forethought and planning, individuals can die both at peace, and with dignity, knowing that their affairs are in order, their health wishes will be honoured and a properly funded palliative care system will accompany them and alleviate their pain at all stages.

Some examples of good Advanced Care Planning resources, put together by Catholic entities, can be found at:

<https://myfuturecare.org.au/>

<https://www.cha.org.au/publications-355446/273-advance-care-planning-documents>

