

Is it ethical to be faith-based?

Canadian Mennonite Health Assembly

4 November 2016

James E. Read, Ph.D.

If we are talking about being based in the Christian faith...

It's not possible to be faith-based and *not* be ethical—by definition:

- Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress (James 1:27)
- Anyone who loves God must also love their brother and sister. (1 John 4:21)

Recall the history of faith-based health care

E.g.,

- During plagues in imperial Rome
- Mediaeval hospitals
- “sectarian” hospitals
- Health care on the Prairies

Recall the history of faith-based health care

While not perfect, it is a story of ethical action, springing from ethical motivation and delivered with ethical character

And yet...

many are wondering whether they can
any longer be both ethical and Christian
faith-based health providers in Canada
today

A new reality

PAS/PAD/MAiD

Salvation Army ordered to permit assisted suicide

Rectangular Snip

By swissinfo.ch and agencies

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OCT 6, 2016 - 11:23

A Christian nursing home in the French-speaking part of Switzerland must allow assisted suicide – per order of the Federal Court.

Located in canton Neuchâtel, the old age home belongs to the Salvation Army, an international Christian church and charitable organisation.



“Karen”

- 46 year-old single mother
- ALS (amyotrophic lateral sclerosis) for over 6 years
- immobile from the neck down, had some ability to verbalize, and was rapidly losing her ability to swallow, and breathe deeply
- Expected lifespan < 6 months
- marriage had ended about a year after her diagnosis—no wish to reconcile; ex-husband still very involved in the care of their 3 teenagers
- estranged from her parents
- formal advance care directive indicating her decision about life support--a trio of her close friends named her health care proxies

“Karen”

- Over her six month hospice stay she won the respect of staff for her stamina, patience, long-suffering and sense of humour as well as for the deep love she had for her children.
- Existential angst, anxiety, dysphagia, dysphasia, and breathlessness grew as death from ALS became more imminent.
- The decision to stop her tube feeding but still keep her hydrated for comfort was made during these times of dialogue.
- Additional support was sought from her spiritual care providers, ethics consultation and the palliative care program medical director.

“Karen”

- Karen expressed the desire for her life to end quickly.
- she was clear about her desire/ need to let go of life.
- she was angry and frustrated that death was not coming as quickly as she had envisioned.
- Proxies raised the question of MAiD.

How shall we act now?

Options

- Leave the field
- Partial withdrawal
- Remain until compelled to go

Why are we in health care anyway?

“Human life is a sacred gift from God. Dignity is neither conferred nor withheld by human choice; it is inherent in each person. As individuals and communities we are called to respect the sacred value of human life and at all times to show each other care.” (SA Position on Euthanasia, Assisted Suicide and Care at the end of life)

Why are we in health care anyway?

“Medicine is first of all pledged to be nothing more than a human presence in the face of suffering. But how can we account for such a commitment—the commitment to be present to those in pain?” (S. Hauerwas, *Salvation and Health: Why medicine needs the church*)

Q & A