

## **The End of Life** – July 22th 2023 – Nicolas Brouwet, Bishop of Nîmes

I thank you for inviting me to your seminar and to speak about what the Church proposes for the end of life.

- 1- **The Church has always considered it important to accompany people at the end of life.** Our accompaniment is first of all spiritual, in order to help the dying to put their trust in the Lord at the time of death; but also to prepare for the final passage. The priest comes to celebrate the sacrament of the sick, to give the sacrament of the Eucharist and to propose the sacrament of confession. It is a comfort for many Catholic families to know that their parent died “with the sacraments of the Church”. The Church is also there to accompany families, not only at the time of death but also at the time of funeral and mourning. Through the priest and the community we proclaim the victory of the Risen Christ over death; we confess that we are called to eternal life, and that death does not have the last word.

But advances in medicine have given rise to new ethical questions. The development of medicine has improved health and prolonged life. On November 24, 1957, Pius XII addressed a group of anaesthetists and intensive care specialists. He stated that, even if euthanasia is not permitted, it is morally acceptable to stop reanimation when treatment exceeds the ordinary means of care. (*Discours du pape Pie XII en réponse à trois questions de morale médicale sur la réanimation - dimanche 24 novembre 1957*).

In the Encyclical *Pacem in Terris*, John XXIII wrote that “*the right to live involves the duty to preserve one's life.*” (PT, 29)

The *Gaudium et Spes* Constitution of the Second Vatican Council places euthanasia in the list of violations of respect for the human person (GS 27,3).

In his encyclical *Evangelium Vitae* of 1995, John Paul II wrote: “*In this context the temptation grows to have recourse to euthanasia, that is, to take control of death and bring it about before its time, "gently" ending one's own life or the life of others. In reality, what might seem logical and humane, when looked at more closely is seen to be senseless and inhuman. Here we are faced with one of the more alarming symptoms of the "culture of death", which is advancing above all in prosperous societies, marked by an attitude of excessive preoccupation with efficiency and which sees the growing number of elderly and disabled people as intolerable and too burdensome.*” EV, 64

“*Here it is necessary to stress once again the need for more palliative care centers which provide integral care, offering the sick the human assistance and spiritual accompaniment they need*”, said Pope Benedict in his message for the fifteenth world day of the sick – 8 décembre 2006

The most comprehensive text on this subject is the letter *Samaritanus Bonus* on Assistance to Persons in the Critical and Terminal Stages of Life, approved by Pope Francis and published on September 22, 2020, by the Congregation for the Doctrine of the Faith.

It involves a long development on the cultural obstacles that obscure the sacred value of all human life (SB, IV). There are 3 main points:

- Life has no value in itself; its value depends on an appreciation of the quality of life.
- There would be room for compassionate euthanasia that would propose death so as not to have to suffer.

- The taking over of dependent persons would be only a favor made to them. Those who find themselves in a state of dependence and unable to realize a perfect autonomy and reciprocity, come to be cared for as a *favor* to them.

*“Pope Francis has spoken of a “throw-away culture” where the victims are the weakest human beings, who are likely to be “discarded” when the system aims for efficiency at all costs.” SB,IV*

The Letter also contains guidance in particular on two points :

- First - On the conscientious objection of medical staff:

*“There is no right to suicide nor to euthanasia: laws exist, not to cause death, but to protect life and to facilitate co-existence among human beings. It is therefore never morally lawful to collaborate with such immoral actions or to imply collusion in word, action or omission. The one authentic right is that the sick person be accompanied and cared for with genuine humanity.” SB, V, 9.*

- Second - Guidance also for Pastoral discernment *towards those who request Euthanasia or Assisted Suicide. The Church sees the request for euthanasia or assisted suicide as a “gravely immoral act”. We ask those who assist people at the end of life not to become complicit in this act by giving sacramental absolution or by remaining present at the time of suicide.*

This continuity in the teaching of the Church, on the end of life, serves as a compass for us to discern in accordance with local situations. It helps us, the bishops, to speak out, to see the best ways to promote respect for life until its natural death.

- 2- **In France, the Church quickly became involved** in the practice and support of palliative care. The Maison Jeanne Garnier in Paris, run by a religious community, has been involved in this care since 1990. Other Catholic clinics followed (Notre-Dame du Lac in Rueil-Malmaison near Paris, the Sainte-Elisabeth clinic in Marseille). There are beds reserved for palliative care in Catholic clinics, hospitals, Ephad (retirement homes).

But in France, the commitment to the end of life was mainly in two directions:

1. **The field of culture and a dialogue** of reason with the decision-makers: medical staff, politicians, elected officials, etc. With the french laicity, the arguments to make one's voice heard cannot be religious. We cannot pass a law in France on the basis of what would seem like a way of imposing a religious belief in the public domain.

The bishops have always chosen a dialogue using rational arguments, which has been contested by Catholics ("I never intend to pronounce the name of Jesus," wrote the reader of a bishops' tribune.)

The bishops have always taken advantage of the opportunities given by the institutions of the Republic to make their voice heard in the end-of-life field, such as during the revisions of the bioethics laws. French bishops were heard this year on this subject at the Ministry of Health, before the Prime Minister, at the Senate Committee, at the citizens' convention (a consultation of a panel of citizens representing the French people), at the National Ethics Committee. Every bishop was invited to talk to their parliamentarians about the end of life, which I did.

The action of the bishops is also in the media. Press articles appeared in Le Monde, in Le Figaro, in local newspapers.

Finally, a Day of Prayer and Fasting was proposed by the CEF (French bishop's conference) on the 12 of February, the day after the World Day of the Sick.

**2. In parallel with this more institutional action, a commitment of many Catholics is unfolding in two directions:**

- In hospice and home palliative care associations. This presence has given credence to the teaching of the Church on the subject: because we do not only oppose euthanasia, but are committed to accompany the end of life; not alone, but with others, believers or not. In associations committed to life. For example, les Associations Familiales Catholiques who represent the interest of families before the French State.
- Several associations do not present themselves as Catholics but have been founded and are led by Christians. Through them we recognize the legitimate autonomy of Christians' involvement in the City and their incredible capacity to let their faith inspire their action and conviction.

This does not prevent the bishops from supporting these associations, encouraging them, speaking with their leaders and knowing their orientations.

The Church's mission is not only to open structures under its control. It also consists (and perhaps above all) of engaging Christians to live the Gospel and discern in the Holy Spirit wherever they are. It is up to them to take the initiatives to build the Kingdom and to promote respect for human life and its dignity.

- 3. How is the question of end of life in France addressed ?** There are currently two laws governing the end of life: the Leonetti Act of 2005 and the Claeys-Leonetti Act of 2016. They promote palliative care and allow deep and continuous sedation to put the sick person to sleep until the end, with no intention of giving him death, even if the products used may have, as side effects and unintentional, an acceleration of death.

The Act also introduced a requirement for a form of collegiality in decisions affecting the end of life, such as family consultations and advance directives. It's a very comprehensive act.

This law has not been enforced in the same way everywhere in France. It must face a double resistance:

1. 26 departments are still without palliative care units. Pr Leonetti told us that this law was an act of deputies and not of ministries: the financial means were not given to extend palliative care because it was not considered as priority. We've allocated them to other emergencies.

This law does not resolve the issue of the medium-term prognosis. It is well made for those who will die soon, not for those who are known to be condemned but who still have several months to live. There is a lack of comprehension among many families who do not understand why, with their parents being condemned, they should still suffer for long weeks or even months.

So there is a feeling that we die badly in France. This is an argument we often hear. There is great ambiguity on this point: we would like a late, sudden and painless death. That's what motivates some people to think that they have to choose the time of their death.

2. This is the argument that has emerged recently in the ethical debate. That of autonomy. In its opinion no. 121, in 2013, the National Committee for Ethic (CCNE) considered that *"Any move towards permitting active assistance in dying could be experienced by vulnerable people as a risk of no longer being accompanied and treated by medicine if they showed a desire to continue their lives to the end."*

This committee now believes, 9 years later, that *"there is a way forward for the ethical application of active assistance in dying, under certain strict conditions with which it appears unacceptable to deal."* The argument of autonomy has therefore emerged in a few years in France: everyone has the right to dispose of himself, his life, his body, his way of dying. Everyone has the right to estimate what is or is not in conformity with his own dignity. It is not up to the medical staff to do so, which is still a form of paternalism.

The horizon that motivated the implementation of palliative care until now was the shared values of solidarity with the most vulnerable. These values are part of our common heritage, our way of being society: the most vulnerable must be protected by the State. These values are questioned by the right to dispose of oneself, to have the responsibility of the decision to continue to live or not.

The protection of the most vulnerable would only be a characteristic option of countries of Latin, Catholic culture, while the tradition of autonomy comes more from Protestant, Anglo-Saxon countries marked by free enquiry. As so often, the question is misplaced: active assistance in dying would be an additional freedom, a space given to another cultural current, to another way of conceiving human life. After all, supporters of assisted suicide say, it is just another choice given to those who aspire to it. The right to suicide doesn't hurt anyone.

All the arguments we can use about vulnerability, ultimately run up against this claim of autonomy. They reflect only the expression of a cultural current from the Latin world. Professor Bringé, Chairman of the Ethics Committee of the Academy of Medicine, said that ethics differs from morality in that it is only a confrontation between different value systems that must lead to finding a middle point: it is a question, here, of finding a cursor between ethics of autonomy and ethics of vulnerability. If morality is based on a conception of man, an anthropology, ethics would be an arbitration between systems of values.

3. Three arguments, however, open a breach in the ethics of autonomy:

A psychological argument: to what extent is a person who requests active assistance in dying free to do so? Is it an act of profound despair motivated by physical, moral suffering, the feeling of no longer being useful, of weighing on one's entourage, of costing society? In which case the answer is in an accompaniment, a presence, an additional brotherhood rather than in helping to die.

A medical argument: active assistance in dying is not care. It offends the conscience of the medical community and the letter of the Hippocratic oath.

A social argument: by questioning the prohibition to kill at the end of life, it is suggested that this prohibition is no longer an absolute, a border never to cross to protect life in society. Basically a life can be taken back if circumstances require. *"In a democracy, we do not give death,"* said Robert Badinter, who was successfully campaigning for the abolition of the death penalty in France.