ROMAN CATHOLIC
DIOCESE of ORANGE
PASTORAL CENTER: COMMUNICATIONS DEPARTMENT
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**PASTORAL CARE AND OUTREACH TO TERMINALLY ILL PATIENTS WHO MIGHT CONSIDER PHYSICIAN ASSISTED SUICIDE.**

When called to a physician assisted suicide (PAS) situation, the minister/priest should not refuse. Go with a prayerful and joyful heart, regarding it as an opportunity to minister to someone who might have been neglected, and as a challenge to catechize the faithful more effectively. Keep in mind that the sick person is suffering and facing terminal disease. No sacrament should be administered if a person with full faculty persists in grave sin; but words of comfort, prayers, and care-giving would be appropriate. Persuade with kindness, rather than last-minute catechesis.

To avoid giving Formal and/or material cooperation, the priest/minister should clearly state that he/she is not there to condone the act. Leave prior to the injection/ingestion of lethal medication, or if already started, as soon as appropriate prayers are finished. Administer the Rites of Final Commendations with adaptations to the situation. Whether or not a funeral Mass is to be celebrated should be a judgment made on a case by case basis.

Since misunderstanding regarding pastoral care to the sick and dying is widespread, people who make use of the suicide law or their family members would likely call priests to minister to them based on the same false expectations. Thus, when it comes to these cases, the problem may not be the permissive civil law, but the misapplication of pastoral care on the part of clergy or lay faithful. The first task is to correct them.

The Sacraments of the sick, particularly Anointing, are to be administered in **any serious illness**. While walking into difficult emergent situations is unavoidable at times, at least do better to prevent them as much as possible. To that end, eliminate the promotion of "false practices" associated with the sacraments of the sick found in many church phone answering messages, catechesis lessons, and front-page church bulletin instructions; i.e., Last rites, emergencies, priest-only administrations, danger of death, etc.

Pastoral Care is not restricted to the priest, nor to the Sacrament of Anointing, nor to danger of death, nor to emergencies, and **should never be called "last rites."** This false nomenclature invites trouble practically each time a priest walks by a sick person's bed! Each parish should form coordinated teams of ministers, where the priest is NOT always the first, the last, nor the only pastoral caregiver.

The Liturgical Commission instructs parishes to make available and to train deacons and lay ministers in using the *Rites of Pastoral Care to the Sick for Lay Persons*. A person who insists on PAS may be better served by a deacon or lay minister who is not pressed into administering the Sacrament of Anointing inappropriately. If possible, each deanery or parish team should enlist the help of devout Catholic physicians/RN's/PA's who are

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skilled in the art of palliative care or pain control. The skilled professional could accompany the priest/minister when his/her expertise is needed. Most often, people resort to PAS due to fear of pain/suffering, and they have been misinformed or ill served by their own physicians.

Ministry teams should proactively seek out the sick and the terminally ill in the parish, rather than waiting for them to call the parish office from an acute care medical center. Many seriously ill people are from out of town and have no knowledge of whom to call, or they do not have concerned family members to call for them and they are too sick to do so themselves. To start, ministry teams should gain hospital and nursing home visitation rights through a formal vesting process.

Pastoral Care Teams should help organize all aspects of pastoral care, including bereavement and funeral planning, in order to show that the rites and the Sacraments of the Sick (or the Sacraments of Healing) should be inextricably joined. Anointing of the sick and Penance should be made available together regularly, such as during weekly confession times. A monthly "Healing Mass" is not the answer. Brief communion services are inadequate.

Better planned, better coordinated, regular, long-term accompanying of the sick is the best Catholic answer to PAS. Those who are terminally ill, when exposed to a constantly caring community, will less likely resort to physician assisted suicide.

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