



Position Statement on Euthanasia, Physician Assisted Suicide and Voluntary Assisted Dying for all St Vincent de Paul Society NSW Services

The St Vincent De Paul Society NSW is a lay Catholic organisation that aspires to live the gospel message by serving Christ in the poor with love, respect, justice, hope and joy, and to bring about a more just and compassionate society.

Preamble

Operating in NSW since 1881, our services now include social and affordable housing units and residential aged care, as well as health care, and emotional and financial support in the community.

Voluntary assisted dying legislation came into effect in NSW on 28 November 2023. This statement provides the Society's position on euthanasia (voluntary assisted dying).

St Vincent De Paul Society NSW is congruent with and committed to the ethic of compassionate care and healing, the ethic which is found in both the Hippocratic tradition of medical practice and the Christian tradition stated in the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*¹ of providing care, especially for poor and vulnerable people.

St Vincent De Paul Society NSW does not support euthanasia or physician-assisted suicide. We will not conduct or participate in assessments undertaken for the purpose of a patient, resident or client having access to or making use of the interventions allowed under Voluntary Assisted Dying legislation, nor will we provide a substance for the same purpose. Our staff will not initiate a discussion about the option of voluntary assisted dying.

Where a person in our care has a life limiting illness or are nearing the end of their lives, we are committed: to never harm; to relieve pain and other physical and psycho-social symptoms of illness and frailty; to withdraw life prolonging treatments when they are futile or overly burdensome or when a person wants them withdrawn and gives informed refusal of these treatments.

Frederic Ozanam expressed this: *"Knowledge of the poor and needy is not gained by pouring over books or in discussions with politicians, but by visiting the slums where they live, sitting by the bedside of the dying, feeling the cold they feel and learning from their lips the causes of their woes."*

St Vincent de Paul Society NSW

- Will empower a resident or client to actively participate in decision-making regarding their treatment and care, will honour their self-determination and will recognise the role of substitute

¹ Catholic Health Australia, *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (Deakin West: Catholic Health Australia, 2001), Part 2, no.1.13; 1.14; 1.15; 1.16; 5.21.

decision makers/medical treatment decision makers and any other agents acting on behalf of the resident or client.

- Will provide holistic, end of life care where needed; will address the physical, spiritual, psychological, and social needs of residents, clients, and their families, (where possible), with the goal of reducing suffering.
- Will neither hasten nor prolong death.²
- Will not intentionally inflict death on residents and clients (that is, provide euthanasia), nor intentionally assist residents and clients to take their own lives (that is, provide physician-assisted suicide).
- Will, in alignment with the Catholic Social principles, The Rule, and our Mission, respond openly, respectfully, without discrimination and sensitively to anyone within our care who expresses a wish to explore or consider physician-assisted suicide or Voluntary Assisted Dying.
- Will actively listen to and accompany³ any person who is nearing end of life and will not abandon anyone who needs care.
- Will not conduct or participate in assessments undertaken for the purpose of a resident or client having access to or making use of the interventions allowed under Voluntary Assisted Dying legislation, nor will we provide a substance for the same purpose.

Obligations and responsibilities

We acknowledge our obligations under NSW legislation and are committed to receiving any inquiries about VAD in a compassionate, sensitive, and respectful manner.

If a client or resident wishes to access information about VAD from an external provider, we will not impede them. We will also continue to respect the privacy of each resident's own home within our facility which includes honouring the privacy of consultations with any external healthcare practitioners.

St Vincent De Paul Society NSW is committed to ensuring its employees are appropriately trained to understand their obligations and their choices in relation to voluntary assisted dying legislation.

A key principle of Catholic Social Teaching is the dignity of the human person. To this end, we will never abandon a client or resident. We are committed to providing pastoral and/or spiritual care and support, according to each individual's own needs and wishes, to accompany them in their palliative journey.

Definitions

End of Life Care⁴ includes physical, spiritual, and psychosocial assessment, and care and treatment delivered by health professionals and ancillary staff. It also includes support of families and carers, and care of the person's body after their death.

People are 'approaching the end-of-life' when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:

- Advanced, progressive, incurable conditions.
- General frailty and co-existing conditions that mean that they are expected to die within 12 months.

² World Health Organisation, definition of palliative care, 2004 and WHO fact sheet 2015.

³ Apostolic Exhortation *Evangelii Gaudium*, Pope Francis Chapter 3, n.169-173, *Personal accompaniment in process of growth*.

⁴ Australian Commission on Safety and Quality in Health Care. National Consensus Statement: Essential elements for safe high-quality end of life care 2015.

- Existing conditions, if they are at risk of dying from a sudden acute crisis in their condition.
- Life-threatening acute conditions caused by sudden catastrophic events.

Palliative Care⁵ an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.

Euthanasia the intentional bringing about of the death of a person to relieve suffering. It can be either voluntary or non-voluntary.

Physician Assisted Suicide the intentional giving of assistance, by a doctor, to someone to commit suicide.

Voluntary Assisted Dying the term used to describe physician-assisted suicide and euthanasia in Voluntary Assisted Dying legislation in Australia.

Acknowledge the assistance of Calvary Health Care's Statement on Euthanasia, Physical Assisted Suicide and VAD 2023

⁵ Ibid, WHO definition of palliative care 2004; 2015.