



Archdiocese  
of Toronto



**Guidelines for the Celebration of  
the Sacraments with Persons & Families  
Considering or Opting for Death  
by Assisted Suicide or Euthanasia**

*A Vademecum for Clergy and Parishes*

*We extend our sincere gratitude to the Catholic Bishops of Alberta and the Northwest Territories  
for allowing the Archdiocese of Toronto to adopt these pastoral guidelines.*



The **Catholic Bishops**  
of **Alberta** and the  
**Northwest Territories**

Les **évêques catholiques**  
de l'**Alberta** et des  
**Territoires du Nord-Ouest**

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## INTRODUCTION

“You shall not kill.” Exodus 20:13

In June 2016, the Canadian government passed legislation that permits euthanasia/assisted suicide in numerous circumstances. No doubt we will see efforts in the months and years ahead to expand criteria further, diminishing the sanctity and dignity of the human person. The church will continue to oppose these measures vigorously as in the past. We propose true palliative care for all who need it as the way to respond to the difficult situations which lead people to seek a false remedy through euthanasia.

Yet faced with the new legal reality, with some people considering euthanasia, or actually deciding to proceed with it, how do we as pastors respond, always offering truly compassionate love that respects the dignity of the human person, and is faithful to the Good News of Jesus Christ?

We pray that the accompanying pastoral guidelines will assist clergy in serving as the hands and face of Jesus to those considering euthanasia/assisted suicide. We owe a debt of gratitude to the Catholic Bishops of Alberta and the Northwest Territories for developing these guidelines and permitting us to adopt them for use in the Archdiocese of Toronto.

May we walk humbly with those who seek our care and counsel, yet proclaim without reservation the dignity and value of every human life, from the moment of conception to natural death. I pray these guidelines will be a helpful resource for our faith community.

Sincerely in Christ our Lord,

*+ Thomas Card. Collins*

Thomas Cardinal Collins

Archbishop of Toronto

September 2017



Archdiocese  
*of* Toronto

GENERAL PRINCIPLES AND REFLECTIONS  
ON SACRAMENTAL MINISTRY  
TO THE SICK AND DYING IN  
LIGHT OF  
ASSISTED SUICIDE AND EUTHANASIA



## I. Relevant principles for Sacramental Ministry to the Sick and Dying

1. The following three principles should guide our sacramental ministry to the elderly, the sick and the dying (and indeed all sacramental ministry in the Church).
2. First, although the Sacraments of Healing (Penance and the Anointing of the Sick) are saving encounters with Christ in the Church, nevertheless they are not the sum total of our ministry. These sacraments are privileged moments of encounter where Christ heals or strengthens his wounded Body. We should remember, however, that Christ is present in other ways, too, through pastoral visits, Holy Communion, prayer, and time spent with the elderly, the sick and the dying.
3. Second, Catholic ministers must be disposed to celebrate the sacraments generously. This means that we should be inclined to celebrate a sacrament as long as the person asking for it is properly disposed and asks for it at an appropriate time and place (See, for example, Canons 980, 986, 987 of the *Code of Canon Law*). If a person is eligible to celebrate a sacrament, but is not properly disposed, we tend to speak of delaying a sacrament rather than denying it.
4. Third, it is the responsibility of Catholic ministers to ensure that they have all they need for the celebration of a sacrament. Sacraments are not magic; they require at least a minimum of faith from the person for whom it is celebrated<sup>1</sup>. The Church also determines that certain things be present (matter and form and the appropriate minister) for her to recognize that this ritual action is an action of Christ. It is the duty of the minister to prudently ensure that these elements are present when he decides to celebrate a sacrament.

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1. *The Baptism of infants is an exception, where the child is baptized based on the faith of the Church.*

## II. The Sacrament of Penance

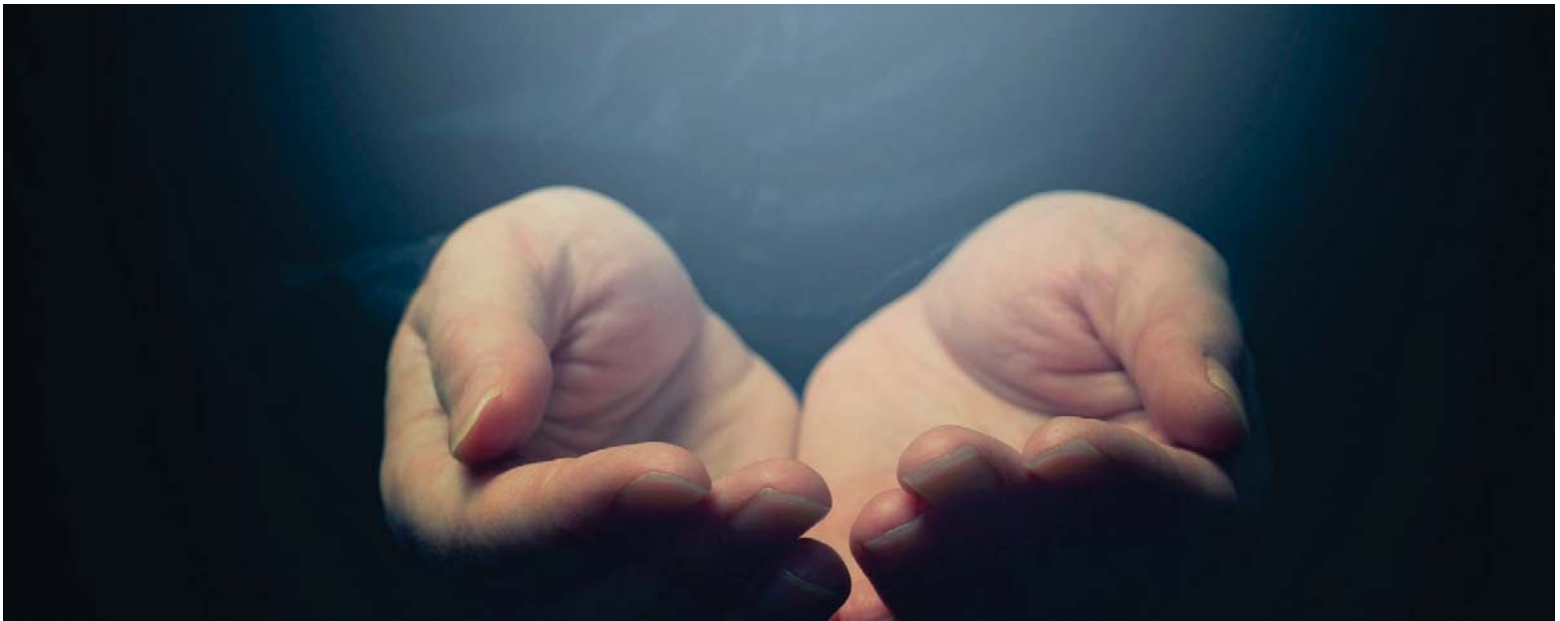
5. Penance or Reconciliation is a sign instituted by the Risen Lord to forgive sins committed after Baptism that break off our communion with God and the Church. This sacrament can also bring forgiveness for lighter or venial sins that weaken or disturb this communion with God and others in the Church. Reconciliation, then, restores relationship with God and the Church and is an effective sign both of our repentance and the Lord's action to move hearts and forgive.

### The Requirements for the Sacrament

6. A penitent brings to this sacrament three things, which are necessary for the Church to recognize this conversation between Penitent and Priest as an action of Christ: contrition, confession of all serious sins remembered since their last confession, and a willingness to repair the damage caused by their sin. For his part, the priest brings God's word of forgiveness (Absolution). All of this together constitutes the visible, sacramental sign of Christ working in the heart of the penitent and through the Church to reconcile. Of what the penitent brings, the most important is contrition. Without this, there can be no sacrament. There may be cases when a sick penitent can barely confess in words and where the priest will himself say the Act of Contrition for the sick one, but the penitent must always be contrite.
7. Contrition is comprised of sorrow for sins committed and the intention not to sin again. If one does not intend (at least at the moment of Confession) to try to leave sins behind, one is not, in fact, repentant. Repentance necessarily includes this intention to change one's life, a determination that is often referred to as a firm purpose of amendment.
8. Priests normally presume contrition on the part of the penitent. It may occur, though, that the priest finds the person to be in an objective situation of sin and without an intention to change. Given the concern of the Church for the salvation of the penitent, the priest will gently and clearly seek to open the heart of the person to the movement of God's grace that leads to true repentance.



9. In our day a priest may encounter a penitent who has officially requested physician-assisted suicide or euthanasia. The penitent has not yet been killed nor has he/she committed suicide, but he or she has initiated the process, which is already a grave matter. If the penitent does not rescind this request, he or she will be killed. They are in this objective state of sin, which is gravely disordered. They have incited and officially arranged for someone to kill them. For a sin to be a mortal sin, however, which actually separates us from God, we know that three things must be present: 1) the matter must be grave; 2) the person must be aware of this; and 3) the person must freely choose it. Does the penitent know that the request for suicide that he/she has made is a grave sin? Is his or her freedom impaired in some way through depression, drugs, or pressure from others? Their decision to request assisted suicide or euthanasia may not have been fully free, or may not have been an informed decision, so the past culpability may be light. Nevertheless, they are in an objective state of sin. The official request is made; if they do not rescind it, they will be killed. If the penitent, having been made aware of the gravity of the situation, is open to learning the Church's teaching on this issue, and open to reconsidering the decision, the priest can absolve. There is at least the beginning of contrition, a willingness to reconsider and thus possibly rectify their situation. If they are not open at least to prayerfully considering the rescinding of their request – now that they know it is a grave sin – they would be choosing to do something gravely wrong, that is to say, deciding to remain in a situation of sin rather than seek to amend their life. In this case, the minister would need to delay absolution to a later time when the person may be properly disposed.



### III. Anointing of the Sick

10. This sacrament, instituted by Christ, is an effective sign of the Risen Lord, who is present in all his saving power, strengthening the sick or the elderly, deepening their faith, hope, and love, helping them to resist temptation, and – in some cases – actually healing their disease. The primary purpose of this sacrament, then, is precisely to give the grace of the Holy Spirit to the elderly or sick person, who is struggling dangerously with the weaknesses of old age or illness. This means the sacrament helps to confirm their relationship with God in this struggle. It makes possible a saving encounter with the Risen Lord, who comes to strengthen and console them through the priest who anoints them and through the members of the Church who join in this quiet prayer. *The Catechism of the Catholic Church* highlights one more wonderful dimension of the sacrament. The recipient, who in virtue of Baptism already shares in Christ's death and resurrection, is again visibly and publicly anointed – like the Messiah, the Anointed One – and so is marked out in the Church as a person participating in Christ's Passion, his Cross (CCC, 1521). They are helped by the grace of the sacrament to make in this situation of suffering a priestly offering of their life and strengthened to witness before others to their faith in the power of the Cross.

#### The Requirements for the Sacrament

11. The sick – in their weakness – need bring simply the mustard seed of their faith to the sacrament, and the Lord will help it increase a hundredfold. The priest, in the person of Christ, anoints the sick person with a form of words, which visibly signifies the Lord's bestowal of the grace of the Holy Spirit and the other effects of the sacrament: help, forgiveness, healing, salvation.

12. Although this sacrament has always been linked to Reconciliation or Confession, it is not given to us primarily to forgive sin. We have Penance for that. The Anointing is normally preceded by Reconciliation. It presumes that a person is in right relationship with God. If a person is conscious of grave sin, he or she should be reconciled first through the Sacrament of Penance. Otherwise, Anointing would include a penitential act – as at the Eucharist. The Anointing of the Sick gives the grace of the Holy Spirit to the sick person and heals the remnants of sin as it helps one to endure suffering and grow in love, to detach from the things of this world. If a person is dying and beyond the point where they can confess, the Anointing of the Sick would bring forgiveness of sins (CCC, 1532).
13. As with the other sacraments, priests are to be ready to celebrate this sacrament generously with members of God’s People. The Anointing is to be celebrated for a baptized Catholic<sup>2</sup> who begins to be in danger of death through illness or old age (Canon 1004, §1). It can be repeated if a person recovers and then grows sick again or if the condition is getting progressively worse (Canon 1004, §2). It may be celebrated even for such a person who is unconscious – if we can prudently judge that they would have requested it when they were conscious (Canon 1006).
14. Canon law speaks of only a few cases where we would not celebrate this sacrament for a baptized Catholic. One is where they have not yet reached the age of reason, i.e. an infant who cannot understand what the sacrament is about and who is not yet capable of sinning (Canon 1004, §1). The other case is of a person who obstinately persists in manifest serious sin (Canon 1007).
15. The case of obstinate persistence in manifest serious sin means that they will not repent of something that is gravely and publicly known, even if only by a few. Obvious cases are those under a penalty or censure (e.g. excommunication), a notorious criminal or other public sinner who refuses reconciliation and gives no sign of repentance. The problem is that he or she is not properly disposed to celebrate it; the person is not contrite.
16. The request for euthanasia or assisted suicide is in direct contradiction to the baptismal call of the dying believer to proclaim at all times, especially at the approach of death, that “it is no longer I who live but Christ who lives in me” (Gal. 2:20). The self-surrendering obedience to the will of the Father in union with Christ is obviously absent from an act which is “gravely contrary to

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*2. The Sacrament may be celebrated for Orthodox and Protestant Christians in certain circumstances: see Canon 844.*

the dignity of the human person and to the respect due to the living God, his Creator” (CCC, 2277). At play may well be an “error of judgment into which one can fall,” but it remains impossible to “change the nature of this murderous act, which must always be forbidden and excluded” (CCC, 2277). The priest must bear in mind “that he is at once both judge and healer, and that he is constituted by God as a minister of both divine justice and divine mercy, so that he may contribute to the honour of God and the salvation of souls” (Canon 978, §1). This implies the duty to implore the sick person with gentle firmness to turn away from this determination in repentance and trust. If the person, however, remains obstinate, the Anointing cannot be celebrated.

17. In the case of persons in manifest serious sin who have fallen unconscious, we would not presume their repentance and thus their proper disposition for the Sacrament of Anointing unless they gave some sign of repentance first.

#### IV. The Celebration of Christian Funerals

18. The solicitude of the Church for her children does not end with death. She continues to intercede for the deceased person and minister to the family of the one who has passed away. Our funeral liturgies, then, have a twofold aim: to pray for the dead and help them through our prayer in Christ, and to accompany and support the grieving family. *The Order of Christian Funerals* summarizes the liturgies around the death of a Christian as follows:

*At the death of a Christian, whose life of faith was begun in the waters of baptism and strengthened at the Eucharistic table, the Church intercedes on behalf of the deceased because of [her] confident belief that death is not the end nor does it break the bonds forged in life. The Church also ministers to the sorrowing and consoles them in the funeral rites with the comforting word of God and the Sacrament of the Eucharist (4).*

19. As we consider the question of a Christian funeral, there are two principal points to be taken into consideration and held in balance. First, all ecclesiastical funerals are offered for sinners. The Church, as a generous mother, is eager to intercede for her children even when they have wandered. Second, however, the Church requires her funeral celebrations to be real signs of faith and to be respectful of the conscience and decisions of those who have died. For this reason, Church funeral rites are not accorded to persons who have defected seriously from the faith (Canon 1184): notorious apostates, heretics and schismatics; persons who chose cremation of their own bodies for reasons opposed to the Christian faith; other manifest sinners whose funeral would cause public scandal – unless they have shown some sign of repentance before death. In questions of doubt the local Bishop should be consulted.
20. As the ministers of the Church face the new situation of funeral requests for persons who have elected to die by assisted suicide or euthanasia, the following are additional considerations. The Church does, in fact, celebrate Christian funerals for those who have been found after the fact to have committed suicide. We are not able to judge the reason the person has taken that decision or the disposition of their heart. The case of assisted suicide or euthanasia, however, is a situation where more can sometimes be known of the disposition of the person and the freedom of the chronically ill man or woman, particularly if it

is high-profile or notorious. In such cases, it may not be possible to celebrate a Christian funeral. If the Church were to refuse a funeral to someone, it is not to punish the person but to recognize his or her decision – a decision that has brought him or her to an action that is contrary to the Christian faith, that is somehow notorious and public, and would do harm to the Christian community and the larger culture.

21. Family circumstances must also be considered. As they face the death of a loved one, family members need the prayer and support of the Church. Perhaps the family did not will the assisted suicide or euthanasia of their loved one, and is looking to the Church for the assistance and comfort of her intercession for mercy. In such a situation, provided there would not be cause for public scandal (Canon 1184), the funeral rites could be celebrated. There may also be the case, however, of a family or friends that wish the funeral rites to be an occasion to celebrate the decision of their loved one to die by assisted suicide or euthanasia and thus to promote these practices as acceptable. This would be truly scandalous, as it would be an encouragement to others to engage in the evil that is euthanasia and assisted suicide. Such a request for funeral rites must be gently but firmly denied.
22. It must always be remembered that the burial of the dead is among the corporal works of mercy. Therefore, even when the official funeral rites of the Church must be denied, a liturgy of the Word at the funeral home or simple prayers at the graveside might be proposed. Perhaps a memorial mass for the repose of the deceased's soul could be celebrated at a later date. This is a matter of the priest's good pastoral judgment. How to offer care and support to a family in the wake of these tragic events remains something that we must always bear in mind, whether we celebrate a funeral or not.



Archdiocese  
*of* Toronto

GUIDE FOR DISCERNMENT OF  
PARTICULAR SITUATIONS



## I. The Sacrament of Penance

23. This section will assist the priest's discernment in situations where he is approached for the celebration of the Sacrament of Penance by a patient nearing death by means of assisted suicide or euthanasia.

### A. Canonical Considerations

#### 1. The Seal of Confession

24. The practice of the Minister of the Sacrament is solemnly bound by the inviolability of the seal (CCC, 983-984). This means that any knowledge gained concerning the intent or actions of the penitent cannot be discussed outside of the sacramental celebration.

25. There must be a prudential discernment made in responding to the request for the celebration of the sacrament if the priest is aware, in an extra-sacramental context, that the penitent is considering or intending to request assisted suicide or euthanasia. Pastoral engagement and care of the individual should not be engaged through means of the sacrament but through pastoral conversation, which itself has a presumption of privacy. The priest would do well to defer agreeing to the offering of this sacrament if there is manifest public reason to presume that part of the matter to be confessed for absolution is intending to request assistance in suicide.

#### 2. Proper Disposition

26. The main canonical issue regarding the Sacrament of Penance, aside from observation of the seal of confession, regards those situations when sacramental absolution may be given, postponed or denied. As with any sacrament, the Christian faithful have a right to Penance subject to three conditions: if they request it opportunely, if they are properly disposed, and if they are not prohibited from receiving it. (Canon 843, §1)



27. A “proper disposition” is one where the conditions are met such that the sacrament would be received validly, lawfully and fruitfully. It should be noted, however, that “proper disposition” should not be seen as an investigation into the level of faith of the person. A minimum of faith is required, and the fact that one requests the sacrament is proof of sufficient faith to receive it. Moreover, if a confessor determines that the penitent does not have a proper disposition, the confessor should do all he can to bring the penitent to acquire the necessary disposition. Should there be no change to an improper disposition, the priest may and must deny the sacrament.
28. In the case of Penance, the proper disposition entails contrition for sins already committed and a firm resolution not to sin again and to turn back to God (Canon 987). Where the confessor is in no doubt about the existence of a proper disposition in the penitent, absolution should be neither denied nor deferred (Canon 980). There must be certain and grave reasons for denial of absolution. It is preferable, if the penitent is not properly disposed, to postpone rather than to refuse absolution. If circumstances allow it, the confessor should ask the penitent to reflect on the arguments brought forward by the confessor against the deliberate intention to use assisted suicide or euthanasia, and he should arrange to visit the penitent again to see if absolution might be granted. If the “proper disposition” is still not present, the confessor should help the penitent to understand that the only thing that prevents absolution from being given is the lack of this disposition.

## B. Sacramental Considerations

29. As outlined in the *Catechism of the Catholic Church* (esp. 1423-1424), the nature of the sacrament is revealed in the names by which it is called. The various titles suggest questions that the priest-confessor could bring to the conversation when the intention to request euthanasia or assisted suicide is raised. The age and condition of the penitent calls for prudence and discretion in the kind of questions that the priest is to pose (cf. Canon 979).
30. **The sacrament of conversion** – “because it makes sacramentally present Jesus’ call to conversion, the first step in returning to the Father from whom one has strayed by sin.”

31. *Is the priest voicing the call of Jesus to turn from the objectively immoral choice of suicide? Is there any openness to conversion? Is conversion a motive for the confession? Is it a possible hope?*
32. **The sacrament of Penance** – “it consecrates the Christian sinner’s personal and ecclesial steps of conversion, penance, and satisfaction.”
33. *Is there an authentic determination to reject, both privately and publicly, the request for assistance in suicide or for euthanasia? Since it is an action that involves others in co-operation, is there a determination to make clear to these persons that the penitent has undergone a conversion?*
34. **The sacrament of confession** – “an acknowledgment and praise of the holiness of God and of his mercy.”
35. *Is the individual open to the presence of God in their situation? What is the understanding of who God is? Is there a proper humility before God? Is the attitude of the penitent one of presumption upon the mercy of God in such a way as to subordinate God’s will to the desires and will of the penitent?*
36. **The sacrament of forgiveness** – “by the priest’s sacramental absolution God grants the penitent ‘pardon and peace.’”
37. *Is the penitent troubled by the consideration of assisted suicide or euthanasia? If they are “at peace” with such an intention, why are they asking for “pardon and peace”? Can the confessor engage the penitent in this understanding of what true “peace” is in terms of the promise of eternal life?*
38. **The sacrament of Reconciliation** – “it imparts to the sinner the love of God who reconciles ... He who lives by God’s merciful love is ready to respond to the Lord’s call: ‘Go; first be reconciled to your brother.’”
39. *What is the situation of the penitent with regards to the life of their family? Dying is to be a time of “reconciliation” – has this hard work been done? Is the request for assisted suicide or euthanasia manifest and a source of pain for members of the family, or a seed for future acrimony, division, and moral confusion? Is there a desire to remove the scandal of participation in a morally wrong action? If the community around the penitent finds no scandal in assisted suicide or euthanasia, what is the meaning of reconciliation with the Church, which is deeply scandalized by these practices?*



### C. Distinguishing Requests for the Sacrament of Penance

40. Appropriate pastoral accompaniment requires that various situations be distinguished.

#### 1. The Situation of Indecision

41. If the penitent relates that the possibility of requesting assisted suicide or euthanasia is simply being pondered without having reached a decision, the priest is to consider that the request for the sacrament in itself suggests a disposition for absolution and must be accepted with gratitude and welcome. The grace of absolution, precisely as God's gift, is a real offer of the power for conversion, penance, and reconciliation. It can profoundly transform the reflection of the penitent upon the manner of their dying and initiate a rich encounter with the mercy of God. While it is clearly impossible to absolve future sin (in which case there is no matter), the confessor should be diligent to stir up remorse for harbouring the intention of committing a grave sin, even more to offer the grace of divine healing of the conditions which gave rise to such an intention. It would seem that in these situations, assuming proper instruction and appropriate penance, penitential absolution should not be withheld.

#### 2. The Situation of Determination to Proceed

42. The priest should first consider if the decision to proceed with death either by euthanasia or assisted suicide has been made known publicly or has been only privately determined by the penitent. In each case, it should be further discerned if the action is imminent or is to happen at a distant point in the future.

#### a. Manifest determination

43. The confessor might be confronted with a penitent who informs him in the course of confession that he or she has set in place the procedures to have their life deliberately terminated by medical intervention, and has made this publicly clear to family and medical practitioners. The confessor must take account of the manner in which the penitent raises this in confession.
44. The penitent may list this among the sins whose number and kind they are confessing. This normally indicates that there exists an awareness that this action is indeed a sin and a desire to repent. On this basis the priest may engage the penitent and celebrate with them the sacrament. The penitent is to turn away from their planned euthanization or assisted suicide.
45. The penitent may make this decision known in such a way that it is clear to the priest that the penitent does not understand or does not acknowledge that seeking assistance in suicide is a sin. If it is a case of lack of understanding, the priest with sensitivity and skill should invite the penitent to become informed of the divine will in this matter. If it is a case of a refusal to acknowledge the sinfulness of the action, the priest should with all skill seek to discover the condition of the conscience of the penitent and as much as possible awaken this conscience to the voice of the Divine Judge and Healer speaking through the Holy Spirit in His Church.
46. Care must also be taken that the penitent is not abusing the celebration of the sacrament in order to make a public mockery of the sacraments or justify public rejection of the Church's clear teaching on the grave sinfulness of euthanasia and assisted suicide. Such sacrilege would itself be a gravely sinful action by any penitent.

##### i. Remote enactment of decision

47. If the determination is to have an act of euthanasia or assisted suicide occur at a distance in the future, then this suggests a hope for conversion and a turning away from such an act. There is strong reason for granting absolution here, provided the penitent were to acknowledge that proceeding with assisted suicide or euthanasia would be wrong and promise to reconsider such a choice. Absolution may also be granted if it becomes clear that the natural course of an

illness has brought the penitent to the moment of a natural death.

48. It must be very clear that the penitent does not interpret the granting of absolution as a blessing upon or permission for the commission of any sin, in particular the sin of voluntary suicide through the assistance of a physician or other agent. If this understanding is not manifestly clear to the priest, he should seriously consider the denial or deferral of absolution.

**ii. Proximate enactment of decision**

49. The celebration of the sacrament might reveal a manifest determination by a penitent voluntarily to die by assisted suicide or euthanasia in the immediate future. Though one must never presume upon the impossibility of a change of heart, if there is little or no reasonable hope for conversion and a turning away from such an act, then absolution cannot be offered. In formally requesting euthanasia or assisted suicide the person has incited others to kill him or her in an act of murder that will take place unless rescinded by his or her request.
50. It is vitally important, however, that the priest act with as much compassion and firm gentleness as possible in assuring the penitent that he and the Church will pray for their salvation. Indeed, it is fitting that the priest inform the penitent that he will be praying constantly for their turning away from such a sin. Perhaps even the offering of penitential fasting by the confessor and other members of Christ's faithful for the conversion of this individual might stir even the most intransigent of persons to repentance and conversion.
51. The refusal of absolution might be met with anger and even denunciation by the penitent or members of the family. The priest is to remember to maintain a serene refusal to discuss the private matter of the sacrament. The authentic assurance of prayers should also be given to the family surrounding the person. Instead of remonstrance or anger, the priest should demonstrate lamentation and sorrow for what is unfolding.

## b. Private determination

52. The case might arise in which the priest encounters a penitent who has privately (that is, has not made known to family or to medical practitioners) determined to proceed to a termination of their life through seeking out euthanasia or assisted suicide. While all the points presented above apply, it should be noted that the lack of public expression of such a request, and the raising of this issue in the course of the celebration of the sacrament, suggest both a much greater hope for conversion and an increased disposition to accept correction and exhortation.

### i. Remote enactment of decision

53. Particularly in the case of a remote but nonetheless firmly expressed intention, the priest must spend no little energy in informing the penitent of the spiritual consequences of such a morally wrong act. At the same time an explanation of the grace of forgiveness and its power to heal and move hearts to conversion is to be given. If there is reasonable hope for conversion and a turning away from such an act, there is strong reason for granting absolution, provided that the penitent were to acknowledge that proceeding with such an action would be wrong and promise to reconsider such a choice, or if it becomes clear that the natural course of an illness has brought the penitent to the moment of a natural death. Otherwise absolution must be deferred.

### ii. Proximate enactment of decision

54. The principles enunciated above in Paragraphs 49-51 apply, with the addition that the priest be very clear that he will not participate in any announcement or ritual enactment of euthanasia or assisted suicide.



#### **D. Requests for the Sacrament of Penance by Family Members Attending to the Enactment of Euthanasia or Assisted Suicide**

55. It is not unlikely that members of a family of a person who intends to or has been killed through euthanasia or assisted suicide might approach a priest for the celebration of the Sacrament of Penance. Great sensitivity must be shown in these cases. The priest is to remember that, “Voluntary co-operation in suicide is contrary to the moral law” (CCC, 2282).
56. Where the act of assisted suicide or euthanasia is anticipated, the priest must encourage the penitent gently but firmly not to co-operate voluntarily in the act, to express to the patient and other family members their disapproval of the decision, and to pray that a reversal of the determination take place.
57. If the penitent has already been present at the assisted suicide or euthanizing of a loved one, the priest should be willing to accept their real contrition, determining as clearly as possible the culpability of the person in order to allow them to have a right conscience. The penitent should be encouraged – but not required – to make public their own conversion and rejection of these procedures, to pray fervently for the forgiveness and eternal salvation of the deceased, and to refuse to participate in any conversation that promotes this moral injustice.

## E. Requests for the Sacrament of Penance by Medical and Legal Agents

### Attending to the Enactment of Euthanasia

58. Pastoral sensitivity about the situation of the penitent is clearly vital. While the *Code of Canon Law* does not specify any penalties for the case of participation in assisting suicide *per se* (as it does, for example, in the case of abortion), Canons 1041 & 1399 clearly indicate the seriousness with which such participation – direct or indirect – must be addressed.
59. Any person who has participated directly or indirectly in assisting another person to commit suicide, or in any act of euthanasia, has committed a morally evil act and is to be called to repentance and conversion. The confessor must be careful to determine the culpability of the penitent in these actions and presume that in the very act of approaching the priest for reconciliation, there is the prompting of the Spirit at work in their lives.

## II. The Sacrament of the Anointing of the Sick

60. This section will assist the priest in his discernment in situations where he is approached for the celebration of the Sacrament of the Anointing of the Sick by a patient nearing death by means of assisted suicide or euthanasia.
61. The Sacrament of Anointing of the Sick is a two-fold action of the Church: commending the sick and suffering person to the Lord in glory that they may be raised up and saved, and exhorting that sick person to unite themselves with the saving Passion and Death of Christ for the good of the whole people of God (CCC, 1499). Thus, it is both an ecclesial act of trusting worship of God and a gift of union with the grace of Christ. It is natural that terrible suffering can “lead to anguish, self-absorption, sometimes even despair and revolt against God” (CCC, 1501), but this sacrament offers the gift of healing wholeness through communion with Christ that transforms what seems meaningless into a self-offering in love and trust. Clearly, the vision of life, suffering and death reflected in this sacrament is radically different from that made manifest in the choice to die by assisted suicide or euthanasia.



## A. Canonical Considerations

62. Canons 998-1007 pertaining to the sacrament do not directly address the issue of euthanasia and assisted suicide.
63. Canon 998 stipulates that the Anointing of the Sick is to be offered to “all the faithful who are dangerously ill.”
64. In the case of genuine doubt whether the person is alive or dead, the minister is obligated to administer the sacrament (Canon 1005), if the recipient “at least implicitly requested it when they were in control of their faculties” (Canon 1006). It may not, however, be conferred “upon those who persevere obstinately in manifest grave sin” (Canon 1007).

## B. Sacramental Considerations

65. The *Catechism of the Catholic Church* provides an excellent summary of the effects of the celebration of this sacrament that can guide the priest’s discernment when faced with requests for and acts of euthanasia or assisted suicide.
66. **The sacrament is a particular gift of the Holy Spirit (CCC, 1520) for the healing of the soul and also, if God so wills, the healing of the body.** Healing is thus understood as a gift of the Holy Spirit that strengthens with the gifts of patience and courage the act of faith, of trust in the mercy of God. The act of requesting euthanasia or assisted suicide is objectively a refusal of such an act of trust, particularly in His possible plan to heal the body.
67. **The sacrament is *the gift of union with the Passion of Christ* (CCC, 1521).** By the grace of the Holy Spirit the recipient of the Anointing unites their suffering with that of Christ in an act of self-offering to the Father. *Has the patient been formed in their journey of living and dying to understand that the mystery of their death lies in this profound union with Christ? Is the person who requests anointing making an objective and manifest witness against such an understanding? Is Christ’s grace being subordinated to their own will? How much has ignorance, pain, and pressure compromised their true understanding of the meaning of this union* (CCC, 2282)?

68. **The sacrament bestows an *ecclesial grace*.** Through union with the passion of Christ, and aided by the intercession of the Communion of Saints, the person offers their suffering for the “good of the People of God” (CCC, 1522). It is possible that a person might have been misled by familial, medical, economic, public or psychological pressure to view euthanasia or assisted suicide as an act of “care” for others. Here the priest and ecclesial community will need to help the person understand that the true gift of care for others is achieved by trust in God and the witness of faith. If conditions allow its administration, perhaps the celebration of the sacrament might effect just such a transformation.
69. **The sacrament is a *preparation for the final journey*.** It is most appropriate that those at the point of departing earthly life should be fortified “like a solid rampart for the final struggles before entering the Father’s house” (CCC, 1523). Christian life in Christ, begun in Baptism with death to Death, and unfolded through conforming our wills to the obedient will of Christ who lives in us, finds no reflection in the decision to end one’s life by euthanasia or assisted suicide. Yet the priest must pay very close attention to the actual details of the ecclesial life of the patient in determining the condition of this moment of departure. The celebration of this sacrament is a real offer of grace that fortifies the person at the moment of death. Not infrequently in the course of Christian history have we witnessed the conversion of dying persons through the intercession of the Communion of Saints.

### C. Distinguishing Requests for Anointing

Appropriate pastoral accompaniment requires that various situations be distinguished.

#### 1. The Situation of Indecision

70. In the case of a person who is contemplating a request for medical assistance in committing suicide or for euthanasia, but has not yet determined to do so, the grace of the Sacrament of Anointing is not to be denied. Careful explanation and provision of appropriate spiritual and pastoral resources must be provided such a person. This is a precious opportunity in the life of a person to encounter Jesus Christ, who is both Teacher and Healer. The celebration of the Sacrament of Anointing of the Sick in this case must clearly not be presented as a benediction of any intent to deny that God “remains the sovereign Master of life” (CCC, 2280) by seeking assistance in suicide. Instead, fervent intercession

for the grace of God's gift of healing, the insight to understand, and the courage to unite their suffering with the saving Passion of Christ are to be invoked in the prayers accompanying the sacrament.

## **2. The Situation of Determination to Proceed**

71. The priest may be confronted by a person who expresses a decision to seek euthanasia or assisted suicide. The spiritual peril in which such people are found requires the pastor of souls to accompany them with every effort and in fervent prayer. The priest must first engage such persons with compassion, being careful to listen attentively and receptively to them. *What are the fears and concerns which occupy the person? Are there present signs of anger or despair? Is the person being pressured by external factors in their family or medical care environment? Are there mental health issues shaping this determination? Is there any sign of diabolic influence? Is there a true serenity about this decision? Is it clear that willful pride and bitterness attend such a decision?* If at all possible, the priest should seek out private conversation with the individual such that the Holy Spirit may bring forth holy discourse and lead the conversation “into all truth” (*John* 16:13).
72. The sick person must be properly disposed to receive the Sacrament of Anointing. Ideally this would be through the celebration of the Sacrament of Penance according to the principles outlined. The request for the Sacrament of Anointing should be understood as an implicit disposition of openness to the grace of God since, “no one can say ‘Jesus is Lord’ except by the Holy Spirit” (*1 Corinthians* 12:3). Thus, to discover that a request for the sacrament is coming from a person who has decided to seek assistance in committing suicide does not in itself indicate lack of disposition. Every effort must be made to bring the flame of faith to life. Neither, however, is there to be a passivity before such a decision even in the face of seeming serenity. The prompting of the Holy Spirit leads “into all truth” and so the truth must be proclaimed and proposed. At a minimum the person must determine to reverse their decision before receiving the Anointing.

**a. Manifest determination**

73. The most challenging situation is one in which the person requesting anointing, or for whom anointing has been requested, has made clear and public his or her intention to seek out medical assistance in committing suicide or death by euthanasia. Again, careful discernment must be achieved through conversation with the person. If there is any indication that death by these procedures is being contemplated as an example to promote their practice, the priest must point out that such an intention takes on “the gravity of a scandal” (CCC, 2282). If obstinately maintained, the intention is a clear indication of lack of disposition. The sacrament is to be deferred.

**i. Remote enactment of decision**

74. If the time anticipated to enact euthanasia or assisted suicide is such that it is foreseeable that the person might competently seek out the Sacrament of Anointing (or Penance) again, and if there is an earnest desire to do all that is required to be humbly open to receiving God’s healing, there is strong reason for celebrating the Anointing of the Sick. The sick person should truly seek God’s healing grace in the sacrament with no indication of “putting the Lord your God to the test” (*Mt. 4:7, Lk. 4:12*), acknowledge that proceeding with such an act of euthanasia or assisted suicide would be wrong, and promise to reconsider such a choice. The sacrament may also be celebrated if the natural course of an illness has brought the penitent to the moment of a natural death.

75. It must be very clear to all that the Anointing does not in any way convey blessing upon or permission for the commission of any sin, in particular the sin of voluntary suicide through the assistance of a physician or other agent. If this understanding is not manifestly clear to the priest, he should seriously consider the denial or deferral of Anointing, and instead offer to pray with the person for God’s gift of healing. In the latter case, the priest must assure the person of continued prayers and offer spiritual counselling.

**ii. Proximate enactment of decision**

76. The priest might find that the request for the celebration of Anointing comes at a time so close to the enactment of a manifest determination that it is not foreseeable that the sick person might competently seek out the Sacrament of Anointing (or Penance) again before the termination of life. Although one must never presume upon the impossibility of God effecting a healing through

the sacrament such that a change of heart might ensue, nevertheless if reason suggests that there is little or no hope for the sick person not to “persevere obstinately in manifest grave sin,” then the Anointing must not be conferred.

77. It is vitally important, however, that the priest act with as much compassion and firm gentleness as possible in assuring the sick person that he and the Church will pray for their healing and salvation. Appropriate also would be the offering of penitential fasting by the priest and other members of Christ’s faithful for the healing and conversion of this individual.
78. Though the refusal to confer Anointing might be met with distress and even denunciation by the sick person or members of their family, the priest is to remember to maintain a compassionate firmness that bespeaks not a notion of proud self-righteousness but an attitude of humble mourning. The authentic assurance of prayers should also be given to the family surrounding the dying person.

**b. Private determination**

79. The case might arise in which the priest encounters a penitent who has privately determined (that is, has not made known to family or to medical practitioners) to proceed to a termination of their life through euthanasia or assisted suicide. While all the points presented above apply, it should be noted that the lack of public expression of such a request and the raising of this issue after a request for the celebration of the sacrament suggest both a much greater hope for conversion and an increased disposition to accept the healing extended by the sacrament.

**i. Remote enactment of decision**

80. Particularly in the case of a remote but nonetheless firmly expressed intention, the priest must spend no little energy to inform the penitent of the moral and spiritual impediment a morally wrong act poses to God’s gift of healing. Witness to the presence of Christ Jesus, “the physician of souls and bodies” (CCC, 1509) brings good news to the sick. *Do they perceive the prompting of the Spirit at work in their desire to seek Anointing?* Explanation of the Sacrament of Anointing and its power to heal – especially by referring to the stories of Jesus’ healings, the Lord’s own wrestling with his impending death, and the witness of saints – can move hearts to conversion.

81. Truth also demands that the sick person be aware of the consequences if the last gift a person can offer those around them – namely, showing them how to die – is in fact a scandal. *Do they hear the voice of Jesus, “If any of you put a stumbling block before one of these little ones who believes in me, it would be better for you if a great millstone were fastened around your neck and you were drowned in the depth of the sea” (Mt. 18:6)?* The priest should assure the person that he will walk with them and help them offer as a final earthly act of love the witness of a holy death. The offer of assurance that the priest and the community of Christ’s faithful will be present to the dying person should be confidently made.

**ii. Proximate enactment of decision**

82. The principles enunciated above in Paragraphs 76-78 apply, with the addition that the priest be very clear that he will not participate in any announcement of or ritual enactment of euthanasia/physician assisted suicide.

**D. Requests for Anointing of a Non-Competent Patient Made by Family or Community Members**

83. The situation might well arise that a priest is requested by members of the family or community to anoint a non-competent sick person who had made manifest prior to falling into a non-responsive or non-competent state the desire to have their life ended by medical intervention. If the patient had given no sign of a change of heart prior to falling into unconsciousness, then the Sacrament of Anointing cannot be celebrated. The same holds for the situation in which, subsequent to the administration of the medical procedure to terminate life by assisted suicide, the patient does not die quickly and the family makes a request for Anointing. Rather than the Sacrament of the Sick, it is appropriate that penitential prayers be offered for the dying soul, fervently pleading for God’s mercy. In the latter case, consideration might be given to Anointing if there was some indication by the patient of hesitancy before the procedure or distress subsequent to it.

## Definitions

**Euthanasia:** *the act or practice of killing or permitting the death of hopelessly sick or injured individuals in a relatively painless way for reasons of mercy*<sup>i</sup>.

–We would qualify this dictionary definition by noting that such is a misguided understanding of “mercy.”

**Assisted Suicide:** *suicide committed by someone with assistance from another person; especially **Physician Assisted Suicide***<sup>ii</sup>.

**Physician Assisted Suicide:** *suicide by a patient facilitated by means (as a drug prescription) or by information (as an indication of a lethal dosage) provided by a physician aware of the patient’s intent*<sup>iii</sup>.

### Medical Assistance in Dying (MAID):

- a. *the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death (i.e. euthanasia); or*
- b. *the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death (i.e. assisted suicide)*<sup>iv</sup>.

–This is the official term used in legislation for the practices of assisted suicide or euthanasia. It is ambiguous and misleading, since “medical assistance in dying” can also mean – as it always has – accompanying a patient with good medical care as they approach natural death.

**Palliative Care:** *medical and related care provided to a patient with a serious, life threatening, or terminal illness that is not intended to provide curative treatment, but rather to manage symptoms, relieve pain and discomfort, improve quality of life, and meet the emotional, social, and spiritual needs of the patient.*

**Hospice:** *A facility or program designed to provide a caring environment for meeting the physical and emotional needs of the terminally ill*<sup>v</sup>.

**End of Life Care:** *An approach to care for an individual and their family when the individual’s life is limited to months, weeks, days or hours.*

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i. “Euthanasia” Merriam-Webster.com. Accessed 27 June 2016 – <http://www.merriam-webster.com/dictionary/euthanasia>

ii. “Assisted Suicide” *ibid* – <http://www.merriam-webster.com/dictionary/assisted%20suicide>

iii. “Physician – Assisted Suicide” *ibid* – <http://www.merriam-webster.com/dictionary/physician-assisted%20suicide>

iv. Bill C-14, section 241.1, Definitions – see *medical assistance in dying and subparagraphs (a) and (b) respectively*. Accessed at <http://goo.gl/S9UGAm> June 27, 2016.

v. “Hospice” Merriam-Webster.com, Accessed 27 June 2016, *Medical Dictionary* – <http://goo.gl/5Qwnbq>

**Life Prolonging Treatment:** *There are many kinds of treatment that can help a patient live longer. These may be needed for only a short time until the patient's illness improves. Or the patient may use them over the long term to help keep them alive.*

There are many factors that will influence a patient's decision to accept, refuse or end life prolonging treatment, including:

- a. that there is a good chance that the patient's illness will be cured;
- b. that the decision to end life prolonging treatment means that patient care will now be focused on pain management and comfort;
- c. that the patient may change their decision to refuse or end treatment;
- d. that life prolonging treatment may, and often does, have side effects that will affect the patient's quality of life; and
- e. that the patient may have personal goals that they wish to pursue.

**Personal Directive:** *In the province of Alberta a Personal Directive acts much like a living will; however, it has much broader scope. It can, and often does, include healthcare decisions, but may also include other decisions that will be made on the person's behalf, if the person, because of illness or injury, is incapable of making decisions that they would normally make for themselves. It is normally associated with several other legal documents, including a **supported decision-making agreement**, an **enduring power of attorney**, and a **will**.*

**Advance Care Planning:** *In the province of Alberta, advance care planning is designed to help a person understand, communicate and document their healthcare wishes. It is a process to help patients make healthcare decisions **now** and **in the future**. Though closely related to a **Personal Directive**, it is a medical document (as opposed to a legal one) that states clearly the patient's **goals for care**.*



## Resources

### Statements/Resources from the Archdiocese of Toronto

(also available at: [www.archtoronto.org/euthanasia](http://www.archtoronto.org/euthanasia))

- Statement from Cardinal Thomas Collins, Archbishop of Toronto, on passing of Bill C-14 – legalization of euthanasia/assisted suicide  
[www.archtoronto.org/Documents/releases/2016-billc14passage.pdf](http://www.archtoronto.org/Documents/releases/2016-billc14passage.pdf)
- Speakers Bureau re: Euthanasia/Assisted Suicide Education - February 2017  
Statements and Resources  
[www.archtoronto.org/euthanasia/Pages/Speakers-Bureau.aspx](http://www.archtoronto.org/euthanasia/Pages/Speakers-Bureau.aspx)
- It's Time To Talk - Info & Action Steps for Catholics - November 2016  
[www.archtoronto.org/euthanasia/Documents/facts-euthanasia-assisted-suicide-fall-2016-en-nov16.pdf](http://www.archtoronto.org/euthanasia/Documents/facts-euthanasia-assisted-suicide-fall-2016-en-nov16.pdf)
- Homily of Cardinal Thomas Collins during Pro-Life Mass, March for Life - May 12, 2016  
[www.archtoronto.org/euthanasia/Documents/March%20for%20Life%20homily%20016english.pdf](http://www.archtoronto.org/euthanasia/Documents/March%20for%20Life%20homily%20016english.pdf)
- Remarks of Cardinal Thomas Collins & Larry Worthen on Bill C-14 Medical Assistance in Dying - May 3, 2016  
[www.archtoronto.org/euthanasia/Documents/remarks-collins-worthen-c14-may-2016.pdf](http://www.archtoronto.org/euthanasia/Documents/remarks-collins-worthen-c14-may-2016.pdf)
- Statement from Cardinal Thomas Collins concerning introduction of federal euthanasia/assisted suicide legislation - April 14, 2016  
[www.archtoronto.org/media-centre/news-archive/chancery-news/cardinal-thomas-collins-euthanasia-assisted-suicide-legislation-april-2016](http://www.archtoronto.org/media-centre/news-archive/chancery-news/cardinal-thomas-collins-euthanasia-assisted-suicide-legislation-april-2016)
- It's Time To Talk - Info & Action Steps for Catholics - April 2016  
[www.archtoronto.org/euthanasia/Documents/facts-euthanasia-assisted-suicide-SPRING-archtoronto.pdf](http://www.archtoronto.org/euthanasia/Documents/facts-euthanasia-assisted-suicide-SPRING-archtoronto.pdf)
- Statement from Cardinal Thomas Collins concerning euthanasia/assisted suicide - March 2, 2016  
[www.archtoronto.org/media-centre/news-archive/chancery-news/cardinal-thomas-collins-euthanasia-assisted-suicide-march-2016](http://www.archtoronto.org/media-centre/news-archive/chancery-news/cardinal-thomas-collins-euthanasia-assisted-suicide-march-2016)

- Media Release: Cardinal Collins presses for protection of conscience and the vulnerable as euthanasia/assisted suicide legislation prepared - March 2, 2016  
*[www.archtoronto.org/Documents/2016-march2-media-release-euthanasia-assisted-suicide.pdf](http://www.archtoronto.org/Documents/2016-march2-media-release-euthanasia-assisted-suicide.pdf)*
- Cardinal Collins addresses physician- assisted dying in Ottawa (video) - February 4, 2016  
*[www.archtoronto.org/media-centre/news-archive/chancery-news/Cardinalonphysician-assisteddyinginOttawa](http://www.archtoronto.org/media-centre/news-archive/chancery-news/Cardinalonphysician-assisteddyinginOttawa)*
- Declaration on Euthanasia and Assisted Suicide - January 19, 2016  
*[www.archtoronto.org/media-centre/news-archive/chancery-news/Declaration-on-Euthanasia-and-Assisted-Suicide](http://www.archtoronto.org/media-centre/news-archive/chancery-news/Declaration-on-Euthanasia-and-Assisted-Suicide)*

#### **Other Statements & Resources**

- a. Statement by Canadian Conference of Catholic Bishops President on the recent approval of Bill C-14 legalizing euthanasia and assisted suicide (June 27, 2016) –  
*[http://www.cccb.ca/site/images/stories/pdf/CCCB\\_statement\\_passage\\_Bill\\_C-14\\_-\\_EN.pdf](http://www.cccb.ca/site/images/stories/pdf/CCCB_statement_passage_Bill_C-14_-_EN.pdf)*
- b. Canadian Conference of Catholic Bishops Statements –  
*<http://www.cccb.ca/site/eng/media-room/euthanasia-and-assisted-suicide/4464-ccb-statements>*.
- c. Euthanasia and Assisted Suicide: Why Not? (Answers to common arguments from the Catholic Organization for Life and the Family)  
*[www.archtoronto.org/euthanasia/Documents/colf-euthanasia-assisted-suicide-why-not.pdf](http://www.archtoronto.org/euthanasia/Documents/colf-euthanasia-assisted-suicide-why-not.pdf)*
- e. Other statements by Canadian Bishops or Regional Assemblies –  
*<http://www.cccb.ca/site/eng/media-room/euthanasia-and-assisted-suicide/4465-other-statements-by-bishops-or-regional-episcopal-assemblies>*.

#### **Canadian Catholic Bioethics Institute**

**[www.ccbi-utoronto.ca](http://www.ccbi-utoronto.ca)**

## Every Life Matters (ELM) (An initiative of the Archdiocese of Edmonton)

- a. ELM Questions and Answers –  
[www.caedm.ca/Archbishop/EveryLifeMatters/ELMQuestions](http://www.caedm.ca/Archbishop/EveryLifeMatters/ELMQuestions).
- b. Every Life Matters Easter Series (Video Links) –  
<http://www.caedm.ca/ELM-EasterSeries>.
- c. Life-Giving Love - A National Campaign for Palliative and Home Care: Against Euthanasia and Assisted Suicide  
<http://www.lifegivinglove.com/english>.

## Coalition for HealthCare & Conscience

[www.canadiansforconscience.ca](http://www.canadiansforconscience.ca)

## Palliative and Hospice Care Information

St. Elizabeth Health Care

[www.saintelizabeth.com/Services-and-Programs/Homecare-And-Other-Services/Palliative-Care.aspx](http://www.saintelizabeth.com/Services-and-Programs/Homecare-And-Other-Services/Palliative-Care.aspx)

Our Shared Purpose

Providence Healthcare

<http://www.providence.on.ca/programs-services/palliative-care>

St. Michael's Hospital

[stmichaelshospital.com/programs/palliative/index.php](http://stmichaelshospital.com/programs/palliative/index.php)

St. Joseph's Healthcentre

[stjoestoronto.ca/areas-of-care/palliative-care/](http://stjoestoronto.ca/areas-of-care/palliative-care/)



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[www.archtoronto.org/euthanasia](http://www.archtoronto.org/euthanasia)