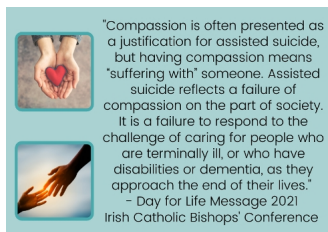


### Message of the Irish Catholic Bishops for the Day for Life - 3<sup>rd</sup> Oct. 2021



The fragility of life and the reality of death have been brought into sharp focus during the Covid-19 pandemic. In Ireland alone, more than 8,000 people have died with Covid-19. Each of these lives is precious and every life matters. With a most amazing spirit of solidarity, the energies of our society - in hospitals, test centres, vaccination clinics, schools, churches, supermarkets and in so many other places - have been directed towards protecting those who were most vulnerable to disease. We have begun to see the fruits of those efforts.

While all of this was going on, the Oireachtas was being asked to discuss legislation to provide for assisted suicide. That particular piece of legislation, thank God, has been rejected by the Oireachtas Committee for Justice on the grounds that it was deeply flawed. The surprising and disappointing thing is that the Oireachtas Committee did not reject the principle of Assisted Suicide and has proposed that Assisted Suicide be discussed further by a special committee, which would report within a specified timeframe.

Compassion is often presented as a justification for assisted suicide, but having compassion means "suffering with" someone. Assisted suicide reflects a failure of compassion on the part of society. It is a failure to respond to the challenge of caring for people who are terminally ill, or who have disabilities or dementia, as they approach the end of their lives. Those who assist with a suicide, whatever their motives, co-operate with the self-destruction of another person. It is one thing when life is allowed to take its natural course, with appropriate management of pain and stress, but is not artificially prolonged by burdensome treatment. It is something else entirely, when one person actively and deliberately participates in ending the life of another.

One feature of the legalisation of Assisted Suicide in other jurisdictions is that, once it becomes

lawful, it is then presented and perceived as something good to do. Instead of being surrounded by love and care, people who are already vulnerable and dependent on others due to their illness, are made to feel that assisted suicide would be “the decent thing to do”.

Assisted suicide presumes that there will be somebody with the required skills who is prepared to “assist” in bringing about the death of another person. Wherever assisted suicide is legalised, healthcare professionals are assumed to be the “suitably qualified persons” because they are already licensed to use drugs. It is important to be clear that healthcare professionals are given privileged access to the human body and to drugs for the express purpose of healing and alleviating pain. Any suggestion that they should be expected to assist and, under certain circumstances, actually perform the act that ends the life of another person, is seriously damaging to the ethos and the credibility of the healthcare professions.

Jesus gave us the image of the good Samaritan as the model for our compassion and our solidarity with those who find themselves vulnerable and who fear being abandoned in their final illness. The Good Samaritan is one who “crosses over”, who “binds up wounds” and who, most important of all “stays with” the person for as long as is required.

There is much that we can do to foster a culture of life. We can begin by overcoming our fear of talking honestly about death and dying. Dying is as natural and universal as living and breathing yet our society can make it difficult for people to talk about it. As Christians, of course, our faith in the Resurrection of Jesus will stand to us. For some, if not for all, the support of prayer, and the opportunity to share faith can be of great help.

The Hospice Care Movement fosters a culture of living well until the end. By doing normal things with people who are terminally ill, we can contribute to fostering their sense of being “normal”, which can often be undermined by the “routine of illness”. The experience of presence, companionship and even the acceptance of limitation and dependency, when we take time to appreciate them, can greatly enrich the later stages of life.

The attitude of Jesus towards the sick and towards those who are in any way marginalised, has much to teach us about the value of time spent caring for one another. Many of us, at times, are called to be carers in our own circle of family and friends. Others may find it possible to care for the carers. The bonds of friendship and solidarity that are developed and strengthened in caring relationships, extend beyond the carer and the one who is cared for to the whole of society.

For more material on this theme, please see [www.councilforlife.ie/Day4Life](http://www.councilforlife.ie/Day4Life)



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