The Call to Faithfully Journey with those who are Dying: An ELCIC Resolution

Adopted at
ELCIC National Convention
Friday, July 11, 2019

The Call to Faithfully Journey with those who are Dying: An ELCIC Resolution

Context

On February 6, 2015 the Supreme Court of Canada ruled that sections of the *Criminal Code* that had prohibited physician-assisted death were no longer in force and that a medically-assisted death could be allowed, but under strict criteria of protection.

In the public square and in the church, this decision stimulated conversations about dying, death and how we make decisions together. This conversation has sometimes felt uncomfortable, sometimes been enriching and sometimes revealed a deep yearning to live faithfully in all of life's realities. New ethical questions continue to arise. In certain moments, it has felt like the context is changing faster than the church can keep up; at least faster than church conventions can keep up!

All of this has provided an opportunity to be in conversation on deeply important matters. The conversation needs to continue.

In 1997, the ELCIC National Convention adopted *An ELCIC Resolution on Decisions-at-the-End-of-Life*[1], which makes reference to a 1982 *Social Statement on Death and Dying*[2] from a predecessor church body. In 2015 the ELCIC National Convention passed a motion directing the National Church Council (NCC) to review the 1997 resolution. To that end, NCC established a Task Force to generate conversations across the church and to make recommendations regarding the current policy. This Resolution is the result of the work of the Task Force and NCC.

What core theological values will guide us as we seek to faithfully respond to our current context? In identifying theological values, our perspectives become most real, and most challenged, when we encounter personal stories. Always, we begin with the person created in the image of a God. We may well have had the experience of feeling anxious and unsure of what to say or do. The circumstances of each person's death are unique, and the final journey of one affects many: family, friends, faith community, health-care professionals and institutions.

As we make life's journey, it is vitally important to use practices that open our hearts and minds to hearing God's voice. Along with our reflections, throughout this statement we offer words to encourage and challenge us as we make this journey. These have been titled *Dwelling in the Word*. They are not intended to be proof texts, but words of inspiration, guidance and redirection as we seek to prayerfully engage in conversation and action. We have felt called to include some words from hymns along with scripture.

[1] www.elcic.ca/public-policy/documents/1997-AnELCICResolutiononDecisions.pdf

[2] www.elcic.ca/Public-Policy/documents/500.31982-ASocialStatementonDeathandDying.pdf

Dwelling in the Word

We do not live to ourselves, and we do not die to ourselves. If we live, we live to the Lord, and if we die, we die to the Lord; so then, whether we live or whether we die, we are the Lord's.

Romans 14:7–8

Baptismal Calling

In Baptism, we are called to be in relationship with God and with one another, in loving and supportive community. We regard life as a sacred gift from God. Through all of life's passages, we promise to support and pray for each other.

Our first calling as a supportive community is to be present. Whenever we enter into a context where death is near, we are standing on holy ground. Life is a sacred journey; both being born and dying are truly sacred times. Death is a mystery. Recognizing the uniqueness of each person's journey, we enter the presence of another with humility: seeking to minimize our judgements, being careful about our certainties and listening with as much grace as we can offer.

As much as we cling to the promises of God, we must also admit that there is much that we do not understand. When we are called to journey with a dying person, it is a ministry of accompaniment. We bring our compassion, humility, mercy and grace. We bring our whole self: our experiences, our fears, our hopes, our hearts, our minds, our spirits and our faith.

Dwelling in the Word

As many of you as were baptized into Christ have clothed yourselves with Christ.

Galatians 3:27

Pain and Suffering

Life's journey includes times of pain and suffering: physically, emotionally, socially and spiritually. We are called to comfort and support people in difficult times, but we are not able to alleviate all of life's pain.

The pain of death is distributed inequitably. Some people die in accidents and some die at the hands of violence. Which is to say, not everyone has the opportunity to make decisions at the end of life. Some people do die as the results of illness. At some point during treatment, a diagnosis may lead a person to choose palliative care as the primary focus of treatment. We have faith that God is with us in all circumstances: as the apostle Paul asserts, *For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.*[3]

[3]Romans 8:38–39.

When accompanying someone who is dying, we recognize that each person's experience is unique, while drawing on our own experience to deepen our understanding, as best we can. Our primary calling as disciples is to say to a dying person, "We will support you and journey with you whatever you decide."

Dwelling in the Word

When pain of the world surrounds us with darkness and despair,
when searching just confounds us with false hopes everywhere,
when lives are starved for meaning and destiny is bare,
we are called to follow Jesus and let God's healing flow through us.

Evangelical Lutheran Worship, Hymn #704

Even though I walk through the valley of the shadow of death, I fear no evil; for you are with me; your rod and your staff—they comfort me.

Psalm 23

Compassionate God

Lutherans believe in a God of compassion, mercy and grace. The global Lutheran community commemorated the 500th Anniversary of the Reformation under the theme *Liberated by God's Grace*, along with three sub-themes: *Salvation—not for sale; Human Beings—not for sale; Creation—not for sale.* These words uphold the dignity of all peoples and each person.

We are called to imitate the compassionate God. Compassion, "to suffer with," is at the heart of our call to love our neighbour. It is a responsibility as a member of the body of Christ (the baptized) and requires our response—ability—remaining present to the needs of others that we might respond respectfully, non-judgmentally, valuing their experience. Compassion is driven by relationship. It is the feeling in the gut and the heart that sees the other in front of us as similar to us—and as Christians we would say as one of us and as one of God's. Our God is a God of Compassion.

Jesus once said, *Do not let your hearts be troubled. Believe in God, believe also in me. In my Father's house there are many dwelling places. If it were not so, would I have told you that I go to prepare a place for you?*[4] As hard as we work to faithfully journey with those who are dying, it is valuable to periodically be reminded that God is also preparing for the death of each of us.

Dwelling in the Word

For surely I know the plans I have for you, says the LORD, plans for your welfare and not for harm, to give you a future with hope.

Jeremiah 29:11

[4]John 14:1–2.

Dignity

"This church upholds the dignity of all people. We recognize the image of Christ in every person and serve that person as Christ himself. In meeting diverse people, we begin with a core sense of respect for the value of each person as a unique child of God."[5]

We affirm that a good death is an essential element of upholding dignity. A good or a satisfactory death, whether it is protracted or sudden, involves living in ways that set us on the path to a good death. Who we are as a person, in all our many roles, is how we will deal with life threatening illness and impending death. It is important to do that work—including having open and forgiving relationships with those we love throughout our lives.

We affirm that individuals have the primary responsibility for making treatment choices for themselves. "Christians should not support any treatment given without the consent of a patient, or if that is not possible, without the witnessed consent of those who have been given authority to speak on behalf of the patient."[6] Liberated by God's grace, we can trust people to make these decisions. We will not all agree with each individual's choice. But we can respect their right to make their own decisions.

We also affirm that personal decisions benefit from support, conversation and prayer. Individuals will be most empowered to make wise decisions when they are surrounded by a caring community and have input from persons, often professionals, with expertise on specific relevant matters, including treatment decisions, pain control, putting financial matters in order, funeral planning and spiritual care.

Dwelling in the Word

For we do not have a high priest who is unable to sympathize with our weaknesses, but we have one who in every respect has been tested as we are, yet without sin.

Hebrews 4:15

Cluster of Companions for the Journey

We do not journey through life alone. All our decisions impact a complex, diverse web of people around us; and we have a web of relationships, a system of health care and a community of spiritual care informing our decisions. Most of us want and need this support. One of life's realities is that those called to give support may or may not actually be helpful to a particular individual.

[5]2011 *ELCIC Social Statement on Human Sexuality.*
www.elcic.ca/Human-Sexuality/documents/APPROVEDELCICSocialStatementonHumanSexuality.pdf

[6]*1997 ELCIC Resolution on Decisions-at-the-End-of-Life.*

Without trying to create rigid categories, for the purposes of this resolution we are identifying three inter-related clusters of support:

Supportive Relationships: referring to family, friends and creation.
Professional Health Care: referring to health-care professionals, institutions and legal guidance.
Spiritual Care: referring to those who listen deeply, help one to reflect on meaning and inspire prayer.

Dwelling in the Word
Therefore, since we are surrounded by so great a cloud of witnesses …

Hebrews 12:1–2

Supportive Relationships

Relationships refer to family, friends and creation. These companions are personal, relational and unique to each person.

Beyond an individual, the family is most impacted by a journey toward death. Family is the primary place most people look to support. Families need support as a loved one journeys toward death. Many times, part of the work done by a dying person is to help prepare their family for the coming reality of the person's pending death. When a dying person no longer has the capacity to communicate their own choices, decision making may fall to particular family members.

Friends also are part of a dying person's community. Some friends may be as close as family. Other friends may offer a smaller but vital role of providing additional support, in various ways, to both individuals and family members.

Creation also has the potential to be a supportive relationship in the dying process. In wrestling with the meaning of mortality, an individual may ponder their connections to the web of life in all creation. Comfort may be experienced through fresh air, sunlight, the song of birds and a favourite place to sit or walk. For some people, relationship with a pet may be a source of comfort, and may be one of the relationships that needs a careful, heart-felt goodbye. *Creation—not for sale* is a reminder that we are liberated by God's grace.

Dwelling in the Word
If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it. Now you are the body of Christ and individually members of it.

1 Corinthians 12:26–27

Professional Health Care

While delivering professional health care includes a significant relational component, these supports exist in a system that has the purpose of offering specific aspects of care based on expertise.

Health-care professionals have a calling to offer care and guidance using their expertise in a particular field. Through their vocation, they accumulate knowledge and experience that can guide a dying person and the families of the dying. Certainly, most health-care professionals develop meaningful relationships as they live out their calling. Many people of faith have this vocation. Nevertheless, health-care professionals enter the holy ground near a dying person with a particular role. We trust professionals to uphold the dignity of individuals through competent and compassionate care and with respect for the individual's role in decision making.

Hospitals, care facilities, hospices and other institutions may provide a space where the needs of a person are addressed, and a pathway to help ensure that the individuals receive the care and support they need. One way institutions seek to provide quality of care is through the language of policy. At times, this language may seem insensitive to individual cases. Nevertheless, policy articulates common standards that may provide protection, lift up rights and offer options for end of life decisions.

Some institutions are faith-based and bring a faith perspective to their policy, procedures and offering of care. We trust institutions to uphold the dignity of individuals through an ethic of compassion in providing caring and competent service, with respect for the individual's role in decision making.

Legal guidance can help people to put their affairs in order, and this may help bring peace of mind. There are legal boundaries regarding what is and is not possible when providing treatment. At times, the boundaries may seem insensitive to individual cases. Nevertheless, the boundaries articulate common standards that provide protection and identify possibilities. Legal guidance can help individuals to understand their rights and their options for end of life decisions.

> **Dwelling in the Word**
> *I was sick and you took care of me…Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.*
>
> Matthew 25:31–40

Spiritual Care

We affirm that offering spiritual care is a calling of the whole faith community. In offering spiritual care, we are the embodiment of God's comfort, love, grace and strength during the dying journey; and beyond as we begin to grieve and remember.

A primary principle of spiritual care is to be consistently asking, "is my response serving the needs of the patient or is it serving my own needs?" Our diligence in asking this question is an offering to our neighbour. We only discover the capacity to act for our neighbour's need through God's grace. We affirm spiritual care which reflects those values upheld within a ministry of presence.[7]

[7]Definitions of "ministry of presence" can be found in, for example, *Toward a Theology of the Ministry of Presence*, by Neil Holm, *International Journal of Christianity and Education*, Volume: os-52 issue: 1, pages: 7–22. http://journals.sagepub.com/doi/abs/10.1177/002196570905200103. See also *In Sure and Certain Hope*, Anglican Church of Canada, page 22–23.

We affirm that spiritual care offered by rostered leaders is a gift. Care received from leaders authorized by the church, may be of particular comfort to some people in some cases. When pastors, deacons, chaplains and spiritual-health practitioners are offering spiritual care they may have credibility to interact professionally with other members of the health-care system. We trust authorized leaders to uphold the dignity of individuals through conscientious ministerial care and with respect for the individual's role in decision making.

"God's love for us is abiding. It existed before creation, calling forth light and life from the waters of chaos. God's love called us forth into life. Through the waters of baptism, God calls us into eternal abiding relationship with both God and all the people of God, from every time and every place. We are called to serve one another, especially at our time of greatest need and distress. God's love finds us wherever we are in life, including all stages of death and dying. God's love does not insist that we bear suffering beyond our ability to endure for our whole remaining existence. We are always surrounded by the great cloud of witnesses, so we will never be alone. God's love will be awaiting us beyond death when we will join that great cloud of witnesses in a new and different way from our earthly existence. We look forward to the new creation—when we will experience God in new and intimate ways, as part of the new heaven and the new earth. Soli Deo Gloria."[8]

Dwelling in the Word

…I was sick and you took care of me, I was in prison and you visited me.
…Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.

Matthew 25:31–40

Palliative Care

Palliative care is a concept of care provided in any setting (hospital, home, long-term care, on the street[9], etc.) where a person is, or chooses, to die.[10] "Palliate" comes from a Latin word, *palliare*, meaning "to cloak" or protect from suffering. Suffering may not be limited to the physical but also spiritual, psychosocial, financial or systemic concerns. This care often includes a whole team of professionals working with the patient and family, including physicians, nurses, home-care support workers, pharmacists, social workers, physical and occupational therapists, volunteers, to name a few. It is a high level of care designed to alleviate all types of suffering and can include specific treatments that at one time were considered only for those receiving acute care.

We recognize that there is good basic palliative care that happens all the time as part of "regular" medical care. However, serious inequities exist in access to specialized palliative care. For example, there are differences between urban and rural settings, there are variations in care standards between provinces and there are ongoing challenges to providing health care for more remote Indigenous communities. The reality is these services are not available everywhere across the country and in many cases the demands for this care can exceed the resources available.

[8]Rev. Dr. Peter Kuhnert MD M.Div. FCFP, theological submission to the ELCIC Task Force, page 7. www.elcic.ca

[9]In some communities, there are programs seeking to provide palliative care for people who are homeless. For example, in Toronto: www.journeyhomehospice.ca/about-us/.

[10]For the World Health Organization (WHO) Definition of Palliative Care, see: http://www.who.int/cancer/palliative/definition/en/.

"We affirm that we support just access for all to dignified, quality palliative care. We see the provision of such care as an intrinsic human responsibility toward the suffering person because of the inestimable worth and dignity of every human being, created as we are in the image of God, and because of Jesus' command to care for the sick (Matthew 25:36)."[11]

Dwelling in the Word

O Lord, support us all the day long of this troubled life, until the shadows lengthen and the evening comes and the busy world is hushed, the fever of life is over, and our work is done. Then, in your mercy, grant us a safe lodging, and a holy rest, and peace at the last, through Jesus Christ our Lord. Amen.

from Night Prayer (page 325) and Funeral (page 284), in Evangelical Lutheran Worship

Medical Assistance in Dying

Medical Assistance in Dying, commonly abbreviated as MAiD or MAID, is now legally recognized as a medical treatment in Canada, but under strict criteria of protection. These strict criteria, are somewhat ambiguous and open to interpretation. The criteria will likely be clarified and change over time, as requests for assistance in dying become more common, and as the decision-making processes are reviewed and analysed.

From one perspective, this change in the Canadian context came about suddenly as the result of a legal decision in 2015. From another perspective, this change was the result of a longer history of requests from individuals experiencing unremitting suffering who have sought help to die. For some people, withdrawing life-sustaining treatment will lead to a good death; but for others, suffering will continue for an extended period of time because there is no specific treatment to stop that will bring about their death. Individuals and families are impacted by the reality that "we live in a society that places great emphasis on the individual and on individual freedom. This individualism affects…our perceptions of self, family, society and authority."[12]

Health-care professionals have long sought to improve palliative care for dying persons by finding effective ways to address physical pain and to attend to needs of the whole person. But not all pain can be helped with palliative care. Many of us find that, over the course of a lifetime, our perceptions and attitudes about dying and death are modified. As disciples, we are life-long learners as we seek to faithfully follow Christ.

The church also has a long history of offering healing ministries. This includes hospitals and care homes, visitation by pastors and deacons, and the work of lay people with a vocational calling in professional health care. Informed by faith and a sense of vocation, the church's healing ministry seeks to offer a competent and comprehensive care, with a rich regard for the needs of the whole person: body, mind, heart, soul and community.

[11]Canadian Council of Churches, Commission on Faith and Witness, *Statement of Support for Universal Access to Palliative Care in Canada*, October, 2016.
www.councilofchurches.ca/news/commission-on-faith-witness-releases-statement-of-support-for-universal-access-to-palliative-care/

[12]2011 *ELCIC Social Statement on Human Sexuality.*

In the Canadian context, it is likely that medical assistance in dying will be an option for the foreseeable future. As opportunities for assistance in dying become more normative, both society and the church will continue to be presented with difficult, and sometimes uncomfortable, questions. Over the course of time, through experiences, conversations and on-going reflection, many of us will find that our perspectives and perceptions may be modified.

We affirm that people have a right to assistance in dying. This includes good medical care and good palliative care. Some sick people are going to die. And some people who are going to die are going to be interested and involved in medical assistance in dying. The primary role of the church is to journey with people as they make difficult decisions.

> **Dwelling in the Word**
> *For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.*
>
> Romans 8:38–39

Safeguards to Limit Medically Assisted Death

The ELCIC affirms the importance of safeguards when recognizing that choosing an assisted death is a legitimate choice for some people.

In the current context in Canada there are strict criteria for who is eligible for an assisted death and there is a rigorous decision process when someone requests an assisted death. We recognize that there are elements in the current criteria that are ambiguous and open to interpretation. And, we recognize that many current and future ethical questions will emerge from how safeguards articulate the criteria and processes for determining eligibility; thus, there will be requests for amendments.

We affirm and support the safeguards already in place that lead to a robust process of reflection and decision making that helps the individual to make informed and holistic decisions. Such a process will offer options for accessing resources that address the various significant and pressing needs of the individual. The faithful contributions of those offering relational support, professional health care and spiritual care will all be essential to this process. We support current practice that ensures no one will be coerced to choose an assisted death; that requests for an assisted death will include exploring any unmet needs and all available treatment options of the individual requesting a medically assisted death; that ensures the individual is capable of consent and is aware of their right and ability to withdraw their request for medical assistance in dying just prior to the procedure being administered and thus continue their journey supported by other palliative treatments and care.

We affirm that a system for monitoring who requests assistance in dying, who receives assistance and how the system implements safeguards is an essential component in maintaining high quality and protective care in dying.

We recognize that the safeguards are, and will be, a significant part of the ongoing conversations regarding issues of assistance in dying.

Dwelling in the Word

Let love be genuine; hate what is evil, hold fast to what is good; love one another with mutual affection; outdo one another in showing honor. Do not lag in zeal, be ardent in spirit, serve the Lord. Rejoice in hope, be patient in suffering, persevere in prayer. Contribute to the needs of the saints; extend hospitality to strangers.

Romans 12:9–13

Emerging Issues Surrounding Medical Assistance in Dying

With the intent of creating additional safeguards to the federal government's action to bring about medical assistance in dying, the authors of the amendment to the *Criminal Code* attached three provisions to restrict such assistance to: (a) only persons age 18 or older who are capable of making informed decisions, (b) only persons who are not mentally ill (because their ability to consent if mentally ill was of concern) and (c) only persons who are fully competent and able to give an informed consent *immediately* prior to a medical practitioner or nurse practitioner administering a substance to bring about their death or prescribing or providing such a substance to that individual.

These restrictions are the subject of much public debate and dissatisfaction. There is a strongly held belief that many young people below age 18 are capable of providing a fully informed consent to access medical help to die. There is also a concern that no recognition has been given to the deep suffering experienced by many mentally-ill people who are sidelined by a blanket exclusion. And finally, there is deep dismay felt by those persons who have made or want to make a request for medical assistance in dying in advance of their need for assisted death in case they become incompetent to do so. They would argue that if they can have a "do not resuscitate order," why can they not have an advance directive/request to have medical assistance to die in the event that they become confused and incapable of giving a truly informed consent at that time?

Fortunately, in the preamble to the medical assistance in dying legislation, the federal government made a commitment to develop measures to support end of life decisions for mature minors, for those making an advance request, and for those in situations where mental illness is the only underlying medical condition.

Another potential emerging issue is a concern about who will be allowed to be a provider of assistance in dying. The present legislation includes both physicians (MDs) and nurse practitioners (NPs) as the only providers. Since registered nurses and other health professionals are deeply involved in the care of the dying in general, and now assisting physicians and NPs, will other health professionals be involved in the future?

Given that Quebec is a distinct society, their national assembly was able to create their own legislation with respect to medical assistance in dying. In December 2015 their *Act Respecting End of Life Care* came into force. Of prime focus in this Act is attention to palliative care, and only after that section, is the focus on aiding a person to die. There is a more gentle tone in the Act because of its broader focus on care at the end of life.

"In a perfect world, we would neither need nor desire physician-assisted death. Since we still wait for the fullness of the kingdom of God on earth, we continue our struggle to cope with the imperfections of this one. These struggles are never encountered in isolation, although it may certainly seem that way, but are shared by the community into which we are baptized. The decisions we make have consequences for those around us. This applies equally to those who choose physician [medically]-assisted death as to those who would discourage others from making that choice. If we consider our lives to be a gift from God, it may be a gift to the entire community rather than solely to ourselves. We, as individuals, are called to be stewards of our lives, on behalf of the larger community and on behalf of God, but ultimately we alone are responsible for our own individual lives."[13]

> **Dwelling in the Word**
> *Here is my servant, whom I uphold, my chosen, in whom my soul delights; …*
> *This one will not cry or lift up one's voice, or make it heard in the street; a bruised reed this one will not break, and a dimly burning wick this one will not quench; this one will faithfully bring forth justice.*
>
> Isaiah 42:1–3

Love your neighbour

In the *Small Catechism*, Martin Luther deepened the meaning of the Fifth Commandment from a single act of violence to a life-long calling to care for our neighbour: "We are to fear and love God, so that we neither endanger nor harm the lives of our neighbour, but instead help and support them in all of life's needs."[14]

What does this mean? From one perspective, good palliative care can be regarded as one of *life's needs*: to have as much comfort, support, respect and dignity as possible during the dying process. When a person receives medical assistance in dying, the cause of death on the death certificate is listed as the disease; the same disease that made them eligible under the criteria for medical assistance in dying. From this perspective, assistance in dying is not murder and it is not suicide. It is one option among many, in a respectful treatment plan developed under difficult circumstances with the best interests and the desires of our neighbour in mind.

Words commonly heard when asking why people might request assistance in dying are "I'm done." Which is to say, under the circumstances, "I am tired of living. I am tired of suffering. I am tired of the dying journey and I do not know how I can go on." Some words reflect the desire, the right to control one's life—the right to make proactive decisions which reflect a celebration of a life lived. These words have an impact. They are not words that diminish the value or sacredness of life. Rather, they are an expression of personal experience. "To choose death at that time… is not a statement negative or positive about the sanctity of life."[15] Desiring death can be an expression of joy and thankfulness—can be the final act of choosing life in the sense that the dying person is embracing his or her sense of destiny.

[13]The Rev. Kayko Driedger Hesslein, PhD, theological submission to the ELCIC Task Force, page 8.

[14]Martin Luther, *The Small Catechism*, in *Evangelical Lutheran Worship*, page 1161.

[15]Bishop Telmor Sartison, Retired, theological submission to the ELCIC Task Force, page 2.

We affirm the dignity and value of each person. We would not want anyone to rush into a decision to end their life, or to devalue life of any particular person or group of peoples. At the same time, we acknowledge the temptation for too quick a judgment of a person's motivation. The vast majority of people who request assistance in dying have given it careful consideration. This freedom to choose is the best possible starting point for offering good spiritual, professional and institutional care.

The call to journey faithfully with those who are dying is a holy calling. "The Spirit is shaping an effective and apostolic heart in all of us. Let us listen to that Spirit-Song well and learn its melody. This song is a song of presence, of being with the other without calculation. We are not slaves; we are not members of Christ based on hierarchies of status of greater or lesser rank. We are friends. Such friendship in Christ makes us companions at the Lord's table. There is a scandal in this: it goes against the competition models we have learned. It brings us into a communion of people bonded together in affective ties because God chose us and loved us first. The friendship we share here is one we can bring to others. Such a mission is a joy. Such action indicates a fresh initiative of the Spirit. Such a task brings delightful merriment and creative hope for our world."[16]

Dwelling in the Word

You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself.

Luke 10:27

Principles for Journeying with those who are Dying

We affirm that whenever we enter into a context where death is near, we are standing on holy ground. Life is a sacred journey; both being born and dying are truly sacred times. We enter onto holy ground with humility.

We affirm that everyone has the human right to assistance in dying. This includes good medical care and good palliative care. Some sick people are going to die. And some people who are going to die may request medical assistance in dying.

We affirm that we do not all have to agree on all matters. We recognize that we live in a time of difficult questions and challenging emerging issues.

We affirm the importance of trust as we make this journey. We trust in the God of compassion, mercy and grace. We trust people to know their experience; we hear many people say "Trust me to decide." Nurturing trust is foundational to supportive relationships. Trust helps us to have a good death.

We affirm the vital importance of faithful end of life care, including good palliative care and diligent support for those who are making difficult decisions.

We affirm the church's call to offer spiritual care. We acknowledge that we are tempted to question motives. We affirm that the only path to deeper understanding and trust is to listen.

[16]John J. O'Brien, C.P., in *Homilies for the Christian People*, Gail Ramshaw, Editor, copyright Liturgical Press, 1988, pages 277–279.

We affirm that disciples and the church have a baptismal calling to offer spiritual care. Our primary calling as disciples is to say to a dying person, "We will support you and journey with you whatever you decide." We affirm spiritual care which reflects those values upheld within a ministry of presence.

We affirm the value of people being in conversation about dying and death, because when your family is able to discuss this in a non-critical situation, it will enable better decision making in crisis situations. Open conversation regarding our own wishes regarding dying will increase our chances of have a good death when the time comes.

We encourage all people to discuss advanced directives with their families and to be clear about your wishes for your own care. We encourage everyone to consider the options that might need to be considered as death nears: withdrawal of treatment, palliative care, medical assistance in dying and the elements of a good death that are personally most important to you.

We encourage congregations and faith communities across the ELCIC to offer safe space for conversation, to empower lay disciples and rostered leaders for spiritual care by developing skills for visiting, listening, prayer and self-awareness; and to identify and gather local resources.

We affirm that individuals have the primary responsibility for making treatment choices for themselves. Liberated by God's grace, we can trust people to make these decisions. We will not all agree with each individual's choice. But we can respect their right to make their own decisions.

We encourage all decisions to be made with the faithful support of a caring community, including personal relationships, professionals, institutions and providers of spiritual care.

We affirm that we support just access for all to dignified, quality palliative care. We recognize that inequities in access exist. We commit the ELCIC to advocating for universal access to palliative care across Canada.

We affirm the right of health-care professionals to decline to participate in medical assistance in dying. In such cases, we encourage professionals to follow an ethic of duty to make an effective referral so the dying persons may continue to access all treatment options. We encourage institutions to uphold the dignity of individuals through a high quality of service and with respect for the individual's role in decision making.

We affirm the value of a compassionate church following a compassionate God.

We affirm that God is with us through the sacred journey of life, including birth, dying and death.

Dwelling in the Word

For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.

Romans 8:38–39