

Whānau Mercy called to be pain-bearers and beacons of hope, standing against the tide

By DENNIS HORTON No 3. November 2020

Nothing illustrates better Mercy's call to stand with the poor and vulnerable than its decision to oppose the End of Life choice as embodied in the recent Government referendum. It is a position which Sisters of Mercy and their ministries are committed to uphold, peacefully but firmly, against what now looks like the tide of public opinion in New Zealand society.



Taihoa – spare a moment

In your own words, tell a friend or colleague how you see Mercy standing for the dignity of all life, especially when it is most vulnerable and at risk of being seen as a burden. Our view is soundly based on our belief in Christian ethics and our commitment to Te Tiriti o Waitangi. Yet we also acknowledge that the contrary view may be held by many, even by close friends and family members. It has become a topic on which we must agree to disagree, without becoming bitter or intolerant, ready to recognise the sincerity and good intentions of those who think differently from ourselves. We must be able to articulate the worth of our own views, without vilifying those with whom we disagree.

Put simply, euthanasia and doctor-assisted suicide are contrary to the ethics and philosophy of care which define Mercy and its healthcare ministries. Good end-of-life care, whether in the hospice or aged care setting, aims to allow people to live as fully and comfortably as possible to the natural end of their lives and to die in peace and dignity.

The Mercy view is that euthanasia and assisted suicide are not health procedures. They are at odds with palliative care which affirms life, seeking to neither hasten nor postpone death, and providing relief from pain and other distressing symptoms. At the same time, Mercy supports the right of patients to refuse or withdraw from treatments that are non-beneficial or burdensome as their life comes to an end. Withholding or withdrawing such treatment at the end of life does not constitute euthanasia.

Mercy's commitment to Te Tiriti o Waitangi implies an understanding of te ao Māori, especially the mana and high regard in which older people are held by their whānau. In a Māori world-view, the time leading up to death and dying is one of huge cultural significance when aroha (compassion) and tautoko (support) are key values which do not align easily with an end-of-life practice. For a culture whose health statistics and life expectancy are seen as significantly poorer than their Pākeha equivalents, there is a double irony in the proposal that Māori should think of ending their lives, rather than explore the option of affordable and accessible palliative care.

One of the challenges here, identified by health research in recent years, is the need to increase health literacy in palliative care among Māori who are not always aware of care options outside the family home. This is surely an area in which Mercy health professionals, especially chaplains, pastoral care staff and kaiatawhai, play a vital role.

Mercy commits us to a loving support of those who are close to us, a willingness to share the burden of their suffering which is what compassion means. We are called to be pain-bearers and beacons of hope in a world that too quickly surrenders to the dark. May God's own word enlighten the depths of our hearts, so that we can enhance the dignity of those who become too frail and vulnerable to stand on their own.