

MERCY'S COMMITMENT TO CHERISH LIFE

The saying that 'extreme cases make bad law' is perhaps never so true as in the arguments being advanced in New Zealand to justify assisted dying. Mercy's response in this complex and often emotive debate is to stand with those who are facing life-threatening illness and to offer the best possible palliative care, easing pain and enabling people to live their lives to the fullest. The care of the sick and dying has been a hallmark of Mercy from its beginnings.

The Sisters of Mercy were scarcely founded, and the first group of novices just received at Baggot Street, when Dublin was overrun with a cholera epidemic. As it raged throughout 1832, thousands fell victim to the illness, dying within hours of symptoms appearing. Crowded living conditions and widespread poverty added to the spread of the disease at a time when little was known about the causes and treatment of such outbreaks. Catherine McAuley was quick to offer the services of her sisters to the Archbishop of Dublin, who was just as quick to welcome them. The handful of sisters worked alongside a team of 80 other poorly trained nurses in a temporary hospital, comforting the patients and their families.

A contemporary source says the sisters worked in four-hour shifts, going from bed to bed, mostly on their knees since the beds were close to the floor, keeping patients as clean and comfortable as possible, administering food and fluids, and giving spiritual and emotional consolation. "A doctor who worked with them said later that the hospital could not have carried on without them."

Biographer Mary Sullivan rsm notes that "the mere presence of the sisters apparently assured patients and their relatives that, contrary to the wild rumours swirling outside, the doctors were not poisoning patients, and that despite appearances and the suddenness of death (within a few hours), no one was deliberately buried alive." (*The Path of Mercy*, p.118)

Against this backdrop, it comes as no surprise that the Sisters of Mercy in New Zealand have always seen care of the dying as part of their vision of compassionate healthcare. After their first hospital opened in Auckland in 1900, one of its founders,

Mother Agnes Canty, dreamt of buying a property next door to the Mater where the dying could be cared for. But it was not until after her death in 1950 that the property could be bought.



'I was sick and you visited me.' This traditional work of mercy was sketched by English Sister of Mercy Clare Agnew, who made her novitiate in Baggot St, Dublin, and was published in 1840.

The Hospice for the Dying was opened in August 1952. Hailed by the mayor on that occasion as "a bridge between earth and heaven", the hospice soon drew objections from nearby neighbours, prompting the City Council to request that reference to dying be dropped from the unit's name, to avoid the Council having to withdraw the hospital's permit to operate the unit.

In 1959 the building was extended and renamed 'the Mary Agnes Wards', to honour Mother Agnes who had hoped so long to care for the elderly and terminally ill in surroundings more appropriate than busy medical and surgical wards. In 1979, Mater Hospital opened the St Joseph's Unit of Continuing Care, one of New Zealand's first modern hospices. Providing care for those facing life-threatening illnesses, St Joseph's also sought to raise awareness of palliative care, especially among the medical profession.

Now known as Te Korowai Atawhai Mercy Hospice Auckland, the venture has witnessed an ongoing transformation, including in 2007 its move to new premises in Ponsonby. Made available by the Sisters of Mercy, the former novitiate and school hostel underwent a \$7.5 million refurbishment, incorporating state-of-the-art provisions for palliative care. The first-floor 13-bed inpatient unit retains the name of St Joseph. On any one day, while a dozen or so patients may be in the unit for short-term specialised care, another 300 patients will be attended by Mercy Hospice staff in their own homes. Currently 900 patients are cared for each year by hospice staff, who also make 10,000 home visits.

A highly trained multi-disciplinary team at Mercy Hospice is supported by around 500 volunteers who help to deliver a care that is tailored to each patient's needs and wishes. The service reflects Mercy's profound respect for human dignity and for lives that are recognised as God's own gift. A priority for hospice staff is respect for each resident's family and culture.

This broad range of support offered by Mercy Hospice Auckland is only possible through the generosity of countless organisations and individuals in the community. A large portion of its operating costs each year is raised by the hospice itself; a network of retail shops, selling quality used goods, makes a significant contribution to its running expenses.

Ending suffering, not lives

*E te Atua kaiwhakaora, healing God,
we pray for all who are sick or old.
Draw close to them in their frailty
as those who care for them seek to
ease their pain. Let the love and skill
that surround them enable this time
of their lives to be a season of
growth and healing.*

*We pray for all those involved in
making policies and laws in this area;
may they protect the vulnerable,
and work to ensure that there are
resources to provide palliative and
specialist care for all who need it,
especially for those who worry about
being a burden to others. Amen.*

Mercy's hospice and aged care is aimed at ensuring that no patient or family is left feeling that their illness or advanced age must be a burden on others. Human beings do not pass a use-by date. Commitment to human dignity involves a search for meaning that is answered not in terms of what someone can do, but rather in terms of who they are. Some of the most worrying aspects of the proposed End of Life Choice Bill centre on how those whose abilities are diminished by sickness or age may be made to feel guilty for still being alive. Quality hospice care helps to reduce this pressure.

Someone who understands these issues well is Sister of Mercy Kathy Lynch, who is a clinical nurse specialist at Mercy Hospice Auckland. Here is how she explains why hospice work is so important in New Zealand right now. 'New Zealand is privileged to have a system of world-class, evidence-based hospice and palliative care. The nature of palliative and specialist hospice care, however, is not necessarily fully understood unless through personal experience, as a friend or loved one dies.

'Opinion polls, which claim majority support for the introduction of assisted death, play on people's fear that dying will entail "unbearable suffering." Multi-disciplinary palliative care teams work with patients and families as they face the problems associated with life-threatening illness, providing prevention and relief of suffering, physical, emotional, social or spiritual. The answer to fear of suffering in the dying process should not be to terminate a patient's life, but rather to eliminate the cause of the suffering.'

Having worked in hospice care since 1996, Kathy Lynch says she has frequently seen growth and healing in the lives of patients and families; this would not have occurred, had their lives been foreshortened. 'People who are seriously ill often worry about becoming a burden to those they love; thus the End of Life Choice Bill places vulnerable people at risk of coercion, either self-imposed or external. If assisted dying were legal, some would opt for this choice, though it may not be their first preference.

'Palliative care aims to eliminate the suffering, not the patient. At this time in our history, New Zealand society needs increased investment in palliative and specialist hospice care, care which is accessible and affordable to all who need it,' says Kathy Lynch. 'Such investment would truly acknowledge the dignity of the human person.' – **Dennis Horton**