"We are called to reach out to those who find themselves in the existential peripheries of our societies and to show particular solidarity with the most vulnerable of our brothers and sisters: the poor, the disabled, the unborn and the sick, migrants and refugees, the elderly and the young who lack employment."

- Pope Francis, October 4<sup>th</sup> 2013

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Issue Forty Two





St. Paul's Hospital

An ethics newsletter for Catholic health care organizations in Saskatchewan

## SaskEthics

## A Farewell Letter



ear SaskEthics readers,

By now, many of you will know that I am returning to Australia to take up a position there. I want to thank all those in Catholic health care in Saskatchewan who have been supportive of my role. This has manifested in various ways - through organizing ethics event in your care homes and hospitals, telephoning or emailing for advice on ethics issues, by attending a telehealth event or the William F. Mitchell Seminars, meeting with me, recommending me to others and 'just chatting' over various issues. The decision to leave this position was not an easy one, particularly given the relationships formed at St. Paul's Hospital,

the Saskatoon Health Region and throughout the province. I have worked with some committed, talented people and will miss you all.

The past few years in Catholic health care in Canada have been difficult ones, particularly given the debate on physician assisted dying and the eventual Carter decision in January 2015. I believe it is important that Catholic health care remains vigilant when it comes to issues such as protecting the right to conscientious objection and supporting palliative care in Canada. I have heard many argue for specific services to provide physician assisted dying in recent times. In other countries where physician assisted death is practiced, it remains the decision of a minority of citizens to die in such a manner. In such a climate, let us not forget to direct our focus towards strengthening palliative care services in Canada.

As we implement safety systems and client, family centered care across Saskatchewan, let us remember that our patients and residents have a right to make health care decisions, to receive information about their condition, prognosis and available interventions in a timely manner, to be able to discuss the risks and benefits of those interventions, to seek an independent second opinion, to be advised of conflicts of interests physicians may have and to accept or refuse medical treatments and interventions. Further, our patients will remember the service they received when they are treated respectfully.

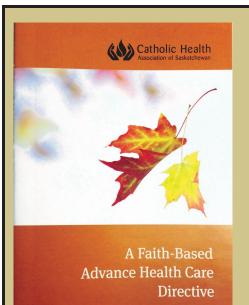
The Catholic health care mission is one of love, compassion, care and support towards people who are suffering because they are vulnerable, ill, poor or socially disenfranchised. It has been a privilege to interact with the staff

of Catholic care homes and hospitals as they have wrestled with ethical issues in the context of the mission. There is much work to be done before this broken world is mended. I am pleased to say, however, that when we have struggled over issues involving individual patients and residents, where the spirit of our mission has been captured by those involved, we have often seen better outcomes for them. At the resource level, let us not forget to advocate for justice for the poorest and most vulnerable members of our community. Over many SaskEthics you have probably come to realize that although everyone who comes to us as a patient or resident may be vulnerable, there are some groups of individuals who experience many barriers of access to health care and stigmatization within the broader society. These groups include but are not limited to: people who live in poverty, people with disabilities, many elderly people, people with mental illness and addiction, people from visible minority groups and newly arrived refugees. Let us educate ourselves about the specific burdens borne by the people we see along our own road to Jericho and respond as the Good Samaritan did with the gifts that we have been given.

Dr. Joy Mendel Ethicist Catholic Health Association of Saskatchewan

## **Update:**

The William F. Mitchell Bioethics Seminar will be held in November 2016 on a date yet to be set. This year, Dr. Caroline Tait, Medical Anthropologist with the University of Saskatchewan School of Medicine, will present a seminar titled: <u>Building Bridges: Supporting health care workers to be champions of reconciliation</u>. The seminar will give an insight into how we have <u>all</u> been affected by the historical process of colonization and offer practical tools for building relationships with people from colonized communities for health care workers. Advertising will be sent to facilities as it becomes available. At least one seminar will be made available via Telehealth. As usual, it would be great to see some staff from homes and hospitals outside Saskatoon to attend on site.



## A Faith-Based Advance Health Care Directive

Is it important to you that other people know and respect your health care wishes?

If you were no longer able to make decisions about your own care, who would you trust to make them?

Get informed. Complete your Directive. Share your wishes with those you trust.

Booklets are \$5 each or \$3 each for 25+ copies (shipping extra).

Electronic version also available at www.chassk.ca

Would your organization or group benefit from an educational session on end of life issues and Advance Care Directives?

Please call CHAS at 306-655-5330 or email cath.health@sasktel.net to request.