BY FR. YAW ACHEAMPONG Catholic Register Special

Since my return to parish ministry after some years as a hospital priest, I have continued to minister to patients receiving palliative care in hospitals, long-term care facilities and in their own homes.

Having served in a hospital and now as a parish priest, I have learned that some patients and families may not have a clear understanding of the teaching of the Church on issues surrounding palliative care for the dying. The promulgation of Bill C-14, which legalized assisted suicide and euthanasia, seems to have made the matter even more confusing.

Shedding some light on the ministry to the dying in the wake of the euthanasia law may help us understand that, as people of faith, we are called to discern how best we can offer compassion and support to our dying brothers and sisters on their journey to return with dignity to God.

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complex and every dying patient

goes through it in their own way.

All are encouraged to enjoy their

regular activities. The main goal

is to offer personal, compassionate

care and support to all patients and

families. The physical, emotional,

psycho-social-spiritual needs of

patients are met so they may live

in comfortable and peaceful sur-

roundings. It is important to

remember patients, though termi-

for those on this type of journey

differ for each patient and each

family. During this journey, some

changes can take place not only in

the body but in the human spirit.

The role of the priest is to provide

companionship on the spiritual

families emotional and spiritual

support to help them face challenges that can impact the human spirit.

Most Catholics regard the celebra-

tion of the sacraments to be an important spiritual exercise during

this final journey. I remember cel-

ebrating the Sacrament of Baptism

with a patient who could barely

squeeze my hand in her response

to a question about her desire to be

restricted to those who are dying.

However, it is widely regarded as

the final sacrament before death

I have learned that coming face

and is often called the Last Rites.

The Sacrament of the Sick is not

baptized.

I have offered patients and

The dynamics of spiritual care

nally ill, are still living.

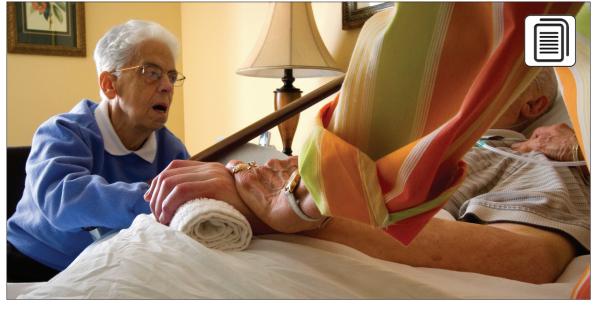
journey to eternal life.

So what do we mean when we say that a patient is receiving palliative care? Patients who are suffering from terminal illnesses receive special care with emphasis on pain management and comfort in a peaceful and supportive environment. These facilities are found in community based settings, such as palliative care units (PCU) in hospitals, including the new one at Providence Healthcare, hospices or in long-term care facilities. Some terminal patients prefer palliative care in their own homes. Patients can be admitted to PCU when they have a life expectancy of less than three months.

My experience at St. Michael's Hospital in Toronto is that the PCU is full of life with its own inter-disciplinary staff of health care professionals who work with compassion and dedication. It provides no active treatments or excessive measures (dialysis, radiation or chemotherapy), but ensures quality of life through compassionate care and pain management. Patients are fed if they are able to eat and have access to physiotherapy and a music therapist when required. Families can visit freely and, if necessary, can spend the night.

On special religious and secular holidays, the unit is decorated accordingly so that patients, families and friends can celebrate together. Patients also celebrate birthdays, anniversaries and other important events in their lives. Some physically able patients can even go out with a pass for a day or a weekend.

The dying process can be



Dying brings a peaceful passage into God's hands. (CNS photo/Nancy Phelan Wiechec)

to face with suffering and death is always challenging. Some families express their concern when the situation of their loved ones changes drastically and the dying patient is unable to eat, in severe pain or has become incoherent and unable to communicate. I have wondered at times when the final journey would end for a patient whom I perceived to be in pain.

These concerns could elicit a range of emotions — surprise, fear, anger, anxiety and disappointment in patients, families and staff. These feelings might be inescapable, yet at this challenging time we also experience our firm faith in God, our love for the dying person and the good works done by the staff and family members for the dying.

Christian faith tradition considers death as a spiritual event. Until it comes we wait in prayer and hope for what God will do in His own way and in His own time.

The timing of death is always uncertain. However, I have witnessed that when death comes, patients are often prepared and spiritually ready. Even in death, families recognize that there is a sense of fullness of life, and that recognition can bring joy and peace.

Many families see death as a release from pain and the final healing. Many families and staff members express their difficulty seeing their loved one on his/her dying bed especially after a long struggle. But they also express their joy to see their loved one leaving this Earth in peace surrounded by the faith community.

As the debates about euthanasia and assisted suicide continues, palliative care has been thrown into the limelight. Some proponents of euthanasia and assisted suicide perceive palliative care as being only about pain, suffering, loneliness and hopelessness. But that is not the case. In the Roman Catholic tradition, which rejects euthanasia and assisted suicide, we are called to accompany in faith our brothers and sisters in their final journey.

In death, we encounter the Holy in the belief that dying brings a peaceful passage into the welcoming hands of our loving God. This is our hope and "our hope will not disappoint us" (Rom 5:5).

(Fr. Acheampong is pastor at Our Lady of Peace Parish in Toronto and a former priest-chaplain at St. Michael's Hospital.)



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