

Palliative care offers a final healing

BY FR. YAW ACHEAMPONG
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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.

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 Wiehede)



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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 surroundings. It is important to remember patients, though terminally ill, are still living.

The dynamics of spiritual care 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 journey to eternal life.

I have offered patients and families emotional and spiritual support to help them face challenges that can impact the human spirit. Most Catholics regard the celebration of the sacraments to be an important spiritual exercise during this final journey. I remember celebrating the Sacrament of Baptism with a patient who could barely squeeze my hand in her response to a question about her desire to be baptized.

The Sacrament of the Sick is not restricted to those who are dying. However, it is widely regarded as the final sacrament before death and is often called the Last Rites.

I have learned that coming face

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).

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