

Catholic Health Care Responds to Greatest Needs

by John Ruetz

It has been suggested by some that the recent Supreme Court of Canada ruling on physician assisted death will force the 125 Catholic health care centres and our 68,000 employees and physicians across the country to abandon our commitment to provide compassionate high quality care.

Nothing could be further from the truth.

Catholic health care is part of Canada's high quality, integrated health system and provides programs and services to people of all cultures, faith traditions, and circumstances. Catholic health care organizations respond to those most in need in local communities, including some of the most vulnerable populations in Canada.

In recent years, Catholic health care has been very responsive to community need and expanded upon its traditional acute care base to create centres of excellence in areas including mental health and addictions, palliative care, rehabilitation and care for the elderly.

A challenging path is not an entirely new one for us. From the beginning, Catholic religious Sisters created some of Canada's first and most needed health care services by finding ways to respond and embrace new mandates working in partnership with community and governments. They laid the foundation and built some of the finest health care in the world, in keeping with their faith, ethics and morals.

And that is exactly what will happen with this new challenge.

A patient requesting physician assisted death in our organizations will be met with respect, support, compassion and kindness.

Being patient-centred means that we have a moral obligation to be engaged with the patient, and to provide factually relevant information to inform a patient's decisions. At all times, we will support the principle of patient choice, and will respect the person who is making that choice.

This may require informing the person of other options for care and, if necessary, safely transferring care when the person's needs are best met at another location. This allows clinicians to meet their informed consent responsibilities, while remaining true to the position that we will not refer for the specific procedure of physician assisted death.

In recent years, government health care dollars have had to stretch further. Health care centres have had to rationalize where services are offered. Today, not all health centres are funded to provide all health services and programs. One centre might provide cardiac surgery, but not perform hip and knee replacement, for example. As a result, we have had to learn how to carefully transfer patients to get them to the assessments and services they need.

Experts in health care in Canada now know that access to all services is achieved through the provision of care across the health care continuum. Providing all services within every care environment in Canada does not provide the best quality for patients nor is it fiscally responsible.

When it comes to death and dying, Catholic health care has a long-standing moral tradition that we neither prolong dying nor hasten death, consistent with the vision of palliative care across Canada. We support individuals making informed and conscientious decisions about their end of life care. This includes talking with family, planning ahead, and deciding when to decline or withdraw treatment. By contrast, physician assisted death is simply not a service we can offer in Catholic health centres as its sole purpose is to hasten death.

In keeping with our tradition we are working in humility and openness with others across the country to navigate this issue and to ensure the right to conscientious objection. Together we can learn and benefit from mutual dialogue and thoughtful, ethical reflection.

John Ruetz is President & CEO of Catholic Health Sponsors of Ontario, which governs 21 health care organizations including Bruyère Continuing Care and St. Patrick's Home in Ottawa, originally founded by the Sisters of Charity and the Grey Sisters of the Immaculate Conception.