

# Today's Martyrs

*Resources for understanding current Christian witness and martyrdom*

## Document

### **Jesus did not follow the rules, yet to give life, not take it!**

The euthanasia debate within the Organization of the Brothers of Charity in Belgium has been the cause of great concern to us for quite some time. And so, I felt embarrassed when I learned about the Organization's final verdict on Tuesday 12 September that they had decided to stand by their vision statement and thus allow and perform euthanasia for psychiatric patients under certain conditions and within their and our facilities. I was even more surprised when I read that they believe this decision to be in line with the Catholic doctrine and describe it as a kind of merciful assistance.

As an international Congregation, can we have the same view and praxis in our care in the various regions of the world? It is a question we have often asked ourselves and heard many times over the past period. Should we not take into account the different cultures in which we serve and adapt to the different local sensitivities? This is undoubtedly true for various aspects of health care: the care for psychiatric patients will indeed have a different emphasis in Africa than in Europe, America or Asia. I speak from experience based on my visits to the Congregation's various health care and education initiatives all over the world. No, I do not have so-called culture shocks anymore, I try to adapt as much as possible to these different cultures and I immerse myself in that rich diversity. I am currently in DR Congo while I am writing this down. You can probably image what that means.

When, in the light of this, the question arises whether it should be possible for the Congregation to adopt and work out a culture-specific policy on whether or not to allow and perform euthanasia for non-terminal psychiatric patients in a so-called hopeless situation, we need to ask ourselves what it boils down to in essence and to what extent it can be considered purely culture-specific.

First of all, it is about the view of whether or not respect for life is absolute. Starting from the charism of the Brothers of Charity and completely in line with the view of the Catholic Church, we indeed state that respect for life is absolute and precedes and surpasses the other fundamental values. Some call this an antiquated and archaic deontological model that is only used in ecclesiastical settings and is at odds with a more context-specific morality. The vision developed by the Organization in Belgium, which, to my surprise, they identify as ‘Catholic’ to boot, states that this inviolability of life is no longer absolute, but still fundamental, even more fundamental than the autonomy of a patient and the care relationship, but ultimately, in exceptional cases, can be subordinated to the patient's self-determination. So, in fact, self-determination as a value gets a higher appreciation than a person's inviolability. And this is, of course, the trend we are currently experiencing in our Western society, where absolute self-determination is considered to be the highest ‘good’. How often already have we heard during the euthanasia debate that it is in fact no longer about euthanasia but about the effectuation of this absolute self-determination as the pinnacle of liberal thinking and acting. Absolute respect for life is, in my opinion, a universal value and cannot simply be pushed aside as a culture-specific matter. And therefore we cannot accept or approve the basic principle from which the vision text of the Belgian Organization departs. The arguments we have repeatedly advanced on this and which we have discussed several times over the past two years with the responsible parties have been completely ignored.

Secondly, the hopelessness in which psychiatric patients can find themselves and the fact that they are considered to no longer benefit from treatment are acknowledged as arguments to apply for euthanasia and ultimately to perform euthanasia. But is hopelessness not inherent in psychiatry, which, as a symptom, must be taken very seriously and for which all the means available in treatment and care must be used? And can it be that euthanasia is considered as the ultimate therapy when all other forms of therapy fail and when a person is then simply regarded as no longer benefitting from treatment? And should there not be more investments in new therapies, care models, and medication for these patients and in the development of palliative psychiatry? Experts in the field say something very different and are careful about connecting hopelessness, no longer benefitting from treatment, and euthanasia.

And this is where I arrive at a thorny issue: where does a board of directors of an organization that specializes in mental health care, but made up of jurists and economists, and without a single

expert in the field, get the knowledge to give its opinion on such a matter? Some of them, with all due respect for their person, have never had first-hand experience with a psychiatric patient, let alone cared for one or treated one. And have they listened to the many objections that were raised exactly by these experts in the field, and which they continue to raise, or are they stuck in their ideological discourse, supported by a few enlightened ethicists and caught up in social trends.

But in any event, the board of directors can be expected not to refuse to listen to the internal contradictions in their text, which can have far-reaching negative legal consequences in several areas and which a number of lawyers have repeatedly pointed out.

Euthanasia is not a therapeutic act, nor a medical act that, supposedly, is part of a physician's therapeutic freedom, even though it is performed by a physician. This was the reason for the Belgian Act on Euthanasia in 2002, for that matter. After all, it is not in the nature of medicine to kill intentionally, even if death is ultimately inevitable and there is no one there to advocate prolonging life at any cost. Now the Organization's vision statement assumes that euthanasia is part of a physician's therapeutic freedom, thus giving a different meaning to the term 'medicine' and rendering a variety of care models impossible. In the name of what ideology?

Who can still be against euthanasia nowadays? Only those who would be uncompassionate to the suffering of their neighbor. We have often heard this, too.

As part of the tradition of the Brothers of Charity, we have always endeavored to maximize the recovery of the human dignity and of the life opportunities of every patient who receives treatment. The first prophetic act in the crypts of Gerard the Devil's Castle in Ghent in 1815 was already marked by that. Releasing people with mental illness, who were no longer seen as humans but rather treated as animals, from their shackles. Giving these people life: that was and has always been the Congregation's motto. In this, the brothers and their staff members and co-workers have led the way and pushed the boundaries. Yes, maybe there were moments when certain rules were not followed, just like Jesus did, yet only to give life. When those in charge of the Organization now openly claim to follow Jesus while distancing themselves from the vision of the Vatican, the Belgian bishops, and the General Administration of the Congregation of the Brothers of Charity because, supposedly, in their eyes, they 'live far removed from reality', then

they are sadly mistaken and this is more about pride, arrogance, and ideologization at the expense of the lives of those most in need of care. Let us call a spade a spade: euthanasia is still killing a fellow human being, even if it happens with the utmost due care. How in the name of God is this supposed to be compatible with our charism of charity, the charism of life?

Could there not be an internal dialogue about this? I received this question several times via email in a form letter signed by several well-meaning Christians. We have tried for more than two years, even by bringing in a well-known mediator, but every time we were confronted with the statement that it was no longer possible to discuss the text, but only about finding a 'modus vivendi'. The discussion should first of all be about the essence, and not just about the modalities of application. The latter can also be further developed through a technical committee. But we remain open to the real dialogue, provided that it can be about whether or not euthanasia is performed within the facilities of the Brothers of Charity in Belgium. Yes, I still consider them facilities of the Brothers of Charity.

And meanwhile we heard that the time of 'Roma locuta; causa finita' is long gone. Rome, the Vatican, and the General Administration of the Brothers of Charity do not take this matter lightly. It is their responsibility, and ours, to ensure that the designation 'Catholic' is not being eroded or misused, primarily because of the protection of the weakest in our society. As a congregation, it is our special task to ensure that our charism of charity continues to be based on true charity, and does not turn into a caricature. Ensuring this has nothing to do with adhering to an ideology. Quite the contrary.

Even when they appeal to the 'sensus fidelium' of the faithful in Flanders for the vision statement, this 'sensus fidelium' should be in agreement with the Church magisterium, which was recently emphasized by Pope Francis. As far as the vision text on euthanasia is concerned, this is not the case. The text is both contrary to the position of the Belgian bishops, to the views of the Pope and the competent dicasteries within the Church, and to the charism of the Congregation of the Brothers of Charity, over which the General Administration must watch.

Embarrassment is what I have felt over the last few weeks. I am still hoping that it might turn into a sense of pride again. It is my wholehearted wish for our Organization.

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## **Today's Martyrs**

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