

## REFLECTIONS FOR PASTORAL CARERS

Some practical and pastoral reflection for pastoral carers, chaplains and healthcare professionals witnessing and accompanying in this way could include considering:

- How might I come to identify in myself any tensions in my care of this patient?
- Do I have a space (e.g. a support network, trusted friend, priest or other professional colleague) where I can discuss my reactions to my pastoral work and ministry in a free and open way?
- In the case of conflicting views, am I still able to deliver ethical pastoral care to this person that fulfils my obligation to outline the ethical problem with euthanasia? What might be stopping me from doing this and who can I discuss this with in a way that enables me to be listened to?
- Am I giving myself appropriate space and support to ensure my own wellbeing in the call to commit to be present and professional in my work/ministry? Am I receiving regular supervision or professional pastoral accompaniment relevant to the demands of my ministry?
- Do I have a pastoral care support network myself (e.g. spiritual direction, mentoring, pastoral counselling, support from a

trusted friend, brother priest or member of a faith community)?

- Am I engaged with intentional and professionally accompanied reflective practice in ministry? (e.g. group supervision in the context of clinical pastoral care, the regular writing of verbatim/theological reflections?)
- Am I able to make time to be sustained in my work and commitment through prayer and meditation on God's word?
- Do I have any questions that I need to ask of those with whom I am professionally accountable to? Do I feel free that I can have an open conversation with my superiors about my commitment to witness and accompany?

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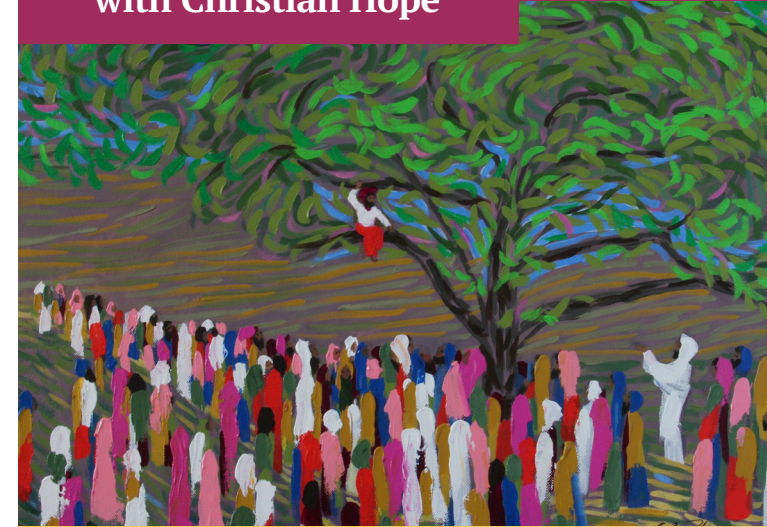


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## To Witness and to Accompany with Christian Hope”



"Zacchaeus" by Irene Thomas

“Christian accompaniment is a continuation of the ministry of Jesus Christ, who reached out to the sick, the outcast and the sinner. He never condoned evil. He did not condemn the wayward, but he always called them to conversion.”

# REFLECTIONS FOR PASTORAL CARERS

To witness and accompany a sick or dying person with Christian hope is an extension of Christ's own witness and ministry.

Jesus reached out to all in a spirit of hope.

There are four elements to accompanying a dying person:

- A **COMMITMENT** to be the patient's companion during the last phase of their life;
- An **UNDERSTANDING** of the medical care that will assist the patient at this time;
- An **UNDERSTANDING** and **ACCEPTANCE** of the Church's teaching about the sacred and intrinsic value of every human life;
- A **READINESS** to provide appropriate forms of pastoral care toward the end of life.

An understanding of the human person is important.

We are not just physical and social, but emotional, spiritual and contextual.

We are made in the image of God as beloved sons and daughters, having dignity and worth.

We live in relationship – in community – with each other, and as such our responses in relationships affect those around us in a variety of ways.

## FIVE COMMON PRINCIPLES

There are five common principles underpinning our response to someone considering euthanasia:

1

Because of our Christian vision of the human person, we can never accept euthanasia as a morally acceptable option. Those who care for the sick – such as doctors, nurses, relatives, pastoral carers and ministers – have the responsibility to acknowledge the fundamental dignity of the human person.

2

Humans struggle in the face of suffering and illness and this can give rise to feelings of helplessness and isolation, even to the point where purpose and meaning in life is questioned. The Christian response to suffering involves faith: having hope that we are never alone, and that, in fact our deepest moments of suffering are our closest and most profound experiences of the suffering Christ and the mystery of the Cross. Suffering has the ability in the light of faith to transform us and can be a gift of love that is deeply grounded in human reality.

3

At the core of every person's heart is a desire (acknowledged or not) to be touched by the comfort, consolation and love of God. To accompany a person is to remind them of God's

presence with them, and of the mysterious longing for peace and relationship with God. The pastoral carer assists a person to realise shalom – a deeply consoling peace – with God and others. This requires a deeply listening heart on the part of the carer. But this can take time, and patience is needed. It involves a commitment to walk with a patient and their family on a journey without necessarily knowing how that journey will unfold.

4

The Church embraces the best of science and medical care in order to relieve the suffering of the sick or dying person. When this is exhausted through inefficacy or unreasonable side-effects the time will come when death should be allowed to arrive naturally. This principle also notes that the Church continues to advocate for effective palliative care, given that, administered thoughtfully, it supports the Christian vision of the human person.

5

There must always be a "community" that accompanies the carer, be they an ordained minister, pastoral carer, family member or friend. The carer and the community should undergo pastoral and spiritual formation before embarking on their tasks.