

## **White Mass for Healthcare Workers**

St. Augustine's Church

27 October 2017

Dear Monsignor Rossi, Father Horgan, Father Tran, Deacon Bruce, and dear friends in Christ who bring his compassionate care to the sick and suffering:

### ***Introduction***

As your bishop it is always a joy for me to celebrate with you this Annual White Mass sponsored by the Catholic Physicians' Guild. Together, this evening, we are offering our great Act of Thanksgiving – the Eucharist. We gather, first of all, in order to implore God's graciousness upon the ministry of all those health-care professionals in the Archdiocese of Vancouver who devote themselves to the physical and spiritual care of the sick and suffering, for such service is integral to the Church's pastoral and evangelizing mission.

With deep gratitude the Church wishes to honour you – our Catholic physicians, nurses, medical students, pastoral care workers and volunteers – offering you our thanks and profound appreciation. Through your ministry you show in a practical way what it means to attribute dignity to human persons from their conception to their natural end.

Your work is truly rooted in the ministry of Jesus, who “went about doing good and healing all” (Acts 10:38), and at the same time your ministry has the privilege of being directed to Christ himself: he is

your patient, who says to you, “I was sick” (Mt 25:36). Jesus considers care given to a brother or sister as care given to himself: “you did it to me” (Mt 25:39).

While the parish will always remain the primary place where we celebrate our faith and are nourished by the Sacraments and the power of the Word of God, it is increasingly necessary that Catholics also be nurtured in their professional lives by others who share their faith and their values. The workplace, with its demands not just for competency and efficiency but also for moral decision-making, requires, I believe, that you nurture one another in following Jesus Christ in your care of the sick and dying and that you receive help when facing difficulties, which are specific to your particular vocation as “guardians and servants of human life.”<sup>1</sup>

Hence, the indispensable role played by the Catholic Physicians’ Guild in your professional life. Health-care professionals need to come together as a community of those who appreciate the mission of the Catholic Church to life and health, which are primary goods of the human person. The Guild offers you opportunities to share, to learn together and to offer the support of friendship to one another. It also helps to reinforce the conviction that your profession has a transcendent

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<sup>1</sup> St. John Paul II, *Evangelium Vitae*, 89.

dimension that gives it the character of Christian witness.

And I especially thank you for acknowledging the unique worth of suffering persons whose inviolable dignity and transcendent calling are rooted in the depths of their being, a vocation which can be recognized by the light of human reason and is strengthened by faith in divine Revelation.<sup>2</sup>

In proposing moral principles for biomedical science and research, fields which the Church rightly honours, she draws on both reason and faith in developing an integral vision of the human person. It falls within the Church's mission of contributing to the formation of conscience to teach the truth of the Gospel and to confirm those moral principles written into human nature itself (cf. Rom 1:18-20). She does so out of concern that health-care professionals not be left alone to deal ethically with ever more complex and problematic decisions.<sup>3</sup> I believe that "Catholic fidelity to moral truths – despite opposition, and especially when other Christian communities have fallen silent – has made the

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<sup>2</sup> Cf. Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers* (Philadelphia: The National Catholic Bioethics Centre, 2017), 1.

<sup>3</sup> Cf. Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers* (Philadelphia: The National Catholic Bioethics Centre, 2017), 6.

Church a vital witness of truth in a time of confusion.”<sup>4</sup>

The legalization of euthanasia and physician-assisted suicide leads us not only vigorously to oppose such practices and to defend the right to conscientious objection of both individuals and faith-based institutions but also to reflect on the *ars moriendi* – the art or the craft of dying well. Here I would like to address you not just as professionals but as followers of the Gospel. As believers you must have a vision of suffering and death ultimately founded in the Paschal Mystery of Our Lord’s own Passion and Death, the “hour” of which he spoke in the Gospel account of the Last Supper (cf. Jn 12:23), through which he gained for us eternal life.

Jesus did not die on the Cross as a passive victim, as one who had lost control over his own life, but he was actively living out his mission to his last breath. This is the moment of Redemption, as he surrenders in trust to the will of his Father, his last and ultimate *fiat*.

How do we understand and how does it influence our healing ministry what St. Paul wrote to the Corinthians, as we heard in our First Reading? “Even though our outer self is wasting away, our inner self is being renewed day by day. For this slight momentary affliction is

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<sup>4</sup> Charles J. Chaput, “The Splendor of Truth in 2017,” *First Things*, 276 (October 2017), 25.

preparing us for an eternal weight of glory beyond all measure, because we look not at what can be seen but at what cannot be seen; for what can be seen is temporary, but what cannot be seen is eternal” (2 Cor 4:16-18).

Our society is so focussed on the here and now, on autonomy, comfort and avoidance of pain at all costs that the dependency, limitations and suffering that accompany daily life and reach their climax as death approaches cannot be faced. All too often we resist learning for ourselves the art of dying, and we seek to avoid as much as possible the accompaniment of those who are at the end of life. We want to jump over the stage of dying and get through suffering and death as quickly and as painlessly as possible.<sup>5</sup> Of course, I am not saying that health-care professionals should not work effectively to relieve the suffering of those entrusted to their care, but I am saying that they should *not* do so from the assumption that suffering has no meaning.

Medically assisted death, whether by suicide or euthanasia, presents us with “an urgent opportunity to swim against its powerful tide before it becomes the only understanding of a good death.”<sup>6</sup>

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<sup>5</sup> Cf. Paul-André Durocher, “Foreward,” in Nuala Kenny, *Rediscovering the Art of Dying* (Toronto: Novalis, 2017), 10-13.

<sup>6</sup> Nuala Kenny, *Rediscovering the Art of Dying* (Toronto: Novalis, 2017), 17.

In a simpler time, when limited medical resources were available, death came quickly to most persons. The Christian imagination shared a vision of a good death in the death of St. Joseph. As he breathed his last, he died comforted and cared for by his loved ones, in the arms of Mary and Jesus. This was a scene of sadness, tenderness and trust in the goodness of God who would receive him into the glory of his Kingdom.<sup>7</sup>

The days of such simplicity may seem irrelevant to our death-defying and death-denying culture of technologically driven medicine. Medically assisted death moves death away from a natural human event into a medical act where death becomes the treatment.

We cannot overlook the profound significance of what is happening. Euthanasia and physician-assisted suicide are not just homicidal acts violating the Fifth Commandment, but a rejection of the Paschal Mystery, the ultimate manifestation of the value of redemptive suffering for Jesus. And as Christians whom he calls to follow in his footsteps, we too must enter into that Mystery. Remember the Lord says in this evening's Gospel, referring to his upcoming Passion and Death: "Whoever serves me must follow me, and where I am [on Golgotha], there will my servant be also" (Jn 12:26).

"Jesus suffered and died on the Cross for love. On close

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<sup>7</sup> Cf. Nuala Kenny, *Rediscovering the Art of Dying* (Toronto: Novalis, 2017), 21.

consideration, it was in this way that he gave meaning to our suffering, a meaning that many men and women of every age have understood and made their own, experiencing profound tranquillity even in the bitterness of harsh physical and moral trials.” As Benedict XVI, recalled, “We can be certain that no tear, neither of those who are suffering nor of those who are close to them, is lost before God.”<sup>8</sup>

To bypass this Mystery as meaningless or to fail to see that the grain of wheat must first fall to earth before it bears fruit for eternal life (cf. Jn 12:24-25) is to strike at the very heart of the Christian faith. It is for this reason that medical assistance in dying approaches the brink of blasphemy.

The art of dying well brings into focus that dying persons are called to be the primary agents in responding to the challenges now confronting them as their life in this world ebbs away. At this stage of life “holistic and respectful care of the person must promote the properly human Christian dimension of dying as the fundamental objective to be pursued.”<sup>9</sup> Such care calls for a holistic accompaniment that is both professional and pastoral, attributes to be found at the same time in the

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<sup>8</sup> Benedict XVI, *Angelus* (1 February 2009).

<sup>9</sup> Cf. Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers* (Philadelphia: The National Catholic Bioethics Centre, 2017), 145.

same person.

The art of dying is more than an individual attitude. It calls for the whole community to be involved in caring for those who are dying. Those of us opposed to physician-assisted death are often accused of lacking compassion and mercy for the suffering. We are not blind or deaf to those who suffer and their families. But we believe we need to witness to care and accompaniment, not the intentional ending of a God-given life. As Pope Francis so frequently states, we must touch “the suffering flesh of Christ in others”;<sup>10</sup> we must be willing to suffer with others, not merely treat them. In the face of imminent death, we are present with them so that acceptance may replace denial and anguish may give way to hope. At this decisive moment, Christian health-care professionals do not flee as if they have failed but, rather, bear witness to the dying person and loved ones of God’ love. Through their own faith and hope, they both humanize the dying process and enkindle in others the trust that “life is changed, not ended” as it falls into the embrace of the living God.<sup>11</sup>

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<sup>10</sup> Francis, *Evangelii Gaudium*, 23.

<sup>11</sup> Cf. Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers* (Philadelphia: The National Catholic Bioethics Centre, 2017), 147-148.

## ***Conclusion***

As we continue this Eucharist, when the Lord makes us present to and sharers in the fruits of saving his Passion, Death and Resurrection, let us pray that the Divine Physician himself will enlighten our minds and strengthen our wills, so that we may be worthy stewards of the lives entrusted to our care as healers in his Name.

✦ J. Michael Miller, CSB

Archbishop of Vancouver