

Voluntary Assisted Dying and Lutheran Aged Care

Background

Voluntary Assisted Dying (VAD) has been on the agenda of our governments for several years now. VAD has become legal through legislation that has been passed in Victoria, and elsewhere. Therefore, it may be possible that there will be people being cared for within Lutheran aged care services who will want to implement VAD.

Concerns regarding VAD were brought to the Committee for Ministry with the Ageing and were discussed at a meeting held on July 5 2019, at which time the following policy was developed based on a (then) draft policy from the Victorian district of the Lutheran Church of Australia.

Policy on Voluntary Assisted Dying (VAD)

[LUTHERAN AGED CARE FACILITY] rejoices in the gift of life and is committed to enriching and enhancing the life experience of those under its care.

To this end, [LUTHERAN AGED CARE FACILITY] supports the physical, spiritual, emotional, mental and social/family wellbeing of each person.

When people approach the end of life and are terminally ill, [LUTHERAN AGED CARE FACILITY] realises that they need more focused care from medical professionals and nurses, chaplains and family so that they can if they choose, experience increased attention and love. Palliative care is supplied as a part of our core business so that maximum physical comfort is our goal and those people nearing the end of their life are more confident in their situation and need not fear the loss of control.

The Lutheran Church of Australia and New Zealand does not support Voluntary Assisted Dying (VAD). While staff or volunteers may choose to be present at the time of death, no staff or volunteer may assist with the process of VAD.

A respectful and pastoral approach will be maintained at all times, which will extend to family members as they face imminent bereavement through to the after-death arrangements, religious or otherwise.

Discussion

An aged care service is an agency of the church, and not the Church itself. It is bound by legislation and government regulations and in this situation, the Aged Care Act 1997 sets out clearly that people who live in our aged care services have security of tenure (See Part 2 Division 1 23.4 ff). Any exemptions that the Church has do not apply to its agencies in this situation.

Our aged care services are mandated and committed to providing excellent care to those who are using their services. This applies to all aspects of care: physical, emotional, mental, social and spiritual. There is a growing awareness of the

importance of spiritual care, and this is now acknowledged in the accreditation standards that apply to residential aged care facilities.

Our services straddle both the left-hand and the right-hand kingdoms as spelled out in our theology. We are bound by the rules and regulations of government, but our work is undergirded by our theology and ethos as articulated in *God's love – our care* and *Called to transformative action* which can be found at <https://www.lca.org.au/departments/local-mission/gods-love-our-care/>

The Committee for Ministry with the Ageing has prepared a discussion paper *End of Life Issues* which can be found at the above website. This paper highlights the importance of planning for the end of one's life and the importance of providing good palliative care for people who are approaching death, and their families – care that addresses all the needs of the person and ensures that their family and/or those who are close to them are aware of what is happening and how they can be part of the end-of-life process.

Significant to the provision of palliative care is the need for the person who is approaching the end of life to be able to make choices; the documentation of such choices, and the provision of care that enhances them. Nursing and care staff and chaplains are part of providing this care and are blessed to share this intimate journey with recipients of care in our aged care services.

Should a recipient of our services choose to proceed with VAD, we are not entitled to withdraw our services i.e., to discharge them from our care. In such a situation we can continue to provide respectful, non-judgemental and loving care and compassion. While our staff may be asked and may choose to be present when a person who has chosen VAD dies, they cannot be required to be present and may choose to abstain from doing so on their own personal grounds.

During the meeting of the CMA, it was suggested that as a church, we could assist members of our community by helping them to increase their level of literacy around death. For many, it is or has been a taboo subject and one that is difficult to discuss. The CMA will explore ways to help people to engage in these difficult conversations and will undertake to provide and share information about how to do this.

Conclusion

This paper has been prepared to inform leaders of the LCA about this issue due to its controversial nature. Lutheran service providers need to conform to the legislation that is relevant to them. But in doing so, it is important that we continue to treat the people in our care in a way that is both person-centred and allows God's love to come to life as they approach their death.

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