

## **Reflections on the vision statement on euthanasia from the Brothers of Charity Organization in Belgium**

First of all, it is worth noting that the text has no references to Biblical grounds or to Christ whatsoever. Of course, this has far-reaching consequences.

The new view invokes 'three fundamental values' as a starting point: the inviolability of life, patient autonomy, and the care relationship. These are placed on the same line and level, and it is clearly stated that the inviolability of life is fundamental, but not absolute. The entire text is based on this premise. However, this is a false equivalence. Within the intellectual climate, which currently characterizes the Western world, this approach inevitably leads to the fact that ultimately, autonomy, the patient's self-determination, becomes the most important and in fact the absolute value and directive. The inviolability of life merely becomes a consideration, a pious wish as it were, yet it should always give way to the so-called self-determination of the patient. And to the physician's sovereign opinion (see below).

Relational care ethics are strongly emphasized, taking into account the patient's autonomy and, on the other hand, setting out with the patient as a caregiver. But ultimately, the focus continues to be on the euthanasia request, which remains a possible way out, the obvious way out even in today's social and economic context. Not once is there any question as to what impact this request and acceding to it have on the environment of the patient, on his family and the environment. Again, we find that the individualistic view of man is at the forefront and that the connection with the neighbour, who is considered so important in a personalistic morality, is displaced or at least completely fades into the background.

Even physicians who do not think at all from an ecclesiastical point of view have already expressed a lot of objections to the fact that euthanasia would be applied in mental suffering. In mental suffering, man's existential dimension is affected, which is why psychiatric patients very often ask questions about the meaning of their lives and whether it would still be useful to go on living even though they are not terminally ill or will not die soon. This is the reason why suicide regularly occurs in mental suffering. This is where psychiatric care and therapy come in to work on that and to try to give the patient a new life perspective by any means available or possible to develop.

At a time when progress is being made in so many areas to help people with ever-better treatment methods, would euthanasia be used as the ultimate form of therapy if other methods do not bring any results? To administer death as the ultimate therapy: how does this make sense and how can people defend such a thing? Looking back on our rich history in psychiatric care, we find that brothers and the staff have always sought to treat, cure, heal patients in ever-better ways and with new methods or, if there was no cure, they would stay close to them. So now, if there is no cure and the patient thinks it would be better to die, they would want to actively take part in this and even consider such a procedure as a medical and therapeutic act? It is even said that this is better and less brutal than suicide. But is this not exactly where psychiatric care comes in to do anything to prevent suicide in patients? Are they going to take part in suicide from now on and call it 'euthanasia therapy'? It is as if we were helping a patient, who is on the verge of the abyss to take the leap of death, by giving him a little push. That is unworthy of the Brothers of Charity. It is not even out of the question that this view is being extended to elderly care. How far are we removed from offering euthanasia to people with disabilities as an option? Pandora's box has been opened even more and we are on a slippery slope that is increasingly tilting. The vision statement also has far-reaching consequences in legal terms.

To my knowledge, this is the very first time a Christian organization states that euthanasia is an ordinary medical practice that falls under the physician's therapeutic freedom. This is confirmed various times in the text. This is disloyal, outrageous, and unacceptable.

First of all, the use of the term 'therapeutic' freedom, and thus implicitly labelling euthanasia as a 'therapy', which the doctor prescribes at the request of the patient, is highly remarkable. Such a therapy has been unprecedented so far!

What's more, if euthanasia is a medical, yes, even a therapeutic act, the physician alone decides, within the framework of the law and nothing else. All additional so-called 'due care requirements' are therefore legally worthless as they are without binding effect in this light. They could even be regarded, always in view of the vision statement, as an unauthorized practice of medicine by the institution, seeing that the institution thinks that it can impose additional conditions for diagnosis and therapy on the physician and consequently position itself between physician and patient. Only physicians can make medical diagnoses and perform medical acts, and must be able to do so freely.

Of course, euthanasia is no therapeutic act, and no medical act, even though it is performed by a physician. It is not in the nature of medicine to kill intentionally, even if death is inevitable in the end. That is why institutions can and should legally retain their say in the implementation of euthanasia. Unfortunately, the vision statement states and implies the opposite.

We have always stated and continue to state that, even within the current legal framework in Belgium, it still belongs to an institution to refuse to allow euthanasia within the walls of the institution. So far, this has been the practice of our facilities in Belgium when a patient asked for euthanasia. We tried to offer alternatives as much as possible, with good care and support, so the request for euthanasia would disappear and the patient would regain their perspective in life. Often, caregivers experienced that unexpected mechanisms surfaced in the patient over the course of the support, which caused the request for euthanasia to disappear spontaneously. If all these efforts continued to be in vain and the request for euthanasia persisted and was legally allowed, humanitarian alternatives were sought to allow this euthanasia to take place outside the walls of the facility. Some thought this was hypocritical: going ahead with euthanasia, but beyond the institution. We, on the other hand, believed that this was a powerful signal to the patient, to their family, to the caregivers, and to society as a whole that our facilities were safe places where no euthanasia was performed. By abandoning this, we have come to an erosion of institutional pluralism on an ideological level, in which so far, within mental health care in Belgium, where we wish to respect pluralism, there was indeed a variation in institutions: places where euthanasia was possible and places where euthanasia was not possible because of religious beliefs.

The vision statement that has been presented is not only morally reprehensible, it also shows serious internal legal contradictions. It also causes damage to the correct legal positions that the Church and her ranks have always taken in the debate on the euthanasia legislation and its interpretation.

**In our capacity of General Administration, we therefore fully reject this decision and we expect that the board of directors in Belgium withdraws this decision. We ourselves will make every effort to make this happen.**

In order to clarify our view, we have of course contacted the Belgian Bishops' Conference, as it concerns a region within the Congregation in which the Belgian

bishops have the authority along with the Congregation's superiors. We were already asked by the Holy See, particularly the Congregation for Consecrated Life and the Secretariat of State, to explain what is happening in Belgium within the Congregation of the Brothers of Charity.

As Brothers of Charity, we are called to take up our prophetic task in the world and not to be afraid to make our voices heard when we find that the inviolability of human life is not respected. We have done this courageously from the very start of the Congregation. When we looked back in gratitude in 2015 at 200 years of breaking the chains of the mentally ill who were locked in the crypts of Gerard the Devil's Castle in Ghent, we could humbly say that we made a difference in society, especially for these people. A reason to be truly grateful to all those brothers and staff who, in times of great limitations, did their utmost, yes, who were prophets, to improve the fate of their neighbours with mental illness. Thankful for the fact that we are able to continue this today in so many places in the world, and, as pioneers, show the local community that these people with mental disorders are indeed people who deserve our unconditional respect, and therefore we want to take care of them and offer them new life perspectives. That is why it is so painful that in the location where it all began, knowing that so many staff members and co-workers provide such good care and treatment, those in charge are developing such a view and putting it into practice, and are even saying that it is consistent with the spirituality of the Brothers of Charity and an expression of Christian-inspired care. This erodes important terms and they are improperly used. Therefore we can only hope and pray that this view is abandoned and that the absolute inviolability of life would again be the only option. That is the only thing that fits in with the charism of our Congregation, and that was also what our beloved Founder, the Servant of God Peter Joseph Triest lived by, presented to us, and entrusted to us.

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