

Dignity and Sanctity of Life Pastoral Resources

Hospice Palliative Care and MAiD

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Introduction

Pastors and spiritual caregivers are increasingly encountering parishioners who raise questions or considerations about Medical Assistance in Dying (MAiD). These conversations often arise at moments of profound vulnerability, fear, and uncertainty, and they call for a pastoral response that is both compassionate and deeply grounded in respect for the dignity of human life.

This resource is intended to support clergy, pastoral workers, and faith-based caregivers as they accompany individuals and families facing life-limiting illness. Drawing from extensive experience in hospice palliative care, this reflection offers guidance on pastoral posture, highlights the role of hospice palliative care as a life-affirming alternative, and provides practical resources to support thoughtful, non-judgmental, and hope-filled pastoral accompaniment.

1. What Is Hospice Palliative Care?

Hospice palliative care is a specialized form of healthcare that aims to relieve suffering and improve quality of life for individuals living with a life-limiting illness and for their families. It addresses not only physical symptoms such as pain, but also the psychological, social, spiritual, and practical issues associated with life-limiting illnesses, and related expectations, need, hopes and fears.

Hospice palliative care neither hastens death nor prolongs life. It can be introduced at diagnosis and continue through bereavement, supporting both the patient and those they identify as family. Hospice palliative care can provide grief and bereavement supports throughout to illness journey and following death. (more on forms of palliative care in section 6)

2. MAiD: Pastoral Context and Lived Realities

When a person raises the possibility of MAiD, they are most often speaking from a place of deep fear, distress, or exhaustion rather than from a settled desire to die. Common underlying concerns include fear of disease progression, loss of autonomy or dignity, unmanaged pain, psychological or spiritual suffering, feeling like a burden, or lack of

adequate caregiving and financial supports.

With timely access to comprehensive palliative care, which includes managing pain and offering practical supports, some individuals who initially consider MAiD may find renewed hope and the ability to live fully to their natural end.

3. Pastoral Response: Initial Conversations

When faced with the pain of someone considering MAiD, it is essential to withhold judgment and avoid immediate theological or moral argumentation. The courage it takes to raise this topic often reflects profound inner turmoil and a longing to be understood.

Pastoral care begins not with answers, but with presence.

4. Recommended Pastoral Posture

Effective pastoral care in the context of serious illness and end-of-life questions is rooted first and foremost in presence. This means listening deeply, offering a non-judgmental and emotionally safe space, and intentionally setting aside personal assumptions or the urge to correct or persuade. Empathy is communicated not through answers, but through faithful, attentive presence.

Biblical encouragement and theological reflection can be meaningful and sustaining, but they must be offered carefully and discerningly. They should never serve as a rapid response to suffering. When offered too quickly, even well-intentioned words can close off conversation and leave a person feeling unheard or unsafe. Pastors are invited instead to assure individuals that both *they* and *God* are present with them in their pain.

In these moments, pastors are stepping into sacred space—the lived experience of suffering, fear, and uncertainty. This space calls not for explanations or lectures, but for humble attentive presence. Encouraging awareness of God’s nearness, rather than offering answers about why suffering occurs, may open the possibility of hope and trust where reasoning alone cannot.

While the Church affirms that life is a sacred gift from God and deserving of protection in all circumstances, how this belief is communicated matters deeply. It must be expressed in ways that honor the person’s experience and dignity, and never in ways that feel dismissive of their pain or struggle.

Above all, truly listening—without judgment, interruption, or agenda—creates the conditions for honest dialogue. Compassionate presence, genuine curiosity, and empathy allow individuals to feel seen, understood, and accompanied as they face profoundly difficult questions.

5. Why Hospice Palliative Care Matters in MAiD Conversations

When individuals approaching the end of life receive timely and coordinated hospice palliative care, their physical, emotional, spiritual, and practical needs are more fully addressed. In such contexts, MAiD is less likely to be perceived as the only option for relief. Hospice palliative care affirms the inherent dignity of life and supports individuals to live as fully as possible until their natural end.

It is important for pastors and counsellors to become familiar with what hospice palliative care is and how to access these services, or at minimum to have reliable resources available to which they can direct individuals and families for additional support.

When people who are dying have the right supports in place—pain and symptoms are well managed, psychological and spiritual distress is attended to, practical needs are addressed, and they do not feel like a burden on family or caregivers—they are less likely to view MAiD as the only path to relief.

Hospice palliative care provides this kind of comprehensive support. It allows individuals to live fully until their natural death by addressing pain in all its forms—physical, emotional, social, and spiritual—while also supporting caregivers and families through the illness journey and into bereavement. No one should face this profoundly difficult life transition alone.

6. Expanded Notes: Forms of Hospice Palliative Care

Hospice palliative care is a specialized form of health care for individuals and families living with a life-limiting illness, often at an advanced stage. Its purpose is to relieve suffering and improve quality of life for people who are ill, those who are dying, and those who are bereaved. Hospice palliative care neither hastens death nor prolongs life. The goal is to support individuals and families as they navigate the challenges of serious illness with comfort and dignity.

An important objective of hospice palliative care is relief of pain and other symptoms. Hospice palliative care meets not only physical needs, but also psychological, social, cultural, emotional and spiritual needs of each person and family. Hospice palliative care may become the focus of care when a cure for the illness is no longer possible, aiming to help people who are ill to live out their remaining time in comfort and dignity.

Hospice palliative care encompasses a range of services, including hospice residences, in-home volunteer support, day hospice programs, grief and bereavement care, caregiver and family support, wellness and complementary therapies, and spiritual care services tailored to individual needs.

Care is provided not only to the patient but also to those they identify as family, which may include relatives, partners, and friends. Hospice palliative care recognizes the interconnected experience of illness and seeks to support both patients and their families throughout the journey.

Hospice palliative care can be beneficial earlier in the course of illness and may be offered alongside treatments aimed at cure or disease control, such as chemotherapy. Families may also receive psychosocial support during the illness and bereavement support following death, ensuring continuity of care beyond the life of the patient.

- **Hospice Residence Beds:** Hospice Residences provide expert end-of-life care in a home-like setting, supporting both individuals and their families during the final phase of life. Care is delivered by an interdisciplinary team and focuses on comfort, dignity, and enhances the quality of life and death. Hospice Residences may be stand-alone facilities or dedicated hospice suites within a larger health-care setting.
- **In-Home Hospice Visiting Volunteers:** In-Home Hospice Visiting Volunteer programs offer community-based support to individuals living with a life-limiting illness and their families. Trained and supervised volunteers are matched with clients to provide emotional, social, spiritual, and practical support, including companionship, respite for caregivers, and assistance with everyday tasks. These services typically work in partnership with Home Care providers, who deliver nursing, personal support, and medical coordination.
- **Day Hospice:** Day Hospice programs serve individuals with a progressive, life-limiting illness by providing whole-person care in a supportive setting outside the home. Services may include complementary therapies, legacy writing, arts and crafts, musical entertainment, gentle exercise, education, social programs, horticultural and support groups. Day Hospice also offers meaningful respite for caregivers while fostering social connection and enhanced quality of life for participants.
- **Grief and Bereavement:** Grief and bereavement support is available both to individuals who are dying and to those experiencing the death of someone significant. Services may address anticipatory grief before death and continue following a death. Supports are tailored to individual needs and may include printed resources, workshops, online tools, peer groups, or individual counselling.
- **Caregiver and Family Support:** Caregiver and family support services assist those providing care to a loved one with a life-limiting illness. These services may include education and resources, counselling, support groups, and caregiver wellness initiatives designed to sustain caregivers physically, emotionally, and spiritually.
- **Wellness Programs and Complementary Therapy:** Wellness programs and complementary therapies are offered alongside conventional medical care to support physical and emotional well-being. These therapies may enhance comfort,

reduce stress, and improve quality of life for individuals receiving hospice palliative care.

- **Spiritual Care:** Spiritual Care within a hospice context supports individuals and families facing distress and existential questions about faith, religion, spirituality, meaning and philosophy of life. Care is offered in a manner that honours each person's beliefs, values, and sources of hope.

7. Resources

Ontario Resources

- Hospice Palliative Care Ontario – <https://www.hpco.ca>
Offers educational resources and supports for patients and caregivers, as well as a directory of hospices across the province.
- Ontario Hospice Directory
For information on specific hospice palliative care services in Ontario, visit the [online hospice directory](#) or call the toll-free Information Line at 1-833-621-0728.
Information Line hours: Monday–Friday, 8:30 AM–4:30 PM.
- In-Home Visiting Hospice Programs (Province-Wide)
Care is provided in the patient's own home. Supports may include volunteer visits (companionship, help with chores, respite for caregivers, assistance with appointments and meals) and psychosocial support. These programs work in collaboration with Home Care services (Ontario Health at Home), which provide nursing and personal support services, case coordination, and access to palliative care physicians.

Canada-Wide Resources

- Canadian Hospice Palliative Care Association – <https://www.chpca.ca>
- Virtual Hospice – <https://www.virtualhospice.ca>

National Pediatric Palliative Care Alliance – www.pediatricpalliativecare.ca

- Hospice Residences
Six- to twelve-bed facilities that offer a home-like environment where comprehensive psychosocial and medical supports are available to patients and families 24/7.

- Palliative Care Units

Some long-term care homes and hospitals have dedicated palliative care units that provide specialized palliative care and comfort-focused (pain and symptom management) supports.

British Columbia

- BC Hospice Association – <https://bchpca.org/>

Conclusion

When questions about MAiD arise, the church is called first to relationship rather than response. Through compassionate presence, attentive listening, and the sharing of life-affirming supports, pastors bear witness to the dignity of every human life. In accompanying individuals and families through suffering, they reflect a God who remains near, loving, and faithful until the very end.