Missionary Disciples of Care and Companionship

"Equipping the Saints" for the Ministry of Care and Companionship in the Archdiocese of Halifax-Yarmouth

"I was sick and you took care of me.... I tell you, just as you did it to one of the least of these who are members of my family, you did it to me."
(Matt 25:36, 40)

Developed by the Ministry of Care and Companionship Committee

www.halifaxyarmouth.org/care

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Letter from Archbishop Mancini

September 11, 2019

Dear Friends,

I thank those who took up the challenge a few years ago to imagine and provide an alternative path to medically assisted suicide and the growing popularity of euthanasia, a trend not only endorsed by the law, but also becoming the way of a vast majority of Catholics.

The ministry of care and companionship came about because a number of our Catholic brothers and sisters, filled with faith, want to follow Christ's truth, way and life; who want to be faithful to the Lord's gospel of life and the central mystery of our faith, which proclaims that Christ has died, Christ is Risen and Christ will come again.

It is this conviction, about life and death, which allows us to offer an alternative, where pain is transformed with meaning; where the fear of dying is overcome with hope and where the overwhelming sense of isolation and abandonment in the face of serious illness, is diminished with the love of a compassionate community of disciples.

It is my hope and prayer that this ministry of care and companionship will take root in every one of our newly reorganized parishes; that laity and clergy together will welcome and support this work of mercy for all those in need of God's care.

The implementation of such a ministry does not happen without prayer and discernment; the proper identification and selection of those gifted for this ministry and, of course, by the proper preparation and formation of such individuals.

To accompany the sick and dying; to care for those who suffer and are afraid, will require great faith, lots of courage as well as the specific human talents and spiritual gifts required to walk the suffering way of the Lord – with those who are on the journey towards God.

In the hope of fully developing communities of missionary disciples, these guidelines have been prepared to equip the saints and thus be part of our Archdiocesan pastoral plan. May this learned and shared wisdom, be welcomed in our parishes and I thank all those who have contributed to the preparation of this booklet.

May this ministry continue to grow with the help of the Holy Spirit and may the care and companionship experienced from our faithful sisters and brothers be an effective expression of the New Evangelization in our contemporary world.

Sincerely yours,

†Anthony Mancini
Archbishop of Halifax-Yarmouth

1 Foreword

"We need Christians who make God's mercy and tenderness for every creature visible today…the crisis of modern man is profound. That is why the New Evangelization while it calls us to have the courage to swim against the tide…cannot but use a language of mercy, which is expressed in gestures and attitudes even before words." (Pope Francis, Oct 14, 2013)

In our archdiocesan journey toward transformation and renewal, we have learned the building blocks of the New Evangelization: personal encounter with Jesus, discipleship, witness, community and credibility. We have come to deeper appreciation that being an evangelizing community requires both words and deeds.

In Canada, the legalization of medically performed euthanasia and assisted suicide in MAiD presents an urgent, grace-filled opportunity to "swim against the tide." Research indicates that persons rarely request MAiD for pain. Optimal palliative medicine can alleviate almost all physical symptoms. Persons request MAiD because of a sense of loss of dignity, dependence and loss of control, guilt at being a burden, isolation, uncertainty regarding future care needs and fear of abandonment, and hopelessness. These are issues of human suffering. Archbishop Mancini challenged us that

"As Catholics who believe in the way of the Lord, the response to suffering is to provide care! Christ healed the sick and broken-hearted by being understanding and compassionate. The Christian response to suffering, in keeping with Christ's actions, is to transform suffering with meaning. When there is no meaning to suffering, it is only pain, and of course people are afraid; they become angry and depressed. But where there is meaning, where there is live and proper care, where there is community support,

suffering can become sacrifice! Sacrifice is not just another word for 'put up with'. It literally means from its Latin root, to make something 'sacred'." (June 5, 2016 *Letter to the Faithful*).

In 2016, the Archbishop convened a committee for advice on how we might witness in a transformative way to Jesus' healing and reconciling ministry in these circumstances and develop environments of support and care that could lessen the suffering of those who might consider MAiD. Christians need to understand the profound threat of the medicalization of suffering and dying in MAiD. We proposed renewing the ministry of care and companionship of the whole faith community in support of the sick, chronically ill, frail and dependent elderly, dying, and bereaved. We must intensify our efforts to "equip the saints" to reclaim this ministry.

Many Catholics are unaware of or confused about Church teaching regarding decision-making in the face of serious illness and dying. This manual is offered to inform Catholics of key Church teaching on health decisions and to share lessons learned about beginning, revitalizing or sustaining care and companionship in our new revitalized parish structure and life.

2 The Moral Tradition of Health Decisions and the Spirituality of Caregiving

We need to prayerfully reflect on three intimately connected realities: our personal responsibility to care for the gifts of life and health; Jesus' witness to healing and to the acceptance of suffering and the baptismal call of all disciples to respond to the suffering of others.

The moral and spiritual tradition

> *"I have come that they may have life And have it to the full." (John 10:10)*

The Church has a long and strong tradition of moral reflection on issues of health decisions and health care. Many Catholics are unaware of the wonderful tradition. Those who would visit the sick as representatives of the Church community need to be aware of some key teachings including:

"Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good." (*Catechism of the Catholic Church*, 1993) "Reasonable care" includes interventions that are available, effective and not excessively burdensome.

"If morality requires respect for the life of the body, it doesn't make it an absolute value" (*Catechism of the Catholic Church* no.2289). Interventions are valued when they allow patients to pursue life goals and union with God.

"To forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death" (Evangelium Vitae,no.66)

"The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable." (*Catechism of the Catholic Church*, no. 2279)

"Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness." (Pope Francis, 2015)

"Euthanasia is a false solution to the drama of suffering, a solution unworthy of man. Indeed, the true response cannot be to put someone to death, however 'kindly' but rather to witness to the love that helps people to face their pain and agony in a human way" (Pope Benedict XVI, February, 2009)

The spiritual tradition of a *good death*, is imagined in the death of St Joseph. This is the "just man", who was surrounded by Jesus and Mary and went to the Father trusting in his love and mercy. Until the rise of modern technology the *art of dying* was understood as a natural, family and community event by persons who believed in the Resurrection.

Jesus' ministry of healing and reconciliation

> *"Jesus went about all the cities and villages, teaching in their synagogues, proclaiming the good news of the kingdom, and curing every disease and sickness" (Matt 9:35)*

Prayerful reflection on Jesus' ministry and witness to the sick, suffering and dying is the essential foundation for all care. Jesus' cures involved physical care, healing of the whole person-body, mind and spirit- and restoration to the community for the sick, suffering, chronically ill and disabled, the dying and the bereaved. As disciples of Christ, we are all called to proclaim the Good News of healing and reconciliation. Sadly today, we have come to expect that all the needs of the sick and dying will be provided by professional and public services. Caring for the sick is a privilege and an expression of faith, love and respect. Caregivers may experience the presence of God in new ways that are transforming, encouraging and powerfully supportive. But it is also exhausting, challenging and frightening and requires support.

Jesus' witness to suffering

> *"For it is not as if we had a high priest who was incapable of feeling our weakness with us; but we have one who has been tempted in every way that we are, though he is without sin." (Hebrews 4:15)*

Gethsemane presents us with Jesus praying in great distress and anguish as he prepares for his Passion and death.

> *"… a sudden fear came over him and great distress…and he said to them 'My soul is sorrowful to the point of death. Wait here and keep awake' ...and he threw himself on the ground" (Mark 14:34-36).*

Jesus experiences the natural human desire to avoid pain and suffering. He knows that difficult and painful things are coming and anxiety and uncertainty are overwhelming. Jesus returned to prayer three times before being able to surrender to God's plan. The disciples he needs for support fail him repeatedly. Jesus grounds his response in his relationship with the Father and responds, "*Nevertheless, let your will be done, not mine*" (Luke 22:43). He trusts in the Father's love and his reward is Resurrection joy for us.

In Gethsemane, Jesus is not yet experiencing pain or other physical symptoms but he is suffering. Pain and suffering are two distinct realities. Some suffering is related to medical conditions such as anxiety, depression, paralysis, chest pain or bone pain. Medical interventions can be of enormous help with this type of suffering. However, most suffering is experienced as fear, loneliness, self-loathing, sadness, worthlessness, anger and loss of independence. It is experienced in all aspects of life. As Saint Pope John Paul II has said,

"Suffering is something which is *still wider* than sickness, more complex and at the same time still more deeply rooted in humanity itself. A certain idea of this problem comes from the distinction between *physical suffering* and moral suffering…physical suffering is present when "the body is hurting" in some way, whereas *moral suffering* is "pain of the soul". (*Salvifici Doloris*, 1984, Sec.5)

There is no quick-fix for human suffering. Care and accompaniment are essential,

"An evangelizing community …has an endless desire to show mercy, the fruit of its own experience of the power of God's infinite mercy…An evangelizing community gets involved by word and deed in people's lives; it bridges distances, it is willing to abase itself if necessary and it embraces human life, touching the suffering

flesh in others. An evangelizing community is also supportive, standing by people at every step of the way, no matter how difficult or lengthy this may prove to be." (*Evangelii Gaudium*. 2013 Pope Francis)

The baptismal call of all and the parish as the basic unit of the Church

The Rite of Christian Initiation tells us,

> "My dear newly baptized, born again in Christ by baptism, and you have become members of Christ and of his priestly people. Now you are to share in the outpouring of the Holy Spirit among us, the Spirit sent by the Lord upon his apostles at Pentecost and given by them and their successors to the baptised. The promised strength of the Holy Spirit, which you are to receive, will make you more like Christ and help you to be witnesses to his suffering, death, and resurrection. It will strengthen you to be active members of the Church and to build up the Body of Christ in faith and love."

The baptismal call to care and companionship is integral to discipleship. Care for the sick, suffering and dying in our midst is a key element in our renewal and transformation of parish life. Our witness is a sign of the authenticity of our belief in the healing and reconciling ministry of Jesus. Church teaching on the role of the parish supports this ministry.

> "The parish is the presence of the Church in a given territory, an environment for hearing God's word, for growth in the Christian life, for dialogue, proclamation, charitable outreach, worship and celebration. In all its activities the parish encourages and trains its members to be evangelizers." *Joy of the Gospel* #28

This "charitable outreach" of care and accompaniment of the sick is clearly rooted in our Archdiocesan re-structuring objectives: foster parish communities that form missionary disciples; provide resources to carry out our mission in the world-*care for the vulnerable and displaced and in the ministry of care and companionship*, refugee sponsorship and care for the earth; equip people for our mission by providing diocesan leadership formation opportunities and increase our mission capacity and efficiency by restructuring our parishes and our resources. It demands education and sensitivity to needs and the development of new models of collaborative and inclusive ministry between clergy and laity recognizing the gifts of all.

> *"Now there are varieties of gifts, but the same Spirit; and there are varieties of services but the same Lord; and there are varieties of activities, but it is the same God who activates all of them in everyone." (1Cor 12:4-7)*

Advance care planning for health care decisions as a tool for reflecting on our beliefs

Imagine that you have been in a car accident and are in the hospital emergency department or in the recovery room waiting for the surgeon to tell you if she "got it all"

How will you face medical decisions? What are your personal factors: Risk taker or risk avoider? Need lots of information or minimal information? Need control or not? Dependent on technology or not? How does your faith and Church teaching play a role?

Now imagine that you are unconscious from the car accident or there was a problem during surgery and you are unconscious? Who will decide for you? How will they be prepared?

While many seniors and seriously ill patients have prepared a will regarding material possessions, few have formally reflected on health decisions from the faith perspective or for a time when they might lack the capacity to decide for themselves. Advance care planning is a process which assists in thinking about health decisions before crisis times. For the Christian, it has three elements:

Prayerful reflection on your values and beliefs regarding life, health, and dying including sacramental needs and funerals. In reflecting on values and beliefs, you have the grace of deepening your faith and finding solace and support in Jesus' suffering and death.

Communication of values to loved ones and caregivers. This presents opportunity for giving and receiving forgiveness, expressions of love and gratitude that have gone un-said and

reconciliation. We cannot assume loved ones know our deepest values and beliefs. Sharing them helps them understand how to make decisions for you if you are not capable and avoids conflicts.

The completion of an advance directive requires you appoint a substitute decision maker, if you lose capacity to decide for yourself. Those who accept to be a proxy give a great gift to the dying person. They need to be prepared and supported as they speak for the person as the person would want, taking into account the unique circumstances.

Prayer is an essential step in planning for our dying and death.

> "Human life, however, has intrinsic limitations, and sooner or later it ends in death. This is an experience to which each human being is called, and one for which he or she must be prepared."
> (Pope Benedict XVI, *World Day of the Sick*, 11 Feb 2007)

Advance care planning can provide practical help in stressful times. It should reflect spiritual values, beliefs and Church teaching. In the current climate of pressures on the vulnerable to choose MAiD, and confusion regarding Catholic teaching on health decisions, ACP can also be a powerful tool for catechesis and spiritual renewal.

We provide a workbook on advance care planning as a practical tool in the resource section.

3 Goals and Scope of Needs

"If one member suffers, all suffer…" (1Cor 12:26)

Major medical advances since the 1960's have altered our experience of illness, dying and death. We have an increasing number of persons with chronic disease and disability and an unprecedented number of older persons. Many Canadians no longer consider death and dying as natural family and community experiences but medical events occurring in hospitals.

The original goals for the Committee were to educate in the Catholic moral tradition regarding medical decisions; accept the challenges of medically assisted death; to develop a renewed sensitivity to sick, suffering and dying individuals in our midst; and to initiate a new vision of the parish ministry of care and companionship. We have developed an electronically accessible manual as a new tool for "equipping the saints."

Scope of Needs

It became very clear to us that we needed to broaden our understanding of the needs for care and companionship beyond death and dying.

Acute and hospital care

> *"I was sick and you visited me."*(Matt 25:36)

The fear and uncertainty experienced during hospitalization can precipitate a crisis of faith or be a source of evangelization or re-evangelization. Hospital chaplains and parish visitors play a vital role in support.

Chronic illness and disability

> *"One man there had an illness which had lasted thirty-eight years…Sir, I have no one to put me into the pool when the water is disturbed; and while I am still on the way, someone else gets there before me." (John 5 5-8)*

Because of advances in medicine, we have an increasing number of persons who suffer from chronic disease and long-term disability. Their needs for care and support over the long-term are often forgotten. The burden on family caregivers can be great because of the time commitment for care and difficulty in accessing resources.

Mental Illness

> *"…a man from the town who was possessed by devils came toward him…It was a devil that had seized on him many times, and then they used chains and fetters to restrain him but he would always break the fastenings, and the devil would drive him into the wilderness. (Luke 8; 27, 29)*

Persons with mental illness and their families experience ignorance of mental illness and consequent fear, stigma and marginalization. Lack of compassion and support compounds the suffering of the illness for families of persons with mental illness.

Care of the frail and dependent elderly

> *"…when you were younger, you used to fasten your own belt and go wherever you wished. But when you grow old, you will stretch out your hands, and someone else will fasten a belt around you and take you where you do not wish to go."*
> *(John 21:18)*

In Canada more persons are over 65ys of age than under 15yrs of age and by 2026 seniors will comprise one out of five in the population. These changes have occurred at the same time as social disintegration, increased mobility, and changing family and community dynamics. Canadian studies report that friends and family provide most of the care (80%) for people who are frail, elderly, and/or have disabilities. Many elders live alone.

Long term and residential care

Others require care in a residential or long-term care setting because of a gradual decline in abilities or an acute change in health status and independence. This has profound meaning as individuals move from their homes and acknowledge dependence in care. While some seniors can choose high quality facilities, many are forced to live in difficult and uncaring environments.

Dementia care

> *"I have called you by your name, you are mine."*
> (Isaiah 43:1)

Aging societies experience dramatic increases in persons with dementia, progressive cognitive decline. Our culture valorizes rationality, autonomy and choice and so, dementia embodies loss of dignity, irrationality, and loss of identity. Each person and family

will respond differently. These differences can threaten the peace and integrity of the family. The challenge of witnessing to the inherent dignity of all persons and support over the long haul is serious.

Palliative and end of life care

> "Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness. The human person, in fact, in whatever circumstance, is a good in and of himself and for others and is loved by God."
> (Pope Francis, 2015)

Modern palliative care emerged to improve the care for the dying through the relief of pain and other distressing physical symptoms and assistance with the spiritual, emotional and familial needs at end of life. It is a philosophy of care that is provided in hospices, special hospital units and in the home, compatible with Catholic teaching. Currently, Canadian families shoulder 26% of the total cost of palliative care with home-based services, such as nursing and personal care services and enormous time commitments in caring for a loved one who is dying.

Care for the bereaved

> *Pilate "granted the corpse to Joseph who had brought a shroud, took Jesus down from the cross, wrapped him in the shroud and laid him in a tomb which had been hewn out of rock. He then rolled a stone against the entrance to the tomb" (Mark 15:42-47)*

Grief is a unique personal experience of loss which has physical, psychological, social and spiritual dimensions. Mourning, the

process of dealing with the loss, requires time whether the dying was sudden or over a long and difficult period of time. Many experience consolation in the ongoing support of the community and the ministry of consolation.

The needs of caregivers

> *"Come to me, all you who labor and are burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am meek and humble of heart; and you will find rest for your selves. For my yoke is easy, and my burden light"* (Matt 11:28-30)

Professional caregivers and moral distress

Many Catholic health professionals work in environments where medically assisted death is practiced. This can cause profound moral distress which is the situation where one knows the right thing to do but is required to act against their conscience. There is tension between colleagues who harbour resentment towards conscientious objectors because they feel they just "don't want to get their hands dirty." Support of the faith community is essential.

Family caregivers

It can be difficult for family caregivers to recognize and acknowledge their own needs for care. Caring for a loved one can consume most of their time and attention. They may reject offers of help because of their personal sense of responsibility or to protect privacy or from guilt. Caregivers may not have support networks or may not have the opportunity to access those resources because of distance and mobility restrictions, and difficulties in obtaining respite care. These factors can make it difficult to access the care, both needed by the caregiver and result can be a growing sense of isolation.

Reflection on the Scope of Needs

- Think of individuals and families you know who are in need of the care and companionship of others in the family of the faith.

- Can you see them?

- Can you feel their pain, suffering and isolation?

- How have you responded?

- How have you and your parish community responded to them?

4 The Variety of Ministries

Spiritual care in illness is a crucial component in care of the whole person, mind, body and spirit. Religious care specifically incorporates beliefs, rituals and practices, and the support of the faith community. Religious coping is about how we make use of these beliefs and practices to make sense of and respond to times of difficulty. Health challenges can be holy times because they bring us in touch with the mystery of life, suffering and grace. They can also be dark nights for the soul.

Liturgical Ministries of Care

> *"Are there any among you sick? They should call for the elders of the church and have them pray over them, anointing them with oil in the name of the Lord."*
> (James 5:14)

In co-responsibility, Roman Catholic responses to these difficult times are provided by all the baptized, specific priestly ministries, formal ecclesial lay ministries, and the lay ministry of care and companionship on behalf of the parish community.

The Co-responsibility of the Lay Faithful in the Church and the World document of the Canadian Conference of Catholic Bishops (2016) teaches that through Baptism, "…the particular responsibility each person has within the Church is not separable from the responsibility that all Christians have by virtue of their Baptism." In *Christifidelis laici*, St. John Paul II made this clear: "Because of the one dignity flowing from Baptism, each member of the lay faithful, together with ordained ministers and men and women religious, shares a responsibility for the Church's mission."(1988) An individual cannot carry out this mission in

isolation, but only in communion with the entire People of God. Pope Benedict VXI stated that "Co-responsibility demands a change in mindset especially concerning the role of lay people in the Church. Laity should not be regarded as 'collaborators' of the clergy, but rather as people who are really 'co-responsible' for the Church's being and acting" (2012).

The sacred privilege of accompanying the sick, the dying, their families and those who love them, and surrounding them with the Prayer of the Church, is an essential component of the baptismal call and the ordinary life of the parish community. It is a significant responsibility shared by both ordained and laity. The Prayer of the Church, however it is expressed, is a powerful consolation for the one who is dying, and for their companions. The church in her care for all her people has designated specific Masses for various needs and occasions, including Masses for the sick, for the dying, and for the grace of a happy death. Some parishes celebrate a Mass with particular prayers for the sick, and include the sacrament of the Anointing of the Sick. This permits the faith community to actively and visibly participate in supporting the ones who are ill, and enables those who are experiencing poor health to be recognized as an ordinary part of the parish community.

The priest is the minister of the sacraments of Reconciliation, Anointing and Holy Communion offered as Viaticum, 'the food for the journey' that give particular comfort and support to the seriously ill and the dying. It is important to inform the pastor of the parish when someone is seriously ill or in danger of death as the pastor has a particular responsibility for the care of the souls of all in the parish. It is very fitting to request a parish visit, so that the pastor or another priest may offer the sacraments of Reconciliation and Anointing and bring Holy Communion.

Lay ecclesial ministry is lay because it is a service done by lay persons. Its sacramental basis is in the sacraments of initiation, baptism and

confirmation, not ordination. It is ecclesial because it has a place within the community of the church whose communion and mission it serves and is under the authorization and supervision of the clergy. It is ministry because it is a participation in the ongoing healing and reconciling ministry of Jesus through the power of the Holy Spirit. Lay ecclesial ministry is an integral component of the parish pastoral team and requires paid or volunteer work. Care must be given to avoid clericalism, the temptation to privilege the ordained, infecting lay ecclesial ministries.

Laity are essential in the ministry of care and companionship to the sick and suffering. Parish deacons and/or lay persons representing the community bring Holy Communion to the sick, the infirm and the dying, and loved ones. There are different understandings and practices regarding ministers of Communion to the sick. It is crucially important to highlight the sending on Ministers of the Eucharist directly from the Mass to share with the sick from the common meal.

The Ministry of Consolation at the time of death is crucial. Some parish communities have developed the practice of ensuring a pastoral team available to accompany the dying, if that is the wish of the patient or and the family. This ministry of accompaniment witnesses to the care the community has for those who are sick and dying. Often there is time to get to know the individual and their family during the illness. This can happen during weekly or bi-weekly visits and prayer, and while bringing Holy Communion to the sick person. Familiar prayer practices, including praying the Rosary, listening to the sacred scriptures and singing well-known hymns, will often provide much needed encouragement and reassurance. After discussion with the sick person and/or the family, the lay minister may invite other lay ministers and friends of the person to participate in this time of prayer, and so the community can provide support to the grieving family.

Liturgical celebration of a Christian funeral and the importance of rituals

Funerals benefit the mourners by confirming the reality of the death, providing help with the expression of loss, stimulating positive memories of the deceased, and pointing to changes in relationships. Funerals help to express that death is both a personal and a communal experience, providing a context of shared meaning and community values. There are two forms of funeral liturgy both intended to be celebrated in a Church. One is a liturgy complete in itself appropriate for situations where many do not practice the faith or are not properly disposed to receive the Eucharist. The Catholic funeral Mass celebrates the life in faith of the deceased and the community's identity and support as a Resurrection people. In an age that avoids funerals, this faith vision is essential.
Respect for cremated remains and the sanctity of the body requires they should be kept undivided and buried in a cemetery or columbarium, not scattered or retained.

The Ministry of Consolation for the bereaved can also assist the grieving family in making funeral arrangements and accessing the prayers of the parish. Parishioners in this ministry offer a loving spirit and can provide comfort and support as well as information. In addition, some parishes offer bereavement sessions. These are guided discussions with people who also have lost loved ones. Being part of this group can be very helpful, as those who are grieving realize they are not alone. The parish community's continuing care, support and understanding in the first months after the funeral rituals have been completed can be very helpful for the grieving family.

Hospital Chaplaincy

Clergy and laity who are called to this ministry assist in the spiritual and emotional care of those who are in hospital. Many enter the

hospital under great psychological, emotional and physical stress, and the interaction between the chaplain, the patient and the family has an urgency about it. At such a time, communication can be difficult for the patient and spiritual support is very valuable. Communications with the chaplains are helped if the individual is registered as a Roman Catholic on admission, and it is helpful for a family member or friend to verify the individual a Roman Catholic.

The spiritual care given by the chaplains is greatly assisted by those who are communion ministers in their parish and also volunteer their time at the hospital. They serve as the face of Christ for those they meet when bringing them Holy Communion and prayers. The spiritual and emotional care offered in the hospital is similar to the care offered by the lay minister in the parish.

In the Archdiocese of Halifax Yarmouth, full-time Roman Catholic hospital chaplains are available only at the QEII Health Sciences Center in Halifax. Because this is a major referral hospital for Atlantic Canada, chaplains provide spiritual care for those from other dioceses. Because these chaplains are unfamiliar with the background of the patient, it is extremely important that an atmosphere of trust is established early. Once the patient gives permission for a link between the parish and the chaplain, there is a smoother transition between the spiritual care given in the parish and the spiritual care given in the hospital.

The Ministry of Companion Care

The ministry of companion care is a ministry of presence which enhances the healing ministry to the sick, elderly, and homebound as visitors continue the healing mission of Jesus. Visitors act in the name of the parish and bring a caring presence to those they visit.

Companion care volunteers visit people who are lonely and need to have real company and to know that someone cares. Because the visitor comes from the church they will also know that the church is reaching out to them. The companion visitor always knows to pay attention to the faith and spiritual needs. A weekly commitment to visit for one hour can make a big difference when a person feels isolated and separated from their community.

The skills and experience of an excellent companion include:
A desire to serve Jesus Christ and participate in His Healing Ministry to visit the lonely, elderly, sick and homebound; a kind and compassionate listener who respects confidentiality and who is committed to visit faithfully along the journey. Companion care volunteers need to have basic training to prepare them for visiting.

The Ministry of Care and Companionship may wish to include both companion and palliative care visits in the parish ministry to be more effective in reaching out to people who are isolated, lonely, sick, terminally ill, dying and bereaved; the parish journeys with a people through all of these stages of life.

Parish Hospice Palliative Care Visiting

We have seen that there are various needs for the ministry of care and companionship in our communities. In light of challenges to the Christian understanding of a good death from medically assisted dying, there is an urgent need to support persons with life-threatening and terminal illness. Some persons are near the end of life and need prayer and support over an intense time. Others may have many months and years to live and need a longer term commitment.
Parish palliative care visitors should have the desire to participate in Jesus' healing ministry to the terminally ill and dying by offering emotional and spiritual support. This is a ministry of presence in

the name of the community. Visitors do not provide palliative care. They are compassionate, kind, and respect confidentiality, with a commitment to visit.

Visitors meet the person and their family where they are. Weekly visits in the early days give an opportunity to develop relationships with a person who is palliative and their family. Often it is the caregiver who needs support. They meet active Church-goers and persons who have been away from the church for many years. Others may never have had a relationship with God. They may want to talk about God: be gentle, patient, present and pray in the silence of your heart for the person and their loved ones. It is not easy to return to the church when you are no longer physically able. That is why it is so important for the parish to reach out into the community to meet people where they are. They will also see the church behind the visitor and know that God is supporting them.

To begin the ministry of Hospice and Palliative Care Parish

Visitors, the pastor and others on the parish leadership team, must identify who in the parish community might benefit from palliative care visits. Identify a coordinator and volunteers who are called to the ministry and to take the Parish Hospice Palliative Care Volunteer training.

Leader responsibilities include:

- Education and assessment of the need for visiting
- Inspiring and forming visitors from the parish
- Ongoing development and support of visitors
- Develop good communications with the hospitals, nursing homes and hospices
- Follow-up, evaluation, and setting up visits.
- Regular meetings and trainings sessions.

- Ministry retreats and prayer for those visited.
- Formation for Parish Hospice Palliative Care Visitors

Formation for Parish Hospice Palliative Care Visitors

The Archdiocese is blessed with a unique program to provide initial formation and support for those who feel called to ministry.

The Parish Hospice Palliative Care Volunteer Course is a certified training and taught using relevant educational material from both the Canadian Hospice Palliative Care Volunteer Program and the Provincial Hospice Palliative Care Volunteer Training Course provided by the Nova Scotia Hospice Palliative Care Association and Cancer Care Nova Scotia. The two day training is provided for parishes who wish to companion and journey with people who are palliative in a Hospice, Hospital Palliative Care, Nursing Home, or their personal home. The public program has been adapted so that the presenters are practicing Catholics as well as experts in palliative care and ethics and Catholic moral teaching regarding health care.

There is a registration application form to complete and an interview, to allow for discernment to ensure that the palliative care ministry is ideal for those who feel called.

Parish Visitors who visit children and vulnerable adults (the isolated, sick, elderly, dying, and bereaved) must complete a police and vulnerable sector check prior to visiting. Always keep a copy of the police and vulnerable sector check in case you are asked to provide one to visit in a nursing home.

Parish Hospice Palliative Care Training Course -Topics

1. Introduction to Hospice Palliative Care and the Role of the

Parish Volunteer
2. Spiritual Issues and Church Ethical and Moral Teaching
3. Effective Communication Skills and Family Centered Care
4. Death and Dying-cultural and psychosocial issues and the physical aspects of death and dying
5. History and Philosophy of Hospice Palliative Care
6. Grief and Bereavement
7. Self-Care

Ongoing training is essential for both Companion and Palliative Care Volunteer Visitors:

- Dementia Care
- Grief and Bereavement
- Cancer Care
- Elder Care
- Spirituality of Care Givers
- And other training as identified

Parish Nursing Ministry

Parish Nursing aims to support the faith community in following Christ's healing mandate by adding the expertise of a registered nurse to the parish ministerial team. This ministry, which has Standards of Practice and Core Competencies developed by the Canadian Association for Parish Nursing Ministry is preventative in focus as it links faith, spiritual well-being and health.

The Parish Nurses are responsible to the pastor and parish coordinator of the ministry of care and companionship. They work in partnership with the community to improve and manage the health of parishioners. In this capacity they:

- Support collaboration with health care professionals before, during, and, after hospital stays and follow-up support after

hospital discharge.
- Seeking information on a major transition, such as nursing care options
- Dealing with chronic illness and the need to locate support groups.Provides prayer visits during illness.
- Provide health education to the parish regarding prevention of illness and health promotion.
- Assists with referrals to community resources, such as family physicians, dieticians, counsellors, social service departments, and volunteer agencies.
- Assists in completing faith-based advanced health-care planning and advance directives.
- Supports grieving families before and after a death
- Coordinates liturgical services for those in need of healing

Parish Prayer Ministries

> *"And he took them up in his arms, laid his hands on them, and blessed them."(Mark 10:16)*

Many different prayer ministries for the sick have been developed. These reflect different prayer and cultural traditions and should be encouraged and supported.

Prayer chain ministry allows many, including those who cannot do active ministries, to assist those in need through prayer. Persons who participate agree to pray for a specific intention and to pass on the prayer request to the next person on the prayer ministry list. Prayer includes formal church prayers, Scripture meditation, and prayers from the heart.

Prayer shawl ministry is another way to bring comfort to the sick and suffering. A prayer shawl is a handmade shawl created in prayer by groups that gather together to pray as they create this support. They are provided by the parish.

The Chaplet of the Divine Mercy, a devotion to God's mercy, is based on apparitions of Saint Faustina Kowalska. It's focus on mercy provides solace for the sick and suffering.

5 Opportunities for Revitalizing the Ministry of Care and Companionship Today

From the lessons learned as parishes and communities have developed this ministry we have summarized some practical help in getting started or strengthening established activities. These include:

- Leadership and support from the pastor or parish administrator is essential in promoting and sustaining the baptismal call of all to respond to the sick and the suffering in the community.
- Appointment of a parish leader, who is a member of the parish team, for this ministry is essential for inspiring and coordinating parish activities and care ministries, assigning visitors, and ensuring compliance with safe ministry policy and forensic audits.
- Preparation of information pamphlets brochures for doctor's offices, pharmacies, community centers and parish bulletin messages describing the ministry, with contact information for the ministry leader is essential in making the ministry known.
- Many individuals respond positively to the invitation to participate in ministry to the sick, suffering and dying but feel inadequate. The provision of a formal program of formation, with a curriculum and accreditation, is empowering for participants in contributing their gifts to the community.
- Screening of volunteers is essential to ensure fit of personal gifts and community needs.
- There are significant challenges in providing initial and ongoing formation for the ministers because of the distance and expense. The development of local resources is essential but the quality of the program content must be maintained.
- Admission to a hospital or to a residential long term care

facility is a time of particular spiritual distress. Good communications with hospitals and nursing homes is essential. The leader should make it a priority to meet personally with key individuals in local hospitals and long-term care facilities.

- Continuing formation of all involved in this ministry is essential because experience brings new and complex situations. This is especially true for the sensitive situations of accompanying persons who are considering or have decided to request MAiD. Balancing non-abandonment of the sick and suffering with non-complicity with the immoral act of MAiD is very difficult for clergy and laity alike.
- Volunteer burn-out in this emotionally and spiritually intense ministry is a real risk. It can be avoided with regular debriefing sessions, the prayer and support of the community and ongoing formation.

The most important lesson we have learned is that promoting the ministries of care and companionship is a work in progress. Together we are learning and sharing about issues, graces and challenges. This Manual is a living resource.

KEY REFERENCE LINKS

Archdiocesan resources from the Ministry of Care and Companionship

All found on the Ministry of Care and Companionship tab in the Archdiocesan website: https://halifaxyarmouth.org/care

An Introduction to the Ministry:
https://www.halifaxyarmouth.org/video

The moral distress of caregivers from medically assisted death webinar: https://www.halifaxyarmouth.org/care

The archdiocesan guide to funerals:
https://halifaxyarmouth.org/care/funerals

Advance Care Planning as a Spiritual Activity workbook:
https://halifaxyarmouth.org/ministry- of-care-and-companionship-pastoral-services/resources-ministry of care

Key Catholic or Catholic compatible resources:

Spiritual Care: What it means, Why It matters in Health Care:
http://www.healthcarechaplaincy.org/docs/about/spirituality.pdf

Prayers for the sick and their caregivers:
www.chausa.org/prayers.prayer-library

Caregivers Nova Scotia: an initiative supporting caregivers who provide palliative care at home implemented:
http://caregiversns.org/how-we-help/ctc/

The Henri Nouwen Society:
http://henrinouwen.org/resources/caregiving-overview/courage-for-caregivers/

Catholic Organization for Life and family: www.colf.ca

N.P. Kenny 2015 *Health Decisions and Care at the End of Life: A Catholic Perspective*, Catholic Health Alliance of Canada:
www.novalis.ca

A Faith-based Advance Care Directive, Catholic Health Association of Saskatchewan:
http://chassk.ca/wp-content/uploads/2016/10/CHAS-Advance-Health-Care-Directive_booklet.pdf

Canadian Hospice Palliative Care Association: www.chpa.net

Pallium Canada: www.pallium.ca

Speak Up Advance Care Planning Workbook:
http://www.advancecareplanning.ca/resource/acp-workbook/

Stained glass window
the death of St Joseph
St Mary's Cathedral basilica, Halifax, NS.