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“Never Again?” CCBI Resources for Covid-19 Matters

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How often have we heard the words, “Never again?” Countless times, but their vehement promise is losing its powerful demand the more it is watered down. The story of our seniors in long term care homes is not a story that we will be proud to relate to our children and grandchildren. They need to be informed about the facts which most of us did not appear to know when the pandemic arrived, and they need to be able to act to make sure these events do not re-occur. Some stories are often too easily forgotten. While this pandemic is not on the same scale, I’m reminded of holocaust survivors who go to high schools to make sure that their fate in history, a shameful and incredibly cruel fate, is not forgotten. We humans forget very easily, not just trivial things that can easily be righted, but serious matters that have affected humanity. Canada’s treatment of seniors seems to stem more from lack of empathy and memory rather than from cruelty and inhumanity, although it is true that there is an element of greed and a total lack of

care for fellow human beings. It is difficult for seniors to protect themselves when their own population is vulnerable, and where their voices are not typically heard properly. In other areas however, voices are springing up to defend them.



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Fortunately, then, some advocates do exist, and we list their comments, Some in an article from the *Ottawa Citizen*, and others in an extremely powerful and informative CBC radio clip, mostly from a geriatrician.

Together, the claim is that our long term-care homes are not ready for the ‘second wave!’ Here are some quotes from the *Ottawa Citizen*: “As of Friday, 52 residents and 26 staff members have been infected with COVID-19 at West End Villa since an outbreak was declared there less than a month ago. Nine residents have now died, leaving families reeling. The death toll has gone up steadily in the past week and dozens more residents and staff members are awaiting test

results.” Worse: “Some family members with loved ones at the long-term care home allege they are seeing a repeat of the kind of practices that contributed to the spread of COVID-19 the first time around. That includes lapses in infection control and staff shortages. The home says it has strictly followed public health guidelines, increased staffing on the floor where infected residents are congregated, brought in daily medical staff and that staffing is stable.” Also: “But there are hints that there could be limits to extra help long-term care homes are able to get if outbreaks worsen this fall. During the first wave, many hospitals were relatively quiet and staff members were able to fill gaps in overwhelmed long-term care homes which were dealing with large outbreaks with numerous staff off sick and others who went elsewhere. This time, as hospitals scramble to work through backlogged surgeries and beds fill up, there are few bodies to spare.” Now there are outbreaks in several homes, and there’s a fear that the toll is going to rise in long term care homes...again!



Vaccines will be the best answer to COVID-19, as we all know and hope. Some developments have been overly ‘hyped,’ which is not the best approach during a deadly pandemic. The Canadian finance minister is warning people about this, and her comments in the article below emphasize that politicians should not apply unfair pressure on scientists to rush this process unduly.

The ‘second wave’ of increased numbers of new cases and the exponential risk from those numbers have led the provincial government to restrict the numbers of people allowed at Church services to between 25-50 depending on size, region and so on. This type of move is bound to provoke an angry or disappointed reaction. While understandable and recognizing that no-one wants to experience a backwards movement, communities still have to accept measures taken for the common good, as long as comparable venues (size, etc.) have the same rules applied to them.

En garde! In families, in schools, in churches, in restaurants, i.e., everywhere, masks, social distancing and restricted social gatherings continue to make sense. Thank you to those who comply with these rules, and to those advocates who speak out in the hope of protecting our senior citizens in long-term care. Never again should mean what it says!

For those interested you can access the article by Elizabeth Payne in the Ottawa Citizen *Long-term care: 'We said we would never let this happen again'* at: <https://ottawacitizen.com/news/local-news/we-said-we-would-never-let-this-happen-again>

Or listen to CBC segment with Toronto Geriatrician Dr. Nathan Stall on LTC’s readiness for the second wave and what needs to happen to protect residents and staff at: <https://www.cbc.ca/listen/live-radio/1-45-ontario-today/clip/15799785-doctor-calls-ontario-long-term-care-home-canary-coal>

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Op Ed: “The Good Samaritan”

Fr. Leo Walsh CSB

The Congregation for the Doctrine of the Faith recently issued a Letter entitled, “The Good Samaritan” (2020/09/22).

The Letter deals with moral matters concerning the end of life, re-emphasizing and clarifying Church teaching on euthanasia and physician assisted suicide, based on the sovereignty of God and the dignity of every human person. It is a good letter and timely. It is also serious magisterial teaching.

Here’s my dilemma. I have difficulty with Section V which explains the teaching of the Magisterium, specifically Number 11 of the document, entitled “Pastoral discernment towards those who request Euthanasia or Assisted Suicide.” The Second Vatican Council (*Gaudium et Spes*, Number 16) is high in its praise of conscience, rescuing its sacred nature. The Letter itself says, “It must be recalled that the necessity to postpone absolution does not imply a judgment on the imputability of guilt, since personal responsibility could be diminished or non-existent.” conversion from an objective moral stance, not conversion from a sinful state. Yet the Letter speaks throughout about the necessity of conversion, when it means conversion from an objective moral stance, not conversion from a sinful state.



A person may be in good conscience in choosing MAiD, and so without sin. This should not be taken for granted, of course, but it can be made evident through conversation. The priest should, calmly and gently, try to lead the person to think differently. In the end, though, the person may still think that he or she is morally without fault in choosing MAiD. Surely such a person should not be denied the benefit of the sacrament of Reconciliation, sacrament of the sick, and Viaticum as he or she prepares to meet the God of compassion. It may even be the case that the person wishes to confess a serious sin before death.

I agree with the Letter that the possibility of scandal is real. The priest should make sure that scandal is avoided, maybe even with the help of the patient.

My dilemma – the CDF is a heavy hitter. Would going against its teaching be wrong in particular cases, when the good will of the patient is obvious?

For those interested, you can read the document in its entirety at:

<https://press.vatican.va/content/salastampa/en/bollettino/pubblico/2020/09/22/200922a.htm>

We would love to hear from you! Please direct any feedback or comments to our staff:

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