

January 2017 Meeting

Dignity of Life, from Conception until Natural Death

Opening Prayer

Lord, teach us to pray:
“Our Father...”

The Reading

(To be read by the Leader)

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

Brothers, last month we concluded that although a legal distinction is made between euthanasia and assisted suicide, there is no ethical difference. We as Catholics believe life is a gift of God’s love for us and we are stewards, not owners of our lives. Therefore the time and circumstances of our birth are not ours to choose, they are the Lords. This month we ask the question; what are the consequences that would result from allowing euthanasia and as we know, the already legal assisted suicide?

First and foremost the elderly, the poor, the marginalized, those who lack a voice of their own could end up at the mercy of third parties. Third parties whether family, medical or others could create a pressure on them that they may seek an earlier death as an option. This could stem from limited resources of their own, inadequate health insurance and even the desire not to be a burden on their families etc. If doctors were to become part of these conversations, perception of health care, the Hippocratic Oath and even the concept of palliative care would be dramatically compromised. “If assisted suicide or euthanasia were permitted for the sick, whether terminally ill or not, because they request it on the basis of their unmanaged suffering, their autonomy or their individual self-determination over life itself, how could it be denied to others?” What is the next step my friends? If we permit assisted suicide for someone to manage seemingly unmanageable suffering, how could we deny assisted suicide to those who are depressed, disabled, or otherwise frail in mental or physical health? It is indeed a slippery slope once you open the door. Killing is not a treatment, it is an irreversible action or response, which is final and eliminates any future for the patient. Never mind the collateral damage it does to a loving family and friends.

The Reflection

(To be read by the Leader)

So the question that arises out of this medical, ethical, moral quagmire. 1. What are our obligations to the dying person? What are we to do? How can we know what is appropriate and proper. This is perhaps one of

our biggest concerns. Am I doing the right thing and am I doing enough or too much for my loved one? In “Life Matters” our point of reference published by the Catholic Organization for Life and Family, (COLF) we are offered the following guidelines for walking with our loved ones who are preparing to meet the Lord. “Persons who are dying should be provided with care, compassion and comfort, including:

- Appropriate medical care capable of providing comfort;
- Pain and symptom management;
- Social, emotional, spiritual and religious support;
- Full information about their condition;
- The opportunity to freely discuss their desires with health care personnel
- Full disclosure to any family member or any person authorized by the dying person to receive information; and
- A degree of privacy that ensures death with dignity and peace.”

We only want the best for our loved ones. Brothers, these are good moral and ethical guidelines to assist us in walking with our loved ones through the inevitable and necessary doors of death to the eternal life made possible for us through the death and resurrection of our Lord. Next month, obligations for seeking and providing treatment. Euthanasia and the difference between withdrawing and withholding treatment.

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

Meditation Period

(The Leader now invites the members to spend a few moments in silent reflection, as the above text is not meant to be a ready-made answer but a starter for personal reflection on the theme.)

Fraternal Sharing

(The leader now invites the members to share with their Brother Knights any relevant thoughts that came to them during the meditation period.)

Closing Prayer

(Recited by all)

Let us pray:

“Almighty ever-living God, grant that we may always conform our will to yours and serve your majesty in sincerity of heart. Through our Lord Jesus Christ, your Son, who lives and reigns with You and the Holy Spirit, one God, forever and ever. Amen.

February 2017 Meeting

Dignity of Life, from Conception until Natural Death

Opening Prayer

Lord, teach us to pray:
“Our Father...”

The Reading (To be read by the Leader)

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Brothers, last month we looked at the potential consequences for an already legal assisted suicide and the inevitable next step euthanasia. Literally a slippery slope that nothing good can come from. In many ways it will become a matter of what group or class or particular illness warrants being out of their misery and the extension of this is that it is not even them who will be making the decisions. Yes, we do have a moral and ethical obligation to ensure that a dying person is ensured good quality end of life care, with appropriate medical, social, emotional, spiritual and religious support that will ensure a death with dignity and peace. This month we will look at how much treatment is enough and when is it too much?

The principle to be used when exploring treatment options from a Catholic perspective is this. For a person who is competent and in care and for one who is not competent, where we may be called into the proxy decision making process. “We are to seek measures that offer a reasonable hope of benefit and that can be obtained and used without excessive pain, excessive expense or other serious inconvenience.” There must be a reasonable hope of benefit for a treatment to be considered. If you are a person receiving care or are making decisions for someone who has entrusted you with their care the following is very important. “Persons receiving care are not obliged to seek treatment when it is of no benefit, or when burdens resulting from treatment are clearly disproportionate to the benefits hoped for or obtained. Similarly, there is no obligation to provide or to continue providing a treatment whose burdens are disproportionate to the expected or obtained benefits. This would amount to overtreatment-an unacceptable option.” So, common sense needs to be part of the equation.

If the pain caused or the expense incurred in the treatment of a terminally ill cancer patient will only increase their life span by a very short period of time, while at the same time causing tremendous discomfort and pain, it is reasonable that one would discontinue treatment and focus on the comfort, dignity of end of life care that could be provided. In other words brothers, treatment at all costs and all situations is not the answer. The hoped for outcome of the treatment has to make sense for the afflicted individual and for those providing the treatment. In some cases it makes much more sense

to acknowledge that our loved ones are going to die and to make them as comfortable as possible during their final days or weeks. What is a good rule of thumb in these difficult situations; make your decisions out of love for the other. If we do this, we will always have the best interest of our loved ones as our motivation, because as we know, love is about the other.

The Reflection (To be read by the Leader)

One of the questions that may be in your mind when dealing with difficult end of life decisions is this; “Is there a real difference between euthanasia and the withdrawing or withholding of burdensome treatment?” Yes, absolutely. When extraordinary or excessive treatment is withdrawn, the intent is to allow our loved ones to die peacefully and naturally. Euthanasia is expressly for the purpose of causing death. Our loved one does not die naturally but before their time. There is a great difference between allowing someone to die and killing them. Our intentions (our intent) are a key element when it comes to distinguishing between end of life decisions and euthanasia. “Distinctions based on intent are important, and in fact form the basis of our criminal law. While factually the distinction may, at times, be difficult to draw, legally it is clear.”(Justice Sopinka ruling on the Sue Rodrigues case in 1993). If our intent is based on love and guided by God’s natural law, we will not go wrong. God gave us our lives out of His love for us. He will decide when our lives will end in order for us to be with him forever in the heavenly kingdom. Next month, advance directives, living wills and power of attorney. (COLF Euthanasia and Assisted Suicide; Urgent Questions.)

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Meditation Period
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Fraternal Sharing
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Closing Prayer
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Let us pray:
“Almighty ever-living God, grant that we may always conform our will to yours and serve your majesty in sincerity of heart. Through our Lord Jesus Christ, your Son, who lives and reigns with You and the Holy Spirit, one God, forever and ever. Amen

March 2017 Meeting

Dignity of Life, from Conception until Natural Death

Opening Prayer

Lord, teach us to pray:
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The Reading *(To be read by the Leader)*

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

Brothers, last month we spoke about how much are is enough and how much is too much. This month we will focus on who makes these decisions for and with us. Some people choose in indicate, in advance, what treatment they do or do not want should the situation arise where they become unable to be their own advocates at a particular moment in time.

“This can be done through an instructional directive (often called a living will) or a proxy directive (often called a durable power of attorney of mandate).” A ‘living will’ indicates in advance what level and even what type of treatment a person may desire should they become incapacitated by illness or injury. Some experts feel that ‘living wills’ can be a risky business because it is very difficult to anticipate all possible situations that one might encounter. They are also challenging because they are open to the misinterpretation of the health professionals who are treating us. Though their intention is good, they do not know the particular moral values of the individual they are treating.

“A proxy directive is a more reliable way to ensure that our end of life decisions are respected.” A proxy directive s a notarized or witnessed legal document where an individual family member or friend who knows us and our value system is entrusted with making appropriate decisions on our behalf and in our best interests should we become ill, incapacitated, injured and unable to advocate for ourselves. Brothers, if in doubt, put a competent loved one in charge of our health and treatment options, but do it in writing with witnesses so that they have legal standing to make decisions on our behalf. These individuals we have entrusted with our treatment decisions are referred to as “health care proxies.”

It is best to avoid making a blanket statement rejecting certain types of care in all circumstances unless death is imminent or treatment futile and to leave enough latitude for our agent or doctor to offer appropriate care for our condition.” We need to be clear in the language we are using and to ensure that our “health care proxy” know what we mean and what we want. We also need to make sure key people in our lives know we have a written directive.

The Reflection

(To be read by the Leader)

On a different note; some might say that euthanasia and assisted suicide are personal decisions that others have no right to intervene in. The reality is that either of these methods of killing always implicates a third party such as a physician, pharmacist, other medical professionals or even family members and friends. There is nothing victimless about euthanasia or assisted suicide.

“A liberalized euthanasia and assisted suicide law would obviously jeopardize the role of the medical profession, which is he safeguarding of life and would seriously undermine the trust that must exist between patients and doctors.” Presently we place our very livelihood and well-being in the hands of our family doctors and the medical profession. The legalization of killing either by euthanasia or assisted suicide would dramatically affect the relationship we have with the health profession because there would always be the question in our mind about where they stood in regard to end of life issues and care. “The legal prohibition of killing is foundational to a society; it protects everyone equally and is essential to the basic trust necessary for people to live together in community.” Next month; where does the Church stand when it comes to suffering? (COLF Euthanasia and Assisted Suicide; Urgent Questions.)

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Fraternal Sharing

(The leader now invites the members to share with their Brother Knights any relevant thoughts that came to them during the meditation period.)

Closing Prayer

(Recited by all)

Let us pray:

“Almighty ever-living God, grant that we may always conform our will to yours and serve your majesty in sincerity of heart. Through our Lord Jesus Christ, your Son, who lives and reigns with You and the Holy Spirit, one God, forever and ever. Amen

April 2017 Meeting

Dignity of Life, from Conception until Natural Death

Opening Prayer

Lord, teach us to pray:
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The Reading

(To be read by the Leader)

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Brothers, last month we spoke about the pros and cons of having a “living will” and how though they can be very helpful in a stressful situation their shortcoming is the ability to anticipate all possible health scenarios. An alternative to the “living will” is the “proxy directive”. This is a signed legal document giving a trusted family member or close friend, who is very aware of our wishes, the ability to make end of life treatment decisions in a manner they believe we would want. The final advice on this mode of being prepared for an end of life scenario is to avoid blanket statements that reject certain types of care in all circumstances. This non-blanket statement (proxy directive), leaves the latitude for our loved ones, (our proxy), to react to perhaps unique and unforeseen circumstances that may evolve out of our illness.

So what does the Catholic Church say about the inevitable potential for and reality of the suffering and discomfort that can arise when an individual is very ill? “The Church does not consider suffering good in and of itself and we need to do everything in our power to eradicate or alleviate it.” There is no doubt that prolonged or severe suffering can have a very challenging effect on our human psyche and on our general outlook on life itself. Perhaps you have heard a loved one utter a statement such as: “I just wish it was over, I can’t take this, I am ready to go. These words do not negate the goodness of the individual; they amplify the effect that prolonged suffering can have on one’s perspective. How do we deal with inevitability of suffering both at the end of life and during the normal course of our lives which can offer their own brand of suffering whether it be relational, financial, conflict or illness induced? Suffering is a very real part of our life journey.

The Reflection

(To be read by the Leader)

“When suffering has meaning for the sufferer it helps to make it bearable. Christians believe that Christ brought humanity back to God through His passion, death and Resurrection.” Brothers this is who we are as Catholic men. Suffering, and many of us have entered into it freely for the sake of our loved ones can be very meaningful and redemptive when it has meaning for the one who is suffering. On a daily basis we may accept different forms of suffering freely because we know it

will make the lives of our loved ones better. How often have you done without something you felt you really needed so that one of your children or loved ones could have what they needed for themselves? A form of suffering that; when done in charity for the good of the other, can be very consoling for the one who is doing without.

Catholics also believe that when we unite our suffering to Christ’s with love, we participate in His saving mission. When I visit an individual who is suffering greatly and I see there is faith I invite them to offer their suffering for the souls of those they love, those who have gone before them and those who will remain behind them. This, at times assists them in accepting the challenges they face because their suffering now has a purpose or meaning. They are offering their struggle for the good of the other. “Their feelings of anger and discouragement are then replaced by quiet hope, and, surprisingly, even by joy. Suffering is no longer pointless.” I will never forget the moment I watched now St. Jean Paul II arriving in Toronto for World Youth Day in 2002. He was already very ill and suffering greatly. When he came to the door of the plane they had moved a special elevator device over to the door so that he could disembark. The Holy Father quietly refused it and he slowly and painfully made his way down the stairs of the aircraft to the tarmac. I cried like a baby as I watched this silent painful witness of what it is to be a witness and a disciple of Christ, no matter what the circumstances. That day St. John Paul II showed me and the world what it is to suffer, (I would say joyfully and willingly) for the greater glory of God.

Next month we will speak about alternatives to assisted suicide and euthanasia.

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May 2017 Meeting

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Brothers, last month we discussed the Churches teaching on suffering, the inevitability of suffering and particularly the reality of suffering within end of life illnesses. So, what are some realistic alternatives to simply ending it all with assisted suicide and euthanasia? “The alternative is to provide people of all ages, particularly those who are seriously ill or disabled, including those in terminal phase, with the utmost personal attention.” We can accomplish this with quality palliative care offered in the home, care center or hospital setting. This high quality personal attention coupled with the best pain control and alleviation of suffering possible is what will allow an individual to “die with dignity.”

This personal high quality attention I speak of is not only a remedy of the medical profession. This is a moment in time when you and I are offered the gift of simply being present to a loved one who is seriously ill. We do not have to carry on a conversation with them; we don’t have to have all the answers. Simply by being present to them, we are demonstrating that we know they are a child of God and therefore are deserving of all dignity, love and pain management that is possible. You will not know until you meet the Lord face to face how much value your quiet time with a loved one or a brother Knight meant to them. Top quality health care, pain management; and as important as all these, your quiet presence, walking with them on their final journey in this temporal world. This type of care and attention keeps a person who is very ill from feeling abandoned and left to seek desperate measures to deal with their health challenges and loneliness at a very difficult time.

You may ask; what about the person whose pain cannot be controlled, or perhaps those whose pain could be alleviated but they cannot face or deal with the loss of their perceived dignity? “Experts in palliative care state that only a very small proportion of people suffer from intractable pain and even then there are means to keep them comfortable.” Regarding a perceived loss of dignity, our dignity does not come from what we do or our particular status in life. Dignity is afforded to all of humanity by virtue of their membership in the human race. The extension of this brother is that as we have been created in God’s image and likeness, this is what affords us the dignity of the human person. Flat on our back and helpless or the

CEO of Microsoft, both stations in life are entitled and need to be treated with an inherent dignity that belongs to each of us, why? Because we are God’s children, created in His image and likeness, therefore an innate dignity is part of who we are as human persons.

The Reflection

(To be read by the Leader)

Brothers, we give life dignity by the way we respond to it, to one another and particularly to those who are in a situation of powerlessness or helplessness. We can and should treat all people ill or otherwise with dignity and respect. We need to let our loved ones know that no matter what their circumstance or health issue, that they are loved and cared for, simply because they are God’s children. Walking with a friend or loved one at a time when they feel compromised and helpless can be painful and a difficult experience for us. It is however an opportunity for expressing love, gratitude and support through simple words and actions. It is an opportunity for spiritual growth and reconciliation with God and with one another.

Brothers, death is a door that we will all enter through. How we pass through that door, how we accompany those who are at the end of their lives is a wonderful opportunity to witness as disciples of Jesus Christ who cared always for the poor and the marginalized. As His disciples you and I have been afforded a beautiful gift in being able to walk with the sick and the dying children of God. It is what they need from us and it will serve them well on their journey, it will strengthen and inspire us for our own journeys.

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June 2017 Meeting

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Opening Prayer

Lord, teach us to pray:
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The Reading & The Reflection

(To be read by the Leader)

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

Brothers, we have discussed the tangled web of Euthanasia and assisted Suicide these past months and I am not sure if anyone ever feels totally at peace with their understanding of these controversial, painful and morally wrong perspectives on God’s gift of life. So I have summarized what I believe are key points about the practical realities of addressing the very real possibilities of having to address these matters when we find ourselves with a family member or loved one who is at the end stages of their lives.

1. In **“Guidelines for the Celebration of the Sacraments with Persons & Families Considering or Opting for Death by Assisted Suicide or Euthanasia”** promulgated by the Catholic Bishops of Alberta and the Northwest Territories on Sept 14, 2016, the following introduction is offered.
“Death by assisted suicide and euthanasia has been made legal in Canada. These grievous affronts to the dignity of human life from beginning to natural end are never morally justified. The legal permission now granted to these practices does not change the moral law.” The teaching of the Catholic Church on these matters is clear. “Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick or dying persons. It is morally unacceptable” (CCC 2277).
2. **What is Euthanasia?** “Euthanasia is the deliberate killing of someone, with or without that person’s consent, in order to eliminate all suffering. The individual who commits euthanasia must, therefore intend to kill the person and must cause the death for example, by lethal injection.”
For clarity: It is not euthanasia when we respect a loved one’s refusal of a particular treatment or their request to discontinue a particular treatment. It is not euthanasia when we allow a loved one to “die naturally by withdrawing or withholding medical treatment when its burdens outweigh its benefits.”
3. It is not euthanasia “when the administration of drugs appropriate for the relief of pain and suffering, even if some anticipate that the unintended effect might be the shortening of life.” It is a medical reality that in some cases the amount of a particular pain killer may have a detrimental effect on the life of the individual receiving the drug. The term used here is “comfort care.” This is the case when recovery does not appear to be possible and so the goal becomes to make sure

the individual is as comfortable as possible during their remaining time here in the world. The medical profession has made great advances in palliative and comfort care within the areas of pain management.

4. **What is Assisted Suicide?** “In cases of assisted suicide, a ‘third person’ (a legal term meaning a disinterested party) provides the means for the person to kill him or herself, (e.g. information, lethal substances [pills], or a weapon.” In short, assisted suicide occurs when for instance a medical professional (knowingly) is involved in administering the lethal concoction of drugs that would terminate a person’s life. Assisted suicide occurs when the individual whose life is at stake collaborates with another, (medical person or otherwise) in bringing their life to an end. Euthanasia can be understood as the same person whose life is at stake being brought to death without their own collaboration. In other words, someone else has made the decision for them. Please remember, respecting your loved one’s refusal of a treatment or request for withdrawal of treatment, (assuming sound mind of the individual) is not euthanasia nor is it assisted suicide. Also, recognizing that administration of some drugs in the appropriate amount to manage pain well may have the unintended effect of shortening one’s life. This is neither euthanasia nor assisted suicide.
5. As Catholics, our guiding principles are the intrinsic value and sanctity of human life.
6. To deny our brothers and sisters this opportunity, (which belongs to them and them alone) would be perpetuating a grave injustice. We cannot take our sister and brothers right to life from them. It is not ours to take.
7. “Although a legal distinction is made between euthanasia and assisted suicide, there is no ethical difference. The moral responsibility remains the same whether a third party provides the pills or gives an injection.” As Catholics, we believe that life itself is a gift of God’s love for us. We do not have absolute dominion over this profound gift. We are the stewards of this gift of life, not the owners. The conclusion is pretty straightforward. “Consequently, the time and circumstances of our birth and death are not ours to choose.” Nor are they anyone else’s for that matter.
8. “I confirm that euthanasia is a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person. The act of euthanasia appears all the more perverse if it is carried out by those, like relatives, who are supposed to treat a family member with patience and love, or by those such as doctors, who by virtue of their specific profession are supposed to care for the sick person even in the most painful terminal stages...The choice of euthanasia becomes more serious when it takes the form of a murder committed by others on a person who has in no way requested it and who has never consented to it. The height of arbitrariness and injustice is reached when certain people, such as physicians or legislators, arrogate to themselves the power to decide who ought to live and who out to die, (St. John Paul II, *Evangelium Vitae*, # 65-66), March 1995.”

9. So the question that arises out of this medical, ethical, moral quagmire. 1. What are our obligations to the dying person? What are we to do? How can we know what is appropriate and proper. This is perhaps one of our biggest concerns. Am I doing the right thing and am I doing enough or too much for my loved one? In "Life Matters" our point of reference published by the Catholic Organization for Life and Family, (COLF) we are offered the following guidelines for walking with our loved ones who are preparing to meet the Lord. "Persons who are dying should be provided with care, compassion and comfort, including:

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- Full information about their condition;
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- Full disclosure to any family member or any person authorized by the dying person to receive information; and
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We only want the best for our loved ones. Brothers, these are good moral and ethical guidelines to assist us in walking with our loved ones through the inevitable and necessary doors of death to the eternal life made possible for us through the death and resurrection of our Lord.

10. Yes, we do have a moral and ethical obligation to ensure that a dying person is ensured good quality end of life care, with appropriate medical, social, emotional, spiritual and religious support that will ensure a death with dignity and peace.

The principal to be used when exploring treatment options from a Catholic perspective is this.

"We are to seek measures that offer a reasonable hope of benefit and that can be obtained and used without excessive pain, excessive expense or other serious inconvenience."

There must be a reasonable hope of benefit for a treatment to be considered.

"Persons receiving care are not obliged to seek treatment when it is of no benefit, or when the burdens resulting from treatment are clearly disproportionate to the benefits hoped for or obtained. Similarly, there is no obligation to provide or to continue providing a treatment whose burdens are disproportionate to the expected or obtained benefits. This would amount to overtreatment-an unacceptable option." So, common sense needs to be part of the equation.

In other words brothers, treatment at all costs and all situations is not the answer. The hoped for outcome of the treatment has to make sense for the afflicted individual and for those providing the treatment. In some cases it makes much more sense to acknowledge that our loved ones are going to die and to make them as comfortable as possible during their final days or weeks.

11. "Is there a real difference between euthanasia and the withdrawing or withholding of burdensome treatment?" Yes, absolutely. When extraordinary or excessive treatment is withdrawn, the intent is to allow our loved ones to die peacefully and naturally. Euthanasia is expressly for the purpose of causing death. Our loved one does not die naturally but before their time. There is a great difference between allowing someone to die and killing them. Our intentions (our intent) are a key element when it comes to distinguishing between end of life decisions and euthanasia. "Distinctions based on intent are important, and in fact form the basis of our criminal law. While factually the distinction may, at times, be difficult to draw, legally it is clear." (Justice Sopinka ruling on the Sue Rodrigues case in 1993). If our intent is based on love and guided by God's natural law, we will not go wrong. God gave us our lives out of His love for us. He will decide when our lives will end in order for us to be with Him forever in the heavenly kingdom.

12. Some people choose to indicate in advance what treatment they do or do not want should the situation arise where they become unable to be their own advocates at a particular moment in time. "This can be done through an instructional directive (often called a living will) or a proxy directive (often called a durable power of attorney or mandate)." A 'living will' indicates in advance what level and even what type of treatment a person may desire should they become incapacitated by illness or injury. Some experts feel that 'living wills' can be a risky business because it is very difficult to anticipate all possible situations that one might encounter. They are also challenging because they are open to the misinterpretation of the health professionals who are treating us. Though their intention is good, they do not know the particular moral values of the individual they are treating.

13. **"A proxy directive is a more reliable way to ensure that our end of life decisions are respected."** A proxy directive is a notarized or witnessed legal document where an individual family member or friend who knows us and our value system is entrusted with making appropriate decisions on our behalf and in our best interests should we become ill, incapacitated, injured and unable to advocate for ourselves. Brothers, if in doubt, put a competent loved one in charge of our health and treatment options, but do it in writing with witnesses so that they have legal standing to make decisions on our behalf. These individuals we have entrusted with our treatment decisions are referred to as "health care proxies."

14. "It is best to avoid making a blanket statement rejecting certain types of care in all circumstances-unless death is imminent or treatment futile-and to leave enough latitude for our agent or doctor to offer appropriate care for our condition." We need to be clear in the language we are using and to ensure that our "health care proxy" know what we mean and what we want. We also need to make sure key people in our lives know we have a written directive.

15. Some might say that euthanasia and assisted suicide are personal decisions that others have no right to intervene

in. The reality is that either of these methods of killing always implicates a third party such as a physician, pharmacist, other medical professionals or even family members and friends. There is nothing victimless about euthanasia or assisted suicide.

16. "A liberalized euthanasia and assisted suicide law would obviously jeopardize the role of the medical profession, which is the safeguarding of life, and would seriously undermine the trust that must exist between patients and doctors." Presently we place our very livelihood and well-being in the hands of our family doctors and the medical profession. The legalization of killing either by euthanasia or assisted suicide would dramatically affect the relationship we have with the health profession because there would always be the question in our mind about where they stood in regard to end of life issues and care. "The legal prohibition of killing is foundational to a society; it protects everyone equally and is essential to the basic trust necessary for people to live together in community."
17. So what does the Catholic Church say about the inevitable potential for and reality of the suffering and discomfort that can arise when an individual is very ill. "The Church does not consider suffering good in and of itself and we need to do everything in our power to eradicate or alleviate it." There is no doubt that prolonged or severe suffering can have a very challenging effect on our human psyche and on our general outlook on life itself.
18. You may ask; what about the person whose pain cannot be controlled, or perhaps those whose pain could be alleviated but they cannot face or deal with the loss of their perceived dignity? "Experts in palliative care state that only a very small proportion of people suffer from intractable pain and even then there are means to keep them comfortable." Regarding a perceived loss of dignity, our dignity does not come from what we do or our particular status in life. Dignity is afforded to all of humanity by virtue of their membership in the human race. The extension of this brother is that as we have been created in God's image and likeness, this is what affords us the dignity of the human person.
19. So, what are some realistic alternatives to simply ending it all with assisted suicide and euthanasia? "The alternative is to provide people of all ages, particularly those who are seriously ill or disabled, including those

in terminal phase, with the utmost personal attention." We can accomplish this with quality palliative care offered in the home, care center or hospital setting. This high quality personal attention coupled with the best pain control and alleviation of suffering possible is what will allow an individual to "die with dignity." Top quality health care, pain management; and as important as all these, your quiet presence, walking with them on their final journey in this temporal world. This type of care and attention keeps a person who is very ill from feeling abandoned and left to seek desperate measures to deal with their health challenges and loneliness at a very difficult time.

20. Brothers, death is a door that we will all enter through. How we pass through that door, how we accompany those who are at the end of their lives is a wonderful opportunity to witness as disciples of Jesus Christ who cared always for the poor and the marginalized. As His disciples you and I have been afforded a beautiful gift in being able to walk with the sick and the dying children of God. It is what they need from us and it will serve them well on their journey, it will strengthen and inspire us for our own journeys. (2622)

"God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)"

Meditation Period

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Fraternal Sharing

(The leader now invites the members to share with their Brother Knights any relevant thoughts that came to them during the meditation period.)

Closing Prayer

(Recited by all)

Let us pray:

"Almighty ever-living God, grant that we may always conform our will to yours and serve your majesty in sincerity of heart. Through our Lord Jesus Christ, your Son, who lives and reigns with You and the Holy Spirit, one God, forever and ever. Amen

September 2017 Meeting

Created in the Image and Likeness of God (Gen. 1, 26-27)

Opening Prayer

Lord, teach us to pray:
“Our Father...”

The Reading

(To be read by the Leader)

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

My dear Brother Knights. Greetings to you and your families, as we enter into another Columbian year of activity, unity, fraternity, charitable works and in this case, faith formation. Brothers, last year we looked at in a relatively in depth way the challenges faced with the legalization of “assisted suicide” in February 2015 here in Canada. Assisted suicide and euthanasia are complex and troubling topics to comprehend. There is no question that these two challenging social issues are absolutely opposed to Catholic moral teaching and they are a very serious threat to the Dignity of the Human Person, the dignity of life from conception until Natural Death.

Another prominent area of concern and affront to the dignity of the human person is what is often referred to by the acronym “LBGTQ” community. These letters refer to those of our brothers and sisters who identify themselves as Lesbian, Bisexual, Gay, Transgendered or Queer. Why am I offering thoughts on an area that most of us are not comfortable with? It is because some of our Brother Knights may well be faced with some of these issues/challenges/circumstances even within their immediate or extended families. What does this say to you and me? Well, it means that when we hear the term LBGTQ in a news broadcast, it also may be a pertinent topic of conversation around one of your Brother’s own dinner tables. My goal in addressing this sensitive topic is to provide us a clearer understanding of what these terms actually mean and further to make clear what Catholic Church teaching is in these particular areas. Further, we as Catholic men need to be clear about the inherent dignity of the human person no matter how they identify their

sexuality. Individuals who find themselves with sexual identity issues need our compassion and care, not our judgment.

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

The Reflection

(To be read by the Leader)

In June of 2017 Bill C-16 entailing an Act to amend the Canadian Human Rights Act as well as the criminal code was passed and given royal assent. Simply put, this act adds gender identity and gender expression to the list of prohibited grounds of discrimination under the Canadian Human Rights Act. It also modified the Criminal Code to extend the protection against hate crimes to members of groups distinguished by gender and identity or expression. In short, someone who identifies as a member within the umbrella of the LBGTQ community cannot be discriminated against because of how they perceive their own personal identity. This in and of itself makes good sense and protects those who are different than what we might consider the societal norm. Next month we will begin with the Catholic Bishops response to BillC-16.

Created in the Image and Likeness of God (Gen. 1, 26-27)

Meditation Period

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Fraternal Sharing

(The leader now invites the members to share with their Brother Knights any relevant thoughts that came to them during the meditation period.)

Closing Prayer

(Recited by all)

Let us pray:

“Almighty ever-living God, grant that we may always conform our will to yours and serve your majesty in sincerity of heart. Through our Lord Jesus Christ, your Son, who lives and reigns with You and the Holy Spirit, one God, forever and ever. Amen

October 2017 Meeting

Created in the Image and Likeness of God (Gen. 1, 26-27)

Opening Prayer

Lord, teach us to pray:
“Our Father...”

The Reading

(To be read by the Leader)

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

Last month we broke the ice on the challenges presented by the protection of freedom of sexual identity presented in Bill C-16 which became law in June 2017. In July 2017 (Most Rev.) Douglas Crosby, OMI, Bishop of Hamilton and President of the Canadian Conference of Catholic Bishops, presented a statement on the passage of Bill C-16. In part the letter stated: “While the CCCB supports Bill C-16’s intention to protect Canadians from harm, some of the principals behind the legislation—even if widely accepted in our society—cannot be endorsed by Catholics. **The most serious of these is the claim that gender is separable from biological sexuality and is to be determined by the individual.** This central tenant of contemporary gender theory is not in accord with natural law or Christian revelation and has therefore been **explicitly rejected** by Pope Francis and by Pope Benedict XVI.” The Catholic Bishops naturally support the principal of the protection of all people but in no way are they supportive of the concept that we are the masters of who we are. There is only one Master and that is our Lord who created us out of love in His image and likeness. God created us as we are in His image and likeness and we have a moral obligation to accept our God-given sexual identity.

Catholic teaching in this area may be summarized in the following way. “We are created male and female in the image of God (Gen. 1. 26-27). Each of us—man or woman—is challenged to fulfill our human vocation in a way that is individually unique, yet true to what we have been created to be.” The Catechism of the Catholic Church teaches the following; “Each man and woman “should acknowledge and accept” his or her biological sexual identity, including physical, moral and spiritual differences and complementarily,” which affects all aspects of the human person in the unity of his body and soul.”

This identity especially concerns affectivity, the capacity to love and to procreate, and in a more general way the aptitude for forming bonds of communion with others,” (CCC 2332, 2333).

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

The Reflection

(To be read by the Leader)

Bishop Crosby, again speaking on behalf of the CCCB, concludes his statement on Bill C-16 with some legitimate down the road or perhaps even present day concerns. “Having in view the well-being not only of Catholics but of all Canadians, we wish to express again our serious concerns with Bill C-16. Questions about freedom of speech, freedom of association, and freedom of religion are also likely to arise in connection with this legislation. We urge those of Catholic faith and all people of good will, to be diligent in defending these freedoms and the vision of human dignity on which they are based.”

Brothers as Catholic men we need always focus on the common good while at the same time protecting with diligence the dignity and the uniqueness of each human person. Next month we will look at definitions in order to begin the process of understanding this in part, relatively modern-day phenomenon.

Created in the Image and Likeness of God (Gen. 1, 26-27)

Meditation Period

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Fraternal Sharing

(The leader now invites the members to share with their Brother Knights any relevant thoughts that came to them during the meditation period.)

Closing Prayer

(Recited by all)

Let us pray:

“Almighty ever-living God, grant that we may always conform our will to yours and serve your majesty in sincerity of heart. Through our Lord Jesus Christ, your Son, who lives and reigns with You and the Holy Spirit, one God, forever and ever. Amen

November 2017 Meeting

Created in the Image and Likeness of God (Gen. 1, 26-27)

Opening Prayer

Lord, teach us to pray:
“Our Father...”

The Reading

(To be read by the Leader)

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

Brothers, last month we delved into the Canadian Catholic Bishops statement on Bill C-16. This Bill was good in its intent (adding gender identity and gender expression) to the prohibited grounds of discrimination under the Canadian human Rights Act. The Canadian Bishops while supporting Bill C-16s intent to protect Canadians, strongly disagree with some of the premises behind the legislation. The most serious of these is the claim that; “gender is separable from biological sexuality and is to be determined by the individual.” This central understanding of contemporary gender theory is not in accord with natural law or Christian revelation, and has been explicitly rejected by Pope Francis and by Pope Benedict XVI. The Catechism of the Catholic Church (2332-33) states: each man and woman should acknowledge and accept his or her biological sexual identity, including physical, moral, and spiritual differences and complementarity, which affects all aspects of the human person in the union of body and soul.”

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

The Reflection

(To be read by the Leader)

Brothers, my purpose in choosing these rather challenging topics is solely because we hear about them almost every day. I dare say for the most part do not have a clear understanding of this complex societal phenomena. As such, I wish to provide some clear definitions so that when we hear them in the social media we can have a clearer comprehension of the conversation. Brothers, trust me, I am not wishful to educate in the terminology of the LGBTQ community, but if we do not understand the meaning of the words, it is very difficult to have meaningful, rationale faith-based conversations about a social issue that makes the headlines almost daily in one form or another. Hence; I offer the following.

LGBTQ, an acronym for “lesbian, gay, bisexual, transgender, queer.”

Lesbian, a woman who is emotionally, romantically or sexually attracted to other women.

Gay, A person who is emotionally, romantically or sexually attracted to members of the same gender.

Transgender, an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex male/female they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual etc.

Queer, A term people often use to express fluid identities and orientations. Often used interchangeably with “LGBTQ.”

Homosexual, Attracted sexually to members of one’s own sex. (Webster’s 1997)

Coming Out, the process in which a person first acknowledges, accepts his or her sexual orientation or gender identity and begins to share that with others.

Androgynous, Identifying and/or presenting as neither distinguishably masculine or feminine

Outing, Exposing someone’s sexual identity to others without their permission. This can have serious repercussions on employment, personal safety, religious and family situations.

Homophobia, Unreasoning fear of or toward homosexuals and homosexuality, (Webster 1999).

Transphobia, The fear of or toward transgender people.

My hope in the coming months is to clarify the language and to be clear with what the Catholic Church teaches about these challenging areas of humanity. The key to this discussion; we need to remember that: “we are created in the image and likeness of God, (Gn. 1, 26-27). All humanity is created in the image and likeness of God. As Catholic Christians we have been blessed with a clearer understanding of what this really means. The dignity and respect that each and every child of God is inherently entitled to be treated with. Brothers, next month we will express with love the compassionate teaching of the Church in these areas.

Created in the Image and Likeness of God (Gen. 1, 26-27)

Meditation Period

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Fraternal Sharing

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Closing Prayer

(Recited by all)

Let us pray:

“Almighty ever-living God, grant that we may always conform our will to yours and serve your majesty in sincerity of heart. Through our Lord Jesus Christ, your Son, who lives and reigns with You and the Holy Spirit, one God, forever and ever. Amen

December 2017 Meeting

Created in the Image and Likeness of God (Gen. 1, 26-27)

Opening Prayer

Lord, teach us to pray:
“Our Father...”

The Reading

(To be read by the Leader)

“God created humanity in His image and likeness, in His divine image He created him; male and female He created them....God looked at everything He had made, and He found it very good, (Gen. 1, 27, 31)”

Brothers, last month we established some basic definitions of the terms that are often heard when discussing same sex attraction/transgender issues. Of interest to me is the following. What I like to think of as my state of the art Webster’s Universal College Dictionary, 1999, does not even carry most of the words or terms that we endeavored to define last month. This speaks to me about the swiftness of change in our society and the ever-changing human language that we are experiencing during this time in history.

In 2011 the Episcopal Commission for Doctrine, Canadian Conference of Catholic Bishops wrote a document addressing **“Pastoral Ministry to Young People with Same-Sex Attractions.”** In their preamble they state: “We are concerned for the spiritual good of all persons, and want to help them live out their call “to the fullness of Christian life and to the perfection of charity.” Convinced that “only what is true can ultimately be pastoral,” we offer this guidance, by way of general principles and pastoral guidelines, to all Catholics, pastors, parents and educators, as well as to young adults themselves.” To be clear the Church does not wish to use terms like gay and lesbian as these are terms that come to us from secular culture and are often used by individuals who advocate that homosexual acts and behaviours are morally acceptable. These behaviors are definitely not morally acceptable in the eyes of the Catholic Church. The bishops are also clear that their letter is not about the origin or cause of homosexuality. “The Catechism of the Catholic Church states that “its psychological genesis remains largely unexplained (CCC 2357).” “The Catechism of the Catholic Church affirms that person with homosexual inclinations; “must be accepted with respect, compassion, and sensitivity. Every sign of unjust discrimination in their regard should be avoided. These persons are called to fulfill God’s will in their lives, (CCC 2358).”

Of note, although sexual identity helps situate the person as a unique individual, the human person can hardly be described by his or her sexual orientation. Those with same-sex attraction are first and foremost human beings, our sisters and brothers in Christ. Because of their inherent dignity, they always deserve our respect. When we adhere to this premise of dignity and respect for the other regardless of creed, culture or orientation we imitate the Good Shepherds love for His flock.

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He had made, and He found it very good, (Gen. 1, 27, 31)”

The Reflection

(To be read by the Leader)

While it is imperative that we have respect and compassion for those experiencing same-sex attraction, the Church strongly affirms God’s loving plan for human sexuality. Our sexuality is part of the gift that God saw as “very good” when He created us in His image and likeness, male and female He created them. “The complementarity of man and woman is inherent in the design of creation”. “God is love and in Himself He lives a mystery of personal loving communion. Creating the human race in his own image and continually keeping it in being, God inscribed in the humanity of man and woman the vocation, and thus the capacity and responsibility, of love and communion...Consequently, sexuality... is by no means something purely biological, but concerns the innermost being of the human person as such. (JPII Familiaris Consortio # 11).”

Brothers when we reflect on the teaching of the Church and St. John Paul II, what we hear is that our sexuality is not simply part of our human make up in order to procreate the world. We exist as expressions of God’s love and therefore our sexuality, is really an integral part of our very inner self. It is love for the other, an expression of our inner self that impels us to express our love through the act of our sexuality. Viewed in this light, when we hear the phrase about a husband and wife “making love” Church teaching makes very good sense. They are expressing their innermost feelings and love for one another through the act of love making. Scripture and Tradition teach that sexual relations between persons of the same sex are not in accord with God’s original intention expressed in the plan of creation. (scriptural examples are Gn. 18, 20; Lv. 18, 22, 20, 13; - Rom. 1, 24-28; - 1 Cor. 6, 9-10). “For this reason, the Church has consistently taught that homosexual acts can never be approved, (CCC 2358).”

Continued next month.

Created in the Image and Likeness of God (Gen. 1, 26-27)

Meditation Period

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