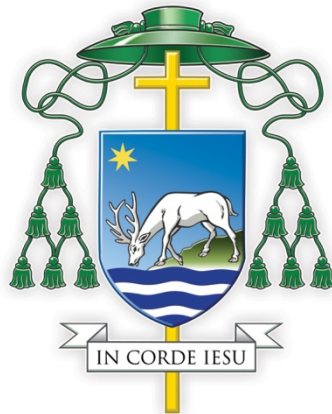


BISHOP OF PORTSMOUTH

Rt. Rev. Philip A. Egan BA, STL, PhD



A PASTORAL MESSAGE FROM BISHOP PHILIP to the Clergy and People of the Diocese of Portsmouth in light of the Gosport War Memorial Hospital Inquiry

My Dear Friends,

I am sure that, like me, you were shocked and saddened by the report last week into the deaths of hundreds of elderly patients at Gosport Memorial Hospital in the period 1989 to 2000, caused by the inappropriate prescription of opiates and painkillers. It is a terrible tragedy. Let us pray for the repose of those who have died, for their families, and for justice and reconciliation. These deaths took place within our own Diocese. I am sure I speak for us all, clergy and faithful, in extending to bereaved families our love, sympathy and prayers.

Whilst the lessons to be learnt in this case will be many, it seems clear that as a society we need urgently to review our geriatric care and our end of life care, specifically in relation to fundamental moral principles. The recent campaign in Guernsey for physician assisted suicide, and then the case of baby Alfie Evans, tell us that we cannot leave awkward decisions to the courts alone. We need to reprise our basic human values. This is why I have long been uneasy with the concept "quality of life," which seems to invest experts and judges with power over the life and death of an individual. I prefer the term "dignity of life," which reminds us of the absolute good of the person and their infinite worth.

The NHS is a huge blessing but we must ever be vigilant to the policies, values, priorities and procedures that operate within it. In the 1990s the Liverpool Care Pathway (LCP) began to be widely used until the Neuberger Report led to its abandonment in 2013. At the time, I acknowledged the noble intentions of the LCP: the dignified care of the dying, the alleviation of suffering and pain, and the cessation of invasive treatments and unnecessary procedures. But I also expressed concern about its day-to-day implementation in our busy hospitals, where the pressure to save money and to utilise beds, together with an emotive empathy for those suffering, might suggest the need to hasten death. The media at the time carried reports of patients being placed on the pathway without families being consulted. I also had reservations about the LCP itself: that doctors were asked to make a definitive judgment that a patient is about to die and that feeding and hydration could be summarily withdrawn.

We need to go back to basics. As Catholics, we believe that life from conception to natural death is a gift of God. It is sacred, and so every person on earth has an inviolable dignity as God's creation. Frailty, pain and infirmity are always a difficult trial. On the one hand, we must unite our sufferings with those of Christ, finding in Him the strength, patience and energy we need to 'carry the cross' (Mt 16: 24), whilst offering it for the salvation of others. On the other, we rightly turn to doctors and nurses in the hope that like the angel in the Garden of Gethsemane (Luke 22: 43), they can alleviate and heal our condition. Indeed, in today's world, we can thank God for amazing advances in modern health-care, and not least in palliative care and pain-management at the end of life.

Let me finish with three points. First, every day pray for our doctors, nurses and health-care professionals, asking God to bless and guide the wonderful and generous work they do. Pray too for the sick, the dying, those in hospital, and anyone suffering pain mental, emotional or physical. If a Catholic is seriously ill, at home, in hospital, in a nursing home or wherever, please call the priest so that s/he can be offered the sacraments.

Secondly, if you or a loved one is terminally ill, consider whether it might be practicable to die at home. Ask whether it is possible for drugs to be used that do not totally withdraw consciousness and a chance to pray and commune with family and friends. As next of kin, gently insist on being involved in decisions. It might be appropriate to ask staff for a second opinion or a re-evaluation of treatment. Life, of course, cannot be prolonged indefinitely, but it is not morally permissible until the very last to withdraw feeding and hydration. If the medical team suggests there is little more they can do, that is the moment, if not done already, to call the priest to offer the sacraments.

And thirdly, pray every day yourself for a happy death, that is, to die in a state of grace, aided by the sacramental care of Mother Church and supported, as was the Lord Jesus Himself, by family and friends. Let us accept whatever death the Lord has prepared for us. We never know "the day or the hour" (Mt 24: 36), nor the circumstances in which the Lord will summon us to judgment and our eternal reward. So as Christian disciples, let us prepare ourselves by persevering in the practice of our Faith, by attending Mass and making a regular confession, by daily prayer and faith-formation, and by living a good life in justice and charity. Indeed, as a child, I was taught every night to pray the following prayer, which I also commend to you:

Jesus, Mary and Joseph, I give you my heart and my soul.

Jesus, Mary and Joseph, assist me in my last agony.

Jesus, Mary and Joseph, may I breathe forth my soul in peace with you.

Finally, for those who died in Gosport, we pray they will hear those thrilling words from the Saviour: "Today, you will be with me Paradise" (Luke 23: 43).

In Corde Iesu,

+Philip

29th June 2018,
Solemnity of SS. Peter and Paul