

Cultivating an open and generous heart

Sometimes called 'The Parable of the Forgiving Father', this story captures a great truth about the way human beings respond to God's amazing love and compassion.

The father in this story is Jesus' attempt to capture the heart of the 'good news': God rejoices in us as a father rejoices in his children, regardless of the choices we make. What matters most is not what we have done in the past, but who we are at heart and what we will do next.

In the parable the 'prodigal' younger son returns to his home and to his father because he realises that he cannot flourish on his own. He needs the safety and security of his father's love and compassion – which, typically for Jesus, far exceed anything the young man could have hoped for.

Brendan Byrne SJ points out that the parable doesn't focus on 'sin' and 'repentance' but on the son's experience of being 'lost' and then 'found'. That is what prompts the father's outrageous show of welcome and affection: what matters is not what has been, but what can be in the future.

Notice the different attitudes of the younger and older brothers. The younger son is prepared to work for his father as a servant, but his father sees him as the son who is now 'found'. The older brother, conversely, sees himself as the father's servant who must earn his father's love. He has to be reminded that he is a beloved son.

Sometimes we have to be reminded regardless of what we or anyone else may have done, each one of us is a beloved son or daughter of a divine Father who loves and cares for us deeply, and who rejoices when we 'come back home' by imitating him: by being loving and compassionate toward others.

When I see the point of this parable, I begin to see the truth about God. I also begin to see other people as God sees them: I see the person first, not their problem. That is the foundation for healthy and healing human relationships.



.. he ran to the boy and clasped him tenderly ...

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Reflection

Lent is a good time to review the way we think about other people, especially people we do not agree with or with whom we do not get along. Perhaps people who have done us real or perceived harm, or who do not live up to our expectations.

When I think about that person, do I first see them as a problem, or as being at fault, or the hurt they have done to me – or do I see the person?

Euthanasia and assisted dying change the nature of medicine and medical practice

The relationship between a doctor and patient is sacrosanct. Communication between the two is privileged. Doctors are obliged to maintain strict confidentiality, and professional bodies take a very dim view of any breach of trust by the doctor.

An important but so far unexplored aspect of the current debate about assisted dying in WA is the effect it would have on doctors and on our relationship with them.

There is clear evidence that of the few doctors who start out in favour of assisted dying, many change their minds and come to oppose euthanasia once they have had some direct experience of it.¹

The reason doctors 'sign up' for medicine as a profession is to help people and to save lives. However, every doctor also has harrowing stories of the patient 'I just couldn't save'.

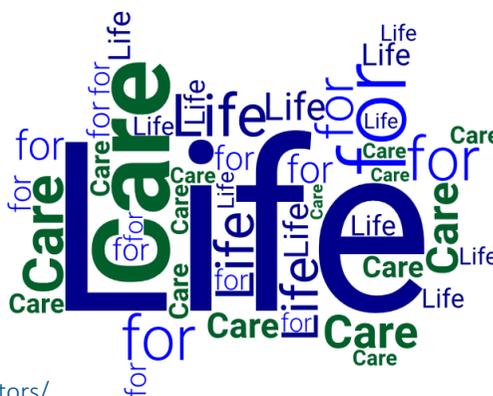
Assisted dying requires doctors to cut across their very reason for doing medicine. It requires them to actively collaborate in (and in some cases directly to cause) the death of a patient.

How can this fail to affect the doctor, or a patient's sense of trust in that doctor?

There is no doubt that '*legalising voluntary assisted dying is a substantial shift in medical practice*'.² Many doctors also fear that these laws will bring about a growth in 'doctor-shopping', with people who want assisted suicide being assessed by doctors who don't really know them or their history.³

A senior doctor has words of hope:

The public must be reassured that the needs of dying patients can be met within current legislation and practices. It must realize that we are able to have conversations about halting futile life-supporting interventions; we are able to "unplug" ventilators and be a compassionate witness to death; we are able to relieve physical and emotional suffering with an increasingly sophisticated array of medications, up to and including progressive terminal sedation. All the while, we are not ready to act upon "requested death."⁴



¹ <https://inews.co.uk/opinion/need-talk-assisted-dying-affects-doctors/>

² <https://www.abc.net.au/news/2018-11-09/euthanasia-assisted-dying-in-victoria-enabling-choice-for-dying/10478420>

³ <https://www.telegraph.co.uk/news/uknews/assisted-dying/11857701/Assisted-suicide-or-assisted-dying-has-no-place-in-our-healthcare-system-doctors-dont-want-it.html>

⁴ <https://www.theglobeandmail.com/opinion/physician-assisted-suicide-poisons-the-mission-of-medicine/article4503845/>

Call to Action

Bad laws are passed only when good people say nothing. Let your MPs know what you think.

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