Radiant Care

MANUAL:	ADMINISTRATION	SUBJECT:	**MEDICAL ASSISTANCE IN DYING (MAID)**
DISTRIBUTION:	ALL DEPARTMENTS	NUMBER:	1-P-31
APPROVAL:	BOARD APPROVED JULY 13, 2026	DATE:	JULY 2026

SCOPE

Radiant Care Pleasant Manor ("Pleasant Manor") and Radiant Care Tabor Manor ("Tabor Manor") Medical Assistance in Dying ("MAID") Policy applies to all aspects of MAID within the said two corporate entities, including all sites and facilities operated by or on behalf of Pleasant Manor and Tabor Manor. For ease of reference, when the term "Radiant Care" is used in this policy, it means either Pleasant Manor or Tabor Manor, or both collectively, as appropriate.

PURPOSE

The purpose of Radiant Care's MAID policy is to provide guidance and clarity to the residents, clients, families, staff, medical professionals, volunteers, and others who live, work, provide care, or receive services at Pleasant Manor and Tabor Manor campuses of Radiant Care regarding Radiant Care's position on MAID.

This Policy also establishes the operational procedures for responding to MAID-related inquiries and requests, including the process for facilitating effective referrals for MAID in a manner that is consistent with applicable law, professional obligations, privacy requirements, and Radiant Care's faith-based mission reflected in this Policy.

DEFINITIONS

College of Physicians and Surgeons of Ontario (CPSO): the governing body that regulates the practice of medicine in Ontario, Canada.

College of Nurses of Ontario (CNO): the governing body for Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Nurse Practitioners (NPs) in Ontario, Canada.

Compassion: a form of love that is aroused within us when we are confronted with those who suffer or are vulnerable (*www.biblestudytools.com*). Synonyms of compassion include "to be loved by", "to show concern for", "to be tender-hearted", and "to act kindly."; (for additional reference, please refer Appendix B: *Radiant Care's Addendum to MAID Policy).*

Confession of Faith: a formal statement of doctrinal belief ordinarily intended for public avowal by an individual, group, congregation, synod, or church; confessions are similar to creeds, although usually more extensive *(www.Britannica.com*). The Radiant Care Confession of Faith is a formal statement of doctrinal belief, adopted by Radiant Care on October 21, 2020, (please refer to Appendix A: *Radiant Care Confession of Faith).*

Conscientious Objection: a refusal by a regulated health professional to participate in MAID because participation would conflict with the person's sincerely held moral, ethical, or religious beliefs.

Effective Referral: the professional obligation of a physician or nurse practitioner to make a referral in good faith, to a non-objecting, available, and accessible physician, nurse practitioner, or agency, when a Resident makes a formal request for MAID.

Life Lease Occupant: an individual recognized by Radiant Care as having acquired the right to occupy, and who resides in a life lease unit operated by Radiant Care.

Long-Term Care Resident: an individual admitted to and living in a long-term care home operated by Radiant Care.

MAID Assessment: the process by which two independent physicians or nurse practitioners assess and confirm that a person requesting MAID meets the eligibility requirements set out in the *Criminal Code* and other applicable criteria, including capacity, and informed consent.

MAID Assessor: a physician or nurse practitioner who is legally authorized to assess a person's eligibility for medical assistance in dying and provide a written opinion regarding whether the person meets the eligibility criteria for MAID.

MAID Provider: a medical practitioner or nurse practitioner who is authorized to administer a lethal medication to cause death.

MAID Prescriber: a medical practitioner or nurse practitioner who provides MAID by prescribing or providing a substance for self-administration.

Medical Assistance in Dying and MAID:

- the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or
- the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

Medical Practitioner/Physician: a member of the College of Physicians and Surgeons of Ontario authorized to practice medicin*e* under the laws of a province.

Most Responsible Physician/Nurse Practitioner (MRP) at Radiant Care: the physician or nurse practitioner who is considered the Resident's attending physician or nurse practitioner (in most cases in long-term care, this will be the Medical Director or the Attending Physician). The MRP is accountable for the medical management of the Resident and plays a key role throughout the decision-making process and provision of care at Radiant Care. The MRP may or may not be the physician or nurse practitioner who makes the referral for MAID for an eligible Resident but may be an initial point of contact to receive an inquiry or request for MAID and make the referral to the provincial care coordination centre. The MRP maintains an active list of places where MAID is performed and contact information for the provincial care coordination centre.

Nurse Practitioner: a registered nurse who holds an extended certificate of registration in accordance with the regulations to the *Nursing Act* and is authorized to diagnose, order and interpret tests, prescribe treatments and medications, make referrals, and practice independently within their scope of practice.

Palliative Care: to provide comfort and dignity for the individual living with the illness as well as the best quality of life for the individual and family. An important objective of palliative care is the relief of pain and other symptoms.

Pharmacy Professional: a person who is entitled to practice pharmacy according to the limits of their certificate of registration under the laws of Ontario as either a Pharmacist or a Pharmacy Technician.

Radiant Care: for the purposes of this policy, the business names used by Radiant Care Pleasant Manor and Radiant Care Tabor Manor, and which are collectively referred to as "Radiant Care" throughout this Policy.

Radiant Care Facility and Radiant Care Facilities: housing operated by Radiant Care Pleasant Manor and Radiant Care Tabor Manor.

Regulated Health Professional: a member of a health profession who is registered with, and regulated by, a health regulatory college under the Regulated Health Professions Act and any applicable profession-specific legislation, and who is acting within their authorized scope of practice in relation to MAID.

Resident: a Radiant Care Life Lease Occupant, Long-term Care Resident or a Tenant.

Formal Request for MAID: an intentional and deliberate request for MAID by a Long-term Care Resident, made either verbally or in writing to a physician or nurse practitioner. The request may be communicated in various ways, including:

- direct conversation with a physician or nurse practitioner;
- by email, text message, or written note addressed to a physician or nurse practitioner;
- through a speech-generating device to a physician or nurse practitioner; or
- by another clear method of communication.

An inquiry about MAID, by a Resident or by others on behalf of the Resident, including Substitute Decision Makers, such as seeking general information about MAID eligibility or the delivery of MAID, does not constitute a deliberate and intentional request for MAID. A formal request for MAID must be made verbally or in writing by a Long-term Care Resident.

Staff: all persons employed or engaged by Radiant Care including members of the medical staff, non-medical staff, volunteers, board members, students, and other individuals associated through legal contracts, while acting in that capacity, or on behalf of Radiant Care or in a Radiant Care Facility.

Substitute Decision Maker: a person who is legally authorized to make decisions on behalf of a Resident who is incapable of making a particular decision for themselves. A Substitute Decision Maker cannot request MAID on behalf of a Resident.

Tenant: an individual recognized by Radiant Care as having acquired the right to occupy, and who resides in a rental housing unit operated by Radiant Care.

POLICY

Radiant Care is a Christian community whose mission, vision, and approach to care are guided by the Christian values and beliefs set out in our Confession of Faith, attached as Appendix A. Central to these beliefs is our commitment to the sanctity and inherent dignity of every human life.

Radiant Care recognizes that decisions at the end of life are deeply personal and often made during times of significant suffering, vulnerability, and uncertainty. Radiant Care is committed to treating every resident, family member, Substitute Decision Maker, and care partner with compassion, respect, dignity, and understanding, regardless of their views or decisions regarding MAID.

Consistent with Radiant Care's Confession of Faith and the principles upon which Radiant Care is founded, Radiant Care will not participate in the provision of MAID in its facilities. Accordingly, MAID will not be performed, administered, or facilitated within any Radiant Care Facility by Radiant Care's physicians, nurse practitioners, Director of Care, other employees, volunteers, contractors, or by external physicians, nurse practitioners, MAID Providers, MAID Assessors, MAID Prescribers, Pharmacy Professionals or agents acting on Radiant Care's premises.

While Radiant Care does not permit the provision of MAID within its facilities, Radiant Care remains committed to ensuring that individuals who inquire about or pursue MAID are treated with respect, receive compassionate care, and are not subjected to discrimination, judgment, or a reduction in the quality or availability of services. Radiant Care will continue to provide comprehensive care, including palliative, spiritual, and emotional supports, and will comply with all applicable legal and regulatory obligations concerning MAID as they apply to faith-based organizations that do not provide MAID within their facilities

Where a Radiant Care Resident wishes to have a MAID assessment conducted in their unit, qualified external MAID Assessors acting in accordance with the applicable legislation and CPSO and CNO standards and guidelines, may enter Radiant Care Facilities for the purpose of conducting the MAID Assessment. Such access will be subject to Radiant Care's reasonable requirements relating to access, privacy, confidentiality, infection prevention and control, safety, and visitor procedures.

Radiant Care and its staff will not obstruct, delay, or interfere with a resident's lawful MAID Assessment procedure. Radiant Care staff shall not assist with, participate in, or facilitate any part of a MAID Assessment, and shall not be present during any MAID Assessment conducted on Radiant Care's premises, except to the extent required by applicable law or in the case of an emergency unrelated to the MAID Assessment.

Nothing in this policy requires Radiant Care, its staff, contractors, volunteers, or affiliated health care providers to provide, administer, or participate in MAID or MAID Assessments on Radiant Care's premises.

Radiant Care recognizes the right of a Long-term Care Resident, rental housing Tenant, or Life Lease Occupant to legally seek MAID from a publicly funded organization or external physicians or nurse practitioners providing MAID services. Nothing in this Policy is intended to interfere with a Long-term Care Resident, rental housing Tenant, or Life Lease Occupant's right to request, consider, or receive MAID outside Radiant Care's facilities in accordance with ss. 241.1 to 241.4 of the *Criminal Code*, R.S.C. 1985, c. C-46, and applicable Ontario law and professional standards.

Radiant Care recognizes the right of individual physicians and nurse practitioners to conscientiously object to participating in the provision of MAID under any requirements outlined in law, professional regulatory standards, and Radiant Care's requirements.

Radiant Care acknowledges that the CPSO and the CNO require physicians and nurse practitioners who conscientiously object to the provision of MAID to provide an effective referral in a timely manner to allow the requesting individual to access MAID outside Radiant Care premises; (for more information, please refer to Appendix B: *Radiant Care's Addendum to MAID Policy).*

TRAINING AND EDUCATION

Training and Education form the foundation for Radiant Care's internal and external stakeholders about Radiant Care's beliefs and values about MAID.

Pre-admission and Admission documentation will acknowledge Radiant Care's position on MAID and all prospective Residents will be informed of Radiant Care's position on MAID.

Radiant Care's website will acknowledge Radiant Care's position on MAID.

Staff orientation and onboarding materials will acknowledge Radiant Care's position on MAID.

Radiant Care's Confession of Faith will be prominently posted on Radiant Care's website.

MAID REQUESTS

Radiant Care's Responsibility

Radiant Care shall not directly or indirectly discriminate against, intimidate, retaliate against, reduce services to, alter care planning for, or pressure any Resident, Substitute Decision Maker or family member because they inquire about, request information concerning, are assessed for, or pursue MAID.

Resident Requests for MAID to Staff that are not Physicians or Nurse Practitioners

Where a Long-term Care Resident makes a verbal or written request for information on MAID to a Radiant Care staff member that is not a physician or nurse practitioner, the staff member who receives this information shall:

a) in the case of Long-term Care Resident, promptly notify the Director of Care or Senior Administrator Long-Term Care no later than the end of the staff member's shift;
b) in the case of a Tenant or Life Lease Occupant, promptly notify the Supportive Housing Manager or CEO no later than the end of the staff member's shift.

A request to a staff member, who is not a physician or nurse practitioner, for information on MAID or a formal expression of interest in MAID by a Resident to a staff member who is not a physician or nurse practitioner, shall be acknowledged respectfully. The Resident shall be informed promptly of Radiant Care's position on MAID. Long-term Care Residents will be referred to Radiant Care's MAID policy and directed to speak with their attending physician, the Director of Care, or the Medical Director immediately. Life Lease Occupants and Tenants will be referred to Radiant Care's MAID policy and directed to speak with the Supportive Housing Manager or CEO.

All information relating to MAID inquiries, assessments, referrals, transfers and outcomes shall be treated as personal health information and managed in accordance with the *Personal Health Information Protection Act* (Ontario) and Radiant Care's privacy policy.

External MAID physicians and nurse practitioners must comply with Radiant Care's visitor policy when visiting Radiant Care Facilities to conduct MAID eligibility assessments. Where an external MAID Assessor or provider or prescriber is lawfully permitted to attend Radiant Care's Facilities to assess MAID eligibility or facilitate MAID services to a Resident, Radiant Care shall reasonably cooperate with access arrangements, subject to Resident safety, privacy, infection prevention and control, and operational requirements, and shall not obstruct or interfere with lawful visits.

Radiant Care's allowance of access to, or use of, Radiant Care Facilities for any MAID Assessment shall not be construed as an approval, recommendation, certification, representation, warranty, or endorsement of the Maid Assessor, the MAID Assessment process, the MAID Assessment results, or any related conduct, documentation, or outcome.

Radiant Care shall have no oversight, responsibility, or liability for the manner in which any MAID Assessment is conducted, the qualifications or actions of any MAID Assessor, the accuracy or completeness of any MAID Assessment, or any dispute, claim, loss, injury, damage, or consequence arising from or relating to any MAID Assessment conducted within Radiant Care's Facilities.

Residents and their caregivers may also contact Ontario's MAID Care Coordination Service to obtain information about MAID. Residents may contact the service directly to request information, obtain referrals for MAID services, or be connected with a physician or nurse practitioner who can assess their eligibility for MAID. The Care Coordination Service is available 24 hours a day, 7 days a week, and can be reached toll-free at 1-866-286-4023 or by TTY at 1-844-953-3350.

Non-Resident Request for MAID

A Substitute Decision Maker cannot request MAID on behalf of a Resident. A request for MAID must be made verbally or in writing and voluntarily by the Resident seeking MAID, who must have decision-making capacity at the time the request is made and at the time consent is provided, subject to any applicable waiver of final consent permitted by law.

Response By Staff That Are Not Physicians or Nurse Practitioners

At no time shall any Radiant Care staff member initiate a discussion about MAID with any Resident, or their families or friends.

If a Resident makes a verbal or written request for MAID to a Radiant Care staff member, the staff member receiving this information, who is not a physician or nurse practitioner, shall escalate to the appropriate individual as described in the 'Maid Requests' section of this policy.

As per the current legal framework governing the provision of MAID services, only physicians and nurse practitioners are permitted to discuss or assess individuals with respect to MAID. All staff are therefore prohibited from engaging in further discussion with the Resident about MAID.

Staff receiving a MAID inquiry from a Resident shall document the date, time, individual making the request, and immediate actions taken in the Resident's Chart in PointClick Care.

Radiant Care Staff shall not impede a Resident's access to MAID or information about MAID or express moral judgments about the beliefs, lifestyle, identity, or characteristics of the Resident.

Radiant Care staff are prohibited from disclosing a Resident's MAID request or status to any person whatsoever unless the person has a need to know the information for care, safety, legal, or operational purposes, as determined by Radiant Care's Privacy Officer.

If a Resident chooses to transfer to another facility to proceed with MAID, all staff are expected to continue to provide compassionate and respectful care to the Resident as per Radiant Care's vision, mission, and core values, regardless of their own conscience or religious beliefs. Care and treatment will continue to be provided until the Resident is discharged from the home.

Response by Physicians and Nurse Practitioners

As a faith-based organization, Radiant Care does not permit the provision of MAID by its staff or medical professionals in any Radiant Care Facility. Any physician, nurse practitioner or pharmacy professional working within a Radiant Care Facility is expected to comply with the requirements of the CPSO, the College of Nurses of Ontario and the Ontario College of Pharmacists' expectations for conscientious objections, as well as for effective referral.

Resident Formal Request for MAID

When a Life Lease Occupant or a Tenant makes a formal request for MAID to a physician or nurse practitioner working within Radiant Care Facilities, the physician or nurse practitioner shall promptly advise the Life Lease Occupant or Tenant to speak to their own physician or nurse practitioner.

When a Long-term Care Resident makes a formal request for MAID to a physician or nurse practitioner working within Radiant Care Facilities, or when such physician or nurse practitioner is notified by Radiant Care staff of a Long-term Care Resident's formal request for MAID, the physician or nurse practitioner shall promptly meet in person with the Long-term Care Resident in a timely manner, typically by the next routine clinical rounds or within one week of receipt of the request or notification. During this meeting, the physician or nurse practitioner shall engage in a compassionate discussion with the Long-term Care Resident to understand the reasons underlying the inquiry or request and to explore the nature of the Long-term Care Resident's suffering.

This discussion should consider whether psychosocial factors, such as grief, loneliness, social isolation, stigma, shame, or barriers to accessing medical care, assistive devices, community supports, or psychological services, may be contributing to the Long-term Care Resident's request.

Where such factors are identified, reasonable efforts shall be made to address and alleviate these concerns. During the meeting, the Long-term Care Resident shall be provided with information about the full range of available treatment, care, and support options that may help alleviate suffering, including palliative care, pain and symptom management, psychological and spiritual supports, and MAID.

Where a Long-term Care Resident's Substitute Decision Maker, family member, or friend makes a verbal or written inquiry about MAID to a physician or nurse practitioner working within Radiant Care Facilities, the physician or nurse practitioner shall promptly advise them that requests for MAID should be made directly by the Long-term Care Resident. The physician or nurse practitioner shall also refer the Substitute Decision Maker, family member, or friend to Ontario's Care Coordination Service for further information within one (1) week of the inquiry.

If the Long-term Care Resident wishes to proceed with MAID, the physician or nurse practitioner working within Radiant Care Facilities shall decline to provide MAID at Radiant Care including any required assessments. The objection must be communicated directly to the Long-term Care Resident compassionately and in a way that respects the Long-term Care Resident's dignity. The physician or nurse practitioner shall inform the Long-term Care Resident that the objection is not due to clinical reasons and shall provide an effective referral to a non-objecting physician, nurse practitioner or agency, such as Ontario's Care Coordination Services within one (1) week.

In order to uphold the Long-term Care Resident's autonomy and facilitate the decision-making process, physicians or nurse practitioners working within Radiant Care Facilities shall not impede a Long-term Care Resident's access to MAID, even if it conflicts with their conscience or religious beliefs; shall not express moral judgments about the beliefs, lifestyle, identity, or characteristics of the Long-term Care Resident; and shall not withhold information about the existence of any procedure or treatment even if it conflicts with their conscience or religious beliefs.

The referral process should support Long-term Care Residents' timely access to appropriate care and help minimize the risk of avoidable suffering.

Upon receiving a formal request for MAID from a Long-term Care Resident, physicians or nurse practitioners working within Radiant Care Facilities must document the following in the Long-term Care Resident's chart in Point Click Care:

a) The date on which the Long-term Care Resident made the formal request (written or verbal) directly to the physician or nurse practitioner;
b) The date on which the physician or nurse practitioner met in person with the Long-term Care Resident;

c) Whether all options for care were discussed with the Long-term Care Resident, including MAID and the Long-term Care Resident's response;
d) The date on which an effective referral was made or information about the referral process if self-referral preferred;
e) The name of the physician, nurse practitioner, and/or agency to which the referral was made.

Care and treatment will continue to be provided by physicians or nurse practitioners working within Radiant Care Facilities until an external provider indicates they are assuming total care of the Long-term Care Resident, the Long-term Care Resident is transferred to a non-objecting facility, or the Long-term Care Resident is discharged from Radiant Care's Facility.

Transfer Out of Radiant Care to Receive Maid

Radiant Care recognizes that end-of-life decisions are deeply personal and may be challenging for Residents and their families. However, in keeping with Radiant Care's faith-based mission, MAID is not provided within Radiant Care's facilities. Residents who wish to receive MAID must be transferred to a non-objecting facility where it may lawfully be provided.

Radiant Care staff will make reasonable efforts, in accordance with this policy, to assist Residents who require an effective referral and transfer to a non-objecting facility, with the goal of minimizing negative impacts and supporting continuity of care during the transition.

If a Resident is unable to be safely transferred, or elects not to be transferred, MAID shall not be provided or administered within any Radiant Care Facility. For Long-term Care Residents, Radiant Care shall continue to provide compassionate, respectful, and dignified care to the Long-term Care Resident, including palliative, spiritual, emotional, and psychosocial supports, in accordance with the Long-term Care Resident's needs and plan of care.

Where MAID is to take place outside Radiant Care's Facilities and a Resident and/or the Resident's family requests discharge from a Radiant Care Facility or a termination of a life lease or rental housing agreement, Radiant Care staff shall coordinate discharge and termination of lease options in a timely manner in accordance with Radiant Care's Discharge Policy and termination of lease policy. Where applicable, Radiant Care staff shall also coordinate return planning in the event that MAID is not completed, at the request of the Resident and/or the Resident's Family.

The Resident and/or the Resident's family is responsible for arranging and paying for any transportation or transfer out of any Radiant Care Facility to access MAID. Radiant Care will not arrange, coordinate, or cover any costs associated with such transportation or transfer.

ANNUAL REVIEW OF MAID POLICY

The Chief Executive Officer, Senior Administrator Long-Term Care, and Medical Director will remain abreast of changes in legislation and trends with MAID and will formally present recommended changes to the Board of Directors through the CEO. Formal evaluation of this policy will be carried out by the Board of Directors annually.

Radiant Care

REVISIONS

Date	Changes	Requested By

REVIEW

Review Date	Reviewed By	Review Date	Reviewed By

Radiant Care

APPENDIX A

RADIANT CARE CONFESSION OF FAITH

As a Christian community, Radiant Care relies on our Confession of Faith to unite our board, staff, and volunteers in the beliefs that undergird the vision, mission, and core values of our organization. We believe this Confession of Faith is founded on The Scriptures and is consistent with our Anabaptist heritage and Evangelical Christian beliefs.

Scripture

We believe The Holy Scriptures, as originally given by God, are divinely inspired, infallible, entirely trustworthy, and constitute the supreme authority in all matters of faith and conduct.

Genesis 9:1-17; Genesis 12:1-3; Exodus 6:2-8; Psalm 23; Isaiah 66:12-13; Jeremiah 31:31-34; Mark 8:34-38; 2 Corinthians 5:16-19.

God

We believe that there is one God, who eternally exists in three persons: Father, Son, and Holy Spirit. He is the Creator of all things, and He is the Sovereign Lord over all He has made.

Genesis 1; Exodus 15:2-3; 34:6-7; Deuteronomy 6:4-6; Psalm 8; Psalm 23; Psalm 139; Isaiah 55:8-9; Isaiah 66:12-13; Hebrews 12:7-11; Revelation 5:5-6, 9-10.

Christ

We believe in the deity of Jesus Christ, His virgin birth, His sinless life, His miracles, and His teaching. Through His sacrificial and atoning death on the Cross, He opened the way of rescue from sin and death, reconciling the world to God. We believe in His bodily resurrection, in His ascension to the right hand of the Father.

We believe in His continuing intercession for His people until His return, in power and glory. He will appear again as Judge to raise the unrighteous to eternal separation from God and to raise the righteous unto eternal blessing. His redeemed will enjoy everlasting life, reigning with Christ in the new heavens and the new earth.

Matthew 1:18-25; 5-7; 28:18-20; Mark 8:34-38; Luke 4:18-19; John 1:1-18; 1 Corinthians 15:3-8; 2 Corinthians 5:16-21; Ephesians 1:15-2:22; 3:14-21; Philippians 2:6-11; Colossians 1:15-20; 1 Timothy 6:15-16; 2 Timothy 2:11-13; 1 Peter 2:21-25; 1 John 2:2; Revelation 5:5-6, 9-10.

BOARD APPROVED OCT 21, 2020

References

- **Confession of Faith – Mennonite Church Canada – www.mennonitechurch.ca/cof**
- **Confession of Faith – Canadian Conference of Mennonite Brethren Churches – www.mennonitebrethren.ca/mb-confession-of-faith/**
- **The Holy Bible**

Radiant Care

Salvation

We believe that human beings have been made for relationship with God. Sin has broken that relationship, but God offers redemption and reconciliation through Jesus Christ. Salvation is only possible through repentance and faith in Jesus Christ as Lord and Saviour, through the power of the Holy Spirit.

Exodus 6:1-8; 15:2; 20:2; Psalm 68:19-20; Isaiah 43:1; Matthew 4:1-11; Mark 10:45; John 1:12; 3:1-21; 13:34-35; 16:8-11; Romans 3:24-26; 5:8, 12-21; 8:18-25; 10:9-10; 1 Corinthians 1:18; 2 Corinthians 5:14-21; Ephesians 1:5-10, 13-14; 2:8-9; Colossians 1:13-14; 2:15; Hebrews 2:14-18; 4:12; 5:7-9; 9:15-28; 11:6; 1 John 4:7-11; Revelation 5:9-10; 21:1-4

Humanity and the sanctity of life

We believe God created humanity in His image and gave them a special dignity among all His creation. All human life is precious. It is a gift from God for us to respect and protect through all its stages. Each person's life has worth, regardless of their age or ability, because they are made in the image of God and loved by Him.

Genesis 1:26-27; 2:7; Exodus 20:13; Job 31:15; Psalm 139:13-16; Amos 1-2; Matthew 6:25-27; 25:31-46; 1 Corinthians 6:15a

The Work of the Spirit

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a life of holiness, worship and service.

Psalm 139; Jeremiah 31:31-34; Hosea 11:1-4; John 14:26; 15:26; 16:7-15; Acts 1:8; 2:1-4; Romans 8:1-17; 1 Corinthians 12:4-7, 13; 2 Corinthians 1:22; 13:14; Galatians 5:22-23; 2 Timothy 2:11-13.

The Church

We believe the Church is the Body of Christ, the people of God, and the fellowship of the Spirit, sent into the world to glorify God by bearing witness to Jesus Christ and God's dawning Kingdom, in word and deed. We believe in the spiritual unity of all true believers in our Lord Jesus Christ.

Matthew 5:13-16; 16:13-20; 18:15-20; 22:34-40; 28:18-20; Mark 12:28-34; Luke 10:25-37; 24:45-49; John 13:1-20; 17:1-26; Acts 1:8; 2:1-4, 37-47; 11:1-18; 15:1-35; Romans 1:16-18; 12:3-8; 1 Corinthians 5:1-8; 12-14; 2 Corinthians 2:5-11; 5:18-20; Galatians 3:26-28; 6:1-5; Ephesians 1:18-23; 2:11-22; 4:4-6, 11-16; 1 Thessalonians 5:22-23; 1 Timothy 3:1-7; Titus 1:7-9; 1 Peter 2:9-12; 5:1-4

BOARD APPROVED - OCT 21, 2020

References

- Confession of Faith – Mennonite Church Canada – www.mennonitechurch.ca/cof
- Confession of Faith – Canadian Conference of Mennonite Brethren Churches – www.mennonitebrethren.ca/mb-confession-of-faith/
- The Holy Bible

Radiant Care

APPENDIX B

Radiant Care's Addendum to Medical Assistant in Dying (MAID) Policy

Introduction

We acknowledge that MAID is a polarizing subject and generates strong opinions within our community. Some see it as a viable option in response to unbearable suffering whereas others see it as an action that stands against the teachings of Holy Scripture and the tradition of the Church. The purpose of this policy addendum is not to debate the morality of MAiD or to cast judgment on those who embrace it. Rather, it is a simple attempt to provide spiritual and theological insight into Radiant Care's decision to be non-participatory in providing MAiD on any part of our campuses of care.

Suffering

Those who choose to live on Radiant Care campuses are seniors who must contend with the issues of aging and age-related illnesses. Since our inception, Radiant Care has walked with individuals dealing with:

- the debilitating effects of stroke, cancer, and neurological disease such as dementia.
- grief over the death of loved ones, the loss of home and possessions, or their role within society.
- estrangement or isolation from families or communities.
- preparing for their death.

If we understand suffering as pain or desolation within the dimensions of the physical, psychological, social, and/or spiritual, at times leading to despair, then it is fair to say that "to age is to suffer".[1] Responding to that suffering is why Radiant Care was created.

The Story Given to Us

Authors, Stanley Hauerwas and Richard Bondi write that before we ask how we respond to suffering we must first ask the question, "Who should we be?"[2] The question of our identity determines the context of our attitudes and our behaviour towards the idea of suffering and those who suffer. The framework of this identity is best described using the language of *story*. The story that has been given to us from beyond ourselves and is not self-determined. The story given to us by God's revelation in and through the person of Jesus Christ. **As such, we are not obligated to anything or anyone else, but to the story that we find ourselves in.**

Orientation to God

From the story given to us through the revelation of Jesus we come to understand that our identity is oriented to God to others.[3]

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[1] For a more in depth understanding of suffering see Zylla, The Roots of Sorrow: A Pastoral Theology of Suffering, Baylor University Press, Waco, TX, 2012; Soelle, Suffering, Fortress Press, Philadelphia, PA, 1975.

[2] Hauerwas and Bondi, "Memory, Community and the Reasons for Living: Theological and Ethical Reflections on Suicide and Euthanasia." JAAR 44/3 (1976) 439-452.

[3] The author, Ray Anderson, offers a Theology of Spiritual Anthropology as five spheres (social, personal, sexual, psychical, and spiritual) that are oriented to God and to each other. Anderson, Spiritual Caregiving as Secular Sacrament, p. 40.

By being oriented to God, the story tells us that we belong not to ourselves but to the creator God is who is sovereign. God, as the Apostle Paul writes, is the One in whom we live and move and have our being (Acts 17:28). As a Christian organization, this is what we confess, that all we are is surrendered to God.

In reference to suffering, we read Romans 8:18-25 which puts it this way, as a comparison between suffering and future glory. We, like all creation, are eagerly waiting for Christ to reveal that we are the children of God and to experience freedom from the death and decay that we are experiencing now. We groan in this waiting, longing to be released from this suffering but in hope, we must wait with patience and confidence. We look forward to that day of freedom and release, but we resign ourselves to God's timing.[4]

We recognize that not all believers, or those who live on our campuses, share this same interpretation of scripture. Which is to say that others will draw from scripture their own value systems and principles to direct their lives. But what cannot be disputed is the second orientation that we draw from the story given to us which is the orientation towards each other. Our story determines that our identity is also found in community.

Orientation to Each Other

Suffering can be amplified in an individual when in isolation from others. As one author writes, suffering is found in the questions:

1. Will someone listen?
2. Will someone come?
3. Does anyone care?

If, within the story given to us, it is determined that we are oriented to each other then our understanding of and response to suffering must be influenced by this orientation. It can speak to a sense of meaning in suffering knowing that many on our campus share the same experiences of aging and age-related issues - that no one is suffering in isolation. That we are all together in this way speaks to solidarity.

But the sense of meaning can also be experienced in the compassionate care that is offered by the community. The role of this community is to respond to suffering by helping to alleviate the physical, psychological, emotional, and spiritual pain and distress with the belief that Christ is revealed in and through us. In other words, Christ provides the comfort, compassion, and consolation through the figurative hands and feet of the community. As the poem by Theresa of Avila goes,

> *Christ has no body but yours,*
> *No hands, no feet on earth but yours,*
> *Yours are the eyes with which he looks*
> *Compassion on this world,*
> *Yours are the feet with which he walks to do good,*
> *Yours are the hands, with which he blesses all the world.*

[4] There are too many references to suffering in scripture to incorporate into this paper. As well, scripture which affirms our understanding of the sacredness of life. For more insight please refer to the Radiant Care Confession of Faith.

The story that speaks to who we are infers that as a people oriented to each other what we do as individuals impacts others. Which is to say, our decision for Radiant Care to be a non-participating organization of MAID is for the protection of the health of our community.[5]

Compassion and the Quality of Life

Some may suggest that the suffering individual has no quality of life. To this we ask, "How do you quantify the quality or value of a life?" Our North American world view would suggest that only those who are able to contribute to society have value and significance. We have heard people say that the consideration of MAiD is because they do not want to be a burden. But from the story given to us, we know that our value and purpose in who we are comes from being oriented to God and to others. Our value and quality of life is not self-determined but is dependent on God and our community. So then, the purpose of Radiant is to offer a resistive and compassionate response to those who suffer. We work to alleviate the physical pain and discomfort while stating:

1. We will listen.
2. We will come.
3. We care.

This is story given to us; the story that we live in; the story that determines our identity; the story that determines our response to suffering.

[5] We should note that our community consists of not only those who live but work on our campuses. Our policy is offered as a form of protection to our staff. John Swinton speaks of the moral injury imposed on those whose duty and responsibility is to provide care but asked to participate in the taking of a life. See https://www.abdn.ac.uk/dhpa/disciplines/divinity/teacher-and-student-schools-resources/assisted-dying/