

Using case examples from his own practice, Dr. Miller noted the importance of patients being accompanied by a trusted friend on hospital visits, of speaking with one's substitute decision maker about values and preferences, and of checking provincial—and national—laws about advance directives. Dr. Miller also discussed palliative care, observing that families of dying patients also go through the five stages of grieving and that, in his experience, some of the most blessed moments that he was privileged to witness occurred in the care of the dying.

Throughout his talk, Dr. Miller not only shared his expertise in bioethics, he exhibited a deep pastoral sensibility informed by an obvious love of patients, their families and the health care professionals attending them. It is a love that continues to inform Dr. Miller's practice as a Catholic bioethicist.

**Bridget Campion, PhD**

## **Islamic Perspectives on End-of-Life Issues and Death**

Dr Shabbir Alibhai

**March 5, 2014, 7 pm**

**Free | All are welcome.**

**Location: 95 St Joseph Street, east door, Room 101, Faculty of Theology, University of St Michael's College**

### **Summary**

Ethical dilemmas pervade modern geriatric medicine, particularly as patients approach the end of life. These issues include, but are not limited to, assessment of mental capacity, use of advance directives, aggressiveness of care, do-not-resuscitate orders, and artificial nutrition and hydration. In our clinical practices in geriatric medicine in Canada, these issues challenge older patients and their families on a daily basis.

Islam is one of the world's great monotheistic religions, with over one billion adherents throughout the world. It features a series of principles and positions related to a wide range of ethical issues. Understanding the theological basis for these issues, as well as understanding the clinical implications of religious directives, is increasingly important for clinicians, bioethicists, religious scholars, and other interested parties in Canada and elsewhere.

In this presentation, Dr. Alibhai will outline Islam's principles in general and specifically as they relate to health care issues. He will then focus on practical issues related to end-of-life care viewed from the moral traditions of Islam. Finally, he will discuss important rituals and other aspects of death and dying that are relevant to the care of patients and families facing death.

### **Bio**

Dr. Alibhai completed medical school training in 1993 and went on to specialize in internal medicine and geriatric medicine. He then obtained a Master's in Clinical Epidemiology, all at the University of Toronto. Currently on staff as a geriatrician and researcher at the University Health Network, Dr Alibhai is also a Research Scientist of the Canadian Cancer Society and an Associate Professor in the Department of Medicine and the Institute of Health Policy, Management, and Evaluation at the University of Toronto.

Dr. Alibhai has a long-standing personal and educational interest in religious biomedical ethics, focusing on end-of-life issues and comparative bioethics. He has lectured internationally and published articles and book chapters on Islamic and comparative religious biomedical ethics as well as on artificial nutrition and hydration, has been featured in multiple media interviews, and is a local expert on Islamic bioethical issues. His primary research interest is in cancer in older adults.

**This lecture is co-hosted by the Canadian Catholic Bioethics Institute and the Order of Malta.**



## World Day of the Sick, February 11, 2014

Pope Francis has a way of stating the obvious which jolts us into a new awareness of the meaning of reality. A constant theme of his homilies, talks and interviews is the necessity of our encounter with Jesus, without which nothing worthwhile can be achieved. This encounter, I think, can be explicit (which it can be and should be for Christians) or implicit in the depths of the sanctity of conscience for those who have not yet received the grace of an explicit encounter. The Pope says that this encounter with the Word made flesh, sent by the Father of love to bring us out of the world of darkness into the kingdom of light has all sorts of consequences. He speaks of the joy of evangelization, the essential nature of the Church as evangelizing, the inclusion of the poor where their voice is heard as having authority—and so much more.

February 11 is the World Day of the Sick. My usual thoughts on such a day is to see the sick as among the poor, the vulnerable, as needy of love and service. This is undoubtedly true. This is a day to thank God for the dedication of many people engaged in healthcare—nurses, physicians, healthcare professionals generally, and also the army of family members and volunteers who serve the sick in so many ways. In some mysterious way, all these people have encountered Jesus—“I was sick and you cared for me.”

Today, though, I am brought to realization that the many of the sick have encountered Jesus. To misquote Jack Kennedy, “Ask not what you do to serve the sick, but how the sick serve you.” Like many of us, I have been privileged to have been with marvelous sick persons who love and serve the Lord in their sickness. In the afterlife, we will learn about the overwhelming good achieved through the loving, patient sick, so often attributed to some secondary cause.

When people truly encounter Jesus, as Pope Francis has, nothing is impossible and is achievable in joy.

**Leo Walsh, CSB**

## Annual Lecture 2013

On November 7, 2013 Dr. Mark Miller CSsR delivered the Canadian Catholic Bioethics Institute's 2013 Annual Lecture, “Advanced Health Care Directives: Comments from Twenty Years of Experience.” Currently a bioethicist with the Centre for Clinical Ethics at St. Joseph's Health Centre, St. Michael's Hospital and Providence Centre in Toronto, and the Provincial of the English-Speaking Redemptorists in Canada, Dr. Miller drew on his considerable experience as he led the audience through the changing attitudes in end-of-life care decision making and the subsequent development of advance directives.

He noted, for instance, that until the 1980s, end-of-life decisions were greatly influenced by the physician's understanding of what was in the patient's best interests—which did not always match the patient's understanding of what those best interests were. With emphasis placed on the importance of respecting patient autonomy in the 1980s, decision making was in the hands of the patient with health care professionals in the role of providing information to facilitate that decision making. Within this context, advance directives became an extension and expression of the patient's will. Even so, as Dr. Miller explained, advance directives are not without their challenges.

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### Upcoming Events

#### Seminar

#### Transitions in Care Planning

April 29, 2014,  
6 – 9 pm

Fr Madden  
Auditorium, Carr  
Hall, 100 St.  
Joseph Street

#### Speakers:

Jane E. Meadus,  
Advocacy Centre  
for the Elderly

Bob Parke,  
Humber River  
Hospital

Bridget Champion,  
CCBI

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