



De begeleiding van de ongeneeslijke zieke en stervende

**To the participants in the congress organized by the Pontifical Academy for Life on the theme
“Close by the incurable sick person and the dying: scientific and ethical aspects”**

Pope Benedict XVI
25 February 2008

Dear Brothers and Sisters,

With deep joy I offer my greeting to all of you who are taking part in the Congress of the Pontifical Academy for Life on the theme: “Close by the Incurable Sick Person and the Dying: Scientific and Ethical Aspects”. The Congress is taking place in conjunction with the 14th General Assembly of the Academy, whose members are also present at this Audience. I first of all thank the President, Bishop Sgreccia, for his courteous words of greeting; with him, I thank the entire Presidency, the Board of Directors of the Pontifical Academy, all the collaborators and ordinary members, the honorary and the corresponding members. I would then like to address a cordial and grateful greeting to the relators of this important Congress, as well as to all the participants who come from various countries of the world. Dear friends, your generous commitment and witness are truly praiseworthy.

A mere glance at the titles of the Congress reports suffices to perceive the vast panorama of your reflections and the interest they hold for the present time, especially in today’s secularized world. You seek to give answers to the many problems posed every day by the constant progress of the medical sciences, whose activities are increasingly sustained by high-level technological tools.

In view of all this, the urgent challenge emerges for everyone, and in a special way for the Church enlivened by the Risen Lord, to bring into the vast horizon of human life the splendour of the revealed truth and the support of hope.

When a life is extinguished by unforeseen causes at an advanced age, on the threshold of earthly life or in its prime, we should not only see this as a biological factor which is exhausted or a biography which is ending, but indeed as a new birth and a renewed existence offered by the Risen One to those who did not deliberately oppose his Love. The earthly experience concludes with death, but through death full and definitive life beyond time unfolds for each one of us. The Lord of life is present beside the sick person as the One who lives and gives life, the One who said: “I came that they may have life, and have it abundantly” (Jn 10: 10). “I am the Resurrection and the life; he who believes in me, though he die, yet shall he live (Jn 11: 25), and “I will raise him up on the last day” (Jn 6: 54). At that solemn and sacred moment, all efforts made in Christian hope to improve ourselves and the world entrusted to us, purified by grace, find their meaning and are made precious through the love of God the Creator and Father. When, at the moment of death, the relationship with God is fully realized in the encounter with “him who does not die, who is Life itself and Love itself, then we are in life; then we “live” (Spe Salvi, n. 27). For the community of believers, this encounter of the dying person with the Source of Life and Love is a gift that has value for all, that enriches the communion of all the faithful. As such, it deserves the attention and participation of the community, not only of the family of close relatives but, within the limits and forms possible, of the whole community that was bound to the dying person. No believer should die in loneliness and neglect. Mother Teresa of Calcutta took special care to gather the poor and the forsaken so that they might experience the Father’s warmth in the embrace of sisters and brothers, at least at the moment of death.



But it is not only the Christian community which, due to its particular bonds of supernatural communion, is committed to accompanying and celebrating in its members the mystery of suffering and death and the dawn of new life. The whole of society, in fact, is required through its health-care and civil institutions to respect the life and dignity of the seriously sick and the dying. Even while knowing that “it is not science that redeems man” (Spe Salvi, n. 26), our entire society and in particular the sectors linked to medical science are bound to express the solidarity of love and the safeguard and respect of human life at every moment of its earthly development, especially when it is suffering a condition of sickness or is in its terminal stage. In practice, it is a question of guaranteeing to every person who needs it the necessary support, through appropriate treatment and medical interventions, diagnosed and treated in accordance with the criteria of medical proportionality, always taking into account the moral duty of administering (on the part of the doctor) and of accepting (on the part of the patient) those means for the preservation of life that are “ordinary” in the specific situation. On the other hand, recourse to treatment with a high risk factor or which it would be prudent to judge as “extraordinary”, is to be considered morally licit but optional. Furthermore, it will always be necessary to assure the necessary and due care for each person as well as the support of families most harshly tried by the illness of one of their members, especially if it is serious and prolonged. Also with regard to employment procedures, it is usual to recognize the specific rights of relatives at the moment of a birth; likewise, and especially in certain circumstances, close relatives must be recognized as having similar rights at the moment of the terminal illness of one of their family members. A supportive and humanitarian society cannot fail to take into account the difficult conditions of families who, sometimes for long periods, must bear the burden of caring at home for seriously-ill people who are not self-sufficient. Greater respect for individual human life passes inevitably through the concrete solidarity of each and every one, constituting one of the most urgent challenges of our time.

As I recalled in the Encyclical Spe Salvi: “The true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through “compassion” is a cruel and inhuman society” (n. 38). In a complex society, strongly influenced by the dynamics of productivity and the needs of the economy, frail people and the poorest families risk being overwhelmed in times of financial difficulty and/or illness. More and more lonely elderly people exist in big cities, even in situations of serious illness and close to death. In such situations, the pressure of euthanasia is felt, especially when a utilitarian vision of the person creeps in. In this regard, I take this opportunity to reaffirm once again the firm and constant ethical condemnation of every form of direct euthanasia, in accordance with the Church’s centuries-old teaching.

The synergetic effort of civil society and the community of believers must aim not only to ensure that all live a dignified and responsible life, but also, experience the moment of trial and death in terms of brotherhood and solidarity, even when death occurs within a poor family or in a hospital bed. The Church, with her already functioning institutions and new initiatives, is called to bear a witness of active charity, especially in the critical situations of non-self-sufficient people deprived of family support, and for the seriously ill in need of palliative treatment and the appropriate religious assistance. On the one hand, the spiritual mobilization of parish and diocesan communities, and on the other, the creation or improvement of structures dependent on the Church, will be able to animate and sensitize the whole social environment, so that solidarity and charity are offered and witnessed to each suffering person and particularly to those who are close to death. For its part, society cannot fail to guarantee assistance to families that intend to commit themselves to nursing at home, sometimes for long periods, sick people afflicted with degenerative pathologies (tumours, neuro-degenerative diseases, etc.), or in need of particularly demanding nursing care. The help of all active and responsible members of society is especially required for those institutions of specific assistance that require numerous specialized personnel and



particularly expensive equipment. It is above all in these sectors that the synergy between the Church and the institutions can prove uniquely precious for ensuring the necessary help to human life in the time of frailty.

While I hope that at this International Congress, celebrated in connection with the Jubilee of the Lourdes Apparitions, it will be possible to identify new proposals to alleviate the situation of those caught up in terminal forms of illness, I exhort you to persevere in your praiseworthy commitment to the service of life in all its phases. With these sentiments, I assure you of my prayers in support of your work and accompany you with a special Apostolic Blessing.