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Cardinal Parolin's Letter to Pontifical Academy for Life President for Congress on Palliative Care: 'When all the resources of "doing" seem to be exhausted, then the most important aspect emerges in human relations, which is that of "being": being present

February 28, 2018



Your Excellency,

On behalf of the Holy Father Francis, and myself, I extend a cordial greeting to you, to the organizers and to the participants in the Conference on Palliative Care. These are topics that regard the concluding moments of our earthly life and which confront the human being with a limit that seems unsurpassable for freedom, sometimes causing rebellion and anguish. This is why in today's society we try in many ways to avoid it and to remove it, neglecting to listen to the inspired indication of the Psalm: "Teach us to number our days, that we may gain a heart of wisdom" (90.12). We thus deprive ourselves of the richness that is hidden in finitude, and of an opportunity to develop a more sensible way of living, both on a personal and a social level.

Palliative care, however, does not support this renunciation of the wisdom of finitude, and here is a further reason for the importance of these issues. In fact, they indicate a rediscovery of the deepest vocation of medicine, which consists first of all in caring: its task is to always care for, even if it is not always possible to heal. Certainly the medical enterprise is based on the untiring commitment to acquire new knowledge and to overcome an increasing number of diseases. But palliative care proves, within clinical practice, the awareness that the limit demands not only to be fought and moved, but also recognized and accepted. And this means not abandoning sick people, but rather being close to them and accompanying them in the difficult test that makes itself present at the end of life. When all the resources of "doing" seem to be exhausted, then the most important aspect emerges in human relations, which is that of "being": being present, being close, being welcoming. This also involves sharing in the impotence of those who reach the extreme point of life. Then the meaning of the limit can change: it is no longer a place of separation and solitude, but rather an opportunity for meeting and communion. Death itself is introduced into a symbolic horizon within which it can appear not so much as the term against which life breaks and succumbs, but rather as the fulfilment of a freely received and lovingly shared existence.

Indeed, the logic of care recalls that dimension of the mutual dependence of love that emerges with particular emphasis in moments of sickness and suffering, especially at the end of life, but which in reality permeates all human relationships and indeed constitutes their most specific feature. "Let no debt remain outstanding, except the continuing debt to love one another, for whoever loves others has fulfilled the law" (Rom 13: 8): thus the Apostle admonishes us and comforts us. It therefore seems reasonable to make a bridge between the care that has been received since the beginning of life and that has allowed it to unfold throughout the span of its development, and the care to be given responsibly to others, in the succession of generations so as to embrace the whole human family. In this way it is possible to ignite the spark that connects the experience of the loving sharing of human life, up to its mysterious end, with the evangelical proclamation that sees us all as children of the same Father and recognizes in each one His inviolable image. This precious bond presides over a dignity,



human and theological, that does not cease to live, not even with the loss of health, one's social role and control over one's body. Here then, palliative care shows its value not only for medical practice – because, even when this latter is effective in healing at times spectacularly, do not forget this basic attitude that is at the root of every relationship of care – but also more generally, for all human coexistence.

Your program for these days highlights the multiplicity of dimensions that come into play in the practice of palliative care. It is a task that mobilizes many scientific, organizational, relational and communicative skills, including spiritual accompaniment and prayer. In addition to the various professional figures, the importance of the family for this path must be underlined. It plays a unique role as a place where solidarity between the generations presents itself as constitutive in the communication of life, and where mutual aid is experienced even in times of suffering or illness. Precisely for this reason, in the final stages of life, the family network, however fragile and disjointed it may be in today's world, still constitutes a fundamental element. Surely we can learn a lot on this point from cultures where family cohesion, even in times of difficulty, is held in high esteem.

A very topical issue in palliative care is that of pain relief. Pope Pius XII had clearly legitimized, by distinguishing it from euthanasia, the administration of analgesics to alleviate unbearable pain that is not otherwise treatable, even if, in the phase of imminent death, they may cause a shortening of life (cf *Acta Apostolicae Sedis* XLIX [1957], 129-147). Today, after many years of research, the shortening of life is no longer a frequent side effect, but the same question emerged with new drugs, which act on the state of consciousness and make different forms of sedation possible. The ethical criterion does not change, but the use of these procedures always requires careful discernment and great prudence. Indeed, they are very demanding for the sick, for the family, and for carers: with sedation, especially when protracted and deep, the relational and communicative dimension that we have seen is crucial in accompanying palliative care is cancelled. It is therefore always at least partially unsatisfactory, so it must be considered as an extreme remedy, after having carefully examined and clarified the indications.

The complexity and delicacy of the subjects present in palliative care require continuous reflection and the spread of the practice to facilitate access: a task in which believers can find like-minded companions in many people of good will. And it is significant in this regard that representatives of different religions and different cultures are present at your meeting, in an effort to deepen shared commitment. In the training of healthcare workers, those with public responsibilities and in society as a whole it is important that these efforts be carried out together.

While he recommends prayer for his ministry, the Holy Father imparts to you, Your Excellency, and to all the participants in the conference, his Apostolic Blessing. I add my personal best wishes and avail myself of this opportunity to assure you of my highest consideration.

Cardinal Pietro Parolin
Secretary of State