

PALLIATIVE CARE AND THE HUMAN DIGNITY OF PATIENTS

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INTRODUCTION

When the Nobel Peace Prize in 1979 was awarded to Mother Teresa, a Catholic nun, today beatified, who devoted her life among other things to the care of dying people in India and elsewhere in the world, this award was a kind of acknowledgement to the hospice and palliative care movement,¹ and to those people having the feeling, the knowledge and the will to dedicate themselves to the man – the person – and his needs in time of his illness and ultimately of his dying.

In the past people have tried to assist their beloved in the time of their suffering and pain, in the time of their dying. In different places and in different cultures the institution of hospice was created. Among a variety of definitions, the following are to be found: “The term ‘hospice’ is today used as a ‘certain notion of medial, nursing and spiritual care, a certain attitude to death and care for the dying’”.² The term palliative care, or an efficient pain management, describes a medical skill of an optimized expert use of drugs intended to remove or diminish pain, or to put it simple to improve the life quality. The combination of medical palliative care and human hospice care produces a complete human care and love for the sick and the dying. It is the realization of the culture of living in this area. The man lives in the time of his dying as well.

The roots of the hospice spirit and the realization of palliative care can be traced back to Jesus’ analogies and teachings. A special place is held by the analogy on the charitable Samaritan (Luke 10,30-37) and the speech on the last judgement (Mt 25, 31-46). The Samaritan, driven by human sympathy, welcomes the injured, beaten to death, and puts him up in a *guest house - hospitium* covering all the costs. At the last judgement, the axiological criteria for a life will, among other, include this one: I got ill and you visited me – or not. The history of the Church also includes the history of the care for the ill and dying man.³ Religious institutions are today expressively dedicated to palliative care.⁴ Anica Jušić has been promoting life culture through hospices and palliative care for 15 years, with her numerous associates,

through associations, numerous publications, symposiums and congresses.⁵

SEDARE DOLOREM - ALLEVIATING PAIN

Accepting life means accepting its inevitable part made of pain and suffering. It is well known: Illness and suffering are ambivalent realities. A positive approach does not deny the reality of illness and pain, but sees them as a constituent part of life. Pain is a warning on the physiological level that something is wrong, serving thus as a valuable tool of health and life. It is well known that not feeling pain is a dangerous disease. On a specifically human level, pain appears as a test of the human maturity: when accepted it leads to new attitudes towards the reality of life and death; it awakens the solidarity with the suffering. And the small daily deaths, in sickness and in pain, prepare the man for the decisive moment of the parting from this life. The art of dying and the art of living create a unity together: *Ars vivendi - Ars moriendi*.

The basic human and Christian common sense suggests the soothing or, if possible, the complete removal of pain and suffering. The saying is: *Sedare dolorem opus divinum est* = Soothing pain is a divine act. A delicate and important answer regarding this matter was provided, at a doctor’s question, by pope Pius XII in the year 1957. The question asked was: „Are the doctor and the patient allowed by the teaching of the church and by moral to use narcotics to remove pain and consciousness (even prior to death itself, when we can assume that the use of narcotics will shorten life)?”, and the answer followed: „It is allowed, if there are no other ways and if this does not prevent the fulfilling of other religious and moral obligations under the given circumstances”.⁶ The declaration on euthanasia from the year 1980, takes this statement as valid,⁷ and it was also confirmed by the encyclical letter *The Gospel of Life* from the year 1995.⁸ The soothing of pain with the risk and the price of loss of consciousness and shortening of life, of speeding up of the death process is most certainly one of the hardest and the latest steps in the therapy. A systematic and trifling application of therapies removing consciousness in order to remove pain is most certainly not acceptable.

1 Za njezin rad, usp.: Kornprobst R., Majka Terezija. Znak nade, UPT, Đakovački Selci 1986.

2 Student J.-C., Hospiz/Hospizbewegung, u: Lexikon. Medizin. Ethik. Recht, Herder, Freiburg-Basel-Wien 1989, s. 480-481.

3 Pozaić V., Pastoral zdravstva u Europi. Obnovljeni život 1 (2004) 91-100.

4 Palijativnoj skrbi posvećen je cijeli broj časopisa Papinskog vijeća za pastoral djelatnika u zdravstvu, *Dolentium Hominum* 1/58/2005.

5 Jušić A., Palijativna skrb. Poruke teškog bolesnika. Hrvatska udruga prijatelja hospicija. Regionalni hospicijski centar. Zagreb 2003.

6 Pio XII., Tri religiozna i moralna pitanja glede analgezije. AAS 49 (1957) 147. *Discorsi ai medici*. Roma 1960, str. 580.

7 Sveti zbor za nauk vjere, Deklaracija o eutanaziji, III.

8 Ivan Pavao II., *Evangelium vitae - Evandjelje života*, KS, Zagreb 1995, br. 65.

HUMAN DIGNITY

The syntagms we hear today as the dignity of death, a dignified death or similar have no sense. Death cannot be dignified. Death is on one hand a punishment for our sins; on the other hand death is the degradation of the biological dimension of the human being, nothing dignified. We can and we must talk about human dignity in illness, about human dignity in the process of dying.

The human dignity comes from the whole quality of the man as a person, as a physical and spiritual being, endowed with reason, the possibility of self-determination, freedom and responsibility, and since he was created as the image of God (Post 1,26-27), he was determined for eternity. The human dignity lies out of reach of man's power. It exists regardless of the circumstances of an individual's life: social, economical, political. The man can either respect it or not, but he cannot assign it or take it. The man cannot renounce his important designation: he is *Homo sapiens*, *imago Dei* – image of God. Every man withholds with the strength of his dignity in every stage of his life, even when questioned by serious disease or a dying full of suffering, the right and the obligation of respecting the foundations and the preconditions of this dignity.

Man cannot be reduced to a living non-man, not even from the biological point of view, he cannot be dis-manned. The theological point of view especially does not consider such a thing as a life without value, a life not worth living, a pointless life. Life is a precious value in its every stage. Catechism puts it simple and clear: „Those with declined or weak lives deserve special respect. The sick and the deprived must be helped so that they could live as normal as possible.“⁹ The philosophy of hospices and palliative care has its basis in the statement „You are important since You are You“. In such an atmosphere a person can feel acknowledged and loved even if caught in the inevitable circumstances of physical and spiritual weakening.

A seriously ill person, in the final and strong illness and dying phase is often not capable of fighting for his human rights, for his human dignity. This is especially true for states in which children can be caught, when physical pain is followed by spiritual pain, showing signs of exhaustion, lack of interest, loss of vitality, sadness and sorrow, sometimes restlessness. Well trained and well motivated nurses will be able to see the child's state through his outer moods and approach the child, win his trust and give him at least a little cheerfulness that could significantly ease his overall state.¹⁰

RELIGIOUS AURA

Both in the past and in the future, the hospice institution and the palliative care has a religious dimension that cannot be replaced. The hospice was created, developed and remained in a religious atmosphere. That does not mean that every hospice has to be marked by a certain religious

affiliation, although such hospices exist as well. A hospice is basically an institution open to all regardless of age, sex, race or religious belief. However, one of the permanent characteristics of every hospice is the presence of a clerical servant, either constantly present or coming when needed.

The time of illness and dying brings with it a time for contemplation and valorisation of the past life and facing what still remains of it. The life rhythm in a hospice – without rush, with special care for each individual – favours personal contemplation, resolving relationships with the family, friends and associates; it also favours resolving the person's relationship with God. For the ones who led a religious life, it is only a continuance of their spiritual life. For others this could be the opportunity for discovering new horizons, new perspectives. For some it could become a painful and hard search, as witnessed by a man without faith: „A person tries to search, to find even a tiny reason that could enable him to believe. These searches often last for months, during whole nights... Trust me, these searches are awfully intensive.“¹¹ Sooner or later the question of life and death, suffering and pain, of the future after the pilgrimage on this Earth becomes inevitable.¹² Being a companion, often suffering alongside the searcher on his way is a special act of human and religious solidarity.

The role of the chaplain in the hospice team is very special, both to the patients and the nurses. He should be able to recognize, among other things, „God's timetable“¹³ in the life of a particular individual; his personal understanding and experience of God from which he will be able to witness – in his acts and words – that „God is really great to accept not only our sins, but also our accusations“,¹⁴ and not less all our endeavours and accomplished good deeds, knowing that occasional expressions of disbelief, shouts at God, objections to his leading of personal and general history often are nothing more than Job's cries, disguised sighs of prayer.

THE GIFT OF LIFE

The basic attitude to life, in the religious light, is expressed in the teaching of the Church as follows: „The gift of life, which was given by the God Creator and father to the man, demands that the man be aware of its immeasurable value and to take responsibility for it.“¹⁵ Man expresses his gratitude for the gift of life by respecting life, by nurturing it and improving it. This includes fighting pain, suffering and premature death.

Man cannot act arbitrarily towards life and death; he cannot act demandingly, independently from the Giver of Life and the Master of life and death. Even when the greatness and the dignity of the gift of life lapses into a seemingly hopeless

9 Katekizam Katoličke Crkve. HBK Zagreb 1994, br. 2276.

10 Zucker J-M., *L'inquiétude en fin de vie chez l'enfant et ses parents*. Laennec 2 (2009) 43-54.

11 Kuzmanović V., *Zapisi o vlastitom umiranju*. Pet stoljeća hrvatske književnosti. NZ MH, Zagreb 1984, br. 163, str. 390.

12 Solé M-L., *Does Suffering have a Meaning?*. *Dolentium Hominum* 2(2008) 51-53.

13 O'Connor T., *Pastoral Caring for the Dying*, St. Joseph' Hospice, London (bez naznake godine, očito prije 1990.), str. 8.

14 Coyle T. (ed.). *Christian Ministry to the Sick*. G. Chapman, London 1986, str. 165.

15 Zbor za nauk vjere, *Donum vitae - Dar života*, KS, Zagreb 1987, str. 7.

state through sickness and suffering, life remains – even if we sometimes find it hulled in an unreachable secret – a miraculous gift of God's love. No state in life is hopeless for the believer. There is no Cross Calvary without Resurrection. The believer knows that the almighty, wise and good God is the ultimate director of this world's drama and every individual's life. So writes St. Paul to his believers in Rome: "And we know that all things work together for good for those who love God" (Rome 8,28). Death itself does not represent the final disaster for the believer, but a transfer from ephemerality to non-ephemerality, from time-bondage into eternity, from one state of life to another: higher and more precious. The Church expresses this in the prayer included in the Mass for the deceased, saying: "The Lord will open to them the gate of paradise, where there is no death, but only lasting joy."

The human physical life in time is the precondition for personal existence, a place of freedom, the basis of a unique personal history. In it and through it the individual realizes his own relationships with others and his relationship with his Creator. The physical life is the condition and the place where the divine vocation is directed to a single person to gradually develop himself more and more to the image of God. That is why every intervention into the physical life of an individual, into the man's body, regards his personality as well. The person is the carrier of this physical life; it is connected to its destiny, in this ephemeral stage as well as in the non-ephemeral one. These characteristics of human life create almost awe towards the life of every individual from its very beginning to its end. That is why in everyday language, but also in the official language it is often said that human life is sacred: "The human life is sacred since it includes from its very beginning 'the divine creation', and it always remains in a special relationship with the Creator, its only purpose. God is the only master of life from its beginning to its end: nobody may under any circumstances claim the right to directly destroy an innocent human being".¹⁶

CONCLUSION

The question of the basic human right to life, to human dignity in suffering and dying, is more a practical than a theoretical or academic question. A practical demand of life needs a practical answer of life. One of the possible efficient and verified answers, in compliance with the human right to life and dignity in dying is provided by hospices applying palliative care to a person during his sickness, pain and dying.

The words of the founder of St. Christopher's hospice, Dr. Cecily Saunders are significant in this context: "If you alleviate the patient's pain, if he feels like a loved person, he will not request a mercy killing. I believe euthanasia is an admission of defeat and a totally negative attitude".¹⁷ Human problems can be and should be solved only in a human way, respecting human dignity: *Homo sapiens, imago Dei* = image of God. A human answer in all circumstances of life, thus also in sickness, pain and suffering is provided by a culture of life and a civilization of love.

16 Donum vitae - Dar života, br. 5, str. 15.

17 Navod uzet iz: U. EIBACH, Tötung auf Verlangen? "Mercy killing"?, Der evangelische Erzieher 26 (1974) str. 255.