



# The Holy See

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APOSTOLIC JOURNEY  
OF HIS HOLINESS JOHN PAUL II  
TO AUSTRIA (JUNE 19-21, 1998)

**MESSAGE OF POPE JOHN PAUL II  
TO THE STAFF AND RESIDENTS  
OF THE RENNWEG HOSPICE, VIENNA**

*Sunday, 21 June 1998*

*To my beloved brothers and sisters  
of the Rennweg Hospice  
of Caritas Socialis  
and to all who live and work  
in the world of pain and suffering*

1. In the name of our Lord Jesus Christ, who has “borne our griefs and carried our sorrows” (Is 53:4), I greet you with great affection. My Pastoral Visit to Austria would have missed an important stop if I did not have the opportunity of meeting you, the sick and the suffering. In addressing this Message to you, I take the opportunity to express to all who work full- or part-time in hospitals, clinics, homes for the elderly and hospices my deep appreciation of their devotion to this self-sacrificing service. May my presence and my words support them in their commitment and their witness. Today, when I have the opportunity to visit the Caritas Socialis Hospice, I would like to confirm that the meeting with human pain contains good news. In fact, the “Gospel of suffering” (Apostolic Letter [\*Salvifici doloris\*](#), n. 25), is not only written in Sacred Scripture, but in places like this it is rewritten day after day.

2. We are living in a society which seeks to remove pain, suffering, illness and death from personal and public awareness. But at the same time, the subject is being increasingly discussed in the press, on television and at conferences. The avoidance of death is also evident in the fact that many sick people die in hospitals or other structures, that is, outside their customary surroundings. Actually, most people would like to close their eyes to this world in their own home, among their relatives and trusted friends, but a great many families feel neither psychologically nor physically

able to satisfy this desire. In addition, there are many people living alone who have no one to be close to them at the end of their life. Even if they die in a home, their heart is “homeless”.

To meet this need in past years, various ecclesial, municipal and private initiatives were undertaken to improve home, hospital and medical care, as well as to provide better pastoral care for the dying and competent help for their relatives. One of these important initiatives is the hospice movement, which has done exemplary work at the *Caritas Socialis* home in Rennweg. In it the sisters are inspired by the concern of their foundress, Hildegard Burjan, who wanted to be present at the focal points of human suffering as the “charismatic messenger of social love”.

No one who visits this hospice goes home disappointed. On the contrary, the visit is more than a tour. It becomes an encounter. By their mere presence, the sick, suffering and terminally ill patients invite the visitor who meets them not to hide the reality of suffering and death from himself. He is encouraged to be aware of the limits of his own life and to face them openly. The hospice makes one understand that dying means living before death, because even the last phase of earthly life can be lived consciously and organized individually. Far from being a “home for the dying”, this place becomes a threshold of hope which leads beyond suffering and death.

3. Most sick people, after learning the results of the medical tests and the diagnosis of a terminal illness, live in fear of the progress of their disease. In addition to the suffering of the moment comes the fear of further deterioration and the feeling that their lives are meaningless. They are afraid of facing a path possibly marked by suffering. An anguish-filled future casts a shadow over the still bearable present. Perhaps those who have had a long and fulfilled life can wait for death with a certain tranquillity and accept their dying “full of years” (Gn 25:8). But for the majority death comes too soon. Many of our contemporaries, even the very elderly, hope for a quick, painless death; others ask for a little more time to take their leave. But fears, questions, doubts and desires are always present in this last phase of life. Even Christians are not spared the fear of death, which is the last enemy, as Sacred Scripture says (cf. 1 Cor 15:26; Rv 20:14).

4. The end of life raises profound questions for man: What will death be like? Will I be alone or surrounded by my loved ones? What awaits me after death? Will I be welcomed by God’s mercy?

To face these questions with gentleness and sensitivity — this is the task of those who work in hospitals and hospices. It is important to speak of suffering and death in a way that dispels fear. Indeed, dying is also part of life. In our time there is an urgent need for people who can revive this awareness. While in the Middle Ages “the art of dying” was known, today even Christians hesitate to talk to each other about death and to prepare for it. They prefer to be immersed in the present, seeking to distract themselves with work, professional recognition and amusement. Despite or perhaps because of today’s consumer-, achievement- and experience-oriented society, there is an increasing thirst for transcendence among our contemporaries. Even if concrete concepts of life after death seem very vague, fewer and fewer believe that everything ends with death.

5. Death conceals even from the Christian the direct vision of what is to come, but the believer can trust in the Lord’s promise: “Because I live, you will live also” (Jn 14:19). Jesus’ words and the testimony of the Apostles reflect the new world of the resurrection for us in evocative language that expresses the hope: “We shall always be with the Lord” (1 Thes 4:17). To make the acceptance of this message easier for the critically ill and dying, it is necessary that all who

approach them show by their own conduct that they take the words of the Gospel seriously. Therefore care and concern for people close to death is one of the most important signs of ecclesial credibility. Those who in the last phase of life feel supported by sincere Christians can more easily trust that Christ truly awaits them in the new life after death. Thus the pain and suffering of the present can be illumined by the joyful message: "So faith, hope, love abide, these three; but the greatest of these is love!" (1 Cor 13:13). And love is stronger than death (cf. Song 8:6).

6. Just as the knowledge of being loved lessens the fear of suffering, so respect for the sick person's dignity helps him in this critical and difficult phase of life to discover something that fosters his human and Christian maturation. In the past, man knew that suffering was part of life and accepted it. Today he strives instead to avoid suffering in every way, as is shown by the wide range of pain-killing medicines for sale. Without detracting from their usefulness in many cases, it must still be pointed out that the overhasty elimination of suffering can prevent a person from facing it and acquiring greater human maturity through it. However, in this growth process, he needs competent people who can really accompany him. Giving practical help to another requires respect for his particular suffering and recognition of the dignity he still has despite the decline that suffering brings with it.

7. Hospice work arose from this conviction. Its goal is to respect the dignity of the elderly, sick and dying by helping them understand their own suffering as a process of growth and fulfilment in their life. Thus what I expressed as the leitmotiv of the Encyclical *Redemptor hominis*, that man is the way of the Church (cf. n. 14), is put into practice in the hospice. Its focus is not sophisticated, high-technology medicine, but man in his inalienable dignity.

Willingness to accept the limits imposed by birth and death, learning to say "yes" to the basic passivity of our life, does not lead to alienation. It is rather the acceptance of one's own humanity in its full truth with the riches that belong to every phase of earthly life. Even in the frailty of the last hour, human life is never "meaningless" or "useless". A fundamental lesson for our society, tempted by modern myths such as the zest for life, achievement and consumerism, can be learned precisely from patients who are seriously ill and dying. They remind us that no one can determine the value or the non-value of another person's life, not even his own. As a gift of God, life is a good for which he alone can make the decisions.

8. From this standpoint, the decision actively to kill a human being is always an arbitrary act, even when it is meant as an expression of solidarity and compassion. The sick person expects his neighbour to help him live his life to the very last and to end it, when God wills, with dignity. Both the artificial extension of human life and the hastening of death, although they stem from different principles, conceal the same assumption: the conviction that life and death are realities entrusted to human beings to be disposed of at will. This false vision must be overcome. It must be made clear again that life is a gift to be responsibly led in God's sight. Hence the commitment to the human and Christian support of the dying which the hospice attempts to put into practice. From their different standpoints, doctors, nurses, pastors, sisters, relatives and friends strive to enable the sick and the dying personally to organize the last phase of their life, as far as their physical and psychological strength allows. This commitment has great human and Christian value. It aims to reveal God as One who "loves the living" (Wis 11:26) and to perceive, beyond pain and death, the glad tidings: "I came that they may have life, and have it abundantly" (Jn 10:10).

9. We discover the face of God, who is a friend of life and of man, above all in Jesus of Nazareth. One of the most vivid

illustrations of this Gospel is the parable of the Good Samaritan. The injured man lying by the wayside arouses the compassion of the Samaritan, who “came to where he was ... and went to him and bound up his wounds, pouring on oil and wine; then he set him on his own beast and brought him to an inn, and took care of him” (Lk 10:33ff.). In the Good Samaritan’s inn lies one of the roots of the Christian hospice idea. Precisely along the medieval pilgrim routes, hospices used to offer travellers refreshment and rest. For the weary and the exhausted, they offered first aid and relief, for the ill and the dying they became places of physical and spiritual assistance.

Down to our day, hospice work has been committed to this legacy. Just as the Good Samaritan stopped beside the suffering man, so those who accompany the dying are advised to pause, to be sensitive to the patients’ wishes, needs and concerns. Many spiritual actions can spring from this sensitivity, such as listening to the word of God and praying together, and human ones, such as conversation, a silent but affectionate presence, the countless services which make the warmth of love tangible. Just as the Good Samaritan poured oil and wine on the wounds of the suffering man, the Church must not withhold the sacrament of the Anointing of the Sick from those who wish it. Offering this enduring sign of God’s love is one of the duties of true pastoral care. This palliative care needs a spiritual element that will give the dying person the feeling of a “pallium”, that is, a “mantle” for shelter at the moment of death.

Just as the wounded man’s suffering aroused the compassion of the Samaritan, so encountering the world of suffering in the hospice can make a community of suffering out of all those who accompany a patient in the last phase of his life. Feelings of closeness and sympathy can grow from this, as an expression of true Christian love. Only those who weep themselves can dry the tears of this world. A special role is played in this house by the sisters of Caritas Socialis, to whom the foundress wrote: “In the sick we can always care for our suffering Saviour and thus unite ourselves to him” (Hildegard Burjan, *Letters*, 31). Here is an echo of the Good News: “As you did it to one of the least of these my brethren, you did it to me” (Mt 25:40).

10. My deepest appreciation goes to all who are tirelessly involved in the hospice movement, including all who serve in hospitals and clinics, as well as those who care for their seriously ill or dying relatives. I am particularly grateful to the sick and dying, who teach us how better to understand the Gospel of suffering. Credo in vitam. I believe in life. Sister life and brother death take us in their midst when our hearts feel anxious before the last challenge we must face on this earth: “Let not your hearts be troubled In my Father’s house are many rooms” (Jn 14:1f.).

I bless you with all my heart.