



The Holy See

**ADDRESS OF JOHN PAUL II
TO THE PARTICIPANTS IN THE 19th INTERNATIONAL CONFERENCE
OF THE PONTIFICAL COUNCIL FOR HEALTH PASTORAL CARE**

Friday, 12 November 2004

*Your Eminence,
Venerable Brothers in the Episcopate,
Dear Brothers and Sisters,*

1. I am pleased to welcome you on the occasion of the *International Conference of the Pontifical Council for Health Pastoral Care* which is taking place at this time. With your visit, you have wished to reaffirm your scientific and human commitment to those who are suffering.

I thank Cardinal Javier Lozano Barragán for his courteous words on behalf of you all. My grateful thoughts and appreciation go to everyone who has made a contribution to these sessions, as well as to the doctors and health-care workers throughout the world who dedicate their scientific and human skills and their spirituality to relieving pain and its consequences.

2. Medicine is always at the service of life. Even when medical treatment is unable to defeat a serious pathology, all its possibilities are directed to the alleviation of suffering. Working enthusiastically to help the patient in every situation means being aware of the inalienable dignity of every human being, even in the extreme conditions of terminal illness. Christians recognize this devotion as a fundamental dimension of their vocation: indeed, in carrying out this task they know that they are caring for Christ himself (cf. Mt 25: 35-40).

"It is therefore through Christ, and in Christ, that light is thrown on the riddle of suffering and death which, apart from his Gospel, overwhelms us", the Council recalls (*Gaudium et Spes*, n. 22).

Those who open themselves to this light in faith find comfort in their own suffering and acquire the

ability to alleviate that of others. Indeed, there is *a directly proportional relationship between the ability to suffer and the ability to help those who are suffering*. Daily experience teaches that the persons most sensitive to the suffering of others and who are the most dedicated to alleviating the suffering of others are also more disposed to accept, with God's help, their own suffering.

3. Love of neighbour, which Jesus vividly portrayed in the Parable of the Good Samaritan (cf. Lk 10: 2ff.), enables us to *recognize the dignity of every person*, even when illness has become a burden. Suffering, old age, a comatose state or the imminence of death in no way diminish the intrinsic dignity of the person created in God's image.

Euthanasia is one of those tragedies caused by an ethic that claims to dictate who should live and who should die. Even if it is motivated by sentiments of a misconstrued compassion or of a misunderstood preservation of dignity, euthanasia actually eliminates the person instead of relieving the individual of suffering.

Unless compassion is combined with the desire to tackle suffering and support those who are afflicted, it leads to the cancellation of life in order to eliminate pain, thereby distorting the ethical status of medical science.

4. True compassion, on the contrary, encourages every reasonable effort for the patient's recovery. At the same time, it helps draw the line when it is clear that no further treatment will serve this purpose.

The refusal of *aggressive treatment* is neither a rejection of the patient nor of his or her life. Indeed, the object of the decision on whether to begin or to continue a treatment has nothing to do with the value of the patient's life, but rather with whether such medical intervention is beneficial for the patient.

The possible decision either not to start or to halt a treatment will be deemed ethically correct if the treatment is ineffective or obviously disproportionate to the aims of sustaining life or recovering health. Consequently, the decision to forego aggressive treatment is an expression of the respect that is due to the patient at every moment.

It is precisely this sense of loving respect that will help support patients to the very end. Every possible act and attention should be brought into play to lessen their suffering in the last part of their earthly existence and to encourage a life as peaceful as possible, which will dispose them to prepare their souls for the encounter with the heavenly Father.

5. Particularly in the stages of illness when proportionate and effective treatment is no longer possible, while it is necessary to avoid every kind of persistent or aggressive treatment, methods of "palliative care" are required. As the Encyclical *Evangelium Vitae* affirms, they must "seek to

make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal" (n. 65).

In fact, palliative care aims, especially in the case of patients with terminal diseases, at alleviating a vast gamut of symptoms of physical, psychological and mental suffering; hence, it requires the intervention of a team of specialists with medical, psychological and religious qualifications who will work together to support the patient in critical stages.

The Encyclical *Evangelium Vitae* in particular sums up the traditional teaching on the licit use of pain killers that are sometimes called for, with respect for the freedom of patients who should be able, as far as possible, "to satisfy their moral and family duties, and above all... to prepare in a fully conscious way for their definitive meeting with God" (n. 65).

Moreover, while patients in need of pain killers should not be made to forego the relief that they can bring, the dose should be effectively proportionate to the intensity of their pain and its treatment. All forms of euthanasia that would result from the administration of massive doses of a sedative for the purpose of causing death must be avoided.

To provide this help in its different forms, it is necessary to encourage the training of specialists in palliative care at special teaching institutes where psychologists and health-care workers can also be involved.

6. Science and technology, however, will never be able to provide a satisfactory response to the essential questions of the human heart; these are questions that faith alone can answer. The Church intends to continue making her own specific contribution, offering human and spiritual support to sick people who want to open themselves to the message of the love of God, who is ever attentive to the tears of those who turn to him (cf. Ps 39: 13). Here, emphasis is placed on the importance of *health pastoral care* in which hospital chaplaincies have a special role and contribute so much to people's spiritual well-being during their hospital stay.

Then how can we forget the precious contribution of volunteers, who through their service give life to that *creativity in charity* which imbues hope, even in the unpleasant experience of suffering? Moreover, it is through them that Jesus can continue today to exist among men and women, doing good and healing them (cf. Acts 10: 38).

7. Thus, the Church makes her own contribution to this moving mission for the benefit of the suffering. May the Lord deign to enlighten all who are close to the sick and encourage them to persevere in their different roles and various responsibilities.

May Mary, Mother of Christ, accompany everyone in the difficult moments of pain and illness, so that human suffering may be raised to the saving mystery of the Cross of Christ.

I accompany these hopes with my Blessing.

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