THE WITNESS OF THE GOOD SAMARITAN: PALLIATIVE CARE & HOSPICE

In 2020, the Vatican's Congregation for the Doctrine of the Faith released the letter *Samaritanus bonus*, "on the care of persons in the critical and terminal phases of life." The letter reaffirms the Church's teaching on care for those who are critically ill or dying and offers additional pastoral guidance for increasingly complex situations at the end of life. The following offers a brief overview of key points from this important document with a specific focus on what it says about palliative care and hospice.

The ultimate foundation of human dignity lies in the reality that God became man to save us and call us into communion with him. The Good Samaritan, who goes out of his way to aid an injured man, symbolizes Jesus, who encounters humanity in need of salvation and cares for our wounds and sufferings. Despite our best efforts, it can sometimes be difficult to recognize the profound value of human life when we see its full weakness and fragility. Yet, the faithful care of human life until its natural end is entrusted to *every* person.

In the face of challenges that affect the very way we think about medicine, the significance of the care of the sick, and our social responsibility toward the most vulnerable, the Church reminds us of our obligation to readily accompany those in the critical and terminal stages of life, *for all are called to give witness at the side of the sick person*. Sadly, the request for death through euthanasia or assisted suicide is often a symptom of disease, aggravated by isolation and discomfort. Care for life is therefore the first responsibility in our encounter with those who are sick. This responsibility exists not only when health may be restored, but even when a cure is impossible. Only human warmth and evangelical fraternity can reveal a positive horizon of support to the sick person in hope and confident trust.

The need for medical care comes from our vulnerability as human persons. As a unity of body and soul, each person is materially and temporally finite, with a longing for the infinite and a destiny that is eternal. As such, we depend on the mutual support of others, as well as our connection with God. In view of our earthly finitude, medicine must therefore accept that death is part of the human condition. However, even when a cure is not possible, adequate care must still be provided until the very end: "*to cure if possible, always to care*." Adequate care—which upholds the dignity

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and integrity of the person—includes necessary physical, psychological, social, familial, and spiritual support to those who are sick. Palliative care and hospice embody this comprehensive and integrated approach.

Death is a decisive moment in the human person's encounter with God the Savior. Helping the Christian to experience this moment with spiritual assistance is a supreme act of charity. It encompasses the patient with the solid support of human relationships to accompany them and open them to hope.

Palliative care and hospice are precious and crucial instruments in the care of patients with serious and complex chronic or terminal illnesses, and they help provide comfort to both the patients and their families.

While palliative care cannot entirely eradicate suffering from people's lives, it provides an authentic expression of human and Christian care—allowing us to "remain" at the side of a suffering person, as the Blessed Mother and the beloved disciple *remained* at the foot of the Cross. When we follow their example, we participate in the mystery of Redemption. The path of accompaniment until the moment of death must remain open, with appropriate care for body and soul customized to the personal needs of the patient.

The role of the family is central to the care of chronically and terminally ill patients. In the family, a person is valued in *himself or herself*, rather than because of efficiency or utility. It is essential that those who are sick and being cared for do not perceive themselves as burdensome. In times of suffering, a person should be able to experience from others a solidarity and a love

Palliative care is specialized medical care for people with serious illness, focusing on relief from symptoms and stress while they are still seeking curative treatment. Patients are candidates for palliative care whenever they are facing a serious illness. Care may pursue both curative and comfort goals that can be carried out over months, years, and decades. These goals may change with the progression of the disease or condition. Palliative care is holistic because it is provided by a team of physicians, nurses, social workers, chaplains, and other professionals who focus on physical pain and symptom management, as well as psychosocial and spiritual needs. The palliative care team works in service of the patient to coordinate all aspects of care, communication and decision making, as well as clarification and adjustment of the goals of care over time, all while also offering support to the family.

Hospice care is a type of palliative care but with a particular acknowledgement of, and focus on, the patient's approaching end of life—when the goal of care is no longer cure of disease but rather comfort and relief from it. The hospice team of physicians, nurses, social workers and chaplains addresses the patient's and family's concerns related to the illness and approaching death. Hospice is for patients in the end stages of a condition (typically the last six months of life) for which curative treatment is no longer effective. Hospice helps patients live well with their remaining time on earth by ceasing curative measures and continuing to focus on goals of comfort and symptom management, as well as the provision of psychological, spiritual, and social support that patients and families need.

that takes on the suffering, offering a sense of life that extends beyond death. All of this has a great social importance: "A society unable to accept the suffering of its members and incapable of helping to share their suffering, and to bear it inwardly through 'com-passion' is a cruel and inhuman society".[1] Hospice can provide a valuable service by serving those who are terminally sick and ensuring their care until the last moment of life. By doing so, hospice can provide a sanctuary where suffering takes on profound meaning.

It is morally permissible to decide against disproportionate treatments that would provide only a precarious or painful extension of life. The refusal of extraordinary means of care expresses acceptance of the human condition, but *it does not seek to hasten death*. The suspension of disproportionate therapies must not entail the withdrawal of basic care—including pain relief, hydration, nutrition, thermoregulation, and so forth. In addition, when necessary to relieve pain at the end of life, the Church affirms the moral permissibility of using pain medications that cause the loss of consciousness, and may even hasten the moment of death, as long as this hastening of death is a secondary effect of the medications and not their direct or intended purpose. In such cases, the informed consent of the patient, designated surrogate, or family member(s) must be obtained. *Every medical action must always have as its object the promotion of life and never the pursuit of death.* In addition, patients should be provided proper spiritual care so they may consciously approach their death as an encounter with God. The pastoral care provided by family, doctors, nurses, and chaplains can help the patient to persevere in sanctifying grace and to die in charity and in the love of God.

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The legalization of euthanasia and assisted suicide in many places, however, has created great confusion regarding basic obligations to provide

care. It should be recognized that the definition of palliative care has, in recent years, sometimes taken on a misleading and deeply harmful connotation.

For example, in some countries, national laws regulating palliative care also provide, along with palliative treatments, something called Medical Assistance to the Dying (MAiD), which makes it legal for patients to request euthanasia and assisted suicide. Such legal provisions are a cause of grave cultural and moral confusion. By including provisions for euthanasia and assisted suicide alongside palliative care, these laws imply that it is morally permissible to request such practices.

Equally harmful to the practice of palliative care, and to patients, is when interventions to reduce the suffering of gravely or terminally ill patients are given in order to hasten death. Also problematic is the withholding or withdrawing of hydration, nutrition or other interventions which the patient finds sufficiently beneficial and not

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excessively [or disproportionately] burdensome. Such refusal of ethically required care is equivalent to a *direct action or omission to bring about death and is therefore never morally permissible.*

The continued spread of such legislation and practices, and their endorsement by national and international professional societies, constitutes a socially irresponsible and grave threat to many people. A growing number of vulnerable persons who need only to be better cared for and comforted are instead being led to choose death.

Conversely, "the eloquence of the parable of the Good Samaritan and of the whole Gospel is especially this: every individual must feel as if *called personally* to bear witness to love in suffering".[2] The Church learns from the Good Samaritan how to care for those who are terminally ill, and likewise obeys

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the commandment linked to the gift of life: "*respect, defend, love and serve life, every human life!*"[3]. Each of us is invited to imitate the Samaritan's example, to "*Go and do likewise*" (Lk 10:37).

The parable of the Good Samaritan demonstrates that our relationship with our suffering neighbor must not be characterized by indifference, apathy, bias, fear of soiling one's hands, or occupation with one's own affairs. Rather, our relationships

should embrace the qualities of attention, listening, understanding, compassion, and accompaniment. At work here is a *contemplative gaze* that beholds in one's own existence and that of others a unique and unrepeatable wonder, received and welcomed as a gift.

The mystery of the redemption of the human person is rooted in the loving involvement of God with human suffering. Hope is always possible. To those who care for the sick, the scene of the Cross provides a way of understanding that even when it seems that there is nothing more to do there remains much to do, because "remaining" by the side of the sick is a sign of love and of the hope that it contains. Healed by Jesus, we become men and women called to proclaim his healing power and provide care for our neighbors, until the very end.

1 Benedict XVI, Encyclical Letter *Spe salvi* (30 November 2007), 38: *AAS* 99 (2007), 1016. Here Pope Benedict highlights that the true meaning of compassion is to "suffer with" another person in their time of need (com: *with*; passio: *to suffer*).
2 John Paul II, Apostolic Letter *Salvifici doloris* (11 February 1984), 29: *AAS* 76 (1984), 246.
3 John Paul II, Encyclical Letter *Evangelium vitae* (25 March 1995), 5: *AAS* 87 (1995), 407.

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