Ethics and Pastoral Challenges at the End of Life

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Excerpts.

On the other hand, developing countries such as India suffer from access to healthcare, especially for chronic diseases such as cancer. People have to travel long distances, especially from villages to cities where hospitals are usually concentrated, and struggle to find adequate medical care, which is usually provided by private institutions. Sadly, the meagre 2% budgeted for healthcare in India is a cause for concern. Further, India is the most populous country in the world from 2023, so imagine the state of the doctor-patient, nurse-patient relationship.

The rising trend of suicide rates among people suffering from chronic illnesses such as cancer in India draws our attention to the need to "accompany" these people, not only with medical cure, but also with hospice care.

There is growing support for euthanasia among medical professionals in India, despite a lack of support from caring family members. Following the Supreme Court judgement in the case of Aruna Ramchandra Shanbaug vs. Union of India, there is more debate in India about euthanasia, with some believing that passive euthanasia is allowed in India.

In a country like India, it has been observed that the 'volunteer-based community networking palliative care' approach is more relevant than 'institution-based palliative care' as practiced in the state of Kerala in India and promoted by DR RM Rajagopal, founder of *Pallium India* and one of the collaborators of PAV. Although social capital was strong in India, with the constant demographic shift to cities, with elderly people being left at home alone or taken to cities where they find themselves 'lonely', it can be strengthened by encouraging the kinds of practices just mentioned.

Less than 1% have had access to opioids in India because of unrealistic legal barriers as Rajagopal had mentioned in 2007. Thanks to the tireless efforts of Rajagopal and other activists, the law was amended in 2014 to improve the situation, but little has changed and enforcement is lacking.

The Catholic Church, as a promoter of human life in all its forms, is invited to take bold initiatives of mutual collaboration with Caritas India, Catholic Health Association of India (CHAI), Christian Medical Association of India, to name a few, to spread palliative care in India and also to ensure that health benefits reach the needy, especially the vulnerable sections who cannot afford it.

The act of care will accept -- and help to accept -- its own insurmountable limit: with all the delicacy of love, with all the respect for the person, with all the strength of dedication, of which we will be capable. No act of care, however, will want to bear the mark of that complicity with death:

not even in appearance. This seems to me the challenge - most difficult and most human - that we have before us and that I believe we must face together. Accompaniment to embrace the need to live humanly even death, without losing the love that fights against its despondency, is the goal of the "responsible proximity" to which we are all, as human beings, called.