

Sixth International African Palliative Care Conference
Kigali Convention Center, Rwanda, September 17-20, 2019
Most Reverend Vincenzo Paglia

Introduction

I am pleased to participate in the Sixth International African Palliative Care Conference hosted by the African Palliative Care Association and the Ministry of Health of the Republic of Rwanda.

I would particularly like to thank Dr. Emmanuel Luyirika, President of the African Palliative Care Association, for his invitation, as well as all the organizers of this important scientific gathering, which will investigate the relationship between Palliative Care and Universal Health Coverage. Ensuring access to the full spectrum of essential health services (health promotion, disease prevention, treatment, rehabilitation and palliative care) without the financial hardship of having to pay for them—the proposal of the World Health Organization—is a topic and a problem of global relevance, not only for the African continent. Universal Health Coverage is for all countries a moral obligation based on human dignity, even before being a legal obligation.

Palliative Care in Africa

I know Dr. Emmanuel Luyirika well. He is an international expert selected by the Pontifical Academy for Life for the PAL-LIFE Project,

which carries out Global Palliative Care Advocacy. From the meetings held in Rome with Dr. Luyirika we learned that the adoption and development of palliative care in Africa falls far short of the needs of the population. Furthermore, the situation is not uniform: in some countries there is the beginning of palliative care activity, but in many other countries palliative care is non-existent. Nevertheless, there are some well-developed locally organized programs that are good models applicable in other contexts.

Likewise, it appears to me that the following points need to be worked on:

1. An increase in societal awareness (government officials, healthcare professionals, clergy, laity, etc.) of the importance of palliative care, taking into account specific epidemiological and cultural contexts. Ignorance is still the main barrier to the development of palliative care, and not only in Africa. Africa has its own specific epidemiology of cancer: many cases, for example, are the result of infectious diseases (liver, cervical, Kaposi's sarcoma) and reach an advanced stage before treatment begins. We will have to deal more and more with aging, HIV, and increased frequency of other chronic conditions, such as diabetes, especially in cities. Intense scientific and cultural effort will be necessary in order to introduce palliative care early into the treatment protocols of both infectious and non-infectious diseases and aging.

2. It is crucial to work with governments to obtain financial support (currently not available) for palliative care. We know that a key objective is to make palliative care sustainable and accessible for all; and this can only be accomplished by including palliative in national healthcare budgets.

3. Local communities must accept their responsibilities. The “creative” attitude of African populations is well known. Dr. Luyirika told me how retired healthcare workers are among the leading providers of palliative care in their own communities.

4. A model that is already available in Africa and that is effective is cooperation between religious personnel (of different denominations and religions) and institutions. Religious professionals support different aspects of care, not just spiritual care. Most hospices are non-governmental (organizations or churches). In many countries, partnership still plays an important role in achieving concrete, clinical, research and training objectives. Personally, I hope that Catholic institutions will become even more actively involved in this work. As the Pontifical Academy for Life we are working—above all through the PAL-LIFE Project that I will speak about shortly—for the promotion of a greater awareness of palliative care within Catholic institutions, but also within the framework of ecumenical cooperation.

5. It will certainly be necessary to work in a targeted way with individual

institutions to train for palliative care and integrate it. There are countries without palliative care and where it needs to be introduced: Liberia, Chad, Burundi, South Sudan. There is also the disadvantage with respect to palliative care that rural areas suffer compared to cities. To this end, as the Pontifical Academy for Life, we will work to strengthen palliative care by supporting families and advancing the network of Catholic hospitals (which, according to Dr. Luyirika, make up 40% of all healthcare facilities in Uganda).

Starting from this data, I would like to share with you some thoughts that I believe will be useful to the spread and development of palliative care, anywhere in the world. We are in fact aware of the importance of palliative care, inside and outside of medicine, in times like ours, where we experience directly marginalization, discrimination and the elimination of weaker human beings, such as those suffering from a serious, debilitating or incurable disease. We want to oppose the “throw-away culture”—and we know how pervasive it is in most of contemporary society—by promoting a “palliative care culture,” both to respond to the temptation to support euthanasia and assisted suicide, and above all to spread as widely as possible the culture of caring for others that enables us to stay close to the sick and dying until the end.

This is why I consider the palliative care movement, in all its aspects, from the most patient-oriented to the more scientific and cultural,

to be providential. The palliative care movement represents a living and fruitful presence in our societies. It reminds us where the dignity of the human being rests; with the human being who suffers from an illness, and with the human being who is with him, because the latter fulfills his own dignity only in solidarity. Restoring solidarity among men and women of every condition and every community is certainly one of the priorities that Pope Francis presents to the contemporary world. In the letter “Humana Communitas” which he addressed to me on the occasion of the twenty-fifth anniversary of the Founding of the Pontifical Academy for Life, Pope Francis recalled specifically the notion of universal brotherhood that is part of God’s plan for the world and he identified it as a priority for the near-term activities of the Academy.

To reiterate that the human person is always worthy of respect and attention, and that it should never be eliminated or discarded, regardless of his condition, is a core duty that must be emphasized. And it must also be repeated that “taking care” of the other is part of the mission of every human person. The palliative care movement, therefore, while being in itself a wise manner of being close to those who suffer, also becomes a message about how to understand human existence. “Taking care” of those who are weak and sick is not something we can choose to do or not. It is an intrinsic need of our own humanity; choosing to “take care,” rather than to “abandon” is indispensable for true human progress. The true

progress of society is measured by its capacity for service to the human person, especially the sick or elderly. Cardinal Pietro Parolin, the Holy See's Secretary of State, in his message to an International Congress on Palliative Care organized by the Pontifical Academy for Life in February 2018, stated on behalf of Pope Francis that palliative care helps to rediscover the deepest vocation of medicine, which consists first of all in caring. His Eminence wrote: "its task is to always care for, even if it is not always possible to heal. Certainly, the medical enterprise is based on the untiring commitment to acquire new knowledge and to overcome an increasing number of diseases. But palliative care reflects, within clinical practice, our awareness that limits must not only to be fought and moved, but also recognized and accepted. And this means not abandoning sick people, but rather being close to them and accompanying them in the difficult test that makes itself present at the end of life. When all the resources of "doing" seem to be exhausted, then the most important aspect emerges in human relations, which is that of "being": being present, being close, being welcoming. This also involves sharing in the impotence of those who reach the extreme point of life. Then the meaning of limit can change: it is no longer a place of separation and solitude, but rather an opportunity for meeting and communion." His Eminence continued: "Indeed, the logic of care recalls that dimension of the mutual dependence of love that emerges with particular emphasis in moments of sickness and

suffering, especially at the end of life, but which in reality permeates all human relationships and indeed constitutes their most specific feature. “Let no debt remain outstanding, except the continuing debt to love one another, for whoever loves others has fulfilled the law” (Rom 13: 8): thus, the Apostle admonishes us and comforts us. It therefore seems reasonable to make a bridge between, on the one hand, the care that has been received since the beginning of life and what has allowed it to unfold throughout the span of its development, and, on the other hand, the care to be given responsibly to others, in the succession of generations so as to embrace the whole human family. In this way it is possible to ignite the spark that connects the experience of the loving sharing of human life, up to its mysterious end, with the evangelical proclamation that sees us all as children of the same Father and recognizes in each one His inviolable image. This precious bond presides over a dignity, human and theological, that does not cease to live, not even with the loss of health, one’s social role and control over one’s body. Here then, palliative care shows its value not only for medical practice – because, even when this latter is effective in healing, at times spectacularly, we must not forget this basic attitude toward human dignity that is at the root of every relationship of care – but also more generally, for all human coexistence.”

Today, palliative care represents for us all a concrete initiative that is a reply to the scarcity of love for our fellow man and the crisis of

societal bonds that began as a generic individualism but that is becoming a genuine social disintegration involving all forms of community, starting with the family. Society, as a communion of persons, whatever specific form that communion takes, is necessary for the individual to become truly human. The ego, as it is increasingly conceived by post-modernity, becomes an agent of dissolution, not of relationships; of exclusion, not inclusion; of fluidity, not solidification. It is therefore essential to adopt not simply a logic of problem-solving (which is superficial pragmatism), but the radical dream of a new humanism for all and a reconstructed universal brotherhood in Christ. Reinventing this new brotherhood is the anthropological and social challenge of our day and a specific mandate that Pope Francis gave to the Pontifical Academy for Life in his letter to me “*Humana Communitas.*” Dependence—a human condition dear to palliative care—is indeed an aspect of humanity, but more properly it should be seen as inalienable human value: the ego finds its fulfillment in relationships, in an “us.” The “us” is no less innate than the “I.” And is clear that our existence is a permanent movement from the “I” to an “Us.” Humanism must necessarily reflect solidarity. The task of “taking care of” the other and of creation is very different from the prevaricating, predatory, destructive attitude so often adopted by man (not only towards nature and the Earth, but also toward our brothers and sisters, especially when seen as a burden or no longer useful). The palliative care

community bears witness to a new way of living together that focuses on the person and his or her good, to which not only the individual, but the entire community, is mutually ordered. In this community the good of each person is pursued as a good for all. Palliative care represents a human right and various international programs are working to implement it; but the true human right is to continue to be recognized and accepted as a member of society, as part of a community. [This part takes up several ideas of "The collapse of us"].

If we take these reflections seriously, Universal Health Coverage that includes palliative care (the main theme of your conference days) becomes their logical consequence.

The PAL-LIFE Project

I will now talk about the Project called “PAL-LIFE: An International Advisory Working Group for the Spread and Development of Palliative Care in the World.” The Project was launched by the Pontifical Academy for Life in April 2017 to put into action the proposal expressed by Pope Francis in his speech to the participants in the Annual Meeting of the Pontifical Academy for Life on March 5, 2015. In his address Pope Francis said: “Palliative care is an expression of the truly human attitude of taking care of one another, especially of those who suffer. It is a testimony that the human person is always precious, even if

marked by illness and old age. Indeed, the person, under any circumstances, is a good to him/herself and to others and is loved by God. [...] Thus, I appreciate your scientific and cultural commitment to ensuring that palliative care may reach all those who need it. I encourage professionals and students to specialize in this type of assistance which is no less valuable for the fact that it “is not life-saving”. Palliative care accomplishes something equally important: it values the person”.

The Catholic Church looks with great hope toward the charism that inspires palliative care, recognizing the good that all humanity can realize from such care. The Catechism of the Catholic Church says, “Palliative care is a special form of disinterested charity. As such it should be encouraged. (Article 2279) We know, however, that practically speaking, there are truly few who can receive from society the kind of recognition and accompaniment that palliative care offers to the dying.

On the other hand, from its beginning Christianity has been present in society through activities and institutions that are concrete manifestations of Gospel mercy. Hospitals are certainly one example of the Church’s commitment in this area. Even though they are today an important feature of secular society and get a large measure of their support from public resources, at their origin they were seen as manifestation of Christian mercy. Today, in the Christian-tradition West and in nations more recently evangelized, the Catholic Church, and the

other Christian confessions, own and operate a significant percentage of the various health care facilities, from urgent and emergency care for the poor to great centers of excellence for care and medical research.

We are thus aware that in the Catholic Church, or inspired by it, enormous material and spiritual resources constitute a great potential for answering the need that exists, today as before, for the caring and humanity required when dealing with those suffering advanced or terminal illness.

The aim of the Pontifical Academy for Life through the PAL-LIFE Project is to stimulate the social and cultural attention on the reality of palliative care and to promote, at different levels, the dialogue and cooperation between the various stakeholders in the realization of concrete projects of palliative care.

In particular, it is the desire of the Pontifical academy for Life:

- To promote greater sensitivity in Catholic ecclesial realities (episcopal conferences, religious orders, lay associations, universities of Catholic inspiration, etc.) toward the need to develop good palliative care in different areas of the world.
- To stimulate the attention of those non-ecclesial institutions, NGO's and associations that work to promote palliative care.
- To act as an interlocutor for academic and scientific institutions, in the promotion of palliative care in the world (through academic

publications, organization of study seminars involving different social actors, participating in blogs and networks of the scientific and academic world, etc.).

- To cooperate with other religions in the promotion of human and social values expressed by palliative care.

The Pontifical Academy for Life has committed itself to making this happen at the level of the Catholic Church everywhere in the world

To achieve these goals, we have also organized conferences dealing with palliative care - in particular on Global Advocacy and Spiritual Care - in different areas of the world: in India in partnership with the Catholic Health Association of India, in the US with the support of the Texas Medical Center in Houston, in Brazil, with the collaboration of the episcopates of Latin America. For the African continent, the Pontifical Academy hopes to be able to offer a valuable contribution to the scientific and cultural promotion of palliative care.

In particular, a White Book for Global Palliative Care Advocacy has been drafted. It is intended to be a working document for the implementation of palliative care. It presents the most important recommendations for the various stakeholder groups involved in the development of global palliative care. Published in English, the White Book has already been translated into German and Italian. Spanish and Portuguese translations will be available soon. We are in the process of

sending the White Book to Catholic universities and Catholic hospitals throughout the world.

A Final Hope

I am certain that this Sixth International African Palliative Care Conference will offer a positive contribution to making palliative care, which every day is called on to face great challenges in accompanying the dying, more widely known and more fruitful in the promotion of a new humanism, in solidarity with all. The unity of the human family is the great dream that fascinates us all. Let us work so that our brothers and sisters in Africa become the brothers and sisters of all peoples. I believe that all of us who are passionate about caring for the sick are truly at the beginning of a new humanity.