

Religion and Medical Ethics Symposium Opening remarks, December 11, 2019 by

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Salam Alaikum.

On behalf of the World Innovation Summit for Health/ WISH/ I want to thank you for coming today/ to discuss the topics raised during this symposium.// I particularly want to thank Archbishop Paglia and his wonderful team at the Pontifical Academy for Life for co-hosting this event,/ and The BMJ for joining us to offer the important medical ethics perspective. //Whether you've travelled from within Rome or from half way around the world, I want to extend a warm welcome to all of you.//

This Symposium itself may only be two days' long, but

- whether you're a healthcare policy maker,
- representative of a faith group,
- or carrying out the vital role of providing medical care to patients

we sincerely hope the discussions held within, and indeed around, this auditorium will prove fruitful for all of you.

In 1989, / the WHO summarised 'palliative care' as: // "An approach that improves the quality of life of patients and their families / when facing life-threatening illness."

However, / its implementation remains patchy, / and its use highly contentious // – particularly when considered in the wider context of religious ethics.

Globally, /there is an increased acknowledgement of the need for palliative care for patients with terminal illness. //

Yet, /despite this awareness, / there remains a huge need for such services to be made universally available.

As things stand, /many Muslim-majority countries lack codified palliative care laws, /hospital guidelines or national policies. //This puts healthcare professionals in a vulnerable position, /where they may be subject to malpractice and liability charges.

And, /from a policy perspective, /the guidance is often unclear –// a reflection, /perhaps, /of the gravity of these situations, /and of the religious considerations that impact such scenarios.

In simple terms, / the controversy surrounding palliative care is rooted in the accepted view that it is the duty of carers to help people to live, / rather than help people to die. // And – / furthermore / - that no human has the right to end another's life. But what happens when death is inevitable, / and the continuance of life equates to little more than the prolonging of suffering?//

In 2018,/ WISH published a report on Islamic ethics and palliative care that tackled some of these issues, a report that was discussed at length at our biennial global summit last November in Doha // an event that attracts more than 2,000 healthcare leaders from around the world. // The WISH report recommended that the establishment of policies relating to end-of-life care should be prioritized. // In order for this to happen, /raising public awareness is a must.

Therefore, / I was honoured to announce earlier this year that we would be co-hosting this symposium with our friends from the Vatican's Pontifical Academy for Life.

Early this year, we signed a declaration on palliative care with the Pontifical Academy for Life, a declaration that in October was used as the basis for a positioning paper around palliative care that was signed by a large group of

Abrahamic faith leaders, / and presented by Archbishop Paglia to His Holiness the Pope. //

Since WISH was launched in 2012, /our mission has been to build a healthier world through global collaboration.// It is therefore a natural progression for us to be here in Vatican City to actively promote dialogue between people of faith and medical experts /around issues that have such a profound affect on individuals, their families, their communities, and healthcare workers.

WISH sees itself as providing a solid platform that enables the meeting-up of global experts and stakeholders / to discuss key healthcare issues.//Qatar Foundation/ our Doha-based non-profit parent organization, has almost 25 years of experience working in education, science and community development— both at home in Qatar and around the world. While here in Vatican City, we want to initiate conversations that have the genuine potential to benefit humanity as a whole, / regardless of individual beliefs.

Interfaith and medical interdisciplinary dialogue about palliative care and the mental health of older members in our communities is essential in helping to establish a common ground, to find more effective ways to bridge differences in faith based ethical approaches. Without wanting to pre-empt the discussions

that we will have, I anticipate that we'll end up finding more commonalities than differences.

By seeking to provide more uniform approaches to dealing with ethical challenges, we can be more effective in our efforts to help those in need. We can also be united in efforts to advance the idea that to treat people holistically and in a way that alleviates suffering requires a willingness to consider a person's spiritual needs, as well as their physical and mental needs.

We will be discussing some very emotive matters over the next two days, such as suicide among older members of society and end-of-life care for children. I realise these will be very difficult and upsetting areas for us to debate. However, it is both right and important that we do not shy away from these topics, and I believe our discussions can only benefit those who are affected by such issues, as we take back our shared knowledge and understanding to our respective communities around the world.

