



The Holy See

**ADDRESS OF JOHN PAUL II
TO THE MEMBERS
OF THE PONTIFICAL ACADEMY FOR LIFE**

Saturday, 27 February 1999

1. Distinguished Members of the Pontifical Academy for Life, who have come to Rome for your annual general assembly, welcome! As I extend my cordial greetings to each one of you, I thank your President, Prof. Juan de Dios Vial Correa, for his kind words expressing your sentiments. I also greet the Bishops present: Bishop Elio Sgreccia, Vice-President of the Pontifical Academy for Life, and Archbishop Javier Lozano Barragán, President of the Pontifical Council for Pastoral Assistance to Health-Care Workers, with which the Pontifical Academy for Life is associated.

A special mention should be made of your unforgettable first President, Prof. Jérôme Lejeune, who left us almost five years ago on 3 April 1994. Foreseeing the growing threats emerging on the horizon, he keenly desired this new institution, almost as his spiritual testament to safeguard human life.

I would like to express my pleasure with all the work of meticulous research and wide-ranging information which the Pontifical Academy for Life has been able to organize and accomplish in its first five years of existence. With the theme you have chosen for your reflection, "*The dignity of the dying*", you intend to shed the light of doctrine and wisdom on a frontier that is new and crucial in many ways. The life of the dying and the seriously ill is exposed to many dangers today, at times expressed in forms of dehumanizing treatment, at others in disregard or neglect, which can even reach the point of euthanasia.

2. The phenomenon of abandoning the dying, which is spreading in developed societies, has various causes and many dimensions which you have carefully analyzed.

There is a sociocultural dimension which is known as "concealing death": societies governed by the quest for material well-being see death as meaningless and, in order to eliminate the question it raises, sometimes propose its painless anticipation. The so-called "culture of well-being" often involves an inability to see life's meaning in the situations of suffering and debilitation that

accompany human beings as they approach death. This inability is all the worse when it occurs in a humanism closed to the transcendent, and is often expressed as a loss of trust in the value of the human person and life.

Then there is a philosophical and ideological dimension which appeals to man's absolute autonomy, as if he were the author of his own life. In this perspective, the principle of self-determination comes into play, with even suicide and euthanasia being exalted as paradoxical forms of both self-assertion and self-destruction.

There is also a medical and care-giving dimension which is expressed in a tendency to limit the treatment of the seriously ill, who are sent to health-care structures which cannot always provide personalized and humane care. The result is that the hospitalized person often loses contact with his family and is subject to a sort of technological invasiveness that humiliates his dignity.

Lastly, there is the hidden pressure of the so-called "utilitarian ethic", which governs many advanced societies according to the criteria of productivity and efficiency: in this perspective, the seriously ill and the dying who need prolonged specialized treatment feel, in the light of the cost-benefit relationship, that they are a burden and a liability. This mentality prompts people to give less support to the final phase of life.

3. This is the ideological context behind the evermore frequent public opinion campaigns aimed at legalizing euthanasia and assisted suicide. The results already achieved in some countries, with supreme court judgements or parliamentary votes, confirm how widespread certain convictions have become.

It is an indication of how far the culture of death has advanced, which can also be seen in other phenomena which in one way or another are traceable to the lack of respect for human dignity: such as death caused by hunger, violence, war, the lack of traffic control, disregard of safety regulations at work.

In the face of these new manifestations of the culture of death, it is the Church's duty to remain faithful to her love for man, "the primary and fundamental way for the Church" (*Redemptor hominis*, n. 14). Today it is her task to cast on the human face, particularly the face of the dying, the full light of her teaching, the light of reason and faith; it is her duty, as she has done on various crucial occasions, to summon all the forces of the community and of people of good will so that with renewed warmth they will embrace the dying in a bond of love and solidarity.

The Church knows that the moment of death is always accompanied by particularly intense human sentiments: an earthly life is ending; the emotional, generational and social ties that are part of the person's inner self are dissolving; people who are dying and those who assist them are aware of the conflict between hope in immortality and the unknown which troubles even the most

enlightened minds. The Church raises her voice so that the dying are not offended but are given every loving care and are not left alone as they prepare to cross the threshold of time to enter eternity.

4. "The dignity of the dying" is rooted in the fact that they are created by God and personally called to immortal life. This hope-filled vision transfigures the destruction of our mortal body. "When the perishable puts on the imperishable, and the mortal puts on immortality, then shall come to pass the saying that is written: "Death is swallowed up in victory"" (1 Cor 15:54; cf. 2 Cor 5:1).

Thus in defending the sacredness of life, even that of the dying, the Church is not in some way absolutizing physical life, but is teaching respect for the true dignity of the person, a creature of God, and is helping him to accept death serenely when his physical powers can no longer be sustained. In the Encyclical *Evangelium vitae* I wrote: "Certainly the life of the body in its earthly state is not an absolute good for the believer, especially as he may be asked to give up his life for a greater good.... No one, however, can arbitrarily choose whether to live or die; the absolute master of such a decision is the Creator alone, in whom "we live and move and have our being" (Acts 17:28)" (n. 47).

From this stems a line of moral conduct towards the seriously ill and dying which is opposed, on the one hand, to euthanasia and suicide (cf. *ibid.*, n. 61) and, on the other, to those forms of "aggressive medical treatment" which do not really maintain the life and dignity of the dying person.

It is appropriate here to recall the condemnation of euthanasia, understood precisely as "an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering", since it is a "grave violation of the law of God" (*ibid.*, n. 65). The condemnation of suicide should also be borne in mind since "suicide, when viewed objectively, is a gravely immoral act. In fact, it involves the rejection of love of self and the renunciation of the obligation of justice and charity towards one's neighbour, towards the communities to which one belongs, and towards society as a whole. In its deepest reality, suicide represents a rejection of God's absolute sovereignty over life and death" (*ibid.*, n. 66).

5. Our times call for the mobilization of all the forces of Christian charity and human solidarity. Indeed, we must meet the new challenge of the legalization of euthanasia and assisted suicide. To this end it is not enough to oppose this deadly trend in public opinion and parliament, but society and the Church's own structures must also be involved in providing dignified care for the dying.

With this in mind, I willingly encourage those who promote projects and initiatives to help the seriously ill, people with chronic mental disorders and the dying. If necessary, they should work to adapt social structures to the new needs, so that no dying person will be neglected or left to face death alone and helpless. This is the lesson that many saints have left us over the centuries, and

recently Mother Teresa of Calcutta with her caring initiatives. Every diocesan and parish community must be taught to look after its elderly, to care for and visit its sick, at home or in special structures, according to need.

Heightening the awareness of families and hospitals will certainly encourage a more widespread use of "palliative care" for persons who are seriously ill and dying, in order to alleviate the symptoms of pain and, at the same time, to bring them spiritual comfort through diligent and loving care. New institutions should be established for elderly people who are not self-sufficient but alone, and above all an organized network should be promoted for the financial and moral support of home care: families who want to keep a seriously ill person at home must make sacrifices that are sometimes a very heavy burden.

The local Churches and religious congregations have an opportunity to offer a pioneering witness in this field, in the knowledge of what the Lord said about those who devote themselves to aiding the sick: "I was sick and you visited me" (Mt 25:36).

May Mary, the sorrowful Mother who stood by Jesus as he died on the cross, pour out his Spirit on Mother Church and accompany her in the fulfilment of this mission.

My Blessing to everyone.