

**ADDRESS OF HIS HOLINESS BENEDICT XVI
TO PARTICIPANTS IN THE 22nd INTERNATIONAL CONGRESS
OF THE PONTIFICAL COUNCIL FOR HEALTH PASTORAL CARE**

*Clementine Hall
Saturday, 17 November 2007*

*Your Eminence,
Venerable Brothers in the Episcopate and in the Priesthood,
Dear Brothers and Sisters,*

I am pleased to meet you on the occasion of this International Conference organized by the Pontifical Council for Health Pastoral Care. I address my cordial greeting to each of you, which goes in the first place to Cardinal Javier Lozano Barragán, with sentiments of gratitude for the kind expressions he addressed to me in the name of all. With him I greet the Secretary and the other members of the Pontifical Council, the distinguished persons present and all those who are taking part in this meeting to reflect together on the theme of the pastoral care of the aged sick. This is a central aspect of pastoral health care today, which, thanks to the increase in life span, concerns an ever greater population who have multiple needs, but at the same time indubitable human and spiritual resources.

If it is true that human life in every phase is worthy of the maximum respect, in some sense it is even more so when it is marked by age and sickness. Old age constitutes the last step of our earthly pilgrimage, which has distinct phases, each with its own lights and shadows. One may ask: does a human being who moves toward a rather precarious condition due to age and sickness still have a reason to exist? Why continue to defend life when the challenge of illness becomes dramatic, and why not instead accept euthanasia as a liberation? Is it possible to live illness as a human experience to accept with patience and courage?

The person called to accompany the aged sick must confront these questions, especially when there seems to be no possibility of healing. Today's efficiency mentality often tends to marginalize our suffering brothers and sisters, as if they were only a "weight" and "a problem" for society. The person with a sense of human dignity knows that they are to respect and sustain them while they face serious difficulties linked to their condition. Indeed, recourse to the use of palliative care when necessary is correct, which, even though it cannot heal, can relieve the pain caused by illness.

Alongside the indispensable clinical treatment, however, it is always necessary to show a concrete capacity to love, because the sick need understanding, comfort and constant encouragement and accompaniment. The elderly in particular must be helped to travel in a mindful and human way on the last stretch of earthly existence in order to prepare serenely for death, which - we

Christians know - is a passage toward the embrace of the Heavenly Father, full of tenderness and mercy.

I would like to add that this necessary pastoral solicitude for the aged sick cannot fail to involve families, too. Generally, it is best to do what is possible so that the families themselves accept them and assume the duty with thankful affection, so that the aged sick can pass the final period of their life in their home and prepare for death in a warm family environment. Even when it would become necessary to be admitted to a health-care structure, it is important that the patient's bonds with his loved ones and with his own environment are not broken. In the most difficult moments of sickness, sustained by pastoral care, the patient is to be encouraged to find the strength to face his hard trial in prayer and with the comfort of the sacraments. He is to be surrounded by brethren in the faith who are ready to listen and to share his sentiments. Truly, this is the true objective of "pastoral" care for the aged, especially when they are sick, and more so if gravely sick.

On many occasions, my Venerable Predecessor John Paul II, who especially during his sickness offered an exemplary testimony of faith and courage, exhorted scientists and doctors to undertake research to prevent and treat illnesses linked to old age without ever ceding to the temptation to have recourse to practices that shorten the life of the aged and sick, practices that would turn out to be, in fact, forms of euthanasia. May scientists, researchers, doctors, nurses, as well as politicians, administrative and pastoral workers never forget that the temptation of euthanasia appears as "one of the more alarming symptoms of the 'culture of death', which is advancing above all in prosperous societies" (*Evangelium Vitae*, n. 64). Man's life is a gift of God that we are all called to guard always. This duty also belongs to health-care workers, whose specific mission is to be "ministers of life" in all its phases, particularly in those marked by fragility connected with infirmity. A general commitment is needed so that human life is respected, not only in Catholic hospitals, but in every treatment facility.

It is faith in Christ that enlightens Christians regarding sickness and the condition of the aged person, as in every other event and phase of existence. Jesus, dying on the Cross, gave human suffering a transcendent value and meaning. Faced with suffering and sickness, believers are invited to remain calm because nothing, not even death, can separate us from the love of Christ. In him and with him it is possible to face and overcome every physical and spiritual trial and to experience, exactly in the moment of greatest weakness, the fruits of Redemption. The Risen Lord manifests himself to those who believe in him as the *Living One* who transforms human existence, giving even sickness and death a salvific sense.

Dear brothers and sisters, while I invoke upon each one of you and your daily work the maternal protection of Mary, *Salus infirmorum*, and of the Saints who have spent their lives at the service of the sick, I exhort you to always work to spread the "Gospel of life". With these sentiments, I warmly impart the Apostolic Blessing, willingly extending it to your loved ones, co-workers and particularly to the aged patients.

