

CRESCENDO WORLDWIDE NETWORK

For a more human and christian ageing

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ELECTRONIC BULLETIN



VATICAN, THREE EVENTS CONCERNING OLDER PEOPLE

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EDITORIAL

Over the course of the past few months, three different important events have taken place at the Vatican. Our Holy Father addressed a discourse to the participants of each of these events:

- The XXII International Congress organized by the Pontifical Council for the Pastoral of Health Care. The theme of this congress (15- 17 November 2007) was: "*The Pastoral in the Care of the Sick Elderly.*" We include in this publication an article presenting extracts of notes taken by two Little Sisters of the Poor, Sr. Agnese and Sr. Anna.

The section on information concerning the Sick Elderly also contains the testimony of Andrée Thomanek, signed "a volunteer." Andrée was the vice-president of the International Association of Charities, whose foundation goes back to Saint Vincent de Paul. It seems to me that this testimony is an admirable witness to the Vincentian spirit of love for the poor and great humility in their service, marked by a consciousness of human weakness and confidence in God for whom nothing is impossible.

- The congress organized (25-26 February 2008) by the Pontifical Academy for Life on the occasion of the Fourteenth General Assembly. Sr Anne, p.s.d.p. assisted at this congress and she shared with us her reflections, which we include in this bulletin.
- The XXII Plenary Assembly of the Pontifical Council for the Family 3-4-5 April 2008, whose theme was: " *Grandparents, their testimony and presence in the family.*" I was invited to speak at this event. Its final document entitled "*Conclusions and Propositions*" is, at present, being edited, with the participation of the members of the Committee of Precedence, the Consulters of the Dicastery, and the Speakers. We will communicate this important document, which is several pages long, as soon as the final redaction is available.

In the meantime, this bulletin contains a final message from the Plenary Assembly, a sort of press release, that *Osservatore Romano* published with commentaries.

The absence of Cardinal López Trujillo because of illness, and then, a few days later, the news of his death, cast a shadow over this assembly. It was the Secretary of the Dicastery, Msgr. Grzegorz Kaszak, who presided, and it is he who now has the great responsibility of overseeing the continuity of the activities of the Pontifical Council for the Family. He asks for our collaboration in assuring the greatest possible diffusion of

these texts. Therefore, I urgently implore the representatives of the organizations and congregations who are members of *Crescendo* and the organizations who are friends of *Crescendo*, as well as all those who will read this bulletin, to take to heart this request. Do not lose sight of the Sixth World Meeting of Families in Mexico (13 –18 January 2009) . . .

For these events, continuing in the spirit of his predecessor, Pope Benedict XVI spoke out with force against the dehumanizing tendencies of post-modern times. For example, addressing the participants of the Pontifical Academy for Life, he pointed out: “A greater respect for the human life of the individual is inescapably linked with concrete solidarity among each and everyone. This is indeed one of the most urgent challenges of our time.”

To the participants of the International Congress organized by the Pontifical Council for the Pastoral of Health Care, he recalled a passage from *Evangelium vitae* n. 64: « The temptation to euthanasia is one of the most alarming symptoms of the culture of death which is making progress especially in affluent societies.”

For the participants of the Plenary Assembly of the Pontifical Council for the Family, the Holy Father affirmed: “We must react forcefully against whatever dehumanizes society . . . We must work together to overcome every form of marginalization of the aged, for they are not alone --grand-fathers, grand-mothers, elderly persons – to be victims of a selfish mentality. Everyone is affected. If grand-parents, as is often said, are a precious resource, we must put into effect coherent choices, which will promote their validation.”

In this bulletin, because of lack of space, we will recount in full only the discourse addressed to the participants of the Plenary Assembly of the Pontifical Council for the Family because of its more general character. The article referring to the congress organized by the Pontifical Academy for Life contains large quotes from the discourse of our Holy Father. All of his talks can be found on the Vatican web site and will be incorporated into the *Crescendo* site under: "Latest News" and "Texts of the Magisterium."

This bulletin contains as well a message from Cardinal Bergoglio of Buenos Aires. It was included in the folder for the participants of the Plenary Assembly. This message strikes me as being exceptionally important. It is a particularly penetrating commentary on articles 447 to 450 of the final document of Aparecida, concerning elderly persons, and it converges with the talks of Pope Benedict XVI. This message from Cardinal Bergoglio is especially interesting for the movements et congregations of Latin

America. It might be worthwhile, therefore, to consult the Spanish version of this bulletin.

The text of my speech will be included in the communiqué of *Crescendo*, which will contain the conclusions of the Plenary Assembly. In summary: recalling the Fifth World Encounter of Families in Valencia, I presented a plea for the next Encounter of Families in Mexico (January 2009), that there be also a Congress for Grandparents.

But this will not be the case. As it will be said in the final communiqué of the Plenary Assembly, « *the theme of grandparents and the elderly 'is a fascinating challenge which cannot be ignored and which should be adequately presented at the Sixth World Encounter of Families.'* It seems to me that the inclusion of this theme in the program of a great theological-pastoral congress is a much better formula than the idea of having another congress on this specific theme. After all, a specific congress would be marginal, reaching a relatively small number of people. The incorporation of the theme of grandparents and the elderly within the theological-pastoral congress on "*The Family, Transmitter of Human and Christian Values,*" would accentuate the theme to the utmost and would enable the theme to reach the entire audience in Mexico, possibly several tens of thousands!

Finally, this formula would be more emphatic than a separate congress on the theme of the Elderly, and it would promote « *a new pastoral and ecclesial consciousness of what concerns grandparents by recalling first of all what the Bible says of them and their role in the transmission of human and Christian values, as well as the promotion of catechesis and evangelization.*”

Alberto



PASTORAL CARE OF THE AGED SICK

15 – 17 November –Vatican City

(Extracts of notes taken by Sr. Agnese et Sr. Anna, Little Sisters of the Poor)

The 22nd International Conference was opened by Cardinal Javier Lozano Barragàn, President of the Pontifical Council for Pastoral of Health Care. **Focusing straightaway on the pastoral aspect of the care of the aged sick, central theme of the Congress, in the light of the Word of God, the Cardinal underlined the importance of the Eucharist as Viaticum.** The Eucharist can be considered “the most *important of all pastoral assistance for the aged sick and the summit of life. The Bridge between the Eternal and Eternity is the Eucharist. It is in union with Christ that the dying person is able to cross the threshold of Eternity.* Necessary recourse to psychological assistance for the aged sick “*must not be considered a substitute for the sacraments.*”

The analysis of the actual situation of the aged sick furnished us with not only the **historical framework of care for the elderly sick throughout the world** (Professor Peter Crome, President of the English Society of Gerontology) but also the **demographic statistics** of the aged population worldwide. (Professor Antonio Golini, Professor of Demographics at the Faculty of Statistical Sciences, Rome) Among the key points of the 40 presentations during this international encounter, was the demonstration of a **notable increase in the number of elderly in the world**, due to the prolongation of life expectancy and the development of the Geriatric Sciences, whose goal is to prolong the lifespan of the elderly while improving their quality of life. This goal would be useless without the active participation of the elderly themselves in the life of society.

It was mentioned (Professor Françoise Forette, Director of the National Foundation for Gerontology, France) that certain pharmaceutical industries that engage in biomedical research are working to produce medications that are particularly adapted to the aged sick.

The prolongation of life expectancy is a great benefit, but it also entails particular problems. The **necessity of a new lifestyle** providing adequate diet, hydration, and mobility was pointed out;. Likewise, the **necessity of modifying the politics of healthcare, ecology, and housing** was underlined. Along with a study of the principle illnesses that affect the elderly, and the origin of these illnesses under diverse aspects : personal, technological, scientific, political, and social, there followed a presentation on the Care of the Aged Sick in Sacred Scripture (Professor Hans Winfried Jungling, S.J.) and in the Writings of the Fathers of the Church, (Professor Gabriele Marasco) in the light of Revelation..

The second working day of the Congress opened with “The Witness of the Saints who, in the spirit of the Gospel, consecrated their lives to the care of the Aged Sick.” This was a stimulating conference given by Brother Donatus Forkan, Prior General of the Hospitaller Order of St. John of God.

Mgr Rino Fisichella, Rector of the Lateran University, had underlined the **active contribution that can be brought to society today by the Elderly, by reason of their life experience and personal wisdom acquired in the course of their years. They are still a valuable resource.**

Christian Hope was particularly stressed as “a gratuitous call of God . . . whose love for us is the guarantee of our hope, enabling us to surmount all that causes us to suffer.”

The ethical aspects of Christian responsibility in the care of the Elderly were strongly emphasized by Mgr Ignacio Carrasco de Paula (Pontifical Academy for Life) **Frequently, today’s society seems to manifest a marked lack of interest with regards to the aged sick who are considered useless because of various physical and mental alterations.**

Several speakers representing **Judaism** (Professor Abramo Piattelli, Rabbi-in-Chief of the Jewish Community in Rome), **Islam** (P. Angel Gayuso Guixot, mcci, Dean of the Institute of Arab and Islamic Studies, Rome), **Hinduism** (Professor Sukla Dev Kanango, Professor of Social Sciences, University ‘Visva Bharati,’ Calcutta) and **Buddhism** (Professor Cheng, Chen-Huan, Buddhist University ‘Fo Kuang Shan,’ Taiwan) shared with the us how their cultures value Elderly Persons. They helped us to understand that, from any perspective, advanced age is always an opening towards another dimension of existence.

In **Judaism** their attitude towards the sick aged is inspired by the biblical vision of the Old Testament. In **Islam**, the expectancy of the mercy and clemency of God has an important role. In **Hinduism**, their relationship with nature influences their behavior when dealing with the sick aged. In **Buddhism**, serenity when faced with sickness influences their attitude towards elderly persons.

Father Jan Dacok, Professor of Moral Theology and Ethics, Trnava (Slovaquie) offered a reflection on **Postmodern Thought** which denies the existence of God and all meaning in human life and recognizes no dignity in the elderly person who is sick. The Christian response to such a conception of life is an unconditional acceptance of human existence, with all its limitations, such as sickness and old age.

There followed several presentations on the pastoral and the care of the sick aged from the religious, biomedical, socio-political, and familial point of view. The Pastoral Theology of Healthcare should be considered a continuation of the mission of Christ, the accompaniment of suffering humanity on the way to salvation.

The third working day of the Congress opened with a **focus on the Diocese and the Parish**, (Mgr Lazaro Pérez Jimenez , Bishop of Celaya, Mexico) It is in the Diocese and the Parish that attention should be given to the sick aged, without neglecting priests who are elderly and sick and who experience the same drama as other elderly persons.(Father Anthony Franks Monks, M.I.) Our credibility in the Church depends on the way we care for our brothers. We must take initiatives, faithful to the Gospel, to support the sick aged and to be sure that they are cared for materially and spiritually with an action that becomes a prolongation of the compassionate action of Christ.

A special reflection was reserved for **Religious Orders who are consecrated to the care of the sick aged** and who have been present in places of suffering. (Sr Maria del Camino Agos, Superior General of the Soeurs Hospitalières du Sacré-Cœur) Their activity as Good Samaritans is rooted in the call of God. Today, these religious are called to face diverse challenges. Religious Institutes are bound to **defend the dignity of elderly persons and to accompany them with love**, assisting them to die with dignity in a technological society. Another challenge to be faced by Religious Institutes is that of **caring about caregivers and sharing their charisms with them**. Moreover, it is becoming **more and more necessary to conserve the religious identity of religious centers**. There is still much to be done. It is indispensable to continue to follow the Founders in the service of aged persons who are poor and sick.

In his talk, **Spiritual Support : Sacraments and Prayer**, Mgr James Wingle Bishop of St. Catharines, (Canada) said that Sacraments and Prayer should be understood as signs of affection, an incarnation of the love of Christ.

Particular mention was given to **The Visit to the Aged Sick**. (Mgr Vitor Feytor Pinto, National Coordinator of the Pastoral of Health Care, Lisbon) Visiting elderly persons who are sick is one of the Corporal Works of Mercy. It is a witness to fraternal charity and a participation in the love of God through affective solidarity. To overcome solitude, which is a kind of social death, three ministries of the Church--Word, Sanctification, and Communion--are accomplished in the visit to the sick aged, which becomes a benediction and brings the needed peace. Through the visit, relationships are established to vanquish solitude and engender friendship. The **urgency of an indispensable spiritual assistance was reiterated numerous times**. It is important to remain aware that the one who visits represents the Christian community, smiling and prayerful. *“Never forget that Elderly Persons who are sick are a true light of grace for the Church.”*

The Congress was concluded with an **encounter with our Holy Father Benedict XVI**, who received the participants in audience in the Clementine Hall. His discourse was **a truly dense and rich synthesis touching on all the principal points studied during the Congress** with regards to the pastoral care of the aged sick:

“This is a central aspect of pastoral health care today,” said Benedict XVI, “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 "burden" and "a problem" for society. The person with a sense of human dignity knows that they are to respect and sustain the suffering while they face serious difficulties linked to their condition.”

Benedict XVI then underlined the **recourse to the use of palliative care** and insisted that “alongside the indispensable clinical treatment, however, it is always necessary to show a concrete capacity for love, because the sick need understanding, comfort and constant encouragement and accompaniment. **The elderly in particular must be helped to journey 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 live out 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 facility, 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 difficult 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.”

Benedict XVI recalled John Paul II, “who especially during his sickness offered an exemplary testimony of faith and courage as he 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 gaining ground, above all, in prosperous societies.’** ([*Evangelium Vitae*](#), n. 64) Man's life is a gift of God that we are all called to safeguard continuously. This duty belongs also 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 also in every healthcare 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. . . I exhort you to continue to work for a diffusion of the ‘Gospel of Life.’”

VOLUNTEERING IN A LONG-TERM CARE HOME

"Aging is an art that needs to be learned,
as well as the art of dealing with the elderly"¹

(Bishop Helmut Krätzl, Diocese of Vienna, Austria)

Mrs. M. is always there, sitting in the lounge and staring at her cup of coffee. She may feel thirsty but, because of her damaged brain, she is unable to lift the cup to her mouth and cannot speak clearly, so she must wait for help.

Another resident, **Mr. B.**, is looking at the window, of which he can only see the frame because his eyes have long given up their normal function. Mr. B. is busy reliving some old memories and he wishes to find a listener to whom he can tell about his past. Having led a life full of activities, his present idleness is a real burden to him.

Nearby, a demented patient, **Mrs. L.**, is crying out for attention. When the staff asks what she needs, she no longer remembers. Mrs. L. was previously the head of an important company, which seemingly entitles her to order the nurses around, if only to remind them that she is still in command.

Similar scenes happen every day in the institution where I help regularly as a volunteer.² The home is specialized in the long-term treatment of people suffering from senility or degenerative and incurable diseases. Many patients have been living there for years, others have just been admitted but their condition is already marked by a fatal end. Loneliness is common to all, as well as a relative dependency on the nursing staff for their physical every-day needs. This adds to their physical or mental sufferings. Many have survived their family and friends and find themselves alone in the world. Still, I cannot help feeling deeply moved by the sight of lovingly attention that some husbands, wives or children show to their relatives. Some of them come to visit every day, in spite of their own old age and the tiredness of such trips.

Contrary to what is generally believed, the residents who suffer from diseases such as Parkinson or dementia (Alzheimer being the most common case) experience crucial moments of awareness which make them conscious of their condition. How often have I heard of their horrible feeling of mental and physical deterioration. "Am I getting mad?" they ask me.

Our role as volunteers may differ from case to case. At the beginning, my heart was aching at the sight of those very sick people and I have often prayed the Holy Spirit to help me find the right word or suitable move to comfort them. There are three basic principles of action to remember: first comes **listening**, which requires a fair amount of patience, when stories are incoherent, told for the hundredth time or fail to correspond to reality. Another challenging practice concerns **empathy**, our second basic principle. To set one's self in the

¹ Taken from "*Geschenkte Zeit*" (*Time as a Gift*), Tyrolia Editions, Innsbruck, 2007.

² In this center, there are twice as many women as men.

elderly's world in order to better understand and show compassion definitely requires some effort and training.

We are often reminded that we are working in partnership with the nursing staff and the patients' relatives. This proves particularly true in the hours preceding a person's death because it is one of our duties (though not compulsory) to ensure a silent vigil, thus allowing relatives or staff members to take rest or attend to other tasks. In fact our relationship to the dying person and lesser responsibility make it easier for us to perform such a duty. It remains that as death occurs, our feelings of emptiness and sorrow cannot be denied. Indeed, after visiting a particular patient for months and years, it is very painful to see her/him pass away. My grief is genuine and the arrival of a new resident will not make me forget the departed one.

The third principle concerns **giving our time**. The patients must feel that I am setting myself at their disposal when I come to visit. Nothing should stand between us during my stay, in terms of minutes or hours. This is probably why I automatically slow down my steps when I reach the center, leaving behind the outside world and its turmoil, not to speak of my own preoccupations.

The care center requires little training from its volunteers, but it offers various courses aimed at improving our performance. In addition, it sets forth some rules of conduct, one of them being the so-called "Validation". This modern method of approaching older people, set up by American psychologist Naomi Feil,³ deals with the already mentioned empathy that makes us come closer to the elderly and follow them in their way of thinking, however disorderly it may be, and particularly express unfailing respect for whatever they are concerned with. As an example, according to Feil, their incoherent affirmations should never be met with expressions of doubt on my part; I should never contradict nor seek domination over them at any time, never hurt their self esteem, but rather give them right, discretely reorient their thoughts and the course of our conversation, finally show them my entire consideration.

Personally, I have long been familiar with this principle inherent to the teaching of St. Vincent de Paul (17th century) because of my many years of volunteering in the International Association of Charities (AIC). I can only rejoice at the thought that St. Vincent's preaching full respect for the old and sick has not lost its timeliness. When he emphasized the unique dignity of the old and sick, he pointed out their value as God's creatures marked by impairments and fragility.

This is a reminder that I consider in my action. When I visit my dear old people, help them take food and drink, move them in their wheelchairs, take them out for a stroll, I am conscious of their intrinsic preciousness. St. Vincent never missed a chance to recommend that one should see Christ in the poor. Indeed, I am really in the presence of poverty and can see it clearly by looking into those suffering old eyes. What a poverty it is to be deprived of one's physical and mental capacities, become dependent on others, lose one's personality, and be brought back to one's original condition, somewhat that of an infant!

³ C.f. "*The Validation Breakthrough*" (1993) by Naomi Feil, M.S.W. ...

In spite of such a state, the elderly are a gift to society because of the rich, life-long experience they have assembled and what they represent in terms of historical past. Their present fate may not rest in the tender care of motherly hands any more, but rather in the compassionate hands of those who wish to share their sorrows and take time to accompany them along the ultimate path of their lives.

Andrée Thomanek
Volunteer



PONTIFICAL ACADEMY FOR LIFE CONGRESS

***"Close by the Incurable Sick Person and the Dying:
Scientific and Ethical Aspects"***

25 – 26 February 2008

As part of its 14^{ème} General Assembly, the Pontifical Academy for Life organized an international congress, held in the new Synod Meeting Room. This congress united more than 500 participants from 5 Continents.

The following reflections do not pretend, in any way, to give a complete synthesis of this congress which was enriching and meaningful on various levels. The numerous interventions can be found, already translated into several languages, on the web site of the Academy for Life and, in the days which followed the congress, *Zenit* offered interesting information as well as an interview with Mgr Suaudeau, a member of the Pontifical Academy for Life: see <http://www.zenit.org> on the 4-5-6 March 2008.

Here are just a few notes containing what struck a simple participant. They will perhaps spark a desire to read the entire text of one or another of the conferences. As a matter of fact, the speakers, who were all very qualified, (Professors of Medicine and of Bioethics, Theologians, Lawyers) had much more to say than was possible during the short half-hour allotted to each; fortunately, the complete text can be consulted on the site : <http://www.academiavita.org>

The dense and very relevant allocution given by Benedict XVI on the first morning of the Congress is presented in its entirety elsewhere in this bulletin. We will cite here only a few passages that are particularly important to us.

In his opening address, Mgr Elio Sgreccia, President of the Pontifical Academy for Life, recalled that two congresses on this theme, in 1999 and in 2004, (this last one in collaboration with FIAMC), were organized by the Pontifical Academy for Life.

Why then this third Congress? Because we are faced with strong cultural pressures promoting euthanasia and we need to deepen our convictions.

The opening address of Cardinal Javier Lozano Barragan, President of the Pontifical Academy for the Pastoral for Healthcare, took a triple approach, scientific, philosophical, and theological, to develop the theme : *Life, a Gift of Love*. Following this address, the end of the morning was devoted to the special Audience granted to the participants by our Holy Father Benedict XVI at the beginning of the Congress. The Clementine Hall was hardly large enough-- a certain number were obliged to remain standing. What struck me was the silence that reigned in this large assembly awaiting Benedict XVI, who arrived almost fifteen minutes late. During these long moments, I couldn't help thinking of the lovely prayer that was prayed over the assembly at its opening: "We are united here in your name, O Holy Spirit . . . Teach us what we must do, show us the way . . . do not allow us to cause the infringement of justice, for you love order and peace. May our ignorance not lead us to deviate; may human respect not render us partial, may careerism and peer pressure not influence us. May nothing deter us from truth.

Here are a few passages from our Holy Father's Address :

When a life is extinguished by unforeseen causes at an advanced age, on the threshold of earthly life or in its prime, we should see this not only as a biological factor which is exhausted or a biography which is ending, but indeed as a new birth and a renewed existence offered by the Risen One to those who did not deliberately oppose his Love.

.....

When, at the moment of death, the relationship with God is fully realized in the encounter with "him who does not die, who is Life itself and Love itself, then we are in life; then we "live" ([Spe Salvi](#), n. 27). For the community of believers, this encounter of the dying person with the Source of Life and Love is a gift that has value for all, that enriches the communion of all the faithful. As such, it deserves the attention and participation of the community, not only of the family of close relatives but, within the limits and forms possible, of the whole community that was bound to the dying person. No believer should die in loneliness and neglect.

.....

But it is not only the Christian community which, due to its particular bonds of supernatural communion, is committed to accompanying and celebrating in its members the mystery of suffering and death and the dawn of new life. The whole of society, in fact, is required through its health-care and civil institutions to respect the life and dignity of the seriously sick and the dying. Even while knowing that "it is not science that redeems man" ([Spe Salvi](#), n. 26), our entire society, and in particular the sectors linked to medical science, are bound to express the solidarity of love and the safeguard and respect of human life at every moment of its earthly development, especially when it is suffering a condition of sickness or is in its terminal stage. In practice, it is a question of guaranteeing to every person who needs it the necessary support, through appropriate treatment and medical interventions, diagnosed and treated in accordance with the criteria of medical proportionality,

always taking into account the moral duty of administering (on the part of the doctor) and of accepting (on the part of the patient) those means for the preservation of life that are "ordinary" in the specific situation.

.....

A supportive and humanitarian society cannot fail to take into account the difficult conditions of families who, sometimes for long periods, must bear the burden of caring at home for seriously-ill people who are not self-sufficient.

.....

*As I recalled in the Encyclical [Spe Salvi](#): "The true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through 'com-*passion*' is a cruel and inhuman society" (n. 38). In a complex society, strongly influenced by the dynamics of productivity and the needs of the economy, frail people and the poorest families risk being overwhelmed in times of financial difficulty and/or illness. More and more lonely elderly people exist in big cities, even in situations of serious illness and close to death. In such situations, the pressure of euthanasia is felt, especially when a utilitarian vision of the person creeps in. In this regard, I take this opportunity to reaffirm once again the firm and constant ethical condemnation of every form of direct euthanasia, in accordance with the Church's centuries-old teaching.*

Biblical Perspective on Death and Suffering

The afternoon began with the presentation on the theme : ***Death and Suffering in the Bible*** by Father J.B. Edart, Professor of Biblical Theology at the Lateran University's John Paul II Institute. This biblical study of 24 pages cannot be summarized in a few lines. Let us cite here just a few passages which might lead us to read the text in its entirety. Regarding death in old age, here are a few lines on the death of the Patriarchs and of Moses: Scripture presents the countenance of various personages in the evening of their earthly existence. The accounts of these deaths report not much about the actual death as an event, but rather, the attitude of the one dying and his last words . . . We are led to understand that these men did not simply submit to death. These accounts reveal, in each instance, that death was an extremely rich moment showing the deepest meaning of the existence of the dying man, which indeed evokes the work of God in his life. Death, alas, is no longer passively undergone; man consents to die. Cf. Gn 48; 49; Dt 31-33; I K 2. What is more, these deaths are open to the future and become the occasion of blessing for those close by."

Speaking then of death in face of suffering, Father Edart referred to the Book of Job which poses, in a crucial way, the question of suffering in terms that are quite modern, since even suicide is presented as a possible outcome. The suffering of Job touches on all the dimensions of the person: it is physical, psychic, affective, spiritual

A long consideration was consecrated to the death of Christ which completely transformed the nature of death. Let us cite just the conclusion: "By his filial abandonment into the hands of the Father, Jesus transformed death. He radically changed its visage. Each

word and gesture of the Son of God illustrates freedom in face of death . . . death becomes the portal to life. The act of dying becomes the most powerful expression of the dignity of the person, no matter what his age. Death is the instant of ultimate fulfillment when the sinner, through Christ, offers himself to God in an act of filial abandonment that is unique and definitive.

There followed a series of talks that were **scientific, anthropological, ethical, and deontological** in character.

The Autonomy of the Patient and the Responsibility of the Physician

Professor Paulina Taboada, director of the Center for Bioethics of the Catholic University of Santiago (Chili) pointed out possible misunderstanding of the **autonomy of the patient** in decisions concerning therapeutic means to be taken. This misunderstanding of patient autonomy might lead to a sort of abandonment of the patient and a lack of **responsibility on the part of the physician.**

In contemporary medical ethics, there exists a tendency to overemphasize the autonomy of the patient: "While deeply respecting the liberty and the autonomy of each person," she said, "I am not in agreement with this approach because I think that **we, professionals in healthcare, have an enormous responsibility to help patients make just decisions with regards to their health and their lives.** The patient needs **comprehensible information** given by the healthcare team. This information should be **complete and adapted to his situation in the dialogue process aimed at reaching a common decision concerning the therapy appropriate for his case in particular.**" "It seems to me," she continued, "that leaving a patient alone to make these decisions, merely giving him information and then waiting for him to choose what he wants, is a form of abandonment . . .

The medical mentality is formed to a scientific-technical mode of thinking which likes rapid, concrete answers. However, finding a balance among medical therapies, requires an **ethical, prudential judgment which is complex** and which demands a certain calm to consider the numerous elements involved.

This complexity in decisions to be taken was also underlined by Professor J. Haas, President of the National Catholic Center for Bioethics in Philadelphia, Pennsylvania. U.S.A. Professor Haas presented an enlightening conference entitled "***Therapeutic Proportionality and 'Over-Zealous' Treatment in the Documents of the Magisterium.***"

One of the most complex areas in moral theology is that of end-of-life decisions. Evidently, each case is unique because of the singularity of human life and the circumstances surrounding each person in the last days and last hours of his life. These vary with each individual. It is precisely this complexity which calls for the elaboration of concepts which are capable of enlightening, as much as possible, the application of universal principles to particular cases when death is near. Two of these concepts are "**Therapeutic Proportionality**" and "**'Over-Zealous' Treatment.**" It is interesting to note that many of the terms used in our discussion of end-of-life issues are those of the Natural Law tradition, typical of Catholic moral thought. "Proportionate," "disproportionate," "adapted,"

“appropriate,” “ordinary,” “extraordinary” – these are all terms communicating the reason, equilibrium, and order of the Natural Law. God has not arbitrarily forbidden certain actions, but only those which violate human dignity in any way.

We must not forget that end-of-life decisions concern a person of incomparable value, an image of our Trinitarian God, a person for whom Christ has shed his blood. This man or woman for whom we are making these decisions is someone who is probably very much loved and respected by others. This person a spouse, a brother or a sister, a son or daughter, a friend or colleague. Moral Philosophy and Moral Theology are sciences whose practical applications touching the living reality of the human person. **The decisions taken for the end of life must be envisioned as reasonably ordained toward the good of the dying person;** and this is true for every person, **regardless of his religious affiliation.**

Review of the documents of the Magisterium

Professor Haas then gave an historical review of the recent documents of the Magisterium on this subject :

- Pius XII : *Discourse to Doctors*, 24 November 1957
- Congregation for the Doctrine of the Faith : *Declaration on Euthanasia*, 5 May 1980
- Pontifical Counsel Cor Unum : *Ethical Questions Concernant the Seriously Ill and Dying*, 27 June 1981
- John Paul II : *Evangelium Vitae*, n. 65
- Catechism of the Catholic Church n. 2278
- John Paul II : Discourse on the theme : *Hydration and Nutrition for Patients in a Permanent Vegetative State*, April, 2004.

Cf. also the document of the Catholic Bishops of the United States: *Ethical and Religious Directives for Catholic Health Care Services*.

Analysis of Vocabulary

For the long **analysis of Vocabulary used**: ‘ordinary’- ‘extraordinary’, ‘proportionate’- ‘disproportionate’ means, it is better to refer to the integral text of Professor Haas. Let us say here, simply, that the more recent terms, ‘**proportionate**’ – ‘**disproportionate**’ seem to be applied to the direct evaluation of medical interventions: **Does the treatment envisioned truly contribute to the good of the patient, or, on the contrary, is it a futile, useless source of suffering that is disproportionate to the desired result?** Moreover, a treatment cannot be considered therapeutic if it is excessive or tyrannical, and finally contrary to the good of the patient.

On this point, see also the conference of Mgr Professor M. Calipari : *Entre excès thérapeutique et abandon du patient (Between Excessive Therapy and Abandonment of the Patient)* ; and his book: *Curarsi e farsi curare: Tra abbandono del paziente e accanimento terapeutico*, 2006, which was cited by several of the speakers and is now recognized as an authoritative work on this theme of **proportionality in therapy at the end of life**

Professor René Schaerer, Chief-of-Service in Oncology at the CHU of Grenoble until 2001, et co-founder in 1983 of the « Association JALMAV » (Jusqu'à la Mort, Accompagner la Vie), treated, with a great human touch, the theme: **Accompaniment of the Dying Person: A Responsibility to be Shared**. Referring to Cicely Saunders, initiator of palliative care, he underlined the importance of relieving the dying person by discontinuing therapies that are too aggressive, and which have become ineffective and useless. He also emphasized the importance of "listening" to the person who is close to death. --Listening that is active and respectful of modesty, of intimacy, of the family—like the humane physician who knows how to make his patient feel listened to; or the caretaker who sits near the patient . . . to respect the complete subjectivity of the dying person who is living out a unique experience. Allow the patient to speak freely of his death. We often have the tendency to do the contrary, to interrupt the patient who speaks of his suffering and his death: cf the case of a patient who is still young saying to the doctor who asks him what he does for a living: "I was a baker." This "I was" is an opening for speaking of his death which he must assume. . .

Regarding Palliative Care

News of a transfer into palliative care must be given with prudence.

A « culture » of palliative care must be developed in hospitals, nursing facilities, and at home. We must create new behavior patterns that are truly humane and attentive to the multiple dimensions of the person of the patient in all these places of care.

The delicate question of information

The last presentation of the Congress was given by Mgr E. Sgreccia, on the topic: **Information for the Incurable**.

Ways of communicating with the patient who is incurable have been summarized by the OMS with these three models:

a/ **complet mutism:**

This is rarely employed today. It prevents the patient of being able to prepare himself for death. However, it remains true that some patients do not want to know. This is their right, it must be respected.

b/ **total openness:**

This can be dangerous and might lead to denial and depression.

c/ **personnalised openness:**

This communication takes place in a climate of friendship based on confidence. This is what is desirable, but it is demanding for the physician who must **accompany** his patient **gradually**, taking consideration of his maturity. Thus, he must avoid, on one hand, deception, and on the other hand, communication that is too drastic.

Finally, information must be given to the patient **to help him spiritually, in hope of eternal life**, according to the belief and religion of the patient.

Sœur Anne, p.s.d.p.

PONTIFICIUM CONSILIUM PRO FAMILIA

MESSAGE FOR THE CONCLUSION OF THE PLENARY ASSEMBLY OF THE PONTIFICAL COUNCIL FOR THE FAMILY

Grandparents are the joy, the human, social, cultural and religious treasure of the family, of society and of the Church.

At the end of our 18th Plenary Assembly, held from the 3rd to the 5th of April in the New Synod Hall at the Vatican, we feel the need to insist once again on the vocation and the mission that grandparents continue to have in our post-modern society, which tends to isolate them rather than to consider them as protagonists.

The biblical figures of Abraham and Sarah, of Elizabeth and Zechariah, of Joachim and Anne, the grandparents of the Child Jesus, continue to inspire choices and comportments aiming at respect and the valorization of a role which, in salvation history, was transmitted from generation to generation, with religious respect and immense gratitude.

We appreciate and encourage all that grandparents accomplish in daily life for their families. Their witness, their generosity and service, their capacity to transmit values, to teach how to pray, to collaborate in the formation of their grandchildren and to devote themselves are an inestimable gift. They always remain teachers of life and of self giving.

Unlike in days gone by, the grandparents of today live in a mixed social and family context.

Faced with separation, we reaffirm the constructive and dynamic value of their presence. They are not a burden, but a resource, a constant point of reference, especially in moments of difficulty in the family. We repeat our “no” to any form of exclusion and to any lack of understanding towards them and we forcefully reaffirm that they are a *gift*, which bridges the past and the present, directed towards the future.

Grandparents are our *hope*. They attained self-fulfillment through fidelity to love for their family, for their work and for life. They are a *blessing*.

The ‘Gospel of Grandparents’ continues to offer living pages of love and holiness.

Vatican City, April 5, 2008



**ADDRESS OF HIS HOLINESS BENEDICT XVI
TO PARTICIPANTS IN THE PLENARY ASSEMBLY
OF THE PONTIFICAL COUNCIL FOR THE FAMILY**

*Clementine Hall
Saturday, 5 April 2008*

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

I am pleased to meet you at the end of the 18th Plenary Assembly of the Pontifical Council for the Family on the theme: "*Grandparents: their witness and presence in the family*". I thank you for accepting my suggestion at the Meeting in Valencia when I said: "In no way should [grandparents] ever be excluded from the family circle. They are a treasure which the younger generation should not be denied, especially when they bear witness to their faith" (Address at the Fifth World Meeting of Families, Valencia, 8 July 2006). I greet in particular Cardinal Ricardo Vidal, Archbishop of Cebu and a member of the Committee of the Presidency, who has expressed your common sentiments, and I address an affectionate thought to dear Cardinal Alfonso López Trujillo who has guided this Dicastery with passion and competence for 18 years. We miss him and offer him our best wishes for a prompt recovery, together with our prayers.

The theme you have discussed is very familiar to all. Who does not remember their grandparents? Who can forget their presence and their witness by the domestic hearth? How many of us bear their names as a sign of continuity and gratitude! It is a custom in families, after their departure, to remember their birthdays with the celebration of Mass for the repose of their souls and if possible, a visit to the cemetery. These and other gestures of love and faith are a manifestation of our gratitude to them. They gave themselves, they sacrificed themselves for us, and in certain cases also gave their lives.

The Church has always paid special attention to grandparents, recognizing them as a great treasure from both the human and social, as well as religious and spiritual viewpoints. My venerable Predecessors Paul VI and John Paul II - we have just celebrated the third anniversary of the latter's death - emphasized on various occasions the Ecclesial Community's respect for the elderly, for their dedication and their spirituality. In particular, during the Jubilee of the Year 2000, John Paul II summoned the world's elderly to St Peter's Square in September and said on that occasion: "Despite the limitations brought on by age, I continue to enjoy life. For this I thank the Lord. It is wonderful to be able to give oneself to the very end for the sake of the Kingdom of God!". These words were contained in the Letter that about a year earlier, in October 1999, he had addressed to the elderly and which have preserved intact their human, social and cultural timeliness.

Your Plenary Assembly has discussed the theme of grandparents' presence in the family, the Church and society with a look that can include the past, present and future. Let us briefly analyze these three moments. In the past, grandparents had an important role in the life and growth of the family. Even with their advancing age they continued to be present with their children, their grandchildren and even their great-grandchildren, giving a living witness of caring, sacrifice and a daily gift of themselves without reserve. They were witnesses of a personal and community history that continued to live on in their memories and in their wisdom. Today, the economic and social evolution has brought profound transformations to the life of families. The elderly, including many grandparents, find themselves in a sort of "parking area": some realize they are a burden to their family and prefer to live alone or in retirement homes with all the consequences that such decisions entail.

Unfortunately, it seems that the "culture of death" is advancing on many fronts and is also threatening the season of old-age. With growing insistence, people are even proposing euthanasia as a solution for resolving certain difficult situations. Old age, with its problems that are also linked to the new family and social contexts because of modern development, should be evaluated carefully and always in the light of the truth about man, the family and the community. It is always necessary to react strongly to what dehumanizes society. Parish and diocesan communities are forcefully challenged by these problems and are seeking today to meet the needs of the elderly. Ecclesial movements and associations exist which have embraced this important and urgent cause. It is necessary to join forces to defeat together all forms of marginalization, for it is not only they - grandfathers, grandmothers, senior citizens - who are being injured by the individualistic mindset, but everyone. If grandparents, as is said often and on many sides, are a precious resource, it is necessary to put into practice coherent choices that allow them to be better valued.

May grandparents return to being a living presence in the family, in the Church and in society. With regard to the family, may grandparents continue to be witnesses of unity, of values founded on fidelity and of a unique love that gives rise to faith and the joy of living. The so-called new models of the family and a spreading relativism have weakened these fundamental values of the family nucleus. The evils of our society - as you justly observed during your work - are in need of urgent remedies. In the face of the crisis of the family, might it not be possible to set out anew precisely from the presence and witness of these people - grandparents - whose values and projects are more resilient? Indeed, it is impossible to plan the future without referring to a past full of significant experiences and spiritual and moral reference points. Thinking of grandparents, of their testimony of love and fidelity to life,

reminds us of the Biblical figures of Abraham and Sarah, of Elizabeth and Zechariah, of Joachim and Anne, as well as of the elderly Simeon and Anna and even Nicodemus: they all remind us that at every age the Lord asks each one for the contribution of his or her own talents.

Let us now turn our gaze towards the sixth World Meeting of Families which will be celebrated in Mexico in January 2009. I greet and thank Cardinal Norberto Rivera Carrera, Archbishop of Mexico, present here, for all he has already done in these months of preparation together with his collaborators. All Christian families of the world look to this Nation, "ever faithful" to the Church, which will open the doors to all the families of the world. I invite the Ecclesial Communities, especially family groups, movements and associations of families, to prepare themselves spiritually for this event of grace. Venerable and dear Brothers, I thank you once again for your visit and for the work you have done during these days; I assure you of my remembrance in prayer and cordially impart the Apostolic Blessing to you and to your loved ones.



The value of the elderly

Card. Jorge Mario Bergoglio, s.j.

The phrase framing the sections of the document of Aparecida referring to the elderly is very encouraging: old age is a value, not a misfortune. Today, the most published image is that of a decrepit, pitiful old age. The mass media « wastes » not a single page or picture presenting mature years that are lived to the full and charged with meaning. On the contrary, old age is mocked, the fact of being elderly is despised, eternal youth is what receives homage. Laws regarding the elderly in many of the countries of Latin America and the Caribbean are often a mere declaration of principles with no practical applications; rather, there is a systematic exclusion of the elderly from civil life. Neo-liberal arguments in favor of this exclusion are based on the economic burden resulting from a growing population with a longer life expectancy and the multiplication of costly new therapies in the health care of this older generation. Systems for the distribution of pensions, in many nations, are down right unjust, considering the earnings and pensions of the majority of our seniors. Unfortunately, society rarely refers to this reality of social exclusion imposed on the elderly. Senior housing and geriatric residences are increasingly numerous. Conditions of overcrowding, abandonment, and negligent care are turning these places into "depots for old people ." Even if euthanasia is not legal in many countries, it is being actualized covertly through such attitudes of exclusion and abandonment.

Faced with this panorama, the church tries to be “the voice for those who have no voice.” Already at Puebla, attention was drawn to the situation of the elderly of Latin America by showing us the many faces of poverty and marginalization-- « faces of the elderly, increasingly numerous, frequently marginalized by a progressive society, which has no consideration for persons who are non-productive.” (39) The church speaks to us, as well, of the “total abandonment” from which the elderly suffer in a world which generates more and more « rejects » in the socio-economic system. (1266). Today, the elderly are not only excluded but are considered “excess” in a society which accepts and acclaims only those who have power, riches, physical beauty, and the pomp of a celebrity.

It is the church that shows the way and takes charge of the “excess” of society. This is what Jesus did; this is what we, disciples and missionaries, want to do as well. We want to show our society, in a dialogue which is open and which includes justice and truth, that our seniors are worthy of respect, not pity. We are indebted to them. They deserve our veneration and not just our consideration. The document of Aparecida echoes this situation and proposes four points for reflection on our grand-parent and the elderly :

- 1) The inter-generational dialogue (447)
- 2) Respect and gratitude for the elderly (448)
- 3) The recognition of their efforts (449)
- 4) Human and spiritual attention for the elderly (450)

This presentation is positive. The elderly are a value for society, for the family and for the church.

The inter-generational dialogue

447. The account of the presentation in the temple (Lk 2:41-50) brings before us the encounter of generations: children and elderly--the child who has his life before him, assuming and accomplishing the law; and the elderly who celebrate the holy spirit in joy. Young and old together build the future of a people. Children, because they give life to history, and the elderly because they transmit the experience and wisdom of their lives.

The lovely image of the presentation in the temple is very significant as it refers to an encounter, a dialogue, between the old and the young. The blessing and praise of the elderly Simeon and Anna is mingled with the innocence of the child and the expectation of his parents. In this event, it is Mary and Joseph who serve as the link, the bridge, between the generations. This image provokes our attention. Unfortunately, in many families, the utterances of grandparents are ridiculed, considered out-of-date, lost in history, etc. But it is also true that, in a good number of families in Latin America and the Caribbean, the grandparents are the ones who oversee the education of their grandchildren, who hand on the faith, the values and the knowledge hardly found in other domains of culture and education. It is here that the witness and wisdom of the elderly have become the greatest treasure of our people. The elderly are the depository of the collective memory, and they know how to hand on this memory to the younger generations. Even if we are loathe to listen to them because they tend to repeat, we usually end up saying: “. . . As my grandmother used to say . . .” If we neglect to listen to the stories and the experiences of the elderly, if we prevent the emergence of the wisdom of a lifetime, we mortgage the future! A healthy society cannot be built without the support of three pillars: the memory of the elderly, the strength of the young, and the innocence of the children.

Respect and gratitude for the elderly

448. Respect and gratitude for the elderly should be shown, in the first place, by their own families. The word of god calls us, in numerous ways, to this respect for our seniors, our elderly. It also invites us to welcome their teaching with gratitude and to accompany them in their solitude and fragility. The elderly are found in every family and nation, so we might apply to them the words of Jesus, *“the poor you will always have with you and you can be generous to them whenever you wish. . . (mk 14:7)* nevertheless, they are often forgotten and neglected by society, and even by their own families.

Respect and gratitude are virtuous attitudes, fundamental for building up a society that is more just and fraternal. Lack of respect is lack of love, egoism. Gratitude is proper to a humble heart that knows how to recognize that all that we possess is gift. How much we owe to our seniors, the elderly! The family is the unique place in society that can conserve fundamental, life-giving values for new generations. How we must show our warmth and gratitude to our grand-parents! A welcoming glance, a special meal, a photo, the anecdotes of by-gone days, a confident prayer—many are the heartfelt gestures that grand-parents know how to offer their grandchildren! The bible tells us: “stand up in the presence of the aged, and show respect for the old; thus shall you fear your god. I am the lord.” (lev. 19: 32). It is precisely with respect and gratitude that we want “stand up” in the presence of the aged so that they sense that they are important in the eyes of god, and that they still have much to contribute to the family and to society.

The recognition of their efforts

449. Numerous are the elderly who have spent their whole lives for the good of their families and the community in accordance with their situation and their vocation. Many of them have been true disciples and missionaries for Jesus by their witness and their works. They merit recognition as sons and daughters of god, called to share in the plenitude of love and to be loved especially for the cross of their suffering, their diminishing capacities, and their solitude. The family must look beyond the difficulties caused by living with and caring for the elderly. Society must not consider them a burden. It is lamentable that some countries lack social policies sufficient to protect the elderly who are already retired, those who are pensioned, the sick, and the abandoned. This is why we urge the elaboration of plans for just social policies that will be binding for all parties and will respond to these necessities.

The document of Aparecida continues with a description of the important role of the family in the accompaniment of our seniors, the elderly. The family is the milieu in which the elderly feel welcome and accepted. The church recognizes also the the gift that the elderly are for so many parish communities. Today, the elderly are the majority, the principle group of faithful, who attend liturgical celebrations, who consecrate a large amount of time in reaching out to the poor, who visit hospitals and geriatric residences, who are the missionaries in vast zones of our continent. Their prayer supports the church. The wise counsels of the elderly have saved more than one priestly and religious vocation. Their acceptance of physical and spiritual suffering gives us the example of strength of character and apostolic zeal. Indeed,

this was the example given to us all by our beloved pope John-Paul ii. The elderly have a special place in the church, which is not the case for most of civil society. From this flows the importance of promoting policies that are inclusive and just, that integrate our seniors into society so that they will not be reduced to being only the recipients of some popularity-seeking generosity. It is a question of building up a common space with all members of society, and not only constructing a cubby hole for the elderly so they won't bother the rest of us.

Human and spiritual attention for the elderly

450. The church feels obliged to promote an integrated human consideration for all the elderly. This consideration should enable the elderly to follow Christ in their actual condition, and to be involved as much as possible in their mission to evangelize. That is why the church, while thanking the religious and lay volunteers for all they do already, wishes to renew her pastoral structures, and to prepare even more persons who will work to expand this precious service of love.

The document of Aparecida concludes this paragraph with a commitment to a more human and spiritual attention for the aged, by helping them to sense that they are participants in the salvific mission of Christ. In fact, in many dioceses of Latin America and the Caribbean, and in many religious congregations, the elderly are given a special pastoral attention. This is accomplished through the organization of parish groups to respond specifically to the needs and concerns of the elderly, or through different ecclesial movements that count among their members a certain number of older people.

In conclusion, i would like to turn to the encounter of Jesus with Nicodemus (jn 3:1-21) when the master invites the Pharisee to “be born again.” It is only by being born of water and the spirit that we will reach our fulfillment as missionary disciples. To be born again to a new life, full of meaning and hope— this is the gift that the lord offers to us all, and, in this particular case, that he offers it to an old man. The need for companionship, a vision that looks beyond and calms the anguish of an approaching death, the sense of being useful, capable of praying and offering our suffering— these are some of the signs of “being born again from above” that the lord offers to our seniors, the elderly.

Our mother, the Virgin Mary, while getting older watched over the new born church and gave the example of confidently handing herself over to the will of god. May she accompany our elderly. May she show us how to be faithful to the lord in all stages of life. May she accompany and protect us all on our life's journey from infancy to old age.

Buenos aires, 2 February 2008
Feast of the Presentation of the Lord

Card. Jorge Mario Bergoglio, s.j.