



**CCBI Message for the
World Day of the Sick
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This year's special celebration of the World Day of the Sick took place in Seoul, South Korea, on February 11, the feast of Our Lady of Lourdes. The theme was the need for prayer for those with incurable diseases, and, while attention is focused on Asia, the whole world was included in the prayer intentions and special liturgical celebrations, reminding us once more of the Roman Catholic Church's mission, following the command of Jesus, to go forth to spread the Good news to all people.

The prayers of the Holy Father for that day were expressed in his message for the fifteenth World Day of the Sick, written on December 8, 2006. In the message he reminded us that, "Despite the advances of science, a cure cannot be found for every illness, and thus in hospitals, hospices and homes throughout the world we encounter the sufferings of our many brothers and sisters who are incurably and often terminally ill."¹

"Incurable disease" can mean rather different things in different countries. In our western world we are faced with a wide variety of possible cures, and many avenues are exhausted in our attempts to keep people alive. Despite that, we often reach a point where we are told that our illness is truly terminal, and that no course of medical treatment will work any longer. Then the process of accepting the inevitability of death begins, assuming the Creator grants us the time to do that.

In other countries, it is sometimes circumstances of poverty that render some diseases incurable - lack of medications, procedures, and resources, together with lack of proper nutrition and sanitary conditions. These types of "incurable" disease are not truly incurable at all, but current policies make them so. The Pope pointed out: "The Church wishes to support the incurably and terminally ill by calling for just social policies which can help to eliminate the causes of many diseases and by urging improved care for the dying and those for whom no medical remedy is available."² He continued, "There is a need to promote policies which create conditions where human beings can bear even incurable illnesses and death in a dignified manner."³

We can conclude from this that our spiritual support is needed and welcomed by the terminally ill. We are told by the Pope that we have a responsibility to work for just policies in health care, to ensure a basic standard of human dignity. We must acknowledge that many of the world's health problems are exacerbated by social needs. This is not new, of course, but the call to be involved in working for justice in health care is still relatively new to some of us.

As Catholics, part of the universal Church, we know our response must not only be local but also global. This, too, is not new, and most of us have always been involved in responding to this, even in small ways. I remember as a child taking in pennies to put into the "Holy Childhood" box in our classroom. Granted that the pennies usually came from my mother and grandmother, and granted it was a tiny sum, but millions of school children all over the world were doing the same thing, and it added up to a not inconsiderable amount, to be used for health care and other needs on other continents. These habits of giving, even in small ways, run deep in the Catholic mentality, and could be further developed. We know this from the many successful fundraising campaigns that keep Catholic hospitals flourishing, for example, and we know we need even more of these to provide the long term and palliative care

facilities that Pope Benedict said are so important to ensure full human dignity.

The Pope stressed that these palliative care centres must provide not just human assistance, but also spiritual accompaniment to the dying. This is an area of profound importance for Catholics: we must provide these spiritual needs at the end of life, and we must help people to be educated in the provision of these needs. We need to be clear as to what spiritual care is. We need to know where and how it is provided. Are we aware whether or not these needs are being met in palliative care in our own communities? When Senator Sharon Carstairs spoke at the Cardinal Ambrozic Lecture in March 2006, she informed us that only 15% of Canadians who need it currently receive palliative care. This is a disturbingly low percentage, and is surely one of the areas indicated in Benedict XVI's reminder that we must promote policies to ensure people's needs will be met at the end of life.

The Pope encouraged the terminally ill to consider Christ's suffering, to turn to God the Father with complete trust. In that spirit, their sufferings, united to those of Christ, will prove to be of use for the needs of the Church and the world. John Paul II also emphasized this many times during his pontificate, saying in an address at Rome's Ophthalmic Hospital in 1991 that the Cross of Jesus is "...the last word, which explains the tremendous reality of suffering...". That word "...declares the undeniable reality of suffering and death, denounces the wickedness and misery which characterize personal existence and human events: on the other hand it proclaims victory over evil and death." He drove his point home in saying, "Here and nowhere else should we look for the answers to the great questions of the meaning of life and death, of suffering and the ultimate destiny of the earthly pilgrimage..."⁴

¹ Benedict XVI, Message for the Fifteenth World Day of the Sick, December 8, 2006.

² Ibid.

³ Ibid.

Trusting in the Cross, indeed helping to carry it, both those suffering and those caring for them are called to witness to a love that is always ready to make a gift of itself for others, transforming suffering into hope. One of the insightful statements in COLF's recent document "Living, Suffering, Dying: What for?" tells us that in accepting this cross, "A source of joy is found in the overcoming of the sense of the uselessness of suffering, a feeling that is sometimes very strongly rooted in human suffering."⁵ Overcoming the feelings of uselessness benefits those suffering, those journeying with them, and the whole faith community.

Perhaps those in the wider community who are healthy could forge a stronger spirit of solidarity with their ill and suffering parishioners. It is true that the community remembers the sick and suffering at every celebration of the Eucharist, but sometimes this is done in a somewhat mechanical and perfunctory way. If, for example, we pray for Mrs. Smith for a few weeks, it would be nice to know how she is faring, perhaps through some information in the bulletin. Too often the sick and suffering are marginalized, simply because they cannot be present at our events. Often they do receive at least weekly communion, but if they are being asked to unite their suffering with Christ for our benefit, we could develop more ways to let them know that we are both aware of and grateful for this.

Mary, Help of the Sick, pray for us!

Notes

⁴ John Paul II. "Mystery and Message of the Cross: The Redemptive Value of Suffering" *Dolentium Hominum*. No. 18, 1991 n.3, 22-3.

⁵ COLF. "Living, Suffering, Dying: What For?" January, 2007.