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ASSISTING THE ELDERLY AND PALLIATIVE CARE

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Ethical and Pastoral Guidelines for a "Good Accompaniment"

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Introduction

Living longer with health and good quality of life is the dream of humanty since ancient times. Nowadays this dream is disguised by the ideology of eternal youthfulness that tries to deny any sign of the aging process in our bodies. Human longevity thus becames a very challenging theme for scientific research, and geriatrics and gerontologists are working under a stressful ideologial agenda which calls for "*stopping the biological clock*" of humans and gives us the so-called "dream of immortality". And example of this cultural trend is the recent issue of Time Magazine and its presentation of the *Longevity Report: The new data on how best to live a longer, happier life*. The cover shows a wonderful picture of a healthy and wonderful baby with the headline: This *Baby could live to be 142 years old – Dispatches From the Frontiers of Longevity*.[1]

The aim of this presentation is to suggest some reflections and guidelines for a professional/pastoral relationship with the elderly in general, but especially in cases where one faces the suffering associated with severe and chronic diseases (Parkinson`s and Alkzemer`s disease for instance). We live nowadays in a culture that only gives space to people that can produce, people who are young, healthy and autonomous. Those that are sick, poor, old and dependent on others are simply discarded and pushed out to the "peripheries of human life" (the throwaway culture). We need to construct and be part of a new counter culture of inclusion and genuine care for those who are most needy, those who are the preferred ones in Jesus.

This new ethical and pastoral approach will take into account the following values and guidelines for action: *1.* Denounce the ideology

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[1] *The Longevity Report: The New Data on How Best to live a Longer, Happier Life*. Time 2015; 185 (6/7): 56-81. "How old can we live to be. That remains to be seen, but if a promising drug does to humans what it does to mice – a big if – the answer is 142. Mice have a median survival time of 27 months, but with treatment, the longest-living mouse hit 48 months, a life 1.77 times longer. The median human lifespan is 80 years-so if the oldest person lived 1.7 times longer, he or she would reach 142" (p. 4).

of the healthism and anti-ageism that negate our human condition as mortal and finite creatures. It is necessary to nurture a critical view of this ideology called "posthumanism" with its proposal of imortality in our earthly domain; 2. Cultivate the wisdom to embrace vulnerability and mortality as part of our human condition. 3. Rediscover the value of the Samaritan solidarity (*"put more heart in your hands"*, Saint Camillus, 1614–2014) as a personal and professional value, as one journeying together with people in the *"shadows of the valley of"* pain, suffering and death; 4. Accept graciously the continuous progression of time and discover and value its dimension as *"Kairos"*, while living in the reality of the decaying *"cronos", and finality; 5.* Lastly, some ethical and pastoral guidelines for "good accompaniment" at the end of life can be considered. The inner work that applies to everyone in facing it, that is, acknowledge old age as the *"Sunday's life"* of our human existence and "to embrace" the old, that is slowly, silently and graciously being born within ourselves.

The Movement of Denying Our Mortality and Finitude in Search of "An Ageless Body and Happy Soul"

We are living a time defined as "post"! We talk about post modernity, the post Christian era, the post industrial age, and more recently we have started to talk about posthumanism, or transhumanism. What is there to understand of posthumanism? Hook defines it as "the intellectual and cultural movement that affirms the possibility and desirability of fundamentally improving the human condition through applied reason, especially by developing and making widely available technologies to eliminate aging and to greatly enhance human intellectual, physical, and psychological capacities".[2] According to this author, a post-human would no longer be a human being, having been so significantly altered as to no longer represent the human species. Underlying this worldview is a core belief that the human species in its current form does not represent the end of the species development, but rather its beginning.

The tools transhumanists would use to achieve their ends include genetic manipulation, nanotechnology, cybernetics, pharmacological enhancement, and computer simulation. One of the more ambitious

[2] Hook C. *Transhumanism and posthumanism*, in Jennings B (ed.). *Bioethics*, 4th Edition, vol. 6-S-Z, Macmillan Reference, USA/Affiliate of Gale, Cenage learning; 2014: 3096-3102, p. 3097.

– and controversial – transhumanist visions involves the concept of mind uploading. According to proponents, advances in computing and neurotechnologies will enable individuals to read the synaptic connections of the human brain, enabling an exact replica of the brain to exist and function inside a computer. This simulation could then "live" in whatever mechanical body-form is desired.[3]

Richard Jastrow speculated about this future time: "At last, the human brain, ensconced in a computer, has been liberated from the weakness of the mortal flesh. [...] It is in control of its own destiny. [...] Housed in indestructible lattices of silicone, and no longer constrained in its span of years [...] such a life could live forever".[4]

Obviously this issue is highly controversial, and now we have two groups on the battlefield. There are the transhumanists that defend all kinds of alteration in the human condition: if we have the power to change human nature for the better, why not do so? And there are the so-called "bioconservatives" that raise a "red flag", warning of the potential dangers of such changes for society and future generations.

Post, for example, describes his vision in this way: "Posthumanism [...] is a pure scientism that endorses fundamentals alteration in human nature. Off with biological constraints! Transcend humanness by technology! The posthumanist embraces the eventual goal of decelerated and even arrested aging, but only as a small part of a larger vision to re-engineer human nature, and thereby to create biologically and technologically superior human beings that we humans today will design for tomorrow. As such, posthumans would no longer be humans".[5]

This author further states that genetics, nanotechnology, cloning, cybernetics, and cumputer technologies are all part of the posthuman vision, which even includes the idea of downloading the synaptic connections of the brain to form a computerized human mind freed of mortal flesh, and thereby immortalized. Posthumanists do not believe that biology is human destiny, but rather something to be overcome, for there is, they argue, no "natural law", but only "human malleability and morphological freedom".[6]

[3] Kurzweil R. *How to Create a Mind: The Secret of Human Thought Revealed*. New York: Viking; 2012.

[4] Jastrow R. *The Enchanted Loom: Mind in the Universe*. New York: Simon and Schuster; 1981.

[5] Post SG (ed.). *Preface*, in: *Encyclopedia of Bioethics*, 3rd. Edition. New York: Macmillan Reference USA, 2004. Thomson Gale, vol. I, A-C: XI-XV, p. XIII.

[6] *Ivi.*

An important document in understanding the ethical implications as well as the multiple aspects of human enhancement is a report of the President's Council of Bioethics in the USA, entitled *"Beyond Therpay: Biotcnology and the Pursuit of Happiness"*.[7]

In this very complex and intrincate scenario of potential technological enhancements, of all the types of human enhancement available in the near future moral bioenhancement is perhaps one of the most controversial! Human nature as we know it is, to the posthumanist mind, a mere constraint to be overcome in a search for immortality the liberation of humanity from decaying, aging, and other realities of death. Obviously we need a sound dialogue to discern and distinguish what is wholesom from destructive transformations in human nature. We can ask with Post, "Will compassion be left behind in favor of the biotechnological pursuit of bigger muscles, prolongevity, happy dispositions, and unfading beauty? Or are the care and compassion that lie within us the 'ultimate human enhancement'?".[8]

The Contemporary Context of Aging: A Brief View of Some Major Challenges

According to Marc Berthel,[9] professor of geriatrics for more than 40 years in France, the phenomenon of the aging population brought to the entire world new challenges that society as a whole must face. The increase in life expectancy by 30 years in the 20th century in France is a recent reality in human history. Hygiene, cleanliness of water, reduction of famine, vaccinations, and medical progress have all contributed to make this evolution possible. Treatment of chronic diseases now makes it possible for the aged to endure for longer periods. The developed countries were the first to benefit from such developments. At the moment, almost all the countries of the world are experiencing this phenomenon. This is certainly progress, but new questions arise and we need to face them with intelligence and wisdom. Dr. Berthel points out three new issues:

[7] U.S. President's Council of Bioethics. *Beyond Therapy: Biotechnology and the Pursuit of Happiness*. Washington, D.C.; 2003.

[8] Post. *Preface...*, p. XIV.

[9] Berthel M. *Advancing in age: some new issues* in *Newsletter of the Centre European d'Enseignament et Recherche en Ethique*, January 2015.

Conditions of living and resources

In our countries, moments of inactivity are not moments without resources: illness, maternity, disability, unemployment and retirement periods all benefit from social security resources. Do we realize that this is not the case in many countries? "More than 70% of the world's population has no real social-security protection" (data taken from the world report on social security protection 2014/2015). State functionaries and the military are protected, but this is not so for agriculturists and workers in the private sector. Survival depends on family solidarity and savings where this exists. What will happen when family models change? The processes of change have in fact already begun: reduction in the number of births per home, youth emigration, urbanization, and adoption of "western ways of life" including in countries with strong traditions.

Another big challenge worldwide within the context of health is education. For example, in Cuba, a small island in the Caribbean Sea (Central America), among patients with advanced cancer fewer then half were aware of their diagnoses, and only 9% knew that they were dying.[10]

Utilization of services and globalization of care

National and international tourism is doing well thanks to the elderly. A tourist agent in Vietnam said in December that European, American, and Japanese pensioners were his only clients. Hotels, restaurants, and artisans in these countries depend largely on the goods and services consumed by these rich foreigners. Is this a resurgence of a certain form of colonialism?

On the flip side, rich countries import foreigners as house aides, especially for the aged: Polish nurses in German families, Romanians in Italy, Bulgarians in Greece, Africans in Lebanon, and in conditions that are sometimes near to being exploitative or the same as those of slavery. The rich buy (cheaply) the work force of the poor, and the work of care is becoming globalized.

End of life issues: To live or let die when one becomes a burden

The Swiss sociologist Lalive d'Epinay advances with force and conviction an ethics of responsibility at old age. According to d'Epinay,

[10] Lynch T, Connor S, Clark D. *Mappping levels of palliative care development: a global update*. J Pain Symptom Manage. 2013; 45: 1094-1106.

every old person is both an adult (like everyone else but also different given his position in the journey of life) and a citizen. With the experience of his finitude and the reality of his fragility, the aged person may have the feeling that his or her life has concluded, or may want to "save his or her relatives the stress of prolonged care for him or her, and thus save society and future generations needless costs of care." Lalive d'Epinay sees an ulterior act of responsibility in the demand for assisted suicide.

However, when we learn that one quarter of all demands for assisted suicide before the Swiss Ngo *Dignitas* are made for pecuniary motives, we must investigate the pressure that may be placed upon dependent elderly people who are made to understand that they are useless and costly. At a time when the debates on end-of-life issues are once again in the media and in academic discussions, one must not misinterpret or ignore these facts. We welcome all the efforts underway worldwide that seek to promote and put into practice *palliative care as a human right*. It is a sign of hope for better days in this field of critical care when we see the international organization *Human Right Watch* honor an Indian Physician Dr. M.R. Rajagopal with the prestigious Human Rights Award 2014 for his militant promotion of palliative care in his home country, India.[11]

A worldwide classification of every country´s level of palliative care provisions shows that only 58% of countries have a palliative care service, and provisional rations are as poor as one service per 90 million people. According to the WHO´s global atlas of palliative care, less than 10% of the 20 million people every year who need end of life palliative care actually receive it, and although most care is offered in high-income countries, 80% of people who need palliative care are in low-income and middle-income countries.[12]

Solidarity: The Path of Genuine Care Between Two Extremes

On one side, we have the vice of defect, condoning neglect in the name of autonomy, and on the other, the vice of excess, which we might

[11] See: Human Rights Watch. *Dr. M. R. Rajagopal, India* (accessed on 20.07.2015, at: https://www.hrw.org/news/2014/09/16/dr-m-r-rajagopal-india).

[12] Gwyther, L, Brennan F, Harding R. *Advancing palliative care as a human right*. J Pain Symptom Manage. 2009; 38:767-74; Who and World Palliative Care Alliance. *Global atlas of palliative care at the end of life*, 2014 (accessed on 27.02.2015, at: http://www.thewpaca.org/resources/global-atlas-of-palliative-care); Harding R, Higginson IJ. *Inclusion of end-of-life care in the global health agenda* Vol 2; July 2014 (accessed on 27.02.2015, at: www.thelancert.com/lancetgh).

call oppressive care. And we must find the "virtuous middle". This is the Aristotelian way: virtue entails a balance or proportion that can be destroyed either by the vice of defect or by that of excess.

Solidariety implies the idea that "all are really responsible for all". The Church`s teaching talks about solidarity as a "moral requirement inherent within all human relationships" and also speaks of "intergenerational solidariety". Saint Pope John Paul II describes solidarity as "a social virtue".[13]

There is no doubt that today bieothics still has a love affair with the principle of autonomy (mainly in USA). The idea of autonomy, however, carries with it the connotation of non-interference. "Placing too much reliance on empowerment of the elderly can lead, if we are not careful, to the implicit condoning of neglect of the elderly if they do not exercise their power sufficiently. Individualism and independence, if too rugged, may turn to health care nihilism".[14]

Respect for the dignity of a patient with Alzheimer`s disease can never simply mean that caregivers demand the exercise of autonomy that is more harmful than helpful to the patient. Rather, a true respect for the person entails an acceptance of the concrete circumstances in which the person is living. Solidarity and respect do not deny the fact of increasing dependence. From the perspective of the virtue of solidarity, what respect demands is an atitude of sensitiviy and attention on the part of caregivers.[15] Such an attitude will not usurp decision-making when people are capable and willing to exercise it. This same atitude, however, means that caregivers do not force autonomy upon a person who is incapable of exercising it. The attempt to empower a person in this sort of situation can easily become abandonment.

On the other hand, we have the vice of excess called "oppressive care". Stephen Post defines it as all "forms of care based on the assumption that persons with Alzheimer´s disease are so disabled that they must be protected from the dangers and risks of life". Oppressive care concentrates on differences rather than similarities. It makes a subtle distinction between "them" and "us" based on cognitive capacity.

[13] John Paul II. *Sollicitudo Rei Socialis* (30 December 1987). AAS 80 (1988), pp. 513-586, n. 38. See also: Wojtyla K. *The Acting Person*. Boston: D. Reidel Publisching Company; 1979: 284-85.

[14] Kapp MB. *Medical Empowerment of the Elderly*. Hastings Center Report 1989; 9 (4): 6.

[15] Smith BP. *Solidarity with those suffering: the ethics of Dementia*. Health Progress 2014: 79-81.

Ironically this form of care enhances differences by "doing for" patients rather than "being with" them.[16]

Even the legitimate desire for a cure for Alzheimer`s disease can fall into the trap of oppressive care if it continues to call attention to cognitive ability as the primary means for determining what counts for quality of life. It diverts attention from what Post calls "the critical moral task of changing attitudes and providing forms of care that attend to non-cognitive aspects of the self". If we believe that those with Alzheimer´s disease for whom we care lack an essential quality of life simply because they lack cognitive ability, then we will do nothing to improve the quality of life they are capable of enjoying.

What does "true" care mean in this context. According to Post, "Care, building on the foundation of solicitude, includes joy, compassion, commitment, and respect: care rejoices in the existence of the person with dementia [...] care responds supportively to the needs of the person with dementia [...] care is loyal even as the loved one fades from the sphere of familiar self-identity and becomes almost unknowing and therefore unknown, but still remembered".[17]

Such a "being with" gets to the heart of the virtue of solidarity and also to the heart of Christian morality. The virtue of solidarity moves the caregiver (health care professional, volunteer, family member) from the necessary "doing for" to "being with".

Post highlights six guidelines for the care of aging persons with dementia:

1. Something can always be done for (and with) persons with dementia. The claim "there's nothing more that we can do for the person" is a lie!
2. Many factors can cause excess disabilitiy in persons with dementia. Identifying and changing these factors reduce excess disability and improve functioning and quality of life;
3. Persons with dementia have residual strengths. Working with them to build on these strengths improves their functioning and quality of life;
4. The behavior of persons with dementia represents understandable feelings and needs, even if the person is unable to express them. Identifying and responding to these needs reduce the incident of behavioral problems;
5. Providing the appropriate environment for persons with dementia improves their functioning and quality of life;
6. Persons with dementia and their families constitute an integral unit. Addressing the needs of families and involving them will benefit both the person with dementia and the family.[18]

[16] Post SG. *The Moral Challenge of Alzheimer Disease: Ethical issues from Diagnosis to Dying*. Baltimore: The Johns Hopkins University Press, 1995, p. 8.
[17] *Ibid.*, pp. 8-9.

What is said for the elderly with dementia in essence is to "respect the person", and beyond simply doing something for her; the most challenging thing is just "being with" the person, in other words just being present, being a "significative presence". In my pastoral duties of educating and trainning pastoral care givers, volunteers and health care professionals, I always remember that presence is precisely the "*8th Sacrament*" of this human encounter. There is always a surprise encounter when God´s grace fulfills the fragility of human life.

Finally, in a society that stresses ever more independence, authonomy and self-determination, in this stage of human life physically and also mentally and spiritually, we are moving in the opposite direction - one needs the care and help of others in order to continue living. So what must speak louder in this context is the ethical principle of solidarity, and not autonomy as many advocate by defending an autonomist perspective. In the name of autonomy much indifference and abandonment become the companions of the elderly. A society that fosters this perspective is an aged society, and there is no more place for the elderly.

Searching for the "Wisdom of the Heart" and Graciously Embrace Our Aging Process and Promote a Dignified and Genuine Care for the Elderly

What is the meaning of this movement of posthumanism when faaced with the reality that almost one third of deaths each year around the world are still the result of infectious diseases (many treatable), such as dirty water, malnutrition, exposure, and poor hygienic conditions?[19]

[18] *Ibid.*, p. 11.
[19] Prüss-Üstün A, Corvalán C. *Preventing disease through healthy environments. Towards an estimate of the environmental burden of disease*. World Health Organization; 2006 (accessed on 20.07.2015, at: http://www.who.int/quantifying_ehimpacts/publications/preventingdisease.pdf).

The late Cardinal Aloisio Lorscheider from Brazil, at the age of 83, just some months before his own death of heart failure, old age and the process of declining strength, delivered a lecture to his fellow aging Brazilian Franciscans of his community entitled "Aging with Wisdom". In this lecture, he defines the time of our lives when we are old as our "Life's Sunday", a special and blessed time when we are called to find time to make silence and pray, a time to detach ourselves from things and people, a time to preserve our identity and gain self-dominium, a special time for comtemplation and gratitude for all the experiences lived throughout all the phases of our human life.[20]

It is worthwhile to remember the message of Pope Francis for the 23rd World Day of the Sick 2015 where he talks about the *sapientia cordis*, the wisdom of the heart.[21] Our healing presence among the elderly as friends, companions, volunteers, health care professionals, or pastoral workers needs to nurture this "*saptientia cordis*". This means: *a. going forth from ourselves towards our brothers and sisters*; It is necessary to make a personal "exodus", promoting the culture of the encounter; *b. Being with our brothers and sisters and spend time with them.* This is not a waste of time or, according to economics, "money time", rather "a holy time"; *c. Serving our brothers and sisters* in their material, social psycho-social and spiritual needs; And *d. being a living expression of solidarity*, without any kind of judgment based on "quality of life" that makes people think that their lives affected by grave illness are "not worth living".

Final Remarks: Some Ethical and Pastoral Guidelines for a "Good Accompaniment" at the End of Life

After viewing some pictures of the global context and the issues that today challenge us, in making the journey with our fellow human beings in their final moments of life we can sum up our reflection in the form of 10 ethical and pastoral guidelines regarding how to be a significant presence. This is in line with the Camillian tradition of the name "*fathers of good death*" that was given to the religious Camillians along the centuries (mainly during the XVI-XIX centuries) for the

[20] Lorscheider A. *Envelhecer com sabedoria* (accessed on 10.01.2015, at: http://www.ofm.org.br/informaximo/arquivo/download.asp?arquivo=173).

[21] Francis. *Message for the 23rd World Day of the Sick 2015 "Sapientia Cordis"* (3 December 2014) (accessed on 10.01.2015, at: https://w2.vatican.va/content/francesco/en/messages/sick/documents/papa-francesco_20141203_giornata-malato.html).

members of this Order founded by Camilo de Lellis (1550-1614) in Rome in 1582. Today this order is present in forty countries of the world, mainly in poor and developing ones.

Let us look at some guidelines for good accompaniment within this context of the Camillian anthropology, charism and spirituality. We are in front of key human, biblical and Christian values that make up this extraordinary history of 400 hundred years of service, caring and giving witness to solidarity for the sick and dying.[22]

1. *Recognize and embrace the reality of the human condition.* We are mortal and finite creatures! The transhumanist movement is a sophisticated intellectual ideology that tries to distract us from our human condition, in dying mortality!
2. *Respect for human dignity as an instrinsic value must be at the heart of any kind of specialized care.* Beyond the necessary basic professional skills of specialized care, our humaness is the most import instrument or tool in communicating "companionship".
3. *Consider the person as a* "whole"*, and as a unique human being that must be the protagonist of the all processes and the journey of care.* Respect his or her values and his or her choices (autonomy). A person is not only "biology", a physical body, but also and mainly "a biography", that is always telling us about his or her identity and history. Beyond the realm of technical and biological care, "wholeness" means excellence of care also in the "biographical" aspects of the human person. Here we endeavor beyond the physical, psycho-social and spiritual dimensions of human life.
4. *Vulnerability is the very essence of human life at its beginning as well as at its end.* Care during these two periods of extremes is called "protection". Protection is the response when faced with vulnerability, not autonomy! Human life at the beginning as well at the end is vulnerable to the highest degree. We must be extremely careful with some approaches at the end of life, which when done in the name of autonomy concretely signify only abandonment and indifference toward the dying person. In the end the person is simply left alone!
5. *Treat the person and family as one unit of care.* Mainly in the Latin and African worlds do we see "family oriented cultures". The

[22] Cosmacini G. *Camillo: un uomo divenuto santo*. Milano: Missione e salute; 2014. Cf. Especially the complete text of the "*Regole per ben servire Gl'Infermi*" (rules for how best to serve the sick) written by St. Camillus of Lellis betwen 1584-1585; pp. 93-97.

mediation of the person's community (extended family) is always an important element in any kind of choice or decision related to health treatments. Informed consent is more than just an individual's decision or choice, it is a communitarian matter!

6. *Pay attention to the communication process.* In some instances at the end of life, there is no verbal communication. Here non-verbal communication (body language) needs to be addressed. In the heart of the world of human relationships, communication is vital. This is what transforms the concept of time as *kronos* (time of the clock) into *kairós* (time of grace).
7. *Reverence and silence in front of the person that is facing of pain and suffering.* It is imperative to avoid any kind of judgment. Pain demands medical intervention, and when faced with suffering we have the challenge to respond by trying to give meaning and/or to call into action transcendental values (spirituality).
8. *Recognize the need for self-care among the professionals of health care.* In order to be a good companion in these very critical situations of life and death, the health care professional needs to learn to take care of herself. This will avoid the so-called common mental illness called a "burn out". This requires necessary and frequent teamwork meetings, not just for technical discussions, but for sharing values, feelings and emotions that were experienced while caring for persons.
9. *Learn the lesson of true solidarity!* Beyond simply doing things, solidarity is "just being with" a person at the crucial moment when one feels powerlessness and that there is "nothing more to say or to do". Just be present! Do not run away or sleep! Solidarity means to be awake at the Gethsemane of people's lives. A vigilant presence is the very essence of true humaness!
10. *Discover and embrace the graciousness and the beauty of the human person!* In order to reach this experience it is necessary to combine ethics with aesthetics. Ethics today is largely linked to law, rights and obligations. Being a companion in this journey means to nurture a reverent respect in the encountrer with the other, who is God's masterpiece. Caring for the other is not only a professional obligation for mere survival, neither is it a legal duty. Rather, it is something of extraordinary beauty. Yes, we do need to reestablish the concept of "beauty" at the center of our relationhips with the others.

To conclude this reflection, it is a great challenge that we have ahead of us simply to embrace our human condition as finite and mortal

beings. The ideology of post-humanism and that of the medicalization of all stages of our lives try to deny any sign the aging process in our faces in search of the eternal youth, and treat mortality (death) as if it were a mere disease to which we can find cure! In doing so, this ideology tries to deny and hide any sign of aging, suffering and death amongst us. In doing so, it marginalizes and abandons precisely those people who remind us of these "harsh" human realites-they are the suffering and needy, aged and dying! Along this path, we are building a wall of indifference instead of building a bridge and a culture of genuine care that embraces, as it should, those most needy and living in an stage of extreme vulnerability.[23]

We must resist being seduced by the ideology of using technology to produce a "ageless body and happy soul". In accepting our human condition as mortal beings, we are not implicitly saying that we are against the progress of the science in discovering the cure of incurable diseases (Parkinson's, Alzheimer's, Hiv/Aids, etc), to help humanity live longer. Nobody wants to live the experience of the Greek Prometheus, on whom was inflicted an eternal condemnation for searching, with intelligence and wisdom, ways for humankind to live longer in a healthy, happy and dignified way! There are some limits in our human conditions that an ethical science needs to respect. We sometimes suffer of a condition that unfortunately has no cure: as creatures in this world we are finite and mortals!

There is much graciousness to be discovered and embraced in our human condition, even when marked by fragility, vulnerability, age, pain and death. This graciousness can only be discovered through the eyes of a Samaritan faith. This faith seeks out the other – whose life is marked by the vulnerability of age – "to be with" and "walk together with" as a companion, into the plateaus, mountains and valleys of our human lives and especially when we have to face the unknown and dreadfull valley of death. Then we can sing as did Psalmist in the Psalm 23: "there is no more fear because the Lord is our Good Shepard who walks with us and protect us!".

[23] Pessini L, Barchifontaine CP (eds.). *Bioética & Longevidade humana*. São Paulo: Edições Loyola& Editora do Centro Universitário São Camilo; 2006.