

Human Dignity at the End of Life

Roberto Germán Zurriarán

Phd. in Philosophy. Bachelor of Theology. Professor of Didactics of Religion at the University of La Rioja

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***Corresponding author:** Roberto Germán Zurriarán, Bachelor of Theology, Professor of Didactics of Religion at the University of La Rioja, Street/ Magisterio 2, 1º dcha.26004. Logroño, Spain. E-mail: roberto.german@unirioja.es

Death is not usually spoken, it is a question avoided. So much so that talking about the end of life does not sell well in a consumerist, productivist and hedonistic society. However, before death, the truth of our own identity and the limits of contemporary culture that does not know exactly what to do with it appear more clearly. But no matter how hard we try, sooner or later, in ourselves, or in people close to us, death visits us.

For this reason, trying to avoid or delay death does not make sense. Death is one of the dimensions of our life reality. It is part of the human being. That our life is vulnerable and that it ends, apart from doubtless, is something that happens to us and affects us all. The loss of faculties is a natural process that must be accepted. In this sense, it is noticed that for every living being it is as natural to be born as to die.

Certainly, death is a fact, which reaches us inexorably. Precisely, limitation and fragility remind us that human beings are not immortal. That's right, we are born, we live and we die, and with death our projects end or remain unfinished.

Death places us in the reality of what we constitutively are: limited beings, finite, fragile beings. Illness and death are obvious signs of this fragility and limitation. Death, therefore, is constitutive to human nature and therefore has to occur naturally.

Society and, specifically, medicine, has to respond to the human being who is ill or who is at the end of his life. The solution is not to provide the patient with a lethal substance, but to respond to the demand of someone who is alive, often unable to reason and with an absence of memory, but who continues to appreciate our gestures of affection towards him (a smile, a caress, a look), and that now needs us for almost everything or for everything.

Human Dignity in the process of Dying

The human being, regardless of their circumstances and conditions, is always worthy. Indignant are the conditions in which the patient is or the Behaviors of those who consent, but not the life of the patient.

In fact, death is not worthy, what is worthy is the person. Dignity is proper to being, it is ontological. The Dignity corresponds to each one of the human beings. The human being is worthy for what he is, not because he knows or feels it. His

being is his Dignity, that is, his excellence lies in his being. It is not more or less human, more or less worthy, depending on the fulfillment of a series of properties or characteristics. There is a unity between human nature and Dignity. This is an inherent quality of the former. It never gets lost.

That is why it is wrong, and from which false conclusions are derived, that position that considers that the Dignity of the human person does not lie in his unique and original individuality, but that what determines him is his conscience, his memory, his mental capacity, their capacity for self-determination, or the enjoyment of a quality of life... These arguments violate human Dignity at the end of life. Among other reasons because we know that, although babies lack consciousness and are not, among other things, capable of reasoning... no one hesitates to consider them and treat them for what they are, human beings. In the same way, many adults, who have lost their physical or mental abilities or have seen them depleted..., do not cease to be people and, as such, have to be treated.

Therefore, the Dignity of any human being is the substrate of their characteristics, their properties... and that is why that Dignity is qualified as intrinsic. One possesses that Dignity only by the fact of existing, by the exclusive fact of being a person. Then human life is a proper name, not an adjective. The Dignity of every person does not depend on a series of adjectives, so human life "is worthy" for itself.

To admit the opposite is to open a door where human life ceases to be a value in itself and on which it could be disposed. In addition, the Dignity of the human being would become an object of weighting regarding another value, which, in a hypothetical conflict could be postponed by another.

Therefore, Dignity, which covers the whole life of a human individual, should be the absolute limit of ethical character prior to any kind of weighting or calculation. It is not only a personal ethical principle par excellence, but also a social one.

On the one hand, human Dignity is stressed as a personal ethical principle, because the concept of autonomy of the individual or has its referent in the Dignity of all human beings, regardless of their circumstances, their abilities, their physical Health status or mental, or simply empty of content.

If in practice the opposite is maintained, there is a risk that

a human person who has lost or has seen his physical or mental autonomy diminished, lacks a dignified life and can be deprived of the intrinsic Dignity that possesses for him made of a being human.

Undoubtedly, the Dignity of the life of a human being is invariable from the moment it begins to exist until its death, and independent of the changing conditions that may occur throughout its existence.

On the other, human Dignity is also the social principle par excellence in that our living in society is governed by it, therefore, society is obliged to protect it.

That's right, the human being is not an isolated being; It is not an island, but it is a being that lives in society, in co-existence with others. "We are interconnected." Their actions have an impact on oneself and others. The life of each one and, therefore, also their way of Dying, affects everyone, then human life is a common good.

No one, not even oneself, can become the absolute master of their lives, as if human life were exclusively self-referential or as if the life of each one meant nothing to others. We have to know that our life "is worthy" for others. We are not independent of others, as if we had no relationship with others. On the contrary, it is the other who defines us and shapes us as a human being. We can not understand without the other.

The key lies in changing mentality and perspective, that is, we must not focus the arguments on oneself, on my decision, on my right... but on the other who is sick, dependent... We become impoverished, we are dehumanized if each one he lives locked in himself. Our anthropological structure develops in relation to others.

From this point of view, we must think if my actions are up to my Dignity or on the contrary I act below it. To think that the other, who is also a sick or dependent human being, is questioning me.

You, as a human person (unconscious, in a coma, you are sick, suffer from lack of memory, or suffer a mild or severe cognitive deterioration, or live in a stage of human development in which you still lack the cognitive capacity...) you interrogate me, and it demands that I behave with you according to my Dignity.

Human dignity, as a basic personal and social principle that has to be broken down in any dialogue, prevents any human being from becoming a judge to decide whether another person lacks it or not.

If dignity is not recognized for every human being, regardless of their state of health, their usefulness... the care of chronically ill, incurable and terminal, which collapses certain social Health Services and that supposes a great economic and personal investment, would be in the air.

Going down to the practical field, the Dignity of the human being, who suffers and falls ill, demands a determined relationship that is materialized in an attitude of respect towards the person. This attitude of respect translates into a positive action on the other, an action of help and care.

Caring is a daily and permanent attitude, from the beginning to the end of human life, which implies the accompaniment and application not only of assistance resources, but of an integral care of each one of the dimensions of the person: physical, psychological -emocional, social, religious and spiritual.

Specifically, the patient needs not only the doctor and the rest of the health personnel to try to alleviate their physical pain through their technical knowledge, but, above all, to feel accompanied, loved and respected until the end of their life. The process of Dying of the human being must be accompanied and attended.

Consequently, society must urgently internalize this message: it is a challenge for today to accompany, be, love, respect and value the patient who suffers from such difficulties.

Care, as a social and personal habit, is at the base of human existence and is a moral attitude that promotes commitment and solidarity.

The care of the other (sick or not, whether or not he has lost his conscience) is a good indicator of our "Human Health", in such a way that it becomes an "opportunity" to humanize or dehumanize, to show the most human face of oneself as of others.

Care translates into a solidarity with vulnerable and fragile human beings. This care, a consequence of the Dignity of the human being, must be provided above all by those closest to us, by the family of the sick person. It is essential that the person is not seen as someone who, at the end of his life, is a nuisance and uncomfortable, that is, that does not have the feeling of "problem" or "abandonment".

Precisely, the individual and social responsibility consists of taking charge of the weak and fragile human life of those who no longer have the capacity to take care of themselves.

Leaving aside the Dignity of the person, through the dramatic vision of deep handicaps, of a state of unconsciousness... leads inexorably to make human life depend on its quality, which opens the possibility of placing the frontier of it with according to "quality controls". In the end these controls will depend on the decision of the State, the powerful, society... and the content of these controls is changing, depending on what the State, society... understand, at every moment, for "quality of life".

Human Dignity and "quality of life"

Do not identify or confuse the term "quality of life" with Human Dignity. They are different concepts.

Otherwise, if these two concepts are identified and confused, we fall into error. That they speak of "quality of life" to those suffering from severe mental or physical deficiencies at birth, to those "bedridden" in a bed, to those suffering from degrading diseases of the organism, to those who suffer from premature old age or severe Alzheimer's, a serious dementia (whether or not senile), a rapid physical deterioration, a terminal illness... Talking about "quality of life" in these human lives seems a joke in bad taste. Can you talk about it when you are referring to the life of

someone who has always been sick, suffer from a deficiency or syndrome? ... What is done with those who have never enjoyed it? Or, on the contrary, can only those who currently enjoy health or have enjoyed health be talking about "quality of life" and, at this moment, do not have it or know that, in the future, they will lack it?

If the patient lacks the same, it seems, then, that life is not "worth it." And this is not true. We must remember that the life of the human being is inviolable per se and can not be understood with degrees of higher or lower quality that produce a deficit in their dignity or enter the game of weightings. The life of the human being is not considered or valued, but accepted and respected.

Human Dignity and Palliative Care

A truly supportive society should focus its efforts to help die with dignity to those who are reaching the end of their lives: taking care of them, in such a way that they do not have any kind of suffering and that there is no doubt that, although they are physically very deteriorated by the disease he suffers, he has not lost an iota of his dignity. It has to eliminate human suffering, not the suffering human being.

Therefore, we must advocate for care that is a manifestation of our humanity. And precisely the Palliative Care respond, fully, to this inevitable situation of the life of man: to die. The Palliative Care Medical Service rescues the human in the terminal patient.

In effect, Palliative Care immerses us in the anthropological reflection of our own limitation and fragility, since respect for human life and palliative care dignify the process of dying. They bet on the dignity of the terminally ill as a value independent of the deterioration of their quality of life.

Therefore, Palliative Care is the medical and humanized response to meet the needs of people in the process of dying,

which, as already said, are not only physical (the control of symptoms or not having pain), but there is also a series of emotional or psychological (death is full of uncertainty, fear, restlessness...) social type and religious or spiritual type.

It is essential to bear in mind that each of these needs, interrelated, decisively influence the general state of health of the patient, in such a way that an alteration in the state of any of them will undoubtedly affect the rest. Hence, a correct anthropological understanding would be one that considers that the human being, when ill, falls ill not only in its biological dimension, but the integral human being.

Certainly, disease and pain, as an expression of the fragility and limitation of human beings, are not purely physical matters. Therefore, it is not enough a medicine to fight exclusively against physical illness, but a medicine is needed that treats the disease from the human reality in its entirety: this is what the medical area of Palliative Care is dedicated to.

We can clearly state that Palliative Care is the only response that medicine can give to a sick human being at the end of his life. To palliate is to mitigate suffering, reaffirming the importance of life, but accepting that death is a human reality.

Consequently, the right to health care must include care for the patient's life that comes to an end (real access to quality Palliative Care), alleviating their suffering and providing the means for a tolerable death.

Comprehensive care requires the close cooperation of multidisciplinary teams, which can include health professionals (doctors, nurses, social workers, occupational therapists, Nursing assistants, Psychologists...), experts in ethics, spiritual advisors, lawyers, family members already volunteers.

In short, Palliative Medicine does not pretend to cause death or delay it, but rather constitutes the care option compatible with dying with dignity in a humanized context.