

World peace and respect for life: looking towards the future

“Looking towards the future” is about a group of young medical students, who as well as their other different subjects, also study English. Also through English language teaching, it is possible to speak about peace and to encourage respect for life. In particular, it is possible to encourage students to focus their attention on people who suffer, who much more than others, need to be listened to and to be helped in order to overcome the feelings of neglect and discouragement in which they often find themselves.

This is all the more true for all those students who are already working alongside the sick. It is essential that their job doesn't only develop as an expression of good will, but firstly contributes to changing their personal relationship with people who suffer, transforming their relationships with patients, helping them to be "close to their patients" at all times, as a human presence which accompanies them during their stay in hospital.

It is at this point that I would like to remind you of some of the words used by our Holy Father in reference to the sick; "...it is important not to leave them (patients) in abandonment and loneliness while they are facing such a delicate moment of their lives. Let us praise those, who with their patience and love, offer their professional competences and human warmth. I am thinking of the doctors, the nurses, the health staff, the volunteers, the religious men and women and the clergymen who, not sparing themselves, bend down to help them, like the good samaritan, not taking notice of their social condition, the colour of their skin or the religion which they belong to, but only their need." (1) It is not only the Roman Catholic Church (2) which asks for the sanctity of life to remain an unchanged principle, but also some secular organisations, such as the World Medical Association (WMA)(3), which asserts that it is a doctor's duty to protect the dignity of human life.

People often, speak about “world peace” and “respect for life”, but, to tell you the truth, most of us do not always know how to transform violence, war, terrorist actions and the suffering which derives from them, into actions of peace and understanding of other people. In my opinion, the main difficulty is the inability to communicate and that is more evident when we must communicate with people who suffer.

When there isn't peace, there is pain and there are a lot of different kinds of pain; physical and moral, temporary and permanent, short and extended. Some people are able to get through their state of suffering, but many of them remain enchained to it and have to live with it all their lives. It is therefore everybody's duty to face the problem and to dedicate themselves to building peace in people's hearts.

In fact, as Pope Benedict XVI said in celebration of World Peace Day, on 1st January 2007: “ At the beginning of the new year, I would like to offer to governors and national authorities, as well as all good-willed men and women, my wish for peace. I offer it especially to all the pained and suffering, whose lives are threatened by violence and the power of arms or those whose dignity has been trampled upon and those who are waiting for their human and social ransom. I give my wish to all children, who with their own innocence, enrich humanity with goodness and hope. Their pain stimulates us to all become operators of peace and justice. Just thinking about children, especially those ones whose future is compromised by the unscrupulous exploitation and wickedness of adults, I wanted to, on World Peace Day, focus everyone's attention on the following topic: the human being, heart of peace. As matter of fact, I am convinced that by respecting other human beings, it is possible to promote peace. And by building peace, is possible to lay the

foundations for an authentic integral humanism. In this way, you can prepare a serene future for the new generations.” (4)

My opinion is that school, university and all sectors which operate in the field of vocational training and education have to commit themselves to planning specific projects for communication development and mutual knowledge and also look for common approaches and strategies in order to awaken all pupils, from the youngest to the oldest ones, to the question of suffering.

Teaching languages, in particular English, which is nowadays one of the main languages to communicate with people from all over the world and to get to know about foreign people's values, culture and traditions, means also being able to spread feelings of peace and love. Most importantly, it means having the opportunity to stimulate students to reflect on the human values that unite all people, and to invite them, through the discussion of a topic, to look inside themselves and to reawaken their desire, sometimes a latent desire, to be conscious actors in their own lives. As matter of fact, the awareness of playing an active role in one's own life and of acting positively in the interest of people in need, could successfully determine the change in a situation which causes suffering, it should make us confident in interpersonal relationships and towards life in general.

The early training and education we have received since we were young are very important, but there is not any specific age at which we should reflect on the meaning of life. In my opinion , every occasion is the right one to encourage us to reflect on our lives and on which human values it is based. My experience today, as a teacher, also derives from my experience as volunteer, many years ago. Such an experience, in my opinion, has given to me much confidence and it has reinforced my idea of friendship, of respect for others, the idea of love, tolerance and brotherhood. Today, I understand that having followed such a training route and having met so many special people, has changed my life and consequently I have transformed my job into a constant dedication to constructing positive situations and communicating human values and mutual understanding.

The questions which we should dwell on and that derive from the above reflections are: how can we deepen the relationship with people who live suffering and alleviate their burden? And how can we work in order to produce positive conditions for an improvement in their quality of life? Of course, the answers to these questions depend on our social, ethical and cultural training. Precise answers do not exist, but we can turn our attention to some of the following reflections.

The patient: a person, not just a case

The main job of a doctor is to consider the patient as a human being and not as a case. That means it is possible for doctors to deal with overwhelming or unimaginable problems with courage and without despair. The HIV epidemic is a good example; the forty million people who live with HIV are an enormous problem for the public health; a twenty-two year woman who suffers from HIV is a human being. She can inspire you with pity, but you can listen to her and get to know her. She can be treated and her life can get better. The “overwhelming” problem can be faced.

There are so many examples to be told, but it seems particularly meaningful to me, to talk about a case which occurred in Kenya in 2001. Because of HIV, a woman was too weak to look after her four children. All her finances had been used to treat opportunistic infections; all diseases contracted because of her weak immune system. The disease seemed to have left a mark on her life and on her children's lives. After a year, doctors examined her again; during that year she had attended an anti-retroviral programme and she had got better and put on weight; she weighed at

least fifteen kilos more than she had the previous year. So she started working as dressmaker to allow her children to go to school. At her last appointment with doctors, she appeared very serene and she transmitted a deep joy of living, that was unimaginable only a few months before. However, only a small number of HIV patients in Kenya could attend the anti-retroviral programmes and the political and economical conditions seemed to stop a sudden change in the politics of the nation's health.(5)

Starting from this point, I have written down some personal considerations about public health politics. As a matter of fact, these do not rescue the patients: what is the most important thing is the instant in which the patient receives assistance from doctors and medical staff. What we must take into consideration is the relationship, the physical contact between them and the act of treatment or at least trying to look after patients' health, and not the importance of the ambitious ideas written on a paper addressed to the future.

The sudden and direct action of a doctor or medical staff towards a patient when he/she needs help is much more efficient and simpler, surely more human and slighter, but a widely palpable and beneficial action. Doctors and their collaborators must focus their attention on the individual human being, with all their worries and feelings. In my opinion, doctors and all medical staff, only through the discovery of their own patients and the understanding of every human being and their suffering, are able really to make their medical action a human one.

The most vulnerable patients need more attention and they often are the most anonymous and forgotten. They are the sick, the injured, the children, the old, the bullied, the poor, the defenceless and those who suffer. Human beings in a situation of great pain need other human beings to help them get back on their feet and the outstretched hand of a doctor will never be refused; it is with an outstretched hand that a human being meets another human being. It is in this exchange that the suffering of one and the willingness of the other to listen and help together turn this medical action into an act of love.

All suffering people and all patients expect attention, time and a word of encouragement, this is only a human act! Technical knowledge and competence are very important but they aren't enough when we are dealing with human beings.

I think that medical action is not the only way to treat a patient for a specific disease. There is something more; it is the knowledge of a man or a woman and the context in which he/she lives. It is a private and close relationship. It is a look back at the past of a person who suffers. This gives doctors an opportunity to save someone or to allow them to live humanly again, which is very often limited to a simple "physical health problem".

Behind lifeless patients' eyes, frightened faces and ill bodies, there's a man or a woman with perceptions, ideas, dreams and, as a consequence, specific needs. It is necessary to offer them medical assistance which is really based on all patients' needs and on awareness of their suffering. And this statement is really true where respect for life is in danger or has just been destroyed. It is also true that the working environment does not always give doctors and medical staff the opportunity to reach the quality standard levels to treat all people asking for assistance well. Nevertheless, standing by all patients means giving them the best possible human assistance and the best treatment.

In my opinion, the serious and deep way in which a doctor acts, gives the opportunity and the confidence to recognise the real causes of problems and, where it is possible, to change their

conditions. A doctor brings humanity to an inhuman place and above all, he can help to restore human dignity as well as spread real human values, above political and religious ideas.

The contact between a doctor and a patient and the understanding of suffering is the crucial starting point of any good public health policy, which aims to take into consideration human beings and aims to heal both the patient's body and soul.

Quality of life

We can already see in the origin of the words "the quality of life" in the social and political literature of the 1950's. The president of USA, Lyndon Johnson, was the first person who stated in a political speech in 1964, that his targets could not be considered as economical points of view, but as "quality of life". Since that day, the idea of "quality of life" has used in many speeches, in many written dissertations and programmes.

The idea of "quality of life" does not specifically belong to medicine. As I said before, in the '50s it was essentially a social and cultural topic discussed by critics. As matter of fact, it was a way of life in opposition to the materialistic vision of human beings' existence. The definition of a high standard of living as "quality of life" was used to express the high level of existence and well-being, as well as the importance and quality of being a human. (6)

Many factors affect quality of life, and access to new technology and development in all sectors, in particular in contemporary medicine, are the very important. New, sophisticated technology development in medicine has steered scientific and active medical research towards an over-specialisation in more and more specific scientific sectors. In my opinion, that development must be considered as a really positive goal, particularly in the field of research, however, there are some negative aspects which need to be taken into consideration.

In my opinion, doctors' over-specialisation in the field of research could degenerate into different problems regarding the patient's general treatment. As a matter of fact, along with progress in new technology and the culture of over-specialisation, a new trend towards health service bureaucratisation and economizing has developed; today, we have to take into account modern business service management (call centres, online reservations and so on) and supply services' managerial prices. So, unfortunately, in this situation, a patient is often only a booking number and a price to be kept under control. With the success of new technology and company policy in the field of medicine, we are running a risk: we do not consider a person who suffers as "human being" anymore, as a person who has a body, a mind and psyche, with a personal general and clinical life story, a personal disposition, his or her own family, a person who lives in his/her own social and economic context. In my opinion, physicians must take all specific situations into consideration and it is right they have a general connection with all of the aforementioned.

In order to fulfil this task, physicians must not forget their deontological code, their code of ethics and their own conscience; above all they must be able to identify themselves in the people who they are looking after, put themselves in their place and consider what they would need if they were them.

With regards to what I have written above, I would like to tell you about a personal event which happened to me recently. It made me believe in what we can define "a good relationship" between a patient and a doctor. The event, as I told you before, happened to me some time ago; I had just finished work and I was on my way back home, when, while I was crossing the road, a car knocked me down and threw me up in the air. When I realised what had happened to me, frightened, in pain, lying on the floor in the rain with a lot of people chatting around me and worrying about me, a

doctor appeared. He was passing by because at that time, it was about five o'clock and he was on his way back home. This doctor stopped to help me and he spontaneously started to talk to me to keep me distracted until the ambulance arrived. He came in the ambulance with me to hospital and he also called home, informing my family about the accident and without creating alarm, he gave explanations about my physical and psychological condition. He stayed by my side until my relatives arrived. He was kind, careful, reassuring and I didn't feel alone, not even for a moment! What can I say? A perfect stranger? No! A physician, a person who, just at that moment, had decided to remain at a patient's side until everything had returned to normal.

In my opinion, in spite of modernity, the right idea of a health service, is still based on understanding and human warmth towards all suffering people and those who are in state of emergency so that they can confidently turn to these medical facilities for help.

Only a sick person, who firstly has had first hand experience of being sick and of being on a hospital ward for a short time, can clearly say how important it is at that moment to meet serious physicians and kind and prepared medical staff who are able to listen and to understand him/her. That's all!

A last question

A last question: " Is it still realistically possible to construct peace?"

The answer is simple and depends on us. If we believe and we want to believe, in a healthy life, a live with peace in our hearts and based on those human values that join all men on earth, we must begin to change ourselves, without great pretensions or particular aims. By taking small steps, we must learn to listen to ourselves and to look inside ourselves and to go towards those close to us through small and simple actions that express friendship and love. Surely, a person who is suffering does not recover from his/her illness only because we stood by him or her. But certainly, with a smile and a word, we have slightly relieved his/her suffering, be it a physical or moral one. In this way, we have certainly opened a closed window onto a wide, blue sky and a large sunny hill, immersed in green and the scent of nature. Life starts smiling again!

BIBLIOGRAPHY

- 1) Pope Benedict XVI, the Holy Father's speech to the sick, 11 Feb. 07
- 2) Congregation for the Doctrine of the Faith, *Donum Instruction Vitae* (1987), Introduction para. 1.
- 3) Declaration of Helsinki (1964) and the latest review of 2000 (Edinburgh , Scotland)
- 4) Pope Benedict XVI, Celebration of the World Day for Peace, 1 January 2007
- 5) Nierle Thomas, *Doctors Without Frontiers Association Onlus* , 2002
- 6) E. Sgreccia, *Respect for Life and Research into Quality of Life in Medicine: Ethical Aspects. Dolentium Hominum* 28 (1995), pp. 154-160.