A movement full of promise

“With the death of Cicely Saunders, the pioneer of the global palliative care movement, on 14 July 2005, we are reminded that her work was a thoughtful, visionary question of the circumstances under which we live. Little work has up until now responded to the ‘crisis of the modern world’ by getting so deeply involved with it professionally, humanely and radically.

The historical palliative care movement began and developed from meetings with patients who were said to be incurable, partly with the intention of curing them, but also to care for them particularly when a cure was no longer possible. So what became the ‘hospice movement’ began as one woman’s specific attention to the multifactorial suffering of cancer patients in the terminal stage.

All of Cicely Saunders’ activities were motivated by protest and by wonder: protest against the fact that there was too little interest in the sick at the end of their lives, and wonder at the patients and their family and friends. Her wonder was born out of the discovery of the emotional and moral richness at the end of life, but this had two conditions: one that painful symptoms be treated and two that an ethic of communication (still called the ‘practice of compassion’) could be put in place. From then on, one of her major preoccupations became the training of competent professionals to evaluate and relieve the suffering of these patients. The experience of wonder that Cicely had with patients on several occasions was her main argument against all suggestion of legalising euthanasia.[1,2]

Cicely Saunders contributed widely to expanding our notion of care by observing that physical pain and psychosocial suffering are closely related. Cicely therefore formulated the concept of ‘total pain’, which she defined as the association of three complementary elements: physical, psychosocial and spiritual. The use of these elements as an evaluation tool opened the door to a new way of approaching patients. Cicely’s legacy was a humanism sustained by this vision of total care, as well as the ability of the team to work together.

But Cicely Saunders’ ideas exceed all ‘isms’ and are rooted in the universal. For her, every human being was inseparably made up of three dimensions: the body, the soul or psyche, and the spirit. This notion meant that terminally ill patients, however severe their condition, remained, to her, *persons* in their own right: people with their own stories, who, through the dangers and twists and turns of their lives, retain their own destinies. With this positive vision, the patient is no longer reduced, as was the case in hospital, to a diseased organ or a suffering body.

In 2006, the work of the palliative care movement remains full of promise, but there is more to be done – such as developing research and evaluation of symptom control – because a patient overcome with pain or suffering does not have the inner resources to follow their spiritual path, whatever that may be. Placing the spiritual element of pain at the heart of ‘total’ pain in the approach to terminally ill patients, as Cicely Saunders did, is an attempt to go beyond the individual point of view and to gradually replace the ‘sick person’ with ‘a whole’. It is an approach that is usually found in all the philosophies of antiquity, according to Hadot,[3] but also in a number of thinkers from the Far East. We can wonder, therefore, in her profound intuition and visionary understanding, if Cicely Saunders did not also create a new field of research within palliative care – that whatever civilisation you belong to, do people have only a few constant, fundamental attitudes to existence? Will this interpretation of humans, associated with the digression into the history of European civilisation, allow us to foresee that the same spiritual problems always arose and do arise in all humanity and that, today, the ‘true’ witnesses of these questions are the patients confronted with serious incurable illness and/or death?

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Thank you Cicely Saunders. May we all follow you in our approach to patients and their close family and friends.”

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References
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