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THE "SAMARITAN PARADIGM" IN MODERN PALLIATIVE CARE

The Polish hospice movement and palliative care started 25 years ago. From that time on, the approach to the care of the terminally ill patients has undergone some changes and modifications, having been transformed from a social movement to health centres. All these changes were related to signing contracts, creating various administrative procedures, and conforming to established standards. On one hand, the current transformations bring hope for, first of all, systematising legal and financial aspects of the care of the terminally ill patients. On the other, they are a source of some anxiety concerning – in a particular way – faithfulness to the initial assumptions of the hospice concept.

The pioneers of the hospice movement are most profoundly affected by such anxiety. They are, in fact, the closest to the roots of this concept and they are the ones who most clearly notice the current transformations. The dilemmas connected with these transformations were not strange to Cicely Saunders, founder of the first modern hospice. When the term "palliative care" became dominant in the world, she uttered the following words in which one detects fear, but also hope: "I only hope", she said, "that making this term more modern will not be conflicting with the spiritual values associated with the term hospice"[1].

Taking into account the modern context of the care of the terminally ill, it is worth reconsidering the essence of palliative care. The principal key to the reinterpretation of hospice philosophy is going to be the Parable of the Good Samaritan found in the Gospel of Luke (Lk 10:30–37). This evangelical pericope allows to create a 'paradigm', i.e. a model, a point of reference to those in need and in suffering. The idea of the "Samaritan Paradigm", as outlined by Jesus in the Parable of the Good Samaritan, refers to a specific model of attitude, or even more, to a particular way of perceiving reality. The very idea of the "Samaritan Paradigm" provides a reference to the "Cain paradigm"[2] which, according to the encyclical *Evangelium Vitae*, always stands in opposition to life, for example, an act of euthanasia. In this way, the "Samaritan paradigm" is on the antipodes of the "Cain paradigm". People living according to the "Cain paradigm" belong to the broad context of a "culture

[1] C. S a u n d e r s, *Historia ruchu hospicyjnego*, „Nowotwory" 1993, 43, p. 117.
[2] J o h n P a u l II, *Encyclical "Evangelium Vitae"*, no. 7.

of death"[3], whereas those living according to the "Samaritan paradigm" build and support a "new culture of life"[4]. What is crucial in the present reflections is the exploration of the most important aspects of the "Samaritan paradigm", and finally the reference of these aspects to palliative care. In this way, palliative care will be shown as the "building site" of a "new culture of life".

1. "Stopping by" Equals Willingness to Help

In the gospel the Samaritan is a man who stops and ponders over human suffering, unlike two other characters (the priest and Levite) who just pass by and leave a man in his misery. The Samaritan's stopping by on the road to help the half-dead man, being on the edge of death, serves as a contrast to the insensibility of two other men passing him by. Because of their special roles in the Temple service, the priest and Levite should show a highly developed moral sensitiveness. Therefore, the attitude of the Samaritan should be interpreted as a challenge to modern human views that ignore the needs of the terminally ill. It is especially a challenge for public health workers who are convinced that medicine's sole purpose it to heal; in case of unfavourable prognosis they simply say "there is nothing we can do". Lastly, it is a challenge to the inaction (in the priestly dimension) of pastoral work that ignores the spiritual and religious needs of the dying.

This Samaritan's stopping "does not mean curiosity but availability"[5]. People who work in a hospice must not do it out of curiosity of seeing something weird, mysterious or even sensational, for example, something associated with human death. In the contemporary society there are tendencies to strip human death from its basic mysteriousness. At this point, it is necessary to recall a field of study called thanatology, i.e. the study of dying. It is important to recognise that current interests in the study of death and dying bring about many positive outcomes for people (medicine determines the cause of death, the stages of dying shortly before death, the moment and signs of death–important in transplantology; psychology and psychothanatology deal with mental functioning either of the dying or of people having to do with the death of others because of close kinship), but at the same time, there is a danger that these numerous interests are invoked by curiosity only, or even by an irresistible fascination with death. Some people want to see death as the "reality show" subject.

Many thanatologists believe to the utmost in science and in the possibility of complete and rational understanding of death. They think that a scientific approach to the phenomenon of death must eventually provide the key to the riddle, and then it is possible to 'capture' death. This is the reason why some people say that, in

[3] Ibidem, no. 19.
[4] Ibidem, no. 78.
[5] John Paul II, *Apostolic Letter Salvifici Doloris on the Christian Meaning of Human Suffering (11 February 1984)*, no. 28.

some cases, "thanatology trivializes death" and also that "thanatologists see death as something insignificant, as something devoid of drama and tragedy"[6].

The proper motivation that has to be inculcated in hospice workers is always to be willing to give a helping hand, to attend (meaning "to be present"), to accompany the patients and to be open for them. It is also this sort of internal drive that pushed the Samaritan to stop and minister to the suffering man.

2. Integral Reference

The Gospel uses simple words, but with an exceptionally suggestive effect, to present the Samaritan's attitude to the wounded man: "[when he] came upon him was moved with compassion at the sight" (Lk 10:33). There are two essential elements in the Samaritan reaction: an act of "noticing" and a feeling of "deep compassion" – both cognitive and emotional elements. The Samaritan turns to the man in need with all his heart, with all his soul, and the result is that this action pervades all spheres of his personality. What is important in the integral reference to another man is, on one hand, to know and understand his life situation; on the other hand, however, there is empathy, which is a process of attempting to experience another person's emotions. Empathy expresses itself in being sensitive to the feelings of others, in participating in emotions, in being able to put oneself in another person's place. This kind of approach requires an active involvement of both mind and feelings, as can be seen in the Samaritan's attitude.

The integral reference plays a prominent role in the service of the terminally ill, mainly because it includes a clear understanding of the situation of the ill patient and, at the same time, the ability to co-feel to some extent. Putting a greater emphasis on one of these two elements may result in the deterioration of relations between two people. When it happens, a real threat arises: too much emphasis on the cognitive element may lead to a too large distance to the ill person, it may cause coldness in interpersonal relations, routine, and emotionless treatment of man. "If Christ, who knows the interior of man, emphasizes this compassion [Samaritan's], this means that it is important for our whole attitude to others' suffering. Therefore one must cultivate this sensitivity of heart, which bears witness to *compassion* towards a suffering person"[7].

Too much emphasis on the emotional element, however, may make it completely impossible to provide a rational aid. There will be a lack of proper understanding of another person, of his life situation, which argues against finding preventive measures. When such a person stands by the bedside of the sufferer, he usually feels compassion, but is not able to do anything. This can lead hospice workers

[6] A. S i e m i a n o w s k i, *Śmierć i perspektywa nadziei*, Gniezno 1992, p. 26–27.
[7] J o h n P a u l II, *Salvifici Doloris*, no. 28.

to mental disorders – for example, there may appear the "burnout syndrome" and "compassion syndrome"[8].

3. Superiority of Interpersonal Relations over Institutions

The Samaritan involved himself deeply in the care of the wounded man. He did it out of his heart and also out of his inner moral obligations. This kind of deep, he involvement, in fact, appeals for kindness and for the doctor's (or other hospice workers') personal care and commitment. It is especially important these days, when bureaucracy pervades nearly all aspects of medicine which has led to emotionless, and often superficial contacts with the ill person.

At this point, it is worth considering the very meaning of the term "hospitium". This Latin term means alignment, covenant, host, receiver of guests, a relation between the two; places of lodging (for soldiers, clerks), inn, poorhouse.[9] What is crucial in the concept "hospitium" is the fact that it denotes, in the first place, *hospitality*, understood as an interaction between the host and the stranger coming under his roof. It should be remembered, however, that the idea of the guest house associated with this concept is of secondary importance.[10] The Samaritan first realises the concept of *hospice*, understood as a need to receive guests. He was open for a needy man. He receives him whole-heartedly; he brings him to the hospice– the inn, where he takes care of him himself, and only then, he leaves the wounded man under the care of the innkeeper.

Administrative, official and formal matters – necessary for proper functioning of the care of the terminally ill – must not obfuscate and throw into the shade the essence of this service. The Good Samaritan should serve as an inspiration for all those working in the hospice movement and palliative care so that they could establish straightforward and friendly relations with the ill, being always the priority over institutions.[11] This is the reason why, in palliative care, the role of home-based care has become so prominent. Home-based care is provided by close family

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[8] "Compassion Syndrome" is based on over-identification with another person and on excessive emotional attachment. Most common symptoms of this syndrome are feelings of sadness and guilt. "Burnout Syndrome" is a state of physical and psychic fatigue due to failures in coping with stress and emotional exhaustion at work. Most common symptoms are: negative attitude towards patients, feelings of worthlessness of one's work, despondency, feelings of sadness, constant complaining, quick tiredness, headaches, sleep problems.

[9] Cf. *Słownik łacińsko-polski*, ed. M. Plezia, t. 2, Warszawa 1998, p. 734–735.

[10] It has been clearly pointed out by C. S a u n d e r s. Cf. C. Saunders, *Foreword*, [in:] *Oxford Textbook of Palliative Medicine*, ed. D. Doyle, G. Hanks, N. McDonald, Oxford 1994, p. V.

[11] The document Recommendation Rec (2003) 24 of the Committee of Ministers to member states on the organization of palliative care (adopted by the Committee of Ministers 12.11.2003) states that "palliative care does not just refer to institutional care. Rather, it is a philosophy of care that is applicable in all care settings." Recommendation Rec (2003) 24 Explanatory Memorandum no. 12.

members and supported by professional staff[12] whose task does not include performing family members' duties, but only helping them.[13]

4. Professional Palliative Care

The Samaritan man was not only spiritually and emotionally open for the wounded man, but he also took a number of concrete actions: "[h]e approached the victim, poured oil and wine over his wounds and bandaged them. Then he lifted him up on his own animal, took him to an inn and cared for him" (Lk 10:34). His approach is exceptionally active; he acts practically and reasonably.[14]

This is the way, and always should be, in which people act within the context of palliative care. The need to have an open heart for suffering people and to notice human suffering is not a call for passivity in the face of terminal phase of illness. One may say that the Samaritan's pouring oil and wine over the wounds encompasses a perfect programme of palliative care that is supposed to ease symptoms, particularly to relieve pain. The Samaritan applied all available at that time medical treatment: the oil was to soothe the pain and the wine to disinfect.[15] A modern approach to the care of the terminally ill patients is based on a combination of professional palliative medicine, spiritual assistance and psychic support for a terminally ill person. This approach must be suitable for patients experiencing "total pain" which permeates all human dimensions: physical, psychological, social and spiritual. It is not enough to "pour oil and wine over the wounds", which is the same as giving analgesics, and go away; it is not enough just to watch pain and other symptoms of an illness, but there is a necessity to prevent them using medical options. Therefore, there is an urgency to organise specialist training courses in the field of palliative care. These courses are indispensable if the hospice movement is to function properly – they are a moral must.[16]

5. Time Matters

Despite his own personal hardship, the travelling Samaritan stops to assist the wounded man, brings him to an inn, takes care of him through the night and then,

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[12] "By far the largest quantity of palliative care is given in the home; even if patients eventually die in an institution, they usually have spent a large period of palliative care in the home". Recommendation Rec (2003) 24 Explanatory Memorandum no. 68.

[13] Cf. K. de W a l d e n - G a ł u s z k o, *Filozofia postępowania w opiece paliatywnej*, [in:] *Podstawy opieki paliatywnej*, ed. K. de Walden-Gałuszko, Warszawa 2004, p. 15.

[14] Cf. H. S c h ü r m a n n, *Das Lukas-evangelium*, Freiburg–Basel–Wien 1994, vol. II/1, p. 145.

[15] Cf. *Pismo Święte Starego i Nowego Testamentu footnote to Lk 10:30–36 in the translation from original languages with prefaces and commentaries*, Poznań 1994.

[16] The Document Recommendation Rec (2003) draws attention to a need for permanent education and training of professionals and volunteers. 24 Explanatory Memorandum no. 144–53.

the next morning, leaves with the promise of returning one day to check his health condition.[17] As can be seen, he spends a lot of time by the bedside. The moral is that it should be imperative for all workers serving the ill and dying to have time for their patients and not to hurry, as Father E. Dutkiewicz used to say, it is a call that comes from the parable of the Gospel. The Good Samaritan is a patron for all those who never regret time spent by the bedside, who do their utmost and try to make the best of every minute at work, not limiting themselves to the duties defined in their job description. In a special way, however, the Samaritan is also a patron for people who, irrespective of the number of working hours, sacrifice their free time to serve others and for volunteers working in hospices in addition to their regular jobs.[18] This kind of disinterestedness is highlighted in the Catechism of the Catholic Church when it states that: "[p]alliative care is a special form of disinterested charity"[19].

6. Money in the Service of People's Needs

While considering full-time jobs and work beyond normal working hours, it is advisable to take a look at the financial aspect viewed from the perspective of the Parable of the Good Samaritan. The Samaritan gave the innkeeper two denarii for the victim's keep with instructions to look after the wounded person; if there were more expenses, the innkeeper would be paid after Samaritan's coming back. In Bible times "two denarii" was a large amount of money: one denarius is considered to have been a typical day's wage,[20] while minimum food expenses, that is, enough bread for one day, came to 1/12 denarius.[21] Thus, the conclusion is that the Samaritan expected the innkeeper to provide complex care to the man, not only food, but also nursing and medical care, if necessary.

The Samaritan shines as a very generous man. He does not only sacrifice his free time (that could be spent on making more money, for example), but offers a certain sum of money. His disinterestedness is unequivocal and clear. There is no place for suspicion of interestedness because he does not do his business by help-

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[17] Z. C h ł a p, *Od Hipokratesa do Dobrego Samarytanina*, "Ethos" 1996, 9, nr 3/4 (35–36), p. 159.

[18] According to the current Act in Poland of April 24, 2003 *on Activities of Public Utility*, a volunteer is a person who of their own will provides services and does not receive compensation in accordance with the present Act. Among all regulations, it is worth paying attention to one in particular: "A volunteer must have qualifications and fulfill appropriate requirements proper to the nature and scope of performed work if it is required on the basis of separate regulations" (Part III Chapter 3 Article 43). The document of the European Council states that "to be credible partners, voluntary helpers must be trained, closely monitored and approved by an association. Training is essential and must be preceded by careful selection. Willingness to help is not enough". Recommendation Rec (2003) 24 Explanatory Memorandum no. 178.

[19] *Catechism of the Catholic Church* (CCC), no. 2279.

[20] It can be found in the Parable of the Labourers in the Vineyard (cf. Matt 20:2). Cf. K. R o m a n i u k, A. J a n k o w s k i, L. S t a c h o w i a k, *Komentarz praktyczny do Nowego Testamentu*, t. 1, Poznań–Kraków 1999, p. 333.

[21] Cf. H. S c h ü r m a n n, *Das Lukas-evangelium...*, p. 145.

ing another man, he does not gain anything, neither economically nor psychologically, his social prestige does not increase in any way.

The Samaritan teaches hospice and palliative care workers how to be disinterested, clear-intentioned, indifferent to money being only the medium for helping other people. This is the way the Samaritan treats money, merely as a medium; the ill person, however, is the ultimate goal for him.[22] If one turned this attitiude 'upside down', it would not be in accordance with the Gospel teachings. As a result, if money were the ultimate goal and the patient just another medium to make money, the care of the terminally ill would be getting worse and worse. Awareness of these fundamental principles should permeate all financial agreements and should accompany settling accounts of the hospice money.

7. Full-time Employment versus Volunteering

As regards financial aspects, it is impossible not to notice one more thing – namely, that the Samaritan had, in fact, two denarii to offer. He was not a robber plundering people. Rather, he was an honest labourer. As it has been mentioned earlier, one denarius equalled to average daily wages, thus, the Samaritan gave two days' wages that he had earned through conscientious toil. Looking at the Samaritan through the prism of his volunteering service, one does not tend to think about his probable full-time employment. In fact, one knows nothing about his job. He could have been a doctor who, despite getting his well-deserved money for treating the ill, did not lose sensitiveness to the suffering of others and, what is more, it enabled him to be disinterested and volunteer his services. Maybe he was not a doctor, he might have had a different job, but one thing is certain: he was not so preoccupied with his job that he could not see the suffering of others and not to lend a helping hand.

All these issues mentioned above have taken on paramount importance in the context of changes in the hospice movement and palliative care. The Parable of the Good Samaritan, in the first place, emphasises the value of volunteering, always up-to-date, modern, and very needed. It calls for disinterested service beyond working hours and without compensation, which means that one must sacrifice time and money in order to serve the ill person. But at the same time, the parable also calls for attitudes and actions filled with disinterested charity and performed on a full-time work basis. It is not a betrayal of the service of 'opening hearts' to take money, on the basis of the principle of justice, for honest work by the bedside of the terminally ill

[22] A. de Saint-Exupéry expresses this concept in a suggestive manner: "I do not deny man's achievements that allow him to walk higher and higher – like up the stairs. But I do not want to mistake means for ends, stairs for the temple. It is necessary for stairs to grant access to the temple. Otherwise, the temple would be empty of people. The only precious thing is the temple. It is necessary for human race to have at its disposal what helps it grow. But these are only the stairs leading to man. The soul that has been created anew is like a basilica – the only precious thing on earth. A. de Saint-Exupéry, *Twierdza*, Warszawa 1990, p. 67.

patient.[23] What would be a betrayal of this service, however, is to work for remuneration only, without opening one's heart, quite the contrary of what the Samaritan did.[24]

The hospice is a place where there can be the coexistance of full-time employment and volunteering.[25] In fact, it is so because working in the hospice is the only source of livelihood for some people, while others, working on a full-time basis elsewhere, serve as volunteers. However, it is worth emphasising that for both full-time employees and volunteers, the essential part of the service should be a formation, understood not only as a professional training (no doubt that is also important), but as a shaping of spirituality and conscience. Only this kind of formation will enable people to be faithful to the hospice concept, and only this formation will make it possible to realise the programme of spiritual assistance.

8. Respect for the Ten Commandments

From the Parable of the Good Samaritan, one can draw important conclusions about respect for beliefs and views of another person. The wounded man was a Jew, while the man who showed compassion on him was a Samaritan. The relationship between these two religious groups could be best characterised by bigotry and prejudice.[26] The Samaritan helped him getting rid of hatred and enmity. This fact shows a necessity of equality of patients in palliative care, that is, equality without discrimination based on social status, beliefs, religion, nationality. There can be no imposing of one's own beliefs or points of view. One can neither convert others by force, nor force them to receive Sacraments. According to the Declaration on Religious Freedom, "the human person has a right to religious freedom"[27]. If there appears the difference between hospice worker's views and those of the ill patient, then the act of experiencing humanity should become a common ground of meeting and understanding. That was the case with the Samaritan, who did not see in the wounded man the enemy, but rather a fellow human being.

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[23] "Professional caregivers are entitled to a fair remuneration, and to recognition for the work they do for their competence". Appendix to Recommendation Rec (2003) 24 III, 9.

[24] The relation between justice and charity is described by J. Nagórny in his book entitled *Posłannictwo Chrześcijan w świecie*, Lublin 1997, p. 263–266. The following are the main questions concerning this relation: Justice puts an emphasis on the differentiation between myself and another person, whereas charity longs for community–unity with another person. Charity identifies a loving person with joys and sorrows of the loved one. Charity is fulfilled between two poles: respecting subjectivity and otherness of the loved person, on one hand, and on the other hand, longing for perfect interpersonal unity. A strict relation between justice and charity means that one must not put them in opposition to each other in social life.

[25] Cf. J. Pyszkowska, *Wolontariat w służbie człowieka chorego w okresie terminalnym*, [in:] *Rodzina w trudnej sytuacji życiowej i wychowawczej wyzwaniem dla wolontariatu*, ed. H. Krzysteczko, Katowice 2001, p. 67–68.

[26] The hatred between Samaritans and Jews took root in the times of Babylonian Captivity (586–538 BC). Cf. K. Romaniuk, A. Jankowski, L. Stachowiak, *Komentarz praktyczny do Nowego Testamentu...*, p. 333.

[27] Second Vatican Council, *Decl. Dignitatis Humanae*, no. 2.

Respect for other people's beliefs does not mean that hospice workers, being believers, are not allowed to touch upon religious issues. Quite the contrary, such people are obliged to share their faith and Gospel because of being Christians. Indeed, St. Paul's words support this view: "woe to me if I do not preach the Gospel!" (1 Cor 9:16) As is well known, a terminally ill person often feels a need to talk about a sense of life, about a hierarchy of values and also about religious issues. All religious concerns usually appear spontaneously in conversation. If a person, while taking care of the ill person, directs the conversation towards the topic of faith, but doing it gradually and cautiously, such a person will not commit an offence against religious freedom. Moreover, it will help show a spiritual side of therapy which is available to every patient because of his free-willed decisions. In the same way, one should look at proposals concerning the reception of the Holy Sacraments. In this case, it is important to prepare for Sacraments by showing their authentic meaning and sense.

9. Principle of Cooperation

The character of the Samaritan caring for the man who was beaten and robbed is in the foreground of the parable. What is also significant is the aspect of cooperation that appears when the Samaritan gives instructions to the innkeeper concerning that man. This hand-over is very smooth: "[t]he next day he took out two silver coins and gave them to the innkeeper with the instruction: take care of him, if you spend more than what I have given you, I shall repay you on my way back" (Luke 10:35). By giving money to the innkeeper, the Samaritan calls for responsibility for further care and assures that he will return to repay money if necessary. One can notice that the Samaritan does not escape from responsibility for that man, but only hands this responsibility over for a short period of time.

One of the assumptions of palliative care is the team work.[28] And that is the team work that, on one hand, enables the integral, coherent care over the ill patient and, on the other, enables caregivers to cope with difficult problems of dying and death. The cooperation principle in hospices should be based on partner relations. However, this cooperation may not lead to the obliteration of responsibility for certain actions. Such tendencies can be observed in the modern medicine, especially in the narrow specialisations of physicians. There is no doubt that narrow specialisations offer more precise treatment, but, at the same time, they may lead to the obliteration of responsibility for the whole human being, for his authentic benefit. The Samaritan teaches that cooperation does not lead to the obliteration of responsibility, but rather to coresponsibility for another man. In this respect, it is essential to define the roles and competences of individual workers on

[28] Cf. de W a l d e n - G a ł u s z k o, *Filozofia postępowania w opiece paliatywnej...*, p. 15.

the palliative care staff, including the roles of the head of the staff and discussions on the patient's case.[29]

10. Palliative Care as Religious Service

The above reflections have been purely universal in character, despite the fact that they have been based on theological sources. The very parable is universal in character; there is not the reference to the religious, supernatural dimension. These days, the very term 'Samaritan Aid' functions in a secular language, often without references to religion or theology.

At this point, it is necessary to demonstrate a faith dimension present in the mentioned parable which is possible to figure out by means of the whole Gospel perspective. One should assume that Jesus Christ is behind the two characters: the victim and the Samaritan. It can be proved by the fact that Jesus always identifies Himself with man in need: "whatever you did for one of these least brothers of mine, you did for me" (Matt 25:40).[30] Jesus' attitude towards the ill, the suffering and the needy reveals the attitude of the Merciful Samaritan in the best possible way. Jesus is in some sense the Samaritan.[31] Eventually, the Samaritan's involvement with the wouned man can be understood only through the prism of God's work in Jesus Christ.[32]

This particular theological aspect carries a special meaning for believers working in palliative care. A hospice worker should be aware that Jesus is present in every patient. This truth should strengthen respect for the suffering, develop motivational aspects of the service and mobilise to shape personality and moral attitudes. Jesus should be considered as an example to follow for all hospice workers, especially in His attitude towards the suffering. It is worth noting here that such a profound approach to another person, as displayed in the actions of Christ, is achieveable only through constant spiritual and moral formation.

Institutions connected with the Church, for example Caritas centres, are a special place of fulfilling the religious nature of service for the terminally ill. These institutions, taking into account a human dimension of suffering and service for the suffering, should emphasise a truly Christian sense of suffering, dying and death. They should also present a religious nature of the service by inscribing itself in one of the three missions of the Church, that is, a kingly mission based on promoting the community of love. The very hospice movement, both in the world and in Poland, besides being embedded in universal human values, has its roots in

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[29] Cf. Recommendation Rec (2003) 24 Explanatory Memorandum no. 163.

[30] Cf. M. C h m i e l e w s k a, *Chrystologiczny wymiar cierpienia w świetle Listu Apostolskiego Jana Pawła II Salvifici Doloris*, „Studia Gnesnensia" 2003, t. 17, p. 342.

[31] Cf. J. N a g ó r n y, *Godność powołania medycznego*, „Roczniki Teologiczne" 1997, 44, nr 3, p. 18.

[32] Cf. H. S c h ü r m a n n, *Das Lukas-evangelium...*, p. 146.

Christianity. The unrelenting development of palliative medicine and process of institutionalisation of hospice movement should not be the causes of resignation from a religious aspect of the service.

A religious nature of the care of the terminally ill patients can be preserved and realised in hospices with no affiliation with the Church whatsoever. A positive attitude and deep faith of people who work in such institutions can make their service more valuable in a religious sense, even without expressing it externally. That is the way the Samaritan probably acted. In this context, it can be argued that a hospice is a special place of cooperation between a believer and a non-believer. By working in a hospice, a believing person has a chance to deepen his faith through appreciation of what is truly human. A non-believer, however, stands a chance of deepening his respect toward human values and of opening for transcendence.

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Recapping the main points, it should be noted that palliative care, having its source in the Parable of the Good Samaritan, may still find spiritual and moral inspirations in it. Faithfulness to the Gospel's parable makes it possible for palliative care to preserve its identity intact. This faithfulness to the roots means neither stagnation nor opposition to modernity. The Parable of the Good Samaritan shows how to act in the face of fast-changing challenges of modernity. The realisation of the "Samaritan paradigm" in the care of the terminally ill will provide a clear sign of building a "new culture of life".

„PARADYGMAT SAMARYTANINA" WE WSPÓŁCZESNEJ OPIECE PALIATYWNEJ

S t r e s z c z e n i e

Pojęcie „paradygmat Samarytanina" oznacza tutaj stworzony przez Jezusa, w przypowieści o miłosiernym Samarytaninie, pewien konkretny wzorzec postępowania odnośnie do osób cierpiących. W przedstawionych analizach „paradygmat Samarytanina" jest odniesiony do współczesnej opieki paliatywnej, posługującej osobom znajdującym się w terminalnej fazie choroby. Istotnymi elementami „paradygmatu Samarytanina" są: zatrzymanie się przy ciężko chorym jako gotowość pomocy, integralne odniesienie do człowieka umierającego, pierwszeństwo bezpośrednich relacji międzyludzkich nad instytucją, konieczność rozwijania profesjonalnego leczenia paliatywnego, gotowość poświęcenia czasu i pieniędzy na rzecz terminalnie chorego, właściwe kształtowanie zależności między pracą etatową a wolontariatem w ramach opieki paliatywnej, szacunek wobec odmienności przekonań bliźniego, umacnianie właściwie ukształtowanej współpracy w ramach zespołu hospicyjnego oraz pogłębianie opieki paliatywnej o wymiar nadprzyrodzony.