



Statement by His Excellency Archbishop Silvano Tomasi, Permanent Observer of the Holy See to the United Nations and Other International Organizations in Geneva at the 18<sup>th</sup> Session of the Human Rights Council on the Thematic study on the realization of the right to health of older persons  
*Geneva, 16 September 2011*

Madam President,

The delegation of the Holy See wishes to express sincere interest and concern on this important topic for discussion. The expanding representation of older persons in the general population is well noted in the report, with estimates of persons 60 years of age and older being placed at 760 million at the end of 2010 and projections at one billion by the end of the current decade. This phenomenon is indeed cross-cutting and cross-cultural, with increasing numbers of older people to be found in the developing world. The report writer mentions the various social, economic, medical, and psychological challenges to be confronted in the face of such demographic changes. Moreover, he makes the compelling point “that the promotion and protection of human rights of older persons is not only in the interest of senior persons, but should also be of concern to everyone, because every person age.”

The Special Rapporteur encourages a “paradigm shift” in the current bio-medical view of ageing which too often is seen “as an abnormal or pathological phenomenon” and thus “equates advanced age with illness.” With similar reasoning, the World Health Organization promotes “active ageing” that aims to optimize opportunities for health, participation and security amongst older persons in order to enhance their quality of life,” through “continuing participation in social, economic, cultural and civic affairs”, rather than basing the criteria for such activity merely on physical stamina or participation in the labour force.

With regard to elderly persons who require special care, the Catholic Church, through its sponsorship of 15,448 homes for the aged, chronically ill and handicapped persons in all parts of the world, sees the growing number of ageing persons as a “blessing” rather than as a burden on society. It further believes that “every generation can learn from the experience and wisdom of the generation that preceded it. Indeed, the provision of care for the elderly should be considered not so much an act of generosity as the repayment of a debt of gratitude.”<sup>1</sup>

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<sup>1</sup> Pope Benedict XVI, Address during visit to St. Peter’s Residence, Home for Older Persons, London Borough of Lambeth, 18 September 2010

Thus, my delegation would agree with the recommendation made by the Special Rapporteur that “States should allocate more resources for the provision of geriatric healthcare in order to ensure that all healthcare workers, irrespective of specialty or profession, are adequately trained to deal with the particular health issues associated with ageing. They should also be trained on the right to health so that they interact with elderly patients in an appropriate, considerate and non-discriminatory manner.”

We further agree with the premise made in the Report that, in order to fully enjoy the right to health, older persons should be accorded the freedom “to make independent decisions about one’s health, which is to say freedom from State interference”. In addition, older persons are equally entitled to “the provision of primary health care and social protection which recognizes and takes into account age-related elements”, to home-based care and long-term care when and if such services become necessary, and access to “the underlying determinants of health, such as access to water and sanitation, food and nutrition, education and housing.” We note, moreover, that the Report recognizes the deleterious impact on both the autonomy and dignity of frail elderly persons as well as the special need for protecting such persons against physical and emotional abuse by caregivers or even by family members.

Madam President, a significant number of palliative and hospice care programs are sponsored by the Catholic Church in order to assist elderly and other seriously ill persons to enter in the final stages of life with dignity and with minimal discomfort and pain. My delegation wishes to take strong exception to a reference in the report regarding “issues of patient autonomy in respect of deciding to end life,” even though the report writer notes that he is not treating such issues in the context of the present report.” We strongly believe that life is a gift that no person has the so-called “right” to end, that death is the culmination of a natural process and no person, even the elderly or suffering person himself or herself, is entitled to cause or hasten the natural process of dying through biomedical or any other means.

Thus, in conclusion, the Holy See “exhorts scientists and doctors to undertake research to prevent and treat illnesses linked to old age without ever ceding to the temptation to have recourse to practices that shorten the life of the aged and sick, practices that would turn out to be, in fact, forms of euthanasia.”<sup>2</sup>

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[http://www.vatican.va/holy\\_father/benedict\\_xvi/speeches/2010/september/documents/hf\\_ben-xvi\\_spe\\_20100918\\_st-peter-residence\\_en.html](http://www.vatican.va/holy_father/benedict_xvi/speeches/2010/september/documents/hf_ben-xvi_spe_20100918_st-peter-residence_en.html)

<sup>2</sup> Pope Benedict XVI, Address to the Participants in the 22<sup>nd</sup> International Congress of the Pontifical Council for Health Pastoral Care, Vatican City, 17 November 2007,

[http://www.vatican.va/holy\\_father/benedict\\_xvi/speeches/2007/november/documents/hf\\_ben-xvi\\_spe\\_20071117\\_xxii-operatori-sanitari\\_en.html](http://www.vatican.va/holy_father/benedict_xvi/speeches/2007/november/documents/hf_ben-xvi_spe_20071117_xxii-operatori-sanitari_en.html)