PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

50th DIRECTING COUNCIL

62nd SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 27 September -1 October 2010

CD50/DIV/6
ORIGINAL: SPANISH

ACCEPTANCE SPEECH FOR THE 2010 MANUEL VELASCO SUÁREZ AWARD FOR EXCELLENCE IN BIOETHICS 2010

DR. PAULINA TABOADA

ACCEPTANCE SPEECH FOR THE 2010 MANUEL VELASCO SUÁREZ AWARD FOR EXCELLENCE IN BIOETHICS 2010
DR. PAULINA TABOADA

50th DIRECTING COUNCIL OF PAHO
Washington, D.C., 27 September 2010

Honorable President
Honorable Ministers of Health
Distinguished Delegates
Distinguished Members of the Diplomatic Corps
Dr. Benjamín Caballero, Chairman of the PAHEF Board of Directors
Distinguished Members of the PAHEF Board of Directors
Dr. Mirta Roses, Director of the Pan American Sanitary Bureau
Ladies and Gentlemen:

For me, receiving the Manuel Velasco Suárez Award for Excellence in Bioethics is both a great honor and an enormous responsibility. I am aware that this award is a symbol that pays tribute to the spirit of Dr. Velasco Suárez, especially his unwavering efforts in life to promote the human rights and dignity of people. As a physician and scientist, Dr. Velasco Suárez held profound humanist and pacifist values, which led him to dedicate many years of his life to the promotion and development of public health and the field of bioethics, including his instrumental work to establish Mexico's National Bioethics Commission and Academy of Bioethics. Therefore, this award honors his memory as a bioethics pioneer in Mexico and Latin America.

This award, established a year after his passing in 2001, has been bestowed on five prominent young investigators from Latin America before me. In 2002, Dr. Débora Diniz, a Brazilian anthropologist, was the first recipient. Since that time, it has been awarded to Professors Pace, de Ortúzar, and Sorokin of Argentina, and to Dr. Álvarez of Mexico. For all of them, receiving this award has represented a very significant incentive to develop their capacities for analysis in bioethics. As the latest recipient of the award, it falls to me to "take up the torch," with the responsibility of ensuring that Dr. Velasco Suárez' light continues to shine brightly on all the different dimensions of human dignity, especially in the field of bioethics in Latin America.

In keeping with the spirit of Dr. Manuel Velasco Suárez, who noted that *"It is our responsibility as health workers to respect human rights and to regard a person's dignity as foremost in the practice of our profession in order to impart quality to life—from its miraculous dawn to its sunset*

(Manuel Velasco Suárez, M.D., F.A.C.S.)," the members of the Steering Committee of the Pan American Health and Education Foundation (PAHEF) have decided to bestow this award over the years for research on the ethical aspects of the beginning and end of human life, as well as over the course of its development. Thus, in previous years, this award was bestowed for research on ethical questions surrounding issues such as assisted reproduction; and the donation of gametes and embryos; the management of genetic information; as well as organ donation and transplants. This year, the award has been bestowed on me to investigate aspects associated with the dignity of the terminally ill.

My proposed research project would examine five ethical questions surrounding the sedation of patients at the end of life. My purpose in this regard is to identify ethical criteria that would be used to guide the difficult decision-making confronting health professionals in the final stages of care for their terminally ill patients.

We know that sedating patients at the end of life is a potentially very useful therapeutic tool of palliative medicine. Ordinarily, its use has been reserved for managing severe and refractory symptoms and is viewed as a therapeutic resource of last resort. Currently, however, a progressive trend has been observed toward sedating terminally ill patients, despite the fact that there has not always been a clear technical or ethical justification for this practice. This situation has revived medical and bioethical debate at the international level. The definitions and indications for this practice are currently being discussed, as well as practical ways of implementing it. However, the main focus of controversy concerns the criteria that would serve as the underpinnings for its ethical legitimacy.

In contrast to the developed countries, in my country of Chile, as in most of the developing countries, there is an absence of clinical guidelines for the appropriate use of sedation at the end of life. Accordingly, the goal of my research in this regard would be to significantly contribute to the identification and dissemination of information concerning the "*lex artis*" of palliative sedation. My hope, in turn, is that this research will have a positive impact on the development of palliative medicine and the quality of care for the terminally ill, especially in the countries of Latin America.

Palliative medicine views the "right to die with dignity" as the right of every person to receive comprehensive, competent, and empathetic care during the final stage of life. This right poses a series of ethical

challenges for health professionals; challenges that become evident in their duty to provide quality health care in both technical and human terms, taking all the different dimensions of the patient into account. In other words, this right entails the moral obligation to not only alleviate physical symptoms, but also the different psychological, spiritual, and social struggles that tend to accompany the process of dying—the so-called "total pain" concept. In this regard, we can affirm that equitable access to palliative medicine—both in technical and human terms—should be considered part and parcel of our basic human rights.

Without a doubt, the terminally ill constitute one of the most vulnerable groups in our society. Consequently, the dignity and lives of these people merit our special respect and attention. If we accept the premise that the moral measure of an individual is ultimately the way he treats the most vulnerable people, we must assume that future generations will judge the moral worth of societies in the 21st century on how we treat our most vulnerable groups, in the present case, the terminally ill. It is precisely here that we are put to the test: not only our respect for human dignity and life, but on the value and meaning we give to membership in the human family.

In this regard, I would be remiss to conclude these words of thanks without mentioning my profound debt of gratitude to all those whose affection, wisdom, and support have made it possible for me to experience the enormous value of belonging to the human community, especially my parents, family, friends, teachers, and colleagues, as well as all the other people who have made it possible for me to be here today with you.

Thank you very much for you attention!