

QUALITY OF HUMANKIND

QUALITY OF LIFE The concept of quality of life understood as a certain standard of living came into use in the second half of the 20th century. It encompassed various numbers and statistics, indicating a person's economic well-being. It was not until 1993 that the WHO defined the concept as 'an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns'. Quality of life ceased to be defined on the basis of material conditions and began to be perceived based on of values, well-being, and positive interpersonal relationships. It has become the equivalent of happiness and life satisfaction.



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So, what is happiness to be found in? 'There is no single answer to this question', says Father Antoni Bartoszek, PhD, Associate Professor at the Faculty of Theology of the University of Silesia, a moral theologian and a chaplain at a Catholic centre for people with disabilities. 'The concept of quality can have multiple meanings. Some people understand it literally, one could say: empirically. After all, there are psychological tests to determine how satisfied we are with our lives and the degree of quality we have achieved. Others will look for a more philosophical approach. The question is: what factors should be taken into account in order to judge whether someone is happy and what is their quality of life? Is it health, income, frequent travel or a loving family'?

'Nowadays, the emphasis is on the quality of life, but we must never forget the about the sanctity of life', the priest continues. 'The quality of life is built on its sanctity. Australian ethicist Peter Singer said that the era of the sanctity of life has come to an end and the era of the quality of life has begun. This quotation draws on the opposition between the quality and sanctity of life, the reductive treatment of life, and the dangerous degradation of life to the material sphere only. As a result, the decisions to commit suicide and end the life of another through

abortion or euthanasia become easier. Quality of life is a positive category when it mobilises us to secure our needs in all dimensions of human life. It begins to produce negative effects when, through poverty, illness, or disability, we judge our live as one of low quality, and therefore, of low value. Nowadays, few people are able to discover the meaning of failure and suffering. In a time of affluence and lavish consumerism, ever younger and younger people suffer from depression, have serious problems dealing with failures, pain, harm, setbacks, and maintaining mental resilience in the face of stress and various other unpleasant events. Moreover, the awareness of the fact that pain and setbacks are a part of life and it is impossible to avoid them completely is being rejected. Today, people are geared towards the ideal, idealised beauty, and allencompassing affluence, and this, counter-intuitively, can lead to low self-esteem. Dissatisfaction with our own life grows because when compared to others, we will always feel that we have achieved too little and that we are inadequate for this world'. And to feel this way is a real human tragedy. When a person says: I have such a low quality of life that my life is not worth living. They do not realise that life itself is of great value, and a gift of God, in the theological sense',

notes the lecturer from the Faculty of Theology.

Father Antoni Bartoszek owes much of his pastoral experience to twentythree years of working with people with intellectual disabilities. He says that generally these people are perceived as disadvantaged, leading unhappy lives, and being deprived of a lot of joy and good experiences, which for many is tantamount to a poor quality of their lives. In reality, the world of these people looks substantially different and many people with Down's syndrome can be happier than any rich businessman. Why? One factor that sometimes has a decisive impact on the joy and satisfaction in a person's life is the richness of their spiritual (inner)

'The modern world is starting to discover spirituality. In 1948, the World Health Organization defined health as 'complete physical, mental, and social well-being'. 50 years later, the same organisation, in developing a definition of palliative care, described it as one that seeks to secure the physical, mental, social, as well as the spiritual needs of the patient', points out Father Antoni Bartoszek who has been researching the spiritual and moral aspects of palliative care for years.



So why has spirituality become this important?

'Spirituality often only becomes particularly significant when facing the terminal phase in a person's life', explains the chaplain. 'The pain felt by the patient isn't always the result of the illness, but can sometimes have an existential basis that translates strongly into bodily afflictions. This proves that care for the spiritual life influences the condition and quality of life. Particularly important is the fact that thanks to palliative care, spirituality has attracted the interest of medicine'.

We can understand spirituality in many different ways. Nowadays, spirituality is not always associated with faith in God; it has taken on a more humanist, artistic meaning, giving people peace and tranquillity, allowing them a better understanding of themselves and their talents, as well as their needs and the possibility to discover the best way to fulfil them. In a way, spirituality is about aesthetics, sensitivity, and cultural experience. Some people fulfil themselves through painting, art, music, acting, photography, or hiking in the mountains. Spirituality also includes a concern for others, a desire to experience beauty, and good deeds done for other people and oneself. All these things can have a truly unique meaning for a person. Spirituality understood in this way can be discovered by everyone, including non-believers.

'Spirituality is like a well', says the priest. 'Its outermost layers are accessible to every person, but the deeper we go, the darker it gets, and the more light is needed to be able to see something. In theology, this is called the light of Christian revelation that flows from the word of God. The deepest dimensions of spirituality can only be discovered through faith. The depths are thus reached through faith in God, while the outer layers are grasped by reason. It is in these deepest spaces of spirituality that we discover the truth about life being a gift from God, and that a happy eternal life is destined to us'.

A holistic approach to the patient, especially those terminally ill, also includes spiritual care and covers both purely humanistic and theological dimensions. It consists of being continuously there for them, talking about the meaning of life, transience, and passing away, supporting them in the last moments of their lives, and helping them face what they find difficult to come to terms with: the mistakes they made and the feelings of guilt, or even helping them to reconcile with those with whom they have lived in conflict. Some experiences can live in a person's mind for decades. They lead to an inner struggle and refusal to accept what has happened. Faith very often comes into focus for people experiencing illness and suffering: sometimes it awakens and intensifies.

'Being with a terminally ill person, including the presence of a priest, often leads to an inner reconciliation with God, with themselves, and with their close ones. Sometimes a person needs a little help to open up, to throw off the discord that they have carried inside them for so many years, and to achieve inner peace. This is the moment when the quality of life improves considerably because the burden that has been carried for a long time finally gets lifted away', says Father Antoni Bartoszek. 'And to return for a moment to people with disabilities, I would say that we also try to take a holistic approach to the people we care for at our centre. We take care of physical rehabilitation and social integration. Special Olympics are very important to us. We try to develop our patients' spirituality, especially through various forms of art therapy, as well as in a theological sense - by caring for their religious life'.

Today's efforts to have the best possible quality of life are commendable. Concern for health is fundamental. However, we should also keep in mind the deeper dimensions of humanity. By discovering – through faith – the most profound areas of spirituality, it is possible to find the most fundamental meaning of life, even in the face of illness, suffering, and disability.



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