The Virtue of Hope in the Hospice Care

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ABSTRACT

This study employs a qualitative research design that utilizes a document analysis approach. The document analysis consists of a collection of theories obtained from various sources. The theoretical framework will be developed from a range of books, documents, journals, and articles within the Catholic tradition related to hospice care, moral theology, and bioethics. This paper aims to present the background of the formation process and the objectives of hospice care. Additionally, it will emphasize the psychological transformation stages experienced by terminally ill cancer patients, highlighting the pain, anxiety, and fear of death they confront. Furthermore, the paper will underscore the importance of virtues, particularly the virtue of hope, in their journey.

Keywords: hospice care, stages of dying, terminally ill patients, the virtue of hope, compassionate support

TÓM LƯỢC

Đây là nghiên cứu định tính sử dụng phương pháp phân tích tài liệu. Phân tích tài liệu là một tập hợp các lý thuyết thu được từ nhiều nguồn khác nhau. Cơ sở lý thuyết sẽ được lấy từ nhiều sách, tài liệu, tạp chí và bài báo khác nhau của truyền thống Công giáo liên quan đến chăm sóc cuối đời (hospice care), thần học luân lý và đạo đức sinh học. Bài viết này nhằm giới thiệu nền tảng của quá trình hình thành và mục đích của chăm sóc cuối đời. Nó cũng sẽ nêu bật các giai đoạn chuyển đổi tâm lý mà bệnh nhân ung thư mắc bệnh nan y phải trải qua, nhấn mạnh nỗi đau, lo lắng và sợ hãi cái chết mà họ phải đối mặt. Cuối cùng, bài viết cũng sẽ nhấn mạnh vai trò của các đức hạnh, đặc biệt là đức cậy, là niềm hy vọng mà bệnh nhân ung thư giai đoạn cuối cần phải trau dồi trong quá trình được chăm sóc. Đức cậy hay niềm hy vọng ở đây, đó là hy vọng được chữa lành, hy vọng được đồng hành, được động viên, và trên hết là hy vọng vào cuộc sống vĩnh cửu.

Từ khoá: Chăm sóc cuối đời, các giai đoạn hấp hối, bệnh nhân giai đoạn cuối, nhân đức hy vọng, sự hỗ trợ đầy lòng trắc ẩn

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Introduction

In recent years, my focus has centered on 'end-of-life' studies and the integral role of spirituality in hospice care. This paper represents a synthesis of my experiences in providing spiritual support to cancer patients and their families, as well as my research into how spiritual care can effectively complement the medical and psychological dimensions of hospice services.

Having earned a hospice counselor certificate in 2006, which included 400 hours of training in pastoral ministry, theology, and cancer treatments, I was privileged to spend substantial time with hospice patients and their families. This experience led me to recognize that cancer continues to be one of the leading causes of death worldwide, prompting important discussions about the increasing prevalence of the disease, particularly among younger individuals.

This paper will examine the myriad challenges faced by cancer patients, including physical pain and spiritual suffering while emphasizing the significance of Hope as a theological virtue in navigating these difficulties. It will begin with an overview of hospice care and its objectives before addressing important topics such as attitudes toward death and the "five stages of death" articulated by Elisabeth Kübler-Ross. Moreover, it seeks to highlight the specific issues that terminally ill cancer patients encounter.

This study intends to serve as a valuable resource for those affected by terminal illness—be they patients, medical caregivers, family members, or members of the community—guiding them to appreciate the critical role of Hope in hospice care. Furthermore, it underscores the importance of caregivers embodying Hope themselves, as they accompany patients during their final days, fostering an environment where a dignified and meaningful death can be achieved.

Hospice Care and Its Goals

Hospice as a Whole Care

Hospice care started at Saint Christopher Hospital in London in the 1960s when Dame Cicely Saunders opened a service to provide "not only comfort and pain management central to the daily life of a patient but also emotional and spiritual support."[1] In this program, Cicely Saunders began training nurses, medical social workers, and physicians to care for patients as whole people. Others have emb1`raced the program, and it has rapidly spread worldwide, as Donald Duckow said: "From its early planning, St. Christopher's has been both a medical and a religious institution. Its medical features are widely recognized, but its religious dimension is less familiar."[2] Undeniably, Saunders has become well known in the United States, and she was invited to lecture at Yale University in 1963 with the social workers, chaplains, medical students, and nurses.[3]

Why did Saunders call this service hospice? According to Anthony Fisher, the idea of hospice goes back at least to the 4th Century A.D., when "monks established hospices and welcomed pilgrims and neighbors"[4] who were elderly and seriously ill. In other words, when the travelers had to walk a long distance, they became fatigued, hungry, and sick; the monks prepared a place to rest for a night and get food. Later, hospices were considered places to care for or heal the

[1] Center for Hospice Care: https://www.hospicesect.org/about-us/the-history-of-hospice (December 2, 2024)
[2] Donald F. Duclow. "Dying Well from the Fifteenth Century to Hospice." Lutheran Quarterly, vol. 28, no. 140, 2014: 140.
[3] The first modern hospice in the U.S. was founded in 1974, and the Medicare Hospice Benefit was introduced in the 1980s. (https://www.hospicesect.org/about-us/the-history-of-hospice, December 2, 2024)
[4] Anthony Fisher. *Catholic Bioethics for a New Millennium*. Cambridge: Cambridge University Press, 2012, 280.

elderly or patients who were about to die or seriously ill.

What defines hospice care? What is the difference between traditional care and hospice care? First, the answer is that "all the models of care in medicine, nursing, psychology, and other cares, hospice and palliative care most often recognize the importance of spiritual issues in the care of patients."[5] The tradition of medicine focuses on the treatment of the body, but in the case of hospice care today, people recognize the importance of care for the whole person, which includes physical, psychosocial, and spiritual care. Second, this care is in hospitals or health care institutes and at home. Home care thus has become a focus. Another significance of hospice care is that it allows patients to spend their last days of life at home with their family more than in a hospital.[6] Hospice care has become a broader range of care, not limited to the hospital and professional but includes home care and the family. While discussing this point, Farr Curlin said:

> By locating the social space of dying within the geographical space of the home and by opening the geographical space of the health care institution to accommodate the presence and participation of the patient's neighbors, friends, and family members, the Hospice and Alleviation Movement removes institutional barriers that in the default pathway of technological medicine keep members of patients' communities off balance and at arm's length… By locating its practices within the geographical spaces of the community, the Hospice and Palliative Movement helps to make the patient's family members, friends, neighbors, and clergy feel welcomed and empowered to participate in the tasks of caring for the patient as the patient engages the remaining tasks of dying well.[7]

The goal of hospice care is explicitly to prevent and relieve pain and suffering: to support "the best possible quality of life for patients and their families, regardless of their stage of disease or the need for other therapies."[8] The mission of hospice care is to ensure that nobody is ignored even though their health conditions worsen and there is no benefit in treatment. In another part of the discussion on the goal of hospice, Farr Curlin repeats the ideas of the National Hospice and Palliative Care Organization of America on hospice care, saying: "Hospice affirms the concept of palliative care as an intensive program that enhances comfort and promotes the quality of life for individuals and their families."[9] When treatment is no longer possible, hospice care confirms that physicians, nurses, volunteers, and chaplains should continue to support and assist patients to prepare and receive a peaceful and comfortable death.

Pain management and helping patients live well until they die are vital parts of what Elisabeth Kübler-Ross calls "unfinished business."[10] In other words, dying is a significant period when a terminally ill cancer patient needs to achieve their personal goal—a good death. Dying thus

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[5] Christina M. Puchalski, and Ferrell Betty. *Making Health Care Whole: Integrating Spirituality into Health Care*. Templeton Press, 2010, 14.

[6] Generally, hospice care emphasizes the importance of family, not only because they might benefit but also because they influence the treatment process and its results. Particularly, home-based hospice care at the end of life is more consistent with Americans' preferences than is terminal care in an institutional setting… It could be that married to have a stronger preference for dying in their own home (in the presence of their healthier spouses) (Nicolas A. Christakis and Theodore J. Iwashyna, "Spousal Illness Burden Is Associated with Delayed Use of Hospice Care in Terminally Ill Patients." *Journal of Palliative Medicine,* vol.1, no. 1 (1998), 4 and 8)

[7] Lydia S. Dugdale. *Dying in the Twenty-First Century - Toward a New Ethical Framework for the Art of Dying Well*. The MIT Press, 2015, 51.

[8] Ibid., 57.

[9] Ibid., 58.

[10] Elisabeth Kübler-Ross. *On Death and Dying.* New York: The Macmillan Company, 1969, 241.

becomes a significant focus in hospice care since it is the "final stage of growth"[11] of a person experiencing this life. Therefore, no matter where the hospice takes place, in hospital units or at home, hospice care "permits the terminally ill to family, and perform their scripts for dying well."[12] In hospice care, dying becomes a personal practice and seeks medical professionals, family, and community participation.

Death and Attitudes Toward Death and Dying

As mentioned above, death is a critical issue in hospice care. Therefore, it is necessary to ask the question: "What is death?" since death is not just a human reality but the reality for all living things. All living creatures and every single person eventually die. Christina Puchalski said in her book that "death is integral to the human mystery."[13] It is evident that no matter if a person is young, old, rich, or poor, they will eventually die. She then states that why people must die and "what happens to them after death are questions that have no empirical answers."[14] People frequently return to religion to find suitable answers to the mystery of death. Religion, through the practice of rituals such as praying for the dead, burying the dead, and commemorating them day by day, may help patients understand that death is not an ending and that there is still a connection between death and the living. Religious beliefs and rituals can also reveal rebirth or hope for life after death.

Death is an essential part of human life, not only for an individual but also for family members and the community. Those patients and their communities who fear death must understand the meaning of death and confront death and grief after death. People have different attitudes toward death. In other words, if we look at how individuals and societies react to death and dying differently, we see that people prefer to ignore or avoid talking about death; people are nervous or feel uncomfortable when someone mentions death. What reasons or what factors make these anxieties of death happen? How can hospice caregivers discover and explain these problems concerning death? This is an essential part of the care that a terminally ill cancer patient needs, too, as Elisabeth Kübler-Ross said: "Is it surprising, then, that man must defend himself more? If his ability to physically defend himself decreases, his psychological defenses must increase manifold. He cannot maintain denial forever. He cannot continuously and successfully pretend that he is safe. If we cannot deny death, we may attempt to master it."[15] Elisabeth Kübler-Ross emphasizes that denying death is impossible; moreover, people should attempt to master death by challenging it. They should see death as a regular topic that needs to be discussed in any study area and life situation. Undoubtedly, in some cultures, death is not a welcomed subject of conversation, but people can begin to talk about it in the realm of religion. Religion plays a vital role in helping people understand the meaning of death. Take the Christian faith, for instance, believers profess that:

> In the old days, more people seemed to believe in God unquestionably; they believed in a hereafter, which was to relieve people of their suffering and pain. There was a reward in heaven, and if we had suffered much here on earth, we would be rewarded after death depending on the courage, grace, patience, and dignity with which we had carried our burden.[16]

[11] Elisabeth Kübler-Ross. *Death: the Final Stage of Growth.* Englewood Cliffs, N.J.: Prentice-Hall, 1975, 148.
[12] Bernard Gert, Charles M. Culver, and K. Danner Clouser. *Bioethics: A Return to Fundamentals.* New York: Oxford University Press, 1997, 7.
[13] Puchalski, ibid., 26.
[14] Ibid., 26.
[15] Elisabeth Kübler-Ross. *On Death and Dying.* New York: The Macmillan Company, 1969, 11.
[16] Ibid., 13.

Death is an actual reality; death can come to any human being at any time and anywhere. Death is frequently surprisingly respected. Death is often accompanied by pain and discomfort, but people can counter these with their courage and patience. Suffering is harsh, but God helps. In the words of Saint Paul to the Corinthians, he writes: "My grace is enough for thee; my strength finds its full scope in thy weakness."[17] Indeed, one purpose of pain and suffering is learning and growing, and the promise of death is the reward of heaven.

No one can escape from death and the anxieties of it. Death can come to us anytime that we do not know, and even we know not when. Therefore, every person should attempt to confront it with a positive and knowledgeable attitude. It is necessary, therefore, to understand what death is for us. Using the studies of Elisabeth Kübler-Ross, this paper will explain how to approach death in hospice care, thus helping the patients to be more confident and peaceful in confronting death.

Five stages of death

After a long year of studying death and dying and extensive work with patients, Elisabeth Kübler-Ross concluded that "patients are our good teachers?"[18] In the following part, Elisabeth Kübler-Ross will help us understand that dying patients may have different reactions to what they are suffering when confronting terminal illness.

First stage of death, Elisabeth Kübler-Ross notes that denial is the first reaction of most dying patients when informed that they have cancer; they say: "No, not me, it cannot be true."[19] This reaction is normal and direct since they understand that cancer is somehow a terrible illness, and it is often fatal. They may have a background of understanding of the danger of cancer illness; they might even have the experience of someone who died because of it, so they do not want this horrible illness to occur in their own body. This initial denial is a natural reaction, for they think that they did not do anything wrong. Therefore, they should not be the ones who must suffer this punishment.

The denial reaction might be stronger when the patient is informed of the cancer in an unready condition. Moreover, the reaction might worsen when the teller does not know the patient well. One woman patient whom I visited several times when I worked at a hospice in Chiayi, Taiwan, was angry for a long time: she did not talk with her doctor, did not cooperate with the nurses, and blamed her family when she was informed that she had a stomach cancer by one of her sister's friends. When her doctor asked her family to tell her the truth, they did not dare to do so because they were afraid that it would be a terrible shock for her when she heard the diagnosis. Unfortunately, the information was leaked to their friend. When she came to see the patient, she mentioned the cancer illness, which made the patient shocked and extremely angry.

Most patients show denial, not only at the time when they hear the sad news but also when the patients confront their illness and dying; they sometimes consider their death but more often consider escaping it. Therefore, for Elisabeth Kübler-Ross, the patients must have "a healthy way of dealing with the uncomfortable and painful situation with which some of these patients have to live for a long time."[20] Denying unexpected, shocking news may provide the patient with an emotional defense. However, they might still be willing to accept the truth. Moreover, it will be helpful if they can "sit and talk with someone about impending death. Such a dialogue

[17] 2 Cor 12:9.
[18] Kübler-Ross, *On Death and Dying.* Ibid., 19.
[19] Ibid., 43.
[20] Ibid., 35.

must occur at the patient's convenience when they are ready to face it."[21] Thus, denial is usually a temporary defense; it gradually will be replaced by partial acceptance. Unfortunately, patients will then often feel isolated. They usually think about the challenges and the long-term treatment plan they must deal with in the future.

The second stage is anger. As mentioned above, the first reaction of the patients to the shocking news of cancer or terminal illness is, often, "No, it is not true; no, it cannot be me." The following reaction is often anger; therefore, they say: "Oh, yes, it is me, it was not a mistake." Elisabeth Kübler-Ross explains that "the first stage of denial cannot be maintained any longer; feelings of anger, rage, envy, and resentment replace. The logical next question becomes: 'Why me?'"[22] They are angry because they think they are unlucky. Unfortunately, this thought may negatively affect the treatment process.

Anger is, therefore, one outward manifestation of patients' internal anxieties and can be expressed in many ways. Feelings of loss and fears of impending death naturally cause those anxieties. Elisabeth Kübler-Ross said that "this stage of anger is very difficult to cope with from the point of view of family and staff. The reason for this is the fact that this anger is displaced in all directions and projected onto the environment at times almost at random."[23] Patients are never satisfied with what they have during this period. They easily complain that the doctors are not good, that doctors do not know how to treat their illnesses, or that doctors keep them too long in the hospital. Similarly, the nurses also become a target of their anger. Whatever the nurses do for them is not right. However, "they then either respond with grief and tears, guilt or shame or avoid future visits, which only increases the patient's discomfort and anger."[24]

Whatever the patients do in this stage is to make other people not forget them and tell them they are still alive. They want to emphasize their existence, and they need to be respected and taken care of. Because "a patient who is respected and understood, who is given attention and a little time, will soon lower his voice and reduce his angry demands."[25] Therefore, we should let them know that they are valuable persons. We promise to care for them and support whatever they need. This way, we can help patients feel more confident and less angry, and we can help them become more willing to cooperate with medical treatment.

The third stage of death is bargaining. Patients are clear that the illness is actual, but anger may lead them to more trouble. Patients realize that it is helpful for them when they are willing to accept the facts and cooperate with physicians and other caregivers. In this period, patients bargain this "often take the form of beseeching God (or some other pertinent deity) to alter the course of disease."[26] They may say, "God, give me one more chance, and I will do whatever you want."[27] Elisabeth Kübler-Ross describes this reaction as children who try to ask their parents for a favor. Of course, they do not want God to say "No" what they asked.[28]

Kübler-Ross told a story of when she served in hospice and accompanied a patient who was an opera singer with a distorting malignancy of her jaw and face. The patient could no longer perform on the stage and asked "to perform just one more time." When she became aware that

[21] Ibid., 35.
[22] Ibid., 44.
[23] Ibid., 45.
[24] Ibid., 45.
[25] Ibid., 46.
[26] George S. Lair. *Counseling the Terminally Ill: Sharing the Journey.* Washington, DC: Taylor & Francis, 1996, 20.
[27] Ibid., 20.
[28] Kubler-Ross, *On Death and Dying.* Ibid., 73.

this was impossible, she gave the most touching performance perhaps of her lifetime. She asked to come to the seminar and to speak in front of the audience in full view of the attendees, not behind a one-way mirror. She unfolded her life story, success, and tragedy before the class until a telephone call summoned her to return to her room. The doctor and dentist were ready to pull all her teeth for the radiation treatment. She asked to sing once more to us before she had to hide her face forever.[29]

Patients not only attempt to beseech God to postpone their dying but also promise to be better if they are given the chance to live longer. A student of mine had bone cancer and died two years ago; during the time of treatment, she asked us to pray for her. Once, she asked, "May God help her to recover as soon as possible." Then she said if God let her live for some years, she would study harder to finish high school. Unfortunately, she was not able to "keep her promise" to study hard because her condition worsened, but she became more devoted to God and consistent in prayer before she died. In this case, her bargaining is helpful. Indeed, caregivers and family members must "offer help in understanding and experiencing higher levels of existence."[30]

The fourth stage of death is depression. Depression comes after patients have undergone a variety of losses. Depression comes when patients have no reason to deny the illness that they are suffering. Depression comes when they have experienced plenty of surgery, which leads them to have more symptoms, and their condition becomes weaker; a feeling of loss replaces anger. Of those losses, Elisabeth Kübler-Ross gives the examples: "A woman with breast cancer may react to the loss of her figure; a woman with cancer of the uterus may feel that she is no longer a woman. Our opera singer responded to the required surgery on her face and the removal of her teeth with shock, dismay, and the most profound depression. However, this is only one of the many losses that such a patient endure."[31]

Indeed, following the bargaining stage, there is a time to recognize the reality of illness and undergo the losses. Patients must confront the losses of health, the suffering of pain, financial burdens, the loss of jobs, independence, and other losses. They also experience isolation from this world. Therefore, they frequently say: "I am no longer the self that I was," and then accept that "I do not need to be my old self because now I can become a better self."[32] Thus Elisabeth Kübler-Ross notes that these physical pains and mental suffering lead to depression "are well known to everybody who deals with patients."[33] It is not difficult to understand the reasons for depression. However, hospice care should actively find a way to alleviate "some of the unrealistic guilt or shame which often accompanies the depression."[34] Moreover, it prepares the patients to understand the losses to accept the impending death.

The patients must be encouraged not to look at the sunny side but the dark side. The caregivers have no right to tell the patients not to be sad because sadness is true when they are going to lose everything and everybody they love. We can never totally understand the suffering that they confront. Yet we are called to be with the patients in this process, and the best thing we can do for them is show our sympathy when they need it.

The last stage that Elisabeth Kübler-Ross describes is acceptance. When the feeling of "let it go" occurs in the patients' minds, the acceptance stage comes to them. This is a time to let any

[29] Ibid, 73.
[30] Lair, ibid, 21.
[31] Kubler-Ross, 75
[32] Lair, 22.
[33] Kubler-Ross, 75.
[34] Ibid., 76.

negative emotions go naturally. This is a moment the patients arrive at after periods of denial, anger, bargaining, and depression. After all those emotions, the patient is now ready for an ending. The treatment and the progress of their illness have made them tired, and their condition has worsened. They feel weaker. Patients often say: "I just cannot fight it any longer," and "I want to end the struggle." As Elisabeth Kübler-Ross said:

> It is as if the pain had gone, the struggle was over, and there came a time for "the final rest before the long journey," as one patient phrased it. This is also the time during which the family usually needs more help, understanding, and support than the patient himself. While the dying patient has found some peace and acceptance, his circle of interest diminishes. He wishes to be left alone or at least not stirred up by news and problems of the outside world.[35]

The acceptance of dying may not be easy for many terminally ill cancer patients because they are no longer able to communicate. When a doctor gives them morphine to relieve the pain, the patients usually become unclear in consciousness. There is no need to wait until the last minute of life to accept dying; the caregiver should help terminally ill cancer patients achieve this stage of acceptance as soon as possible.

The Sufferings of Terminally Ill Patients

While discussing the suffering of terminally ill cancer patients, this paper intends to focus on total pain, which includes physical, psychological, and spiritual pain. On the other hand, the pain or suffering that a terminally ill cancer patient suffers does not suggest that pain is caused by physical treatment but by mental burden and spiritual anxiety.

Goerge Lair describes the pain as something that may come from physical problems. However, "this does not mean that the pain does not affect the emotional outlook of the patient or that it cannot be controlled through psychological rather than physical means."[36] Therefore, for some patients, pain is associated in their minds with dying because pain "gives rise to anxiety and depression, especially in the person who is dying. The pain may remind them that they have a life-threatening illness and that it may very well be getting worse."[37] Indeed, physical pain, mental pain, and spiritual pain become circular: when physical pain increases, mental and spiritual pain increases; in other words, spiritual pain increases, physical and mental pain increases.

The result of this pain is "the risk of suicide or euthanasia." According to the study, "nearly 95 percent of those who kill themselves have been shown to have a diagnosable psychiatric illness in the months preceding suicide."[38] One of the primary motivating forces in the development of hospice programs has been to provide freedom from pain.[39] Therefore, hospice caregivers must attempt to understand the relationship between physical pain, mental pain, and spiritual pain to help the patients relieve their suffering and overcome negative thinking—the desire for hastened death.

To discuss the suffering of terminally ill cancer patients, Stanley Hauerwas said that suffering "is not something you eliminate, but rather something with which you must learn to live."[40]

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[35] Ibid., 100.
[36] Ibid, 91-92.
[37] Ibid, 92.
[38] Herbert Hendin. "The Case Against Physician-Assisted Suicide: For the Right to End-of-Life Care." *Psychiatric Times* February 1, (2004), 2.
[39] See Lair, ibid, 91.
[40] Stanley Hauerwas. *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and*

Medical professionals always try to heal patients' illnesses but cannot cure every disease. They also always attempt to relieve patients' pain and suffering; unfortunately, medicine has limitations. No illness can be cured, and no pain and suffering can be stopped. Therefore, Stanley claims that "suffering ought to be accepted because by doing so we will be better people."[41] Suffering is a school that teaches us how to become better people. It allows patients, physicians, nurses, family members, and other caregivers to grow.

As stated above, death can be brutal to confront; people usually try to avoid this unpleasant reality. However, if people dare to "deal with it when it comes into our life—to accept it as an important and valuable part of life—then, whether you are facing your death, that of someone in your care, or that of a loved one, you will grow."[42] What allows us to have this positive attitude? What can help us gain this encouragement? The answer is hope, which opens some new creative possibilities for us while we are in crisis: the crisis of pain, loss, and death.

The Importance of the Virtue of Hope in Hospice Care

Definition of Hope

My personal experience with cancer patients, when I worked in hospice, was that, given the same care, concerns, and treatment, patients who can show happiness live longer than those who cannot show happiness. Moreover, especially at the time of dying, these patients experience a feeling of peace. On the contrary, patients who are always angry and never satisfied with whatever the hospice offers struggle when the moment of dying comes. What makes the difference is that some have Hope and others do not. Hope helps patients to take advantage of any moment of life to live joyfully. Hope leads patients to the stage of acceptance and to die peacefully, but never give up and despair.

Again, what makes terminally ill cancer patients likely to "give up" when their physicians can still provide them treatment? Patients may get discouraged after waiting a long wait and beseeching for a miracle that never comes. They beseech God for some extra time to live and fulfill what they hoped to do, but what they were praying for did not happen. Thus, they conclude that everything is hopeless. To help this type of patient, Elisabeth Kübler-Ross suggests that hospice care should not "give up" on any patient in any situation; she added: "If we give up on such a patient, he may give up himself, and further medical help may be forthcoming too late because he lacks the readiness and Spirit to 'make it once more.' It is far more critical to say, 'To my knowledge, I have done everything I can to help you. I will continue, however, to keep you as comfortable as possible.'"[43] Indeed, this is a positive attitude toward death and dying. Physicians, nurses, and other caregivers should have Hope and provide it to their patients since Hope can help them stick close to their patients. Hope can help their patients not feel isolated and abandoned from the community. Moreover, hope leads physicians and patients to believe in the possibility of being cured.

Hope is important since it is "a gift given from God."[44] Hope is one of three theological virtues that "is enumerated together with faith and charity."[45] In *Summa Theologica*, Thomas Aquinas

the Church. Notre Dame, Ind: University of Notre Dame Press, 1986, 24.

[41] Ibid, 26.

[42] Elisabeth Kübler-Ross. *Death : the Final Stage of Growth,* ibid., 116.

[43] Kubler-Ross. *On Death and Dying*, ibid., 125.

[44] William C. Mattison. *Introducing Moral Theology: True Happiness and the Virtues.* Grand Rapids, MI: Brazos Press, 2008, 258.

[45] 1Cor 13,13.

explained: "Hope has the character of virtue from the fact that it attains the supreme rule of human actions. Hope expects happiness in the enjoyment thereof."[46] Thus, the principle object of Hope is God, and the idea of a theological virtue "promises that by divine agency we can eventually overcome the eudaimonia gap as much as we rightly want and attain full, secure, and lasting happiness."[47] Hope helps people overcome any difficulties and challenges that threaten them in their lives. It gives us "a transcendent meaning and dignity to our lives; it assures us that we are created by love and for love."[48] In the case of terminally ill cancer patients, Hope directs them to God with confidence and peace so they can confront their suffering and imminent death better.

Interestingly, most theologians believe that the virtue of Hope leads believers to the union with God. Furthermore, God is the final destiny—the last goal that believers desire to achieve. As William C. Mattison said, hope "succeeds faith, since it is only by faith that one is even aware of the possibility of such fulfillment in God. It also engenders love, since it is through longing for God, source of fulfillment that we cling in genuine friendship to God and God's creatures."[49] Indeed, faith, love, and Hope are the three theological virtues that directly concern God. Following this argument, this paper will discuss the ways we can achieve God and the obstacles that we need to overcome.

Hope is an Expectation of a Good Future

Hope is defined as the expectation of future good in *Summa Theologica* of Thomas Aquinas.[50] It has become a central topic in the history of Christian theology. A future or a goal that hope aspires to is God. God is the "ultimate end" that we, as humans, need to long for. As Joseph Wawrykow said, "Aquinas thus reinforces the point that the theological virtues are to be viewed in the context of the movement of the human person to God as an end."[51] This is the future good that hope looks for in the light of the promise of God. God and the kingdom of God are the future of human beings, and Hope is the means that leads human beings to this destiny, which Jesus himself encouraged human beings to hope for; he said: "Your Father who sees in secret will repay you."[52] Saint Paul said the exact words when he encouraged his community: "Eye has not seen, ear has not heard, nor has it so much as dawned on man what God has prepared for those who love him."[53] Alternatively, where God says: "I will wipe away every tear from their eyes, and there will be no more death, or mourning, or cries of distress, no more sorrow; those old things have passed away."[54]

With these valuable words, we can boldly encourage terminally ill cancer patients who are suffering, pain, and fear of death that their lives do not end at death but will experience a new beginning when death comes to them. Patients can trust that after death, they will have a life everlasting. The teaching of the Catholic Church affirms this belief: "The Christian who unites his death with that of Jesus views it as a step towards him and an entrance into everlasting life. When the Church for the last time speaks Christ's words of pardon and absolution over the

[46] Thomas Aquinas, *ST*, 17, 1.
[47] David Elliot. *Hope and Christian Ethics.* New York, NY: Cambridge University Press, 2017, 41.
[48] Ibid., 41.
[49] William C. Mattison. *Introducing Moral Theology: True Happiness and the Virtues.* Grand Rapids, MI: Brazos Press, 2008.
[50] Aquinas, *ST* II-II.17.1c.
[51] Joseph P. Wawrykow. *The Westminister Handbook to Christian Theology.* Kentucky: Westminster John Knox, 2005, 69.
[52] Mt 6:4.
[53] 1Cor 2:9.
[54] Rev 21:4.

dying Christian, seals him for the last time with a strengthening anointing and gives him Christ in viaticum as nourishment for the journey."[55] Indeed, "dying is not easy,"[56] but it would be helpful if we talked about it more often because it is an important part of our lives. If we had talked about death more often, "we would not have to ask ourselves if we ought to bring this topic up with patients or if we should wait for the last admission."[57]

In the light of the Christian faith, "death and dying have a peculiar relationship with Hope. On the other hand, they are a kind of spiritual border over which the hopeful must cross to fully attain what they hope for."[58] For a Christian, the purpose of life, or the goal of Hope, is eternal happiness—to remain in the love of God—"reward for faithfulness to our human and Christian vocation."[59] However, to achieve this goal, we have to remain strong in faith and Hope because "the temptation of hope is the cross, failure, suffering,"[60] and death. We must accept all the difficulties and challenges that happen to us every moment of life. Moreover, we must focus our eyes on the glory of God above all those difficulties and challenges. As the Letter of Paul to the Romans says: "I consider the suffering of the present to be as nothing compared to the glory to be revealed to us."[61]

Union with God or eternal life is the fulfillment of all our desires because "what is offered to humanity in union with God is true fulfillment."[62] Furthermore, "God predestines no one to go to hell."[63] Elisabeth Kübler-Ross even describes that she has seen several patients who were depressed and morbidly uncommunicative until she spoke with them about the terminal stage of their illness and the reality that God does not send anyone to hell— "their spirits were lightened."[64] We want to argue that they are happy because they believe God will forgive and accept them into the kingdom of God. They were happy because they would get the reward of heaven that God had promised. With the virtue of Hope, terminally ill cancer patients are no longer angry, depressed, or in fear of death because, after death, they will share the "communion with the Most Holy Trinity, with the Virgin Mary, the angels, and all the saints. Heaven is their reward; heaven is the ultimate end and fulfillment of the deepest human longings, the state of supreme, definitive happiness."[65]

Hope and the *Auxilium* of God

Hope for a promising future or eternal life is not easy, and no one can reach God easily. Therefore, for Thomas Aquinas, humans need God's help to maintain Hope, which Aquinas calls "the grace of *auxilium*."[66] *Auxilium* is the help of God that moves people to act, auxilium "bespeaks a certain dynamism on God's part, as God's prompt, inwardly, the human person to what leads to God as an end."[67] For Thomas Aquinas, Hope is possible in one of two ways: God is the source of final happiness that human beings would like to reach, and he is also an aid in reaching that happiness. In other words, God is the object of Hope and the auxilium to

[55] *Catechism of the Catholic Church,* no.1020.
[56] David Elliot. *Hope and Christian Ethics.* New York, NY: Cambridge University Press, 2017, 155.
[57] Kubler-Ross. *On Death and Dying*. Ibid., 125.
[58] Elliot, ibid., 155.
[59] Segundo Galilea. *Spirituality of Hope*. Maryknoll, N.Y: Orbis Books, 1989, 7.
[60] Ibid., 7.
[61] Rom 8:18.
[62] Mattison, ibid., 262.
[63] *Catechism of the Catholic Church,* no.1037.
[64] Kubler-Ross, ibid., 125.
[65] *Catechism of the Catholic Church,* no.1024.
[66] Aquinas, *ST.,* II-II.1c, 21.1c.
[67] Wawrykow, ibid., 70.

that object. From the conception perspective, the auxilium is considered grace—the grace of God.

Interestingly, in the case of auxilium or grace, Elliot explained, "Grace is fundamentally a gift of God."[68] That grace is "a participation in the divine nature that contributes to happiness."[69] Grace is essential for human beings to reach their final happiness. Grace helps humans overcome "the obstacles that separate people from the transcendent end that is God and renders them fit for their direct encounter with God in the next life."[70] To apply this idea in the situation of hospice care, when terminally ill cancer patients suffer, they often consider this suffering to be too much for them; they cannot take it anymore. Therefore, they become angry and depressed. However, hospice caregivers should counsel patients that God will help them and that Jesus is suffering with them. Indeed, the Church teaches that Jesus endured suffering on the cross and conquered suffering by love. His suffering is for the patients, and his love is for their salvation, as the Bible says: "For God so loved the world that he gave his only Son, that whoever believes in him should not perish but have eternal life."[71] Then, Jesus' mission is to conquer sin and death and invite patients to believe in him so that they might come to share his resurrection.

As human beings, we are called to share Jesus' suffering and redemption. Each one of us can "become a sharer in the redemptive suffering of Christ."[72] As Saint Paul said in his Letter to the Galatians: "I have been crucified with Christ, it is no longer I who live, but Christ who lives in me: and the life I now live in the flesh I live by faith in the Son of God, who loved me and gave himself for me."[73] Sometimes, terminally ill cancer patients who have suffered their illness for a long time will say: "Pain is real. Belief in Jesus is easy, but suffering the pain every day is tough." We cannot deny this negative feeling, instead, we might respond to the patients with the words of Saint Paul in the Second Letter to the Corinthians to encourage our patients, "I will all the more gladly boast of my weaknesses, that the power of Christ may rest upon me."[74] In another place, in the Letter to the Philippians, Saint Paul even says: "I can do all things in him who strengthens me."[75] These are some very encouraging words that terminally ill cancer patients can take hold of while they confront their suffering. Pain and suffering are brutal, and dying is not easy, but God will stretch out his hands to help us; the most important thing we need to do is to maintain Hope.

Hope is essential for everyone, especially for those who are suffering. We cannot live without hope because "without hope, the conviction that some good they desire is possible to attain albeit with difficulty. Medieval philosophers considered Hope an emotion, a passion that focuses on a *bonum arduum,* a good in the future that we desire, but obstacles surround that."[76] Patients have the mission of overcoming the darkness of pain, depression, and death, maintaining Hope, and bringing joy to the world. All of us share this vocation, and we need to be aware of it. If we receive the grace of God to aid in confronting "these kinds of darkness in our life, and to endure them patiently, we can be sure that we have been specially chosen to bear witness to joy."[77] Therefore, thanking God for his *auxilium* and grace, we can profess that

[68] Elliot, ibid., 54.
[69] Ibid., 55.
[70] Wawrykow, ibid., 63.
[71] Jn 3:6.
[72] Ibid., no. 19.
[73] Gal 2:19-20
[74] 2 Cor 2: 9.
[75] Phil 4:13.
[76] Pellegrino, ibid., 56.
[77] Ladislaus Boros. *Living in Hope: Future Perspectives in Christian Thought*. New York: Herder and Herder,

the pain, suffering, and death that we suffer as a part of the mystery of our life—is a chance to grow in Hope and witness joy.

Mary, the Star of Hope

In the Encyclical Letter *Spe Salvi* of the Supreme Pontiff, Pope Benedict XVI writes: "With a hymn composed in the eighth or ninth century, thus for over a thousand years, the Church has greeted Mary, the Mother of God, as 'Star of the Sea' *Ave maris stella*."[78] We say that Mother Mary is a "star of the sea" or a "star of hope," the same expression that she is an excellent exemplar for us to learn. She is the true star of our life because she has lived a good life. She is the light of Hope because she said "yes" to becoming the mother of God, accompanied her Son on the journey of salvation, and became our educator of Hope.

Yes, Mother Mary is the star of Hope, since she is the first creature to achieve the promise of God. She is the first Christian to experience the total salvation program of God. She is the chosen one and blessed among women. Thus, she becomes the educator of our hope through her presence with Jesus and the journey of his passion. To describe the Hope of Mary, Segundo Galilea wrote: "The hope of Mary will be the cause of her privileged sanctity and blessedness, and of her extraordinary mission to share her hope with the human race throughout all times, a mission that she already began at the beginning of Jesus's public life."[79] Elizabeth, her cousin, intuited Mary's Hope's unusual quality at the time of the visitation: "Blessed art thou for thy believing; the message that was brought to thee from the Lord shall have fulfillment."[80] Mary responds with words of the Magnificat and reveals her Hope, through the power of the Holy Spirit, to fulfill the promise of God—the Son of God among us. Mary hopes that God, the Savior, will "look upon the lowly."[81] God wants to "extend his salvation from generation to generation."[82] Moreover, she was the first to believe "the promise which God made to our forefathers, Abraham, and his posterity for evermore."[83]

Up to and including the moment of his death, the Virgin Mary accompanied Jesus; she stood under the cross. Thus, she becomes the brightest star of Hope for the patients to confront death. She also becomes the brightest star for the physicians, nurses, and other patients' companions as she silently stands under the cross and endures suffering with Jesus. Mother Mary's strong Hope encouraged Jesus to accomplish the mission he had received from God, the Father. The patience of Mother Mary encouraged Jesus to overcome the fear of darkness and obey the will of the Father until he fulfills it by his prayer: "Pater, in manus tuas commendo spiritum meum."[84] Mother Mary, indeed, teaches us that when we are called to accompany or to be with terminally ill cancer patients, we need to remember: "When no one listens to me anymore, God still listens to me. When I can no longer talk to anyone or call upon anyone, I can always talk to God."[85] This call is the call for great Hope, the Hope of our Virgin Mary, a model, and a star of Hope.

1971, 74-75.

[78] Benedict XVI, *Spe Salvi*, no. 49.
[79] Galilea, ibid., 8.
[80] Lk 1:45.
[81] Lk 1:46-48.
[82] Lk 1:49-50.
[83] Lk 1:55
[84] Father, into thy hands I commend my Spirit, Lk 23:46.
[85] *Catechism of the Catholic Church,* no. 2657.

Conclusion

This paper contributes valuable lessons regarding the experience of dying and the role of caregivers. It enhances readers' understanding of the "five stages" of the dying process as presented by Kübler-Ross. Recognizing that most dying patients exhibit these stages during treatment emphasizes the importance of training caregivers. They play a critical role in guiding patients through these stages, ensuring they can approach death with hope and peace.

Hospice care is a holistic service that addresses not just the disease but the overall needs of the patient, encompassing physical, psychological, and spiritual dimensions. By prioritizing the patient and their family, hospice care diminishes the dominance of institutions and places emphasis on individualized concern. This approach requires collaboration among physicians, nurses, family members, pastoral ministers, and other caregivers, all of whom are key in providing compassionate support to patients. Upholding quality of life and dignity is fundamental in hospice care. While treating illnesses is essential, when conditions deteriorate, caregivers must assist patients in preparing for a “good death,” one characterized by comfort, peace, joy, and the fulfillment of spiritual and emotional needs. Providing hope is one of the most crucial aspects of hospice care.

Theological perspectives on hope, particularly those of Thomas Aquinas and other theologians, highlight hope as a deep desire for a favorable future—one devoid of pain, suffering, and death—and a longing for divine assistance in times of sorrow. For hope to exist, there must be an example of hope, the individual who harbors hope. The ultimate sources of hope are figures like Jesus Christ, the Virgin Mary, saints, and angels. Additionally, there must be an object of hope; in this instance, God represents that object. We aspire for eternal life in heaven, longing for union with the Trinity, Mother Mary, angels, and saints in Paradise—a realm free from pain and suffering. Lastly, it is essential to engage in the act of hope daily, encouraging others to do the same. This practice nurtures confidence and patience as one approaches life’s final moments, facilitating a union with God—our ultimate destination of hope.

While various authors have explored the virtue of hope as it relates to hospice care, this paper emphasizes the need for a deeper examination of theological virtues within this framework. It seeks to weave hope into the fabric of hospice ministry, aiming for a unique synthesis. The endeavor to explore the theological virtue of hope in the traditions of Thomas Aquinas and other Christian theologians within the context of hospice care serves as a meaningful call to action. We aspire to delve into the essence of hope as a virtue, as Aquinas posits that hope is indeed a theological virtue, noting that fear accompanies the virtue of hope. Our purpose lies in equipping individuals to serve others in need, especially terminally ill cancer patients facing pain and death, along with their families.

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Biodata

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