FONDAZIONE DIGNITAS CURAE - ETS

DIGNITAS CURAE

DIGNITY OF CARE

Manifesto for Tomorrow's Medicine

*A new humanism centred on **dignitas curae***

THE MANIFESTO

Dignity begins with care

Health as a universal aspiration and a shared responsibility

Good health is the first asset in which the priceless value of life takes shape. A value related to *being*, more than to *having*, since each person is his or her life. Good health expresses life's well-being, a universal aspiration and a fundamental right enshrined in our Constitutions. It is not an abstract and hypothetical idea of good health, but an effective and real one: the best possible health achievable for each person's condition and season of life, viewed in its entirety - physical, emotional, spiritual and social.

Good health is both an individual and a relational value. Indeed, interdependence is the way people exist in the natural ecosystem and in their social context. Such interdependence is an objective fact, but also a task that calls for solidarity of care. Human beings are not fully human if they are not cared for, because vulnerability is a condition of human life that demands care. Care is a reciprocal process, since human beings are at the same time receivers and donors, reflecting the *esse indigens et offerens* of the human condition.

> *Care is a reciprocal process: each human being is at once a receiver and a giver of care.*

Care seeks to prevent, heal and rehabilitate; it is technically guaranteed by professional competence (*to cure*) and ethically guaranteed by our capacity to attend to others (*to care*). Upstream stands scientific research, to which we look with admiration and trust for the advancement of new, safe and effective treatments. Teaching goes hand in hand with research, fostering not only the acquisition of skills, but also an integral vision of the patient and of care, since thinking drives action.

Patient care also involves attention to the environment and biodiversity, since their preservation promotes health, and to socioeconomic inequalities, which demand consideration and action.

THE CHALLENGE BEFORE US

Towards a culture of patient care

All this faces important challenges: innovative biotechnologies, artificial intelligence, the globalization of public health, the allocation of resources, the corporatization of healthcare, neoliberalism in patient care and growing socioeconomic inequalities. These challenges lead us to rethink the organization of patient care and to build a *culture of patient care* that allows its dignity - *dignitas curae* - to shine in the eyes of both providers and beneficiaries. The concept of dignity highlights the human and humanizing value of caring for individuals and for society. A salutary value that, from a perspective of faith, takes on an added salvific meaning.

> *A culture of patient care is centred on* **the human being**.

This is the great challenge for educational and operational institutions, with greater responsibility resting on the former.

It represents an emergency today. While successful scientific research and innovative biotechnologies have achieved remarkable results in healing, quality of life and life expectancy, healthcare organizations have evolved - under the pressure of economic efficiency - towards systems centred on hospital sustainability rather than on patients. Patients increasingly experience fragmented care pathways without clear milestones. Fragmentation and disorientation are further increased by the extreme specialization and sub-specialization of every branch of medicine, diverting attention from the patient as a whole towards specific aspects of disease. The difficult balance between quality of care and economic sustainability contributes to the impasse of this condition.

A NEW MEDICAL HUMANISM

Science and humanity, together

Hence the call from the *medical humanities*, highlighting the need to combine medical technologies - medical sciences and biotechnologies - with humanistic and behavioural knowledge. This combination of technical and humanistic knowledge leads to a re-humanized medicine: one that restores medicine's original humanistic character and places the human being at the centre of a holistic care process, considering the patient's physical, emotional, spiritual and social dimensions as a whole. This is an empathic medicine, which bridges the gap between doctor and patient and recognizes empathy as an essential part of care.

This is an art (*ars medica*), a culture of patient care that combines humanity with efficiency through an approach that does not diminish efficiency, while increasing efficacy and ensuring sustainability. Such an art, such a culture, requires a *mens nova*: a radical conversion of medical thought and action. A conversion away from neoliberal drifts dominated by competition, commercialization, interests and profits, and towards cooperation, human values, solidarity and gratuitousness. A conversion that begins within, in the depths of our consciences, and reaches outward into every sphere of medical action - relational, planning, managerial, structural and institutional.

BASIC PRINCIPLES

These foundational statements, which qualify the concept of dignity of care, can be summarized in general principles capable of guiding ideas, decisions and actions in every area and at every level of medicine.

01 Patient dignity and equity

Preceding *dignitas curae* is *dignitas personae*. Every patient, as a person, deserves recognition and respect, and therefore due care. Patients must not be discriminated against on the basis of age, sex, affiliation, social class, religious belief, level of education, disease or treatment regimen, whether private or public. Everyone, without distinction, must have equal access to care.

02 Equal dignity of caregivers

All caregivers, in their specific role - doctor, nurse or technician - have equal dignity, whether women or men, non-academic or academic, regardless of specialization or hierarchical level.

All hospitals have equal dignity, regardless of size, presence of specialties or location, whether hub centre or spoke centre. Each healthcare structure is at the service of patients, with its own resources and available skills.

BASIC PRINCIPLES

The patient as a free and informed person

03 Patient rights and freedom of choice

The patient's independence in the decision-making process must be respected and guaranteed whenever possible and when it does not conflict with the general interest.

The patient's independence implies:

- the free choice of treatment place and team, within the healthcare system's ability to provide it;
- the right to be informed about treatments and to give or deny informed consent;
- the right to be guided by the doctor within the doctor-patient therapeutic alliance, helping the patient to understand and decide, or for the doctor to assume responsibility for choosing the best possible treatment when those capacities are absent;
- the right to receive the best possible treatment and comfort;
- the right to privacy.

> *Every patient, as a person, deserves* **recognition, respect and due care**.

04 Healthcare and profit

Individuals or organizations that profit from healthcare have a moral obligation to calibrate their earnings in proportion to both the use of resources and the workload.

BASIC PRINCIPLES

Care for the person, not only the disease

05 Goals and guarantees

> *A person-centred healthcare organization aims to* **treat the sick, not just the disease**.

This requires the integrated contribution of all healthcare actors to:

- propose and implement personalized medicine calibrated to the individual's needs;
- define a treatment plan for each patient and the related health problem;
- facilitate multidisciplinary collaboration and the sharing of diagnostic and therapeutic choices;
- ensure continuity across diagnosis, treatment and rehabilitation;
- integrate primary and secondary prevention into the continuum of care;
- ensure continuity of assistance within and among places of care, through communication and the transmission of information along the patient's care pathway;
- guarantee the necessary time for care, recognizing that psychological and spiritual support is also a form of care;
- facilitate family collaboration, aware of its healing role;
- prioritize the protection of population health in political and administrative planning;
- promote coherent collaboration among the different levels of health governance - state, regions, local health authorities and municipalities - to ensure uniform health conditions and appropriate health services throughout the country and for every citizen;

GOALS AND GUARANTEES

A medicine of continuity and solidarity

- integrate health and social care, strengthening both social and medical welfare, with special attention to weak and frail groups, so that health is protected beyond the temporary care process;
- promote a medicine of solidarity capable of addressing health poverty at local, national, transnational and global levels; a medicine able to assume responsibility for the care and prevention needs of all, especially the most vulnerable. This responsibility begins with the holders of medical patents and property rights, in the awareness that medical inventions and advances - while preserving research and production rights - should become universally accessible.

> *Humanism centred on **dignitas curae** reflects **dignitas personae** in every condition of illness and need.*

In today's world, where vulnerability calls for innovative and effective ways of planning patient care, this statement invites all women and men who are sensitive to contemporary issues and challenges to work together for a new humanism in medicine - a humanism centred on dignitas curae, reflecting dignitas personae in every condition of illness and need.

PERSONAL COMMITMENT

COMMITMENT

I make this awareness of values my own.
I share this appeal to respond to the critical issues and challenges of healthcare,
for a new humanism centred on dignitas curae.
I offer my active commitment, also through the responsibilities I hold in society.

SIGNATURE

DATE AND PLACE

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Entity resulting from the transformation of Dona la Vita con il Cuore ETS

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