Palliative care takes place where medicine - understood as the “art of healing” - finds the punctuation that represents the imminence of death. As mortal beings we wage battles to postpone, dilate, and banish the idea of death that nonetheless is always victorious. But, if on the contrary, we are able to integrate it as part of the course of life; our professional actions can contribute significantly to accompany the person who transits the process of dying.

Let us clarify some concepts. The act of dying is a singular fact whose outcome, death, concludes with human existence. While the process of dying shows us the route to travel to reach the final punctuation, which is as unique and personal as we inhabit the world. In this way we can distinguish different actors: the person who is dying, the network conformed by their affections and relatives - present and absent - and the health team that accompanies them. Of course, each scene where the dying process takes place will imprint particular connotations. The support that the dying person and his / her family will require will be different if this process takes place in your home, in a palliative care center or in an acute care hospital.

The health team that performs the work of palliative care is composed of technicians and professionals, equipped with the tools required so that the process of dying is respected and according to the needs and desires of the subject. For each of us, death is lived in a unique way, completely linked to its affective component. For the team that works in palliative care, its challenge is to contribute from the knowledge built from experience, observation and attentive listening, To what the dying is demanding to make this process more passable. The person who is dying is the protagonist of the process and act of dying, each one in his exclusive experience. Being this process of such complexity and dimension, he has the inalienable right to have his wishes heard, accompanied and in everything that is within reach of each context, be fulfilled.

The work of palliative care is also directed towards the affective and family group, from an assertive and container positioning. The loved ones of the person who is dying run through different moments from their need to know, the impotence of not being able to do, the desperation to find an answer, find a cure, cling to a miracle. There will be times of anger, the search for culprits and anger that will often be projected against the team. And that is when the containment and the accompaniment have to be more firm, attentive to the subtle balance between the presence and the space necessary for the unique and undefeatable experience of pain.

Finally the team is crossed by the impotence of not having a body to heal, a body to heal. Even in the most trained health teams on the subject, they operate in different degrees and measures unconscious manifestations linked to the resistance that generates the acceptance of death. Training, reflection, empathy and supervision of the task, are indispensable to indulge in the inexorable. This surrender is not a defeat or submission, but rather a communion with the undeniable that is the conclusion of life. Only by ceasing to fight battles with death, the process of dying is constituted as a way to travel based on respect, attentive to the feeling of who is its protagonist and included in the word by his loved ones.