

Cicely Saunders – A New Perspective on Suffering

Daniela M. Vogt Weisenhorn

How a Medical Discipline Emerged from Personal Experience

A medical environment without an answer to dying

When Cicely Saunders was born in London in 1918, medicine was marked by a strong sense of optimism about progress. Advances in surgery, diagnostics, and pharmacology made disease increasingly appear controllable. For people with incurable illnesses, however, this system offered few answers. Dying itself was largely excluded from the medical self-conception and perceived as a failure.¹⁸



The British Millennium series “*The Patient’s Tale*” (Royal Mail, 1999; 20p–63p) presents the history of medicine from the perspective of patients: the impact on those affected takes center stage—from protection through vaccination to professional nursing and antibiotics, and on to modern reproductive medicine. The British stamp honoring Cicely Saunders (2006; 1st Class) could extend this narrative of progress by incorporating dignity and the relief of suffering at the end of life. Together with the Israeli issue “*Clown-Medicine*” (Israel Post, 2011; 9 ₪), it also serves as a reminder that joy, human closeness, and quality of life—especially for children—are integral components of a holistic approach to medicine.

Cicely Saunders began her professional career as a nurse. In the hospitals of the postwar period, she observed that seriously ill and dying patients were medically treated but often not truly cared for or accompanied. Pain was frequently regarded as unavoidable, and conversations about fear, hope, or the end of life were largely avoided. The routines of acute medicine left little room for what could not be cured.¹⁹

An illness of her own forced Cicely Saunders to give up nursing. She turned to social work and accompanied people in situations of existential hardship. In this role, she encountered suffering in a more comprehensive form: physical symptoms were often only one part of a complex constellation that included loneliness, social insecurity, biographical disruptions, and existential questions. For these dimensions, medicine had scarcely developed structured responses.²⁰ Only against this background did Cicely Saunders decide to study medicine. This step was less the result of a career plan than a consequence of her experiences.

¹⁶ Die Verwendung von schwarz gerändertem Briefpapier und Umschlägen als Ausdruck von Trauer reicht mindestens bis in die viktorianische Zeit zurück und war im 19. Jahrhundert weit verbreitet.

¹⁷ Fédération Internationale de Philatélie: Special Regulations for the Evaluation of Thematic Exhibits.

¹⁸ Kellehear, Allan (2007): *A Social History of Dying*. Cambridge: Cambridge University Press

¹⁹ Saunders, Cicely (1978): *The Management of Terminal Illness*. London: Edward Arnold.

²⁰ Clark, David (2018), *Cicely Saunders: A Life and Legacy*. Oxford: Oxford University Press

She sought to acquire medical knowledge not only to identify the deficiencies she had observed, but also to change them.

„Total pain” – an expanded understanding of suffering

During her medical work, Cicely Saunders' experiences coalesced into a central insight. Suffering, she realized, cannot be reduced to physical symptoms alone. From this understanding, she developed the concept of so-called “total pain.” She understood pain as the interplay of physical, psychological, social, and spiritual factors.²¹

This perspective represented a clear break with the then-dominant biomedical model of medicine, which interpreted suffering primarily as a physiological phenomenon. Cicely Saunders argued that effective relief was only possible if all dimensions of suffering were taken seriously. Pain management alone, she maintained, was necessary but not sufficient.²² In doing so, Cicely Saunders called for a fundamental broadening of the medical perspective and, at the same time, raised the question of medicine's responsibility where cure is no longer possible.

St Christopher's Hospice – the practice of an attitude

In 1967, this approach was given an institutional foundation for the first time. With the founding of St Christopher's Hospice, Cicely Saunders created a facility that consciously broke new ground. The aim was to enable care for seriously ill patients that combined medical expertise with compassionate human support.²³

At St Christopher's Hospice, pain management, psychosocial support, and open communication were systematically integrated. Conversations about illness and dying were not avoided but understood as an essential part of care. Relatives were included in the caregiving process. At the same time, Cicely Saunders insisted that this work must be grounded in scientific evidence.



Zusammen veranschaulichen diese Belege das von Cicely Saunders formulierte Konzept des „Total Pain“ – Schmerz als Erfahrung des ganzen Menschen und nicht nur des Körpers. Der uruguayische Ersttagsbrief „Estrategia Nacional de Salud Mental y Bienestar“ (Uruguay 2025, \$37) thematisiert die seelische Dimension des Leidens. Die französische Marke und der Stempel zum XXIXe Congrès d'Anesthésie, Strasbourg 1970 verweist auf das körperliche Schmerzgeschehen und seine medizinische Behandlung. Die niederländische Zuschlagsmarke *Nederlandse Antillen 20c + 10c* (Wohlfahrt, Mutter-Kind-Motiv, 1967) steht für soziale Verletzlichkeit und Fürsorge. Die vatikanische Ausgabe zum *Anno Internazionale della Famiglia 1994* (200 Lire) erinnert an die spirituelle und familiäre Dimension von Halt und Sinn

²¹ Clark, David (1999): “Total Pain”, *Disciplinary Power and the Body in the Work of Cicely Saunders*. *Social Science & Medicine*, Vol. 49, S. 727–736.

²² Saunders, Cicely (1963): *The Treatment of Intractable Pain in Terminal Cancer*. In: *Proceedings of the Royal Society of Medicine*, Vol. 56, S. 195-197.

²³ Clark, David (2018): *Cicely Saunders: A Life and Legacy*. Oxford: Oxford University Press



The worldwide issuance of stamps on the theme of hospice and palliative care demonstrates that the hospice and palliative idea is no longer regarded as a marginal initiative, but has become an established and recognized component of modern healthcare (United States: FDC 1999; India: postmark 2005; France: personalized stamps 2014; Luxembourg: 2015; Antigua and Barbuda: 2007; Canada – Balfour Mount – founder of the hospice movement in Canada, 2020; Germany: personalized stamp – children's hospice, 2018).

Therapies were documented, outcomes were evaluated and published in order to further develop palliative care.²⁴

The hospice did not see itself as an alternative to medicine, but as its further development. Cicely Saunders repeatedly emphasized that palliative care is an active and demanding form of medical practice and must by no means be equated with a withdrawal of therapy.²⁵

From Resistance to Recognition – The Establishment of the Hospice Idea

The hospice concept developed by Cicely Saunders was initially viewed critically within the highly technology-oriented medicine of the 1960s and 1970s, as there were concerns that a focus on accompaniment and symptom relief might be misunderstood as therapeutic resignation. Saunders responded to these reservations with transparency and scientific rigor: at St Christopher's Hospice, she systematically documented pain management and interdisciplinary care, thereby demonstrating the effectiveness of individually tailored palliative treatment.

From the 1970s onward, the hospice model spread internationally—including to the United States, Canada, Australia, and across Europe—with organizational forms varying but core principles remaining consistent: holistic care, effective symptom control, and respect for dignity at the end of life. Saunders took a clear ethical stance in favor of consistent relief of suffering, while rejecting both active life-shortening measures and purely life-prolonging interventions that disregard quality of life.

From the hospice movement, palliative medicine eventually emerged as an independent discipline, with training programs, guidelines, and international recognition. Saunders' enduring legacy lies less in a single method than in a fundamental shift in perspective: medical responsibility does not end with the incurability of a disease, but entails accompanying the person until the very end.²⁶

²⁴ St Christopher's Hospice (Hrsg.): St Christopher's Hospice 1967–1992. London.

²⁵ Saunders, Cicely (1978): The Management of Terminal Illness. London: Edward Arnold.

²⁶ Archives of Dame Cicely Saunders (Archivblog), *Archives of Dame Cicely Saunders (1918–2005): Cataloguing the papers of the modern hospice pioneer*, Blogbeitrag vom 22. Juni 2016, cicelysaundersarchive.wordpress.com (aufgerufen am 25.01.2026)