The Completed Life Initiative
Indigenous End-of-Life Symposium
Indigenous to Latin America and the Caribbean
[Aired on Mar 21, 2024]
English Transcription

Jason J. Smith: End of life options, and talking about death, thinking about death, should not be limited to a healthcare setting, or even a spiritual setting, but it should be very broad and expansive. And so we want to embrace culture, and art. But we try, fundamentally, to respect people's autonomy, and that respect should span living and dying.

Sarah Kiskadden-Bechtel: Hello and welcome back to The Completed Life Initiative's Indigenous End of Life Symposium. Throughout this symposium, we've been asking the question: how do we elevate and amplify Indigenous and Aboriginal end of life experiences from around the world.

Ali Almurtadha: Your presence in this virtual space means a lot to us, and we're grateful for you tuning in today. Be sure to stay until the end of this presentation, as there will be an opportunity for you to join one of our speakers and your fellow symposium attendees at our community talking event.

Sarah Kiskadden-Bechtel: In this session, we are especially grateful to be sharing the wisdom of a few individuals who are themselves indigenous to Latin America and the Caribbean. Specifically an Otomi woman, and a Totonaco man, both indigenous to Mexico, and an Andina woman, indigenous to Peru.

Ali Almurtadha: In a session moderated by Didi Sanchez, our speakers Marisol, Jose, and Dr. Tatiana will share their individual experiences around traditional ritual dying practices, and end-of-life healthcare decision-making.

Sarah Kiskadden-Bechtel: Our speakers will discuss challenges that indigenous communities face with end of life practices, particularly in the context of limited access to healthcare, and cultural preservation. Our speakers will discuss terms like "good death," "bad death," and "completed life," and whether such terms have different meanings within their Mexican and Peruvian communities.

Ali Almurtadha: This session is in Spanish, but a transcript in English will be available after the symposium. Thanks for joining.

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Didi Sanchez: Good morning everyone. We are excited to bring you all this very important conversation. My name is Danurys, and as an advisor for the organization Completed Life, it is a pleasure and an honor to introduce the panelists, Hyadi Santiago and Jose Zaragoza. First, I would like to ask you what you would like to share about your career, your trajectory, and your work with the Andean culture. First, to [2:41].

Marisol Gonzáles Aguilar: [2:46 Otomí] Thank you very much for the invitation. I greet you with pleasure. My name is Marisol, I like to be called Hyadi, which means "sun" in Otomí, the sun that rises here, in our culture, and I would like to share that I am originally from the central region of Mexico, Otomí, proudly. My parents speak this native language and I learned it from them, and currently I am working to ensure that our language and culture endure, especially among the youth population, where it has been lost.

Didi Sanchez: Nice to meet you. It's a pleasure to be here with you. And Mr. Zaragoza?

Jose Zaragoza: Hello, [3:24 Totonac] good afternoon. [3:33 Totonac] I appreciate that we are allowed to share some knowledge about our populations. I am part of a Totonac population, and of a variant of those languages, precisely in the Sierra Norte de Puebla. I have been a leader in giving classes in indigenous language at different institutions, both at UNAM and at the National Pedagogical University, and at an international level. I have given talks about populations, especially about new generations of indigenous language speakers.

I have collaborated with institutional organizations, governmental organizations, and non-governmental organizations. I have also taught students in first year, second year, third year, as well as at the university level. Thank you very much.

Didi Sanchez: Thank you very much. Let's begin. As an organization, you focus on end-of-life issues, and what plans or rituals can we think of that correspond to our cultures. We can start with you, Hyadi, and if you could give us a little information about a unique approach from your culture towards the end of life, and the difference from conventional approaches.

Marisol Gonzáles Aguilar: Thank you very much. I would like to share that here in the Otomí community, the end of life, more than the end, is the beginning of another life. In our communities, we still have the belief that beyond what we have lived on earth, we will find another life, another life where we will reunite with the family members who have passed away,

who have gone before us. But above all, it is a special moment where we can be with the people we were with in this earthly life, and it is very different from what is conventionally seen in an urban community or in the city, where it is thought that our life has ended. In our communities, it is a completely different ritual, especially when saying goodbye to the person. When someone has passed away, it is a very different ritual from what we may know in a city. And I would like to share that I say it's not the end, but rather the beginning of life here in our community.

Didi Sanchez: These types of conversations, is it something that happens frequently? Is it something that one incorporates into life from a young age? Or is it something that the trajectory becomes part of the traditions of cultures? How is it that, in the Otomí community, this information is disseminated? It's something I'm comparing with here, where there are many taboos about talking about the end of life. How is that in your culture? How does it happen? How are these rituals and traditions learned?

Marisol Gonzalez Aguilar: Exactly. From a young age we are taught that tradition, about what happens after one passes away. Because, curiously, when perhaps a grandparent or an elderly person passes away, one wonders where they go, what happens. So it's from a young age that one learns and understands how this process works. Life is not ending when one leaves here; one will meet in another life with the people they lived with here on Earth. So it's a process that is learned from childhood.

Didi Sanchez: How beautiful. And you, Mr. Zaragoza, may I ask you? You spoke about the Totonacs, right?

Jose Zaragoza: That's right.

Didi Sanchez: What can you tell me about the rituals or the approaches to the end of life, and the difference from conventional approaches in Mexican or global communities?

Jose Zaragoza: Well, when analyzing indigenous populations, which consist of more than 63 indigenous communities, it cannot be said that they all practice in the same way. Across generations, we must remember that death is related to gender, age, and social status. Yes, it is related to indigenous populations, but we cannot say that they are all the same because it also depends on the different religions that have arrived. Since the 1940s, various religions have come to these communities. In other words, we cannot generalize that there is a single belief, especially in the Totonac community, which also has a large number of migrants from around the world.

People from different languages and cultures are arriving in the Totonac context, including Asians and Latin Americans. They are diverse. Different perspectives and practices are starting to mix. However, what is most interesting, and what I worked on a few years ago in these communities, is that… I won't talk about the entire Totonac community because it is complex, but it would be interesting to focus on a specific population. When it comes to the end of life in these spaces, there is a collective identity. There may be religions and other identity practices, but when it comes to discussions about death, the majority of the population comes together. It has to do with questions like: Who is the person? Who passed away? How did they pass away? In what way did they pass away?

In this stage of life, such as old age, we are talking about those born in 1940 until now, who would be in their 80s. Then, this issue of the notion of old age begins to emerge. Here in the community, we refer to them as grandparents. They may begin to lose their sense of time. They start to experience this loss of awareness, and some say they are going crazy. It's that they are going through that stage. I try to talk to them about the memory loss that starts to occur at this point. So, that is one of the major issues that "starts to appear." But it is not the total loss of life, as Marisol mentioned, but rather the other part of being able to reunite with others, to come together with family, to bring something between family members, friends in that space.

And now, how does that relate to the other? The other part is more biological. Let's remember Andreas Vesalius, how he saw the body, how he analyzed it, or how it's seen from a biological standpoint. Death is seen as the brain, the body, the heart dying. However, some indigenous populations say it is not the total death. One is still present. One needs to be awaited, especially on All Saints' Day, or the day of passing. One has to be awaited, because they come from what they consumed. So it's not about disappearance, not about total physical death, but in the mind, in the collective, that part still prevails.

Didi Sanchez: I love it when you said it's a collective identity. I love that you said that because it shows us that the end of life is not something that is experienced alone. Right?

Jose Zaragoza: That's right.

Didi Sanchez: It's communal. And I think, Hyadi, I heard the same from you when you also mentioned that as a child, you learn by observing. It's not so much that it has no end, it's more like an orb that unites us. Right? And correct me if I'm not understanding correctly, or if there's something else, because it's something very profound that you're telling me. What I understand is that there is something in common, that there are many, not so many villages, but there are many...

Jose Zaragoza: Similarities, we say here.

Didi Sanchez: Indigenous similarities. So, Hyadi, do you also agree that it is a collective identity?

Marisol Gonzalez Aguilar: It's about sharing, as the teacher, José, mentioned. The elderly population, who often, in the Otomí community, at least here in the State of Mexico, end up alone, as the population migrates to Mexico City in search of work. I believe that at this moment, when it is the end of life, no grandparent is going to be left alone. No grandparent, even before this cycle of life concludes, will be left, perhaps, without a plate of food or something. Why? Because there is always the company of the community. I have always said this, and that's how I grew up.

Unfortunately, I did not have a maternal grandmother, but for me, they were all my grandmothers. So, seeing the elderly ladies is just that. It's the collective instinct that makes you stay. Even if they are not blood-related or biologically part of your family, you see them that way. I see the grandmothers, and for me, I say they may not be biologically my grandmother, but to me, they are grandmothers because of the respect and wisdom they carry. So it's that collective understanding of being with our own, because they are ours. They are our community. We could not leave them alone or abandon them, as we see in other instances.

I have read a lot about what sometimes happens to the elderly when they end up in a nursing home, the process they go through of being in a nursing home, in solitude, at another time. So I think that sometimes this process is very different, especially in rural communities, because as was already mentioned, it's our family, it's the collective. It's always being together. A grandparent would never be left alone, regardless of the condition they are going through in this final stage.

Didi Sanchez: And talking about that, you also mentioned migration, right? What impact do you believe, in those collective rites, is the impact? Since, indeed, when we migrate, we leave those connections behind; they may become weaker, less solid. How do you think conventional or more urban beliefs are now impacting? Mr. Zaragoza, are you seeing that in your indigenous communities?

Jose Zaragoza: Precisely. I currently have five cases. It has to do with migration, economic conditions, social conditions, gender conditions. I mentioned at some point that I am seeing three people over 80 years old who have dementia [15:16], and two people who also suffer from that. It is important to consider the social, sociocultural context, as mentioned by Marisol here. In the communities, some people tell us, they told us, and they tell everyone now. Even in school, I had to participate in this. They would say, "This is your uncle, he is the oldest in the community." But when someone is older, the man or the woman would say, "That is the

grandmother, the grandmother of everyone in the town, the community," not just the biological grandmother of one person.

But what is most interesting here is to see this part of the person's social and socio-historical context. If a person has children, for example. I can tell you about the person I am currently working with, she had eight children. They all migrated. Well, not all, only one stayed, a woman. But it has to do with that migration for economic contributions to sustain diapers, medications, and all the expenses that start to accumulate when a person reaches this age.

And in other cases, for example, there is a man who had good economic conditions at one point, but before reaching this age, he decided to donate or leave his belongings. He made a will with a notary public leaving everything to a person, thinking that person would take care of him. But it didn't happen. He had to hire someone else, and now the man no longer has economic conditions. In Mexico, what "helps them" is the elderly pension. So that precisely helps to buy some... let's remember food, living conditions... the spaces where they are.

But there is also a young woman whose father is elderly. At some point... Her father is not her biological father. She is from Cuba, in a Totonac community. She speaks Totonac, but she is Cuban. So I asked her, "How did you adapt to this kind of context?" She said, "I was brought here when I was young. But now I have to take care of my non-biological father." He is isolated in a space where no light enters this man, due to the dementia that these people start to suffer from. But it also has to do with this part of the identity of migrations, the contributions they are making in other contexts, and this ideology of saying, well, yes, we have to keep him like this, but he needs diapers. What kind of diapers does he need? And then alternatives are sought.

So it also has to do with the conventional nature of positivism. It says that if a person doesn't sleep for 24, 48 hours, valerian doesn't work, medicinal plants don't work. Besides, they may have diabetes, hypertension, and all these chronic degenerative conditions. So they look for other alternatives. Thank you.

Didi Sanchez: Thank you. I'm glad you mentioned traditional medicine traditions, including indigenous ones. Asking you, Hyadi, how do you think this has affected your community, or the people around you?

Marisol Gonzalez Aguilar: Going back to what I mentioned about migration, and how it has affected us, I think it has had a significant impact because, at least in the community in the central area that is more connected to the city, Mexico City, a lot of the population has migrated. So they are no longer familiar with these processes, and many do not value what they don't know. I think that is very important because this lack of knowledge about the culture, traditions,

and way of life in the community has led to its loss. So it has also been affected, and efforts are being made to reclaim it.

I was working in the municipality of Temoaya. I am not originally from Temoaya, I am from Toluca, from the central area here, but Temoaya is the municipality with the largest Otomi population, so I had the opportunity to work with elderly artisan women who produce traditional medicine. They made an effort to promote this traditional medicine, but much of it is affected by the dietary supplements that young people prefer. People also say, "I prefer a certain brand that comes from a certain place rather than trying something from my community."

There are artisan women who work together, who are women who have been left alone, who work in a cooperative where they make traditional medicine. They gather two or three days a week to make ointments, give massages, and other processes, where they showcase what they do, which is unknown to the younger generation. It is a medicine that we have inherited from our grandmothers. There is a woman, the only one left in the municipality, who used to work as a midwife, and she says, "I no longer do it because nobody believes in traditional medicine anymore. They prefer to go to the nearest hospital rather than come to me."

I think it's a bit complex because, as I mentioned, young people no longer believe. I believe that the use of technology and the belief in supplements has permeated a lot, especially for the younger generation. I think that has also caused traditional medicine to lose the value it should really have.

Didi Sanchez: And you, sir, thank you for saying that. One of the questions I had was how indigenous cultures in Mexico have managed to preserve their traditional practices. And facing modernization, which cannot always be... sometimes it's good, but many times, as we also talked about the cost and accessibility because they do, for example, heart transplant surgeries. It doesn't mean they are accessible. But that can bring depression because there are certain things that can be done that are not accessible to certain communities, or due to the socioeconomic class they are in. How do you think this has affected, Mr. Zaragoza?

Jose Zaragoza: Qhen we talk about migrations, it is not all populations, that is something that must be ensured. Precisely the Totonac culture that is in this Northern Sierra of Puebla, in the great city, they are practicing some, many, of the dances, rituals that are carried out. And it hasn't meant that they leave these communities, losing that identity. I did it in my master's thesis and am conducting research in this; how does this part disappear?

It doesn't disappear, but it transforms. Maybe we don't have territory at some point, and I think we will reclaim it. We may not have territory, language, maybe some of us speak it. But in essence, there are other collective identities that unite us. And talking about the use of

medicinal plants is interesting because there are records. The first one here, actually the second, is from Francisco Hernández. It's a book from the year 1600 where he documents all the plants that were used. But it doesn't mean, in this regard, that they cure everything, for example, cancer. Medicinal plants cannot cure it. Dementia. I haven't found a medicinal plant that cures dementia.

There are some plants or practices that are good, accessible, but do not cure. For example, I'll give you a very clear example. There's a person who has not slept for 48 hours, 72 hours, due to dementia. They start pulling their hair. They start experiencing other health issues, and it's not just about that, that's why I say it's collective. Because there's someone behind them taking care of them. But if that person starts getting tired, doesn't sleep, doesn't rest, doesn't eat, doesn't eat at regular intervals, for 24, 48 hours, he is not sleeping now, the person who is taking care of him. Then other problems start. It's not just the issue of the individual, the one in the elderly phase, 80 or 90 years old, but it also starts affecting the third person who is taking care of them. That's when one has to resort to other medications, the drugs that start to appear. So one looks for alternative doctors, homeopaths, other means to be able to address this sleep issue.

It's very interesting to see that part, because it's not easy. It's not easy for indigenous populations to access medical services, especially in this area I'm talking about, where one may have to travel up to 60 km, if there is transportation, and if there are hospitals. And if there are no hospitals, or in some cases, there is transportation but no gasoline. There is gasoline but no driver. So all of that implies, all that transportation. But also, from this, from the grandparents, it is difficult to transport them. Why? Because they chafe. Because some grandparents are not accustomed to using underwear. So when you put these diaper-like garments on them, they start removing them and end up hurting themselves on the sides. So there are many things that are involved.

Didi Sanchez: That is a concept that, many times when one is looking from the outside, one does not understand, that facing terminal conditions, end of life, not only involves rituals, but also accessibility to things like diapers and transport. And among them, one has to consider, what does it involve to face diseases like dementia? It doesn't just affect the person, but everyone around them. That's why it is often said that living with dementia affects not only the person with dementia but also the caregivers and the community. And you have mentioned several times that around you, there are people affected by dementia. I will ask you the same thing, Hyadi. Have you found that dementia is more prevalent, or that you are facing it more, or that you are seeing an increase in cases?

Marisol González Aguilar: So far, personally, I have not encountered dementia. But yes, there are other illnesses in the elderly population, and as mentioned by the teacher, José. It is very difficult with grandparents. Why? Because they are not accustomed to medicine. A personal

case of my grandmother, who is over 90 years old, with whom we live, was a very long process, I believe more than 10 years, of trying to medicate something she was not used to. So I think it was better to let her go through that process and not force her. Because no matter how many medical therapies, no matter how many medicines there were, to try to alleviate the pain she was feeling at that time, she did not accept them.

So from the children's side, there is resistance. Why? Because since she was a child, she never had access to these medications. There wasn't even a hospital here in the community. So there is also resistance from the grandparents in not accepting this medicine that we now know. It's a long process. I tell you, I saw it for at least 10 years where we were trying to make my grandmother better. We wanted her not to feel pain, we wanted that. But she would see the pills, and it was more of a fear for her, "Why are you giving me this? How am I supposed to know that what you're giving me will work?"

So I think it was better for us to accept that it was a difficult and very complex stage for her to accept. There was resistance, even until now. She's still around and will hear this conversation, thankfully. But she never accepted the medications. It was almost funny because she always pretended to take them, but she didn't. So when they found out, it was like, "Grandma is not taking the pill. She pretends to take it but she's not actually taking it."

It was a long process, but I think it's also understandable when they are not accustomed to this medicine, which we have already adapted to and our bodies have gotten used to. She has lived all these years without medication. I know several grandparents who have resisted taking medication because they are not used to these processes, which we may find more conventional, or we believe will work the same way for them. But it's not the case.

Didi Sanchez: And how do they face pain? You mentioned several times that even though there were medications that could be taken for pain, your grandmother resisted. How does your grandmother and her community face pain at the end of life?

Marisol González Aguilar: She used to deal with pain through massages. It was always massages that she would also do for us. I remember as a child, sometimes she would ask, "What hurts you?", and she would start massaging us. But it was always with massages. She would give herself massages, not letting anyone else do them, but she would start massaging the part of her body that hurt, and with natural water. So she would start moistening the body parts.

But it was always that therapy that she used. There was no other way in which she would consume something, at least not in traditional medicine either. It was only through massages

that she [30:45]. And she still does it. Thankfully she is still here, so that's how she has managed to overcome this process.

Didi Sanchez: Do you see anything different with the generations? With the aunts, uncles? Not with the grandparents, but how do the second generation, your grandmother's children, face pain?

Marisol González: Yes, it is very different. Because I remember a lot of the massages that she would give us, sometimes even with saliva, she would do them. So sometimes when we were in pain, that's how grandma would touch us in this way. But it is very, very different the way we relieve that pain. I tell you, even now, she does it currently. And I know several grandparents who have also done it. It's not that they don't believe in medicine, but they are not accustomed to it. The generations of my parents, those born around the 1960s, 70s, it's already lost. It's the last generation, at least from my grandmother's generation, they are the last. And I saw it with the pandemic, it took away many of our grandparents. I said it took away all the knowledge of our people, because they are the ones who had all those secrets that they did not pass on to us.

Didi Sanchez: And you, Mr. Zaragoza?

Jose Zaragoza: You were asking about how much the indigenous population of older adults has grown, or is growing?

Didi Sanchez: Yes.

Jose Zaragoza: In total, according to the Ministry of Health, there are over a million indigenous language speakers who are older adults. So we are talking about... I remember telling you that they were born in the 1940s... So we have around a million among the most populous populations, which are the Nahuas, Mayas, and Zapotecs. And then there are the other indigenous populations that exist in our communities.

Now, in this context, on the topic of how family members deal with the pain, there are some who abandon their parents. Some prefer to go elsewhere, or provide money. And the last person left is the last person living with the grandfather or grandmother. And why do some leave them like this? I'm not speaking in general. In this context, they leave them, and say, "It's your responsibility. My mother left the house to you. My father left the house to you. So you stay, and you are responsible."

But the problem starts to appear when the person, the older adult, starts to have [33:44]. They lose their sense of smell. They lose track of time. They lose this part, when they are at home, you leave them at home, and suddenly you come back and they are gone. They went to a

pasture, as we call it here in the community, or they went to chop wood, or they went elsewhere to trade, or this part of their mind comes back.

If they were not from that community, they go to another community. Then these problems begin, with the caregiver already asking, "Where is the person?" And they find them after two days, the same day, or even the third day, because they get lost. They lose track of time, and people return to their communities. Or they go to their plots where they used to work.

The grandmothers turn on the stove, they lose their sense of smell. I have encountered a person who, when I arrived at 8:00 in the morning and smelled a lot of gas, and I asked, "What's that smell?" the woman said, "I don't smell anything." And when you see their sphincters, they no longer retain them, many problems start in that aspect. So, family members say, "Why do I have to take care of her if she didn't leave me anything? She didn't leave me a house, she didn't leave me land, she didn't leave me material possessions." So these family problems begin. Some do come, I'm not saying all of them, they come to live that part to support the family, to live in that part of the person's terminal stage.

Many of us are accustomed, in indigenous communities, to the fact that as death approaches, everyone must be present. We must come together. What happens then? Non-biological family members bring, in this community, atole, bread, everything that the other person can consume. Maybe the person who is in delicate health does not consume it, I refer to the grandparents, but the caregiver can consume it. So they start filling the place with non-perishable products, bringing fruits, people who come, migrants who have worked in other states, both in Mexico and in their own country. There are Totonacs in Dubai too. There are also some in Spain, so migration is complex.

So, when these young people return to the communities... My aunt is in delicate health, so they bring her fruits, vegetables, milk, bread, if they don't help her financially. So, this part is lived collectively, even though they are not cared for 24 hours a day, because sometimes the last person who arrived stays. But there are also individuals who don't like being cared for by other people. "I don't want them to see me. I don't want them to see my body, I don't want them to touch me."

Precisely because of the grandmothers, some grandmothers here in this community still do not go to... well, they do not know a gynecologist. "The only one who could see me was my husband. No one else can see me." And “a son cannot see a woman", a grandmother does not allow it. Some grandmothers say, "Yes, it is normal for me to have this type of studies done. And my children come close to take care of me, to clean me, to feed me, to give me food."

But we come back to the fact that it depends on what chronic degenerative disease the person is suffering from. That's why we say here in this context, as long as they can walk, it is not a big problem. If they no longer walk, if they are already in bed, then you need to worry. They will not move from there. The person suffering will not go anywhere. Just to take care of them, to maintain them, to give them, as Marisol said, give them massages, give them the specific care so that they can be well.

Didi Sanchez: Do you have anything to say about what Mr. Zaragoza just said?

Marisol González Aguilar: Yes, I would like to share, just as I mentioned before, it depends a lot on the condition in which the elderly person is. As I was saying, I had the opportunity to work in the municipality of Temoaya and I was discussing the vulnerability of older women. Being a woman is vulnerable. Being an indigenous woman is even more so. Why? Because there are women who do not speak Spanish. This further violates their rights when a person reaches an older age, especially with a disability.

Accessing medical services is not always guaranteed, because they cannot speak Spanish. I have seen different cases where the municipal DIF is responsible for providing transportation to take people with conditions or disabilities to Mexico City for treatment. However, many times the person attending to them does not speak their language. So they do not know what the person requires, how they require it, how to move the person to where they need to go, or what they need. This creates a difficulty that causes people to prefer to give up on treatment or access to medicine.
Because they are not specifically in that environment, although we could say that it is the municipality, it is someone who knows the language. Not all older people speak Spanish. There are people who did not learn it. So I think that also hinders and limits how they end this final stage.

There are women who work, who work until sometimes their physical condition allows it. Because it is the moment when they stop earning a coin to survive, in some cases, where women are left alone. They accompany other grandmothers who are the same age, because that is who understands you, that is who you eat with. So I think that also makes them live a different process. But I believe that a limitation always exists, that they are indigenous women, they are older women who have a disability, and above all, they do not have access to be able to communicate with another person in their language or on their own, how they experience this process.

Didi Sanchez: And in some way, I believe that what can help is the role that education and public awareness can play. Especially to promote a better understanding of the gender differences. How a woman, or grandmother, faces the end of life. Do you believe that there is a

role for... I don't want to say something political, but for those who are in front of organizations, do you believe there is a role they can develop? Let's start with Mr. Zaragoza.

Jose Zaragoza: Well, there are organizations of indigenous language translators that have intervened in different spaces, such as hospitals and courts, to exercise this right. Normally in the communities, a granddaughter, daughter-in-law, or daughter accompanies the person who goes. In this aspect, grandmothers are more vulnerable in different aspects. One is who will take care of them, a woman, and if they did not have children, who will take care of them? Because that is the question, it needs to be reviewed. If they did not have children, and if they were a nun all their life, if they were exploited and then not returned to the family, who will take care of them? And if they were an alcoholic, this part because not all end their life term that way, not everything is wonderful, or they don't all have knowledge.

There are different types of subjects, that's why this part has to be considered. Who is becoming a grandparent? Who are they, why are they like this? And in this part of public policies, here in Mexico, they were taken by surprise because from the 1980s onwards, the rate did not move much, but life expectancy has increased. If before they died at 70, few grandparents died at 100 years old. I recorded it in the Spanish flu, wrongly called the Spanish flu, from the years 1918-1919, which I also worked on in these contexts, where grandparents died at that age. So, there are very few. But in this situation, with more medications available, other economic possibilities, and consumption of other things, we try to make the grandparents live a little longer. Then you begin to see this part, the population growth of the elderly.

Of course, this does not mean that everyone has dementia, that everyone ends up in bed. Some have suffered a heart attack. Last week, a person we bought medication for passed away because I participated... I am part of an organization where they ask me for medications, and then I tell them, "Look, I can't bring them right now, but you'll have them next week." And then we look for tools so that they can endure longer, or live a little better.

What does it mean to live well? That they have social conditions, that they have the conditions for proper nutrition so that they can be well. That they have a bathroom, that they have the hygiene that a person should have. And that they are taken care of. And in the political discourse, it doesn't exist. They only use it as a flag for the voters. It has always been like this, that grandparents come first. But as long as they vote for them, that's what matters most.

Didi Sanchez: I understand. And, Hyadi, what do you say about, first, education, and how organizations can help in the return to life? And we will continue later to talk about the terms good deaths and bad deaths. And I think, Mr. Zaragoza, you already mentioned a bit about hygiene and what is considered a good death. I also want to know, Hyadi, what you consider a good death and a bad death in your community.

Marisol González Aguilar: Thank you very much. Just picking up on the question of the political strategies that have been implemented in Mexico, I think teacher José expressed it very accurately. It has been used more as a political issue, and I think I have heard recently about not abusing grandparents anymore, not using grandparents as voters. Because they were the ones, at that time, who could be deceived because that's how the communities were, those who couldn't read, who couldn't write. It was those who could be deceived, so it was the grandparents. Currently, efforts are being made on strategies on how to economically benefit grandparents, but I think it has remained there, only at the economic level. So perhaps not all grandparents are reached. So it's not really a good strategy either. I think it has stayed at the political level.

Fortunately, there are associations that I believe have contributed the most in this area because they reach the community. It is very different to approach it as a policy, and very different to actually be in the community with those who need it. But going back to what I was mentioning about what constitutes a good death and a bad death, I think that identifying a good death would involve the conditions in which they die, or have this end of life term, and especially, who is with them. How was this process in their final years, because everyone indeed has different roles in the community.
There's the grandfather who was the supreme leader of the community, there's the grandmother who was the community cook. So, I believe that it also depends a lot on how they end their final years.

As for a bad death, I don't think it is seen as such. I believe that regardless of the condition in which they die, if a person has other terms, it is not really a bad death. As I mentioned before, it's not the end of life. Ultimately, I think it is something that is also seen in the communities, transitioning to the afterlife. And you have that opportunity to regenerate, or do well what you didn't do here, on Earth. So I believe that there is no such thing as a bad death here in the community, because in the end, you move on to another stage of your life.

Didi Sanchez: Very well. And I think that leads to one of the questions I am going to ask today, which is about a complete life. I believe I heard from the beginning that it's not an end. So, if it's not an end, can we or can we not say that here, where we are, on this Earth physically, when a person passes away, it becomes a complete life? Or is that phrase, or concept, not something similar in your communities? Mr. Zaragoza, first.

Jose Zaragoza: Well, I think I will return to the question of what constitutes a good death and a bad death. I remember hearing earlier about the idea of having good hygiene, having the minimum conditions to be well, good nutrition, and being cared for and cleaned. But there are also people who are abandoned in their homes, even though they are indigenous. I have seen

this myself, where they have gone six months without a bath, lacking hygiene. So, the community says, "What an ugly death. How horrible. How could they have suffered like this? Why didn't the Lord take them earlier?" This is related to Catholicism, and these religions. And could you please repeat the question?

Didi Sanchez: Alright. And also, before I continue with the question, I am also thinking about the term “dignity”. Personal dignity, community dignity. And it seems like even though these things are happening, people who may be looking from the outside in may be thinking that they want a dignified end, right?

Jose Zaragoza: That's correct.

Didi Sanchez: And that is something that I believe is universal, that we all can say. Not so much about how we die, but about how we feel we contributed, or were important, and were loved. And that is something that I think is permanent in this life. And that leads me to ask you, about the complete life, the organization is called "Completed Life," and one of the questions from the panelists is if that concept, if there is something similar, or some phrase that speaks to this. And the notion of a complete life is something that you have faced in your community, given that life continues. Here, physically, someone passes away, but it doesn't end. Is there a point where you consider that there is one where we can say that that life is complete, or not?

Jose Zaragoza: There are several factors. One of them would be precisely when a grandmother would say to me, "Sometimes I already want to die. I want to die, I want to go. I want to rest. But then I wake up the next day and I'm hungry, and I eat again." So you smile because you say that at the same time she wants to go, and at the same time not. And she says, "I resist. I resist. I want to eat. I want to keep eating." And I believe that biologists have sought to understand why people stop eating when they are in that final stage.

So there are some who say they have fulfilled everything entrusted to them, everything they had to do, they did it. What is that? They saw children, grandchildren, sometimes great-grandchildren. So all of that implies that they are okay with a cycle of life, that the grandparent fulfilled that part. So that is the part of the afterlife, that it is okay, and memories remain in the physical space where the individual developed, precisely the historical, biological, social subject. So it is the most interesting because it is still present there, even though they are already dead. But what is important is that they fulfilled that part of life; they did it.

And some, as Marisol rightly said, fulfill their stewardship, certain cultural practices in the community, have other statuses, social statuses that are recognized in the community. Some say, "If you didn't fulfill a stewardship, didn't hold a significant role, this person didn't fulfill their duty. They ate more than they worked, didn't share." But if they shared, then they say, "Yes, this

person has a social status and shared all their knowledge, beliefs, and practices that were passed down from generation to generation," even though the youth may be modifying them currently.

Didi Sanchez: Exactly. And I think what was said is very beautiful because I believe I could see that there is a... I won't say a complete cycle, but there is something that we want, we long for, or want to do while we are here, physically. And if we feel that we have reached that point, without reaching dementia, or we can say, "Okay, here I did what... I had children, grandchildren, perhaps great-grandchildren," or, "I was able to build a house to leave for the generations." We don't feel complete, but we feel like we were able to give, right? I think giving is a word that carries a lot. And I believe it's something that we can say is part of life, and that we don't have to feel satisfied.

Is there now, Hyadi, something like that you can... that you have seen, or an experience that you [54:29] that you gave, giving is something courageous in our community?

Mariosol González Aguilar: Yes, right now when I was saying about giving and satisfaction. I remember a lot a phrase that we say here in the community that I have heard a lot from the grandparents, it is in Otomi, "[54:48 Otomi]." It is like, “The food that people are going to share when the elder passes away is already very rich.” It is a phrase that I have learned and that I have always heard when an older person passes away. It is no longer sadness, because in the end they fulfilled that cycle of their life.

So sometimes when talking, on the way, in the community, that is said, "[55:17 Otomi]," it is like it was already rich, or it is already rich, you will see that food as rich because more than sadness, it is sharing, it is giving. When a person passes away, a meal is shared in their home. It is prepared there, even before passing away, they say what they would like to share. This, "I want mole, I want this the day I go." It is not a process of pain, rather it is almost a party. So it is shared with the community, and when people say this phrase, that I shared with you, it’s not [55:50] because that person had already fulfilled that cycle. That food that is going to be shared with their family, with the community, is already very rich.

So it is something that I used to question before, when I was younger, "But why do they say it, because it is already rich? Why if someone is leaving?" Because at that time I did not understand it. I was a child and I said, "Why do they say it is rich if someone passes away?" Little by little I learned that it was because that cycle had really been fulfilled, that person was already closing that earthly stage. So when it is like that, an older person says that phrase, that I shared with you. Their beans were already rich, and it was time to go. So I think it is that phrase that is said here in the community. And not everyone says it, because if it is a young person and

it is someone who perhaps was not yet supposed to go, that phrase is not said, that they had already completed that cycle, as it is with the grandparents.

Didi Sanchez: Thank you for sharing. I learned something very beautiful. Thank you. And, Mr. Zaragoza, is there a phrase that you can distinguish that talks about the rituals after people have already passed away?

Jose Zaragoza: But there are different types.

Didi Sanchez: Tell me.

Jose Zaragoza: One of them is, for example, as Marisol mentioned, when people die young, they say, "[57:18 Totonaco]," which is a very unpleasant loss. Because they didn't even get to see their children grow up. And if it's a child, well, it's different, they say, "[57:29 Totonaco]," "Poor child, why did they leave at such a young age? They didn't get to live." But also those who commit suicide... We also have to talk about suicide, and drug addiction in these communities... They are ruining their lives. "[57:53 Totonaco]," "They are losing, they are ruining their life."

But when that grandparent says, "They fulfilled everything. They are leaving happy, the family is happy, and the community." And everyone wonders if they died at 90 or 100 years old. How long, did they live to be 100 years old, 90 years old? No, we are not going to reach that. If we reach 60, 70, we consider ourselves well-served; it's already extra time. So in this part of life, there is a phrase I heard from a grandmother. She says, "[58:37 Totonaco]," "This person, my son," she says, "They didn't just go to buy something. They didn't go to work in another community. They are not coming back tomorrow. But I feel good knowing that they were a responsible person."

So there is a lot of awareness that they are not going to come back physically, but within the collective thought of a community, we are thinking that they will come back in November. And we have to make their row of little flowers, and everything they consumed. Marisol already said mole, tamales, bread, soda as well, in addition to the fact that we like sugar for diabetes. So we put soda, beers, wines. We adorn the altar to await them. Because they have to return. They have to come. It's a cycle that is not finished, that doesn't end just by going to the cemetery and leaving them there, quite the opposite. They will return someday. Perhaps we don't see them physically, but they are here.

And we have to place the offering after midday, after 2:00 in the afternoon. And we have to accompany them on November 3rd. And the family gathers to go see them. Well, those of us who “practice," a population close to the Catholic religion. Those who are of other religions, Jehovah's Witnesses and all these lines, they no longer do it. They no longer practice it, even

though they are from an indigenous community. They say, "They are already dead. See you there." But the most important thing is that it doesn't end. It doesn't end. It's a stage of life. It's another cycle that is shared, that was done in this context. And the grandparents will always be present. They will always be present, historically, in the memory of the inhabitants, the relatives, always leaving traces for the new generations. Thank you very much.

Didi Sanchez: Thank you. Your narrative, I think I myself feel the presence of your ancestors, because it was very emotional. And sitting here, I felt like I was there. And I would like, Hyadi, for you to also have the opportunity to take us as if we were there, and how do we face the end of life in your community?

Marisol González Aguilar: Taking up this cycle, I think here in the community that's how it's seen, it's not the end of life as such. As José says, how the deceased are awaited in the month of November, this ritual of knowing that they are there, that they come to eat that food. Many say that if you eat that food on that day, it won't look the same, as they have already tasted it when they came to visit us. So I think the tradition is preserved here, at least in the Otomi community, despite the fact that as I was saying we are almost consumed by the city. Because I believe that it is increasingly an urban community rather than a rural community, but traditions are still being preserved. I think it is something that is greatly recognized here, in this community, how they are still preserved. And above all, I believe that the Day of the Dead, as it is known here in Mexico, here in this community, which is San Cristóbal in the northern area of the municipality of Toluca, it is one of the few communities where the tradition of waking the dead is carried out. People don't just go to leave flowers at the grave, but they go to the deceased's tomb, visit them, stay with them all night; in fact, it's a celebration. There is music, mariachi bands, wind music everywhere, and it's a celebration to be able to commune once again with the person who has already departed from this earthly life, but who comes to visit you at that moment.

So I believe it's not, as I was saying, a farewell as such, because when one departs, whether in youth or old age, they are reunited with the relatives who have gone before. I think we have been taught that more than a painful process, it is a process of understanding that when one is older, the cycle is completed; when it's not the case, perhaps it's a bit more painful, but it's a cycle, meaning it won't end.

Didi Sanchez: Thank you for your words, and we are truly grateful for sharing your stories, your narratives. In the future, we would also like to know how, in the next generation, or in the future, we will face issues like dementia, and plan for the future, and how that impacts not only the person suffering from the disease but also the entire family and community.

But a million thanks. Thank you to Hyadi, Marisol Santiago, and Mr. Jose Zaragoza. And we hope this is not the last time we hear from you.

Jose: Thank you.

Didi Sanchez: Thank you.

Marisol Gonzáles Aguilar: [1:04:47 in Otomi]. Thank you for being interested in learning about what happens in our community.

Jose Zaragoza: [1:04:55 in Totonaco].

Didi Sanchez: Thank you.

Jose Zaragoza: Thank you very much.

Didi Sanchez: Good day, everyone. We are excited to bring you all a very important conversation. My name is Danurys, nickname Didi, and as an advisor to The Completed Life Initiative organization, it is a pleasure and honor to introduce
Dr. Tatiana Viadaurre Rojas, an oncologist at the National Cancer Institute of Peru, where she has played a key role in the fight against cancer in Peru and Latin America. She leads several research programs on cancer, particularly related to breast cancer in women from Andean native communities. Good afternoon, Dr. Vidaurre.

Tatiana Vidaurre: Thank you, it's a pleasure to be with you today and share these experiences of supporting our patients, and the opportunity for this collaboration to showcase the initiatives [1:06:07].

Didi Sanchez: How beautiful. To start off, what would you like to share with the audience about your illustrious career working with the Andean culture?

Tatiana Vidaurre: It is very important for countries like Peru, where [1:06:28] in Peru, we have three well-defined geographical regions, different coasts [1:06:36], it is a very challenging space to face, especially in interventions related to native populations, indigenous populations [1:06:49], or from the Amazon jungle of our country, and the implementation of all the [1:06:59] cancer prevention and control.

Above all, with the Hope Plan, we had a lot of opportunity, both in cervical cancer prevention with differentiated interventions that approach the community, but also in end-of-life care, palliative care, and [1:07:22]. And each space, and each community is different, depending on the [1:07:32].

Didi Sanchez: Exactly. Yes, I read a lot about your prevention plan. I even read that you were awarded for your efforts. And I know it's difficult because when you fight for prevention and cure, unfortunately some patients reach a point where they are told that their end is near. Now I would like to know, what is the difference or the unique approach of indigenous cultures in Peru towards the end of life, compared to conventional approaches?

Tatiana Vidaurre: It is very different, each population. The main focus [1:08:20] in Peru is that the patient at the end of life does not want to suffer. The patient wants the family. Everyone comes, if it's a patient from a more native community, more indigenous, all the children, the father, the mother, the grandparents. Everyone is together and everyone wants to be there in that moment in the hospital, or around the patient.

It is also a culture that believes that cancer is a punishment, it is a matter that has to do with witchcraft [1:09:08] concepts. Let's say religious concepts. It is difficult to face in the same way with each patient.

Didi Sanchez: Of course.

Tatiana Vidaurre: [1:09:29] has a more religious attitude of prayer [1:09:36] and also accompaniment is key, and avoiding suffering [1:09:40].

Didi Sanchez: And what are some thoughts on avoiding suffering? I suppose in indigenous cultures, there are some ways they use. What are some of the ways they use to avoid suffering?

Tatiana Vidaurre: Most of our patients arrive in the terminal stage, or they are already in [1:10:04] have access [1:10:06] to pain relief. And it's almost a standardization [1:10:14] regardless of culture or form [1:10:21]. However, patients who are, say from the Andean regions, [1:10:29] have many experiences in [1:10:32]. And they also at the same time 80% of patients [1:10:41] have been done especially in the moment [1:10:50] there is an opportunity for change, or the conventional. And almost all of them use roots, go to the shaman or go to the witch doctor. They give them instructions, even things that are very difficult to believe that patients can do. They do everything to face that end of life, and [1:11:20] help these people in their own community, and at the same time they also receive [1:11:28].

Didi Sanchez: Traditional, okay. And you said something very nice, which is that it is all a community. The whole family gets involved, all their loved ones. And narratives are powerful and important tools for communicating what the end of life is like in indigenous cultures. Can you narrate or tell a story about a patient that illustrates that tradition or ritual?

Tatiana Vidaurre: Well, we have implemented the [1:12:04] center, which is a community. It is where there is a [1:12:08] percentage of the native community that is a chemotherapy center. A palliative care navigation program has also been implemented. In that scenario, [1:12:29] the testimonies we have received from the native community are [1:12:35] in the hospital that remains [1:12:46]. I also [1:12:49] still feel that it is important for doctors, healthcare personnel, to go to the actual place where the patient is. And most patients prefer to be at home.

Didi Sanchez: Yes, that is something very important, because they feel in their own environment.

Tatiana Vidaurre: In their own environment and also [1:13:14] the ritual of the community itself at the moment when the patient is in the final stage, they [1:13:25] feel more comfortable at home. So, that accompaniment of the patient, respecting [1:13:33] form, the symbiosis between conventional management and [1:13:41].

Didi Sanchez: Okay. And as you have described, how can one work together with indigenous rituals and conventional medicine? And here in North America, there are terms that consider a good death and a bad death. Do you think that in Peru these two ideas are considered? And if so, are there names, or how can you describe something that is considered good or bad?

Tatiana Vidaurre: I believe that in most [1:14:22] oncological areas, regardless of the cultural place where they are [1:14:29], distress or loneliness is considered. A [1:14:39] calm patient basically without pain, and connected with family, with their community. Most patients, for example, who are in the [1:14:58], and rural areas of the jungle or the mountains, request at the end, when the conditions of the clinics are explained to them, to be transferred to their place of origin. They want to be where they were born, and they want to end that stage of their life with their own way of seeing life. And that is what we do. If there is a patient at the end, [1:15:40], with the support that corresponds to that locality.

Didi Sanchez: Of course. We cannot imagine how you came to work in both fields. Is there a story that you consider formative for you to reach the field you are in now?

Tatiana Vidaurre: Yes, I am an oncologist because my father passed away from cancer. My father is from the jungle and I am from [1:16:15] in the area where I live, Tarapoto is near Lamas. And my father... the experience I lived through with the family, the patient, with my

father, is more or less cultural. We came to Lima to seek [1:16:41]. There came a point where the logical problem could no longer be solved, and my father asked to return to Tarapoto. Because he believed that there, in the midst of nature, with the healers and shamans, he could be saved. And I, as I was studying medicine, thought that [1:17:14] the last scientific effort to solve the problem. [1:17:25] there came a point where [1:17:40] in the institute, but at one point I thought there wasn't much more to do. I could have given him those opportunities to live out that final stage in him, little by little [1:18:00] now the way of facing the final stage of cancer patients is different because of that experiential experience I had with my father.

Didi Sanchez: Thank you for sharing. I know these are stories that, as a daughter, the last thing you want is for our loved ones to suffer. And you are doing a phenomenal job in your field of oncology. Now, how can doctors better support people and families approaching the end of life in general?

Tatiana Vidaurre: I think [1:18:48] the situation to the patient and their family, and in some [1:18:54] conditions to compensate at least with the family. We must be open and explain what the [1:19:08] is, and what can be done. Making a shared decision with the family, regarding [1:19:17] aeration, regarding pain management, or regarding whether this patient is going to pass away [1:19:26] the risks of moving a patient from one place to another. So that conversation, to have it in advance and constantly, because they are changing and feeling different conflicting feelings. It's a difficult time, [1:19:52] the conversation easier, and bring up the spiritual aspect. Here we are Catholics and [1:20:13] and they visit patients after religious rituals [1:20:23] also find them spiritually and with their family.

Didi Sanchez: How beautiful. What I hear in everything you say is honoring the wishes of people while they are alive, and they can decide what they prefer, and how we are going to reach a point where they can be where they want to be at the end of life, with whom they want to be. And you are doing work that we all can aspire to as practitioners. You mentioned palliative care many times, which is about comfort, right? That is something that is very important to you.

Tatiana Vidaurre: That's right. Palliative care includes all actions for cancer control because cancer control goes [1:21:17] treatment [1:21:21] palliative. Because oncology patients are potentially [1:21:30], and we must help them in the final stage of life, and never [1:21:40] be close and attend to every need of the patient.

Didi Sanchez: Yes, I would like to know, how do you think we can provide more than what you do? Because many times, the practices of doctors remain in the city and are more conventional. How can we ensure that these bridges are not broken? How can we, in your opinion? Socially, it could be through policies, what do you think is the solution for these bridges to be strengthened rather than broken?

Tatiana Vidaurre: I believe that we need to provide training and education to healthcare personnel, to doctors, in different ways to culturally address these issues as well. This has been done in a similar way in [1:22:44], with hospice care centers, to make it [1:22:51] in the areas [1:22:57] of your country. It is the [1:22:59] of health that reaches these communities so that they can [1:23:10], adapting to their own reality.

For example, in the prevention of cervical cancer, what has happened is that the entire process of taking samples for cervical cancer detection is probably a simpler way, because much of that, in those realities, does not allow [1:23:37] in the same way. So, one has to find a way to carry out conventional [1:23:46] but using formulas that help us connect with the population and their culture. These are specific interests that have to be developed through this knowledge, [1:24:05] we call cancer and the meanings of the disease in the community itself. And that's what we can do, including education, also [1:24:23] to the population.

It is important to also help them in a conventional care manner, with [1:24:35] actions that you develop, in a [1:24:40] way, and that can help [1:24:43] in favor of the patient, and in this case, palliative care.

Didi Sanchez: And what are the options that a person has at the end of life right now? I mean, like here in the United States, there is also the option of assisted death. What options does someone suffering from dementia, for example, something that has been going on for a while, or a neurological disease have? What are the options now, legally, in Peru?

Tatiana Vidaurre: At the end of life, the psychology program helps patients to cope with these difficult moments. It is a program dedicated to palliative care and [1:25:38]. But for patients who have problems such as dementia, lack of awareness, or consciousness, the law is there to protect, let's say, life, and to allow the natural process to take its course. These are the laws [1:26:20].

Didi Sanchez: Okay. And that is something you mentioned earlier, about how to plan. That is one of the things done in palliative care, planning. And how important is that at the end of life, planning?

Tatiana Vidaurre: It is extremely important because I believe it is an opportunity to [1:26:46] reconcile with life, sometimes to reconcile with God, for those who have faith, [1:26:57] with everything your family needs. I have always believed [1:27:07] that it is important to spend time with patients because it is an opportunity to resolve all the problems that arise when time passes suddenly. It helps the patient feel that everything is okay, and it helps them leave all their

problems behind, so it is an important moment. It brings peace, tranquility, despite the difficult circumstances.

Didi Sanchez: Exactly. And you mentioned a word, "faith." The founder of this organization, her name was Faith, Fe in Spanish, and I would like to know, what does it mean to have faith in these situations? How do you explain faith, or how does it manifest in what you do, in the family, or how does faith manifest itself?

Tatiana Vidaurre: Faith is believing that cancer can be overcome. Patients can... they are undergoing treatment, but [1:28:37] a patient can... those who believe, or those who believe there is something beyond, believe that we can also be well after death. So [1:28:55] in the final moments of illness, faith [1:29:06] in going to another space, being at peace, reconciled with life and [1:29:11] and being able to be well.

And I believe that these messages basically help them feel that sense of security, of their own [1:29:28] of individuals. It is spiritually through religion, [1:29:36]. But also, the fact that a person has other types of beliefs [1:29:50] is enough to feel at peace with the people they have lived with, and that love, that affection, throughout their lives, to feel that they are together, and that they are accompanied by the joy of that coexistence of affection and love [1:30:15].

Didi Sanchez: How beautiful. I like that you mention love because that is what I feel talking to you, the love you have for all your patients. Is there something you believe I haven't talked about, haven't asked you, that you wanted people to know... it doesn't have to be formally about end-of-life, but in your career, in your professional or personal life, is there something you think that you would like those who see this symposium to know?

Tatiana Vidaurre: I believe that the most important thing in the fight against cancer is that the disease needs to be diagnosed early, cancer needs to be prevented, and we need to support women, especially, in detecting the disease early [1:31:08] 60% of cancer cases [1:31:13], and prevent it from reaching an advanced stage, because the death of oncology patients [1:31:30] is very difficult to face. It is painful.

And also, for patients with gastric cancer [1:31:37] in Latin America, it is better to prevent and avoid these patients from going through this difficult stage of advanced cancer.

Didi Sanchez: Because one of the most important things, I believe, for the organization is that the person can choose what is best for them. And a concept of the organization is “The Completed Life”. Do you believe that within your culture and tradition, there is any phrase or concept that is similar to that? What does it mean to have a complete life lived?

Tatiana Vidaurre: [1:32:30], people say, "You only live once, and you have to live well." And that life into which one is born [1:32:38] one must do in every moment of their life [1:32:46] when one is sick, and decide how to go through that stage, that transition through the illness. Especially, in the final moments of life, that person has good support [1:33:05]. And that is the most important thing [1:33:10].

Didi Sanchez: And if you had to give advice, or something key for those who are listening, about how we can protect the right for everyone to choose, our options, and how to live a complete life, what would you say to those listening today?

Tatiana Vidaurre: [1:33:36] freedom of the individual, respecting what they desire, [1:33:43] as you talk with the patient, [1:22:53] but it is also important to talk with the family in advance before [1:34:02] neurological problems, loss of consciousness to have an idea of what they were expecting [1:34:12] end of life, and respect is key in the medical-patient management, or healthcare provider-patient, to be able to accompany properly in the moments when decisions need to be made, the patient is already [1:34:43].

Didi Sanchez: Well, it has been a pleasure to hear you share not only your experience but also your personal narrative. Is there anything else you would like to say to those who are listening? Or, more formally, if you could say in a few words, what is most important for a person facing the end of life? What would you like to say to those going through that?

Tatiana Vidaurre: I believe that all oncology patients need to be given hope and taught [1:35:28] because that is life. It is part of this whole process, and we all have to understand and face it [1:35:43]. And always [1:35:46].

Didi Sanchez: Thank you very much. I appreciate it, and thank you to Dr. Vidaurre, it has been a pleasure, and we hope to see you soon here, because you should be out there in the world talking about what you do, because it is phenomenal. Thank you very much.