



DOLENTIUM HOMINUM

No. 87 – year XXX – No. 1, 2015

JOURNAL OF THE PONTIFICAL COUNCIL
FOR HEALTH CARE WORKERS
(FOR HEALTH PASTORAL CARE)

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Published three times a year. Subscription rate: 32 € postage included

Printed by Editrice VELAR, Gorle (BG)

Cover: Glass window Rev. Costantino Ruggeri

Poste Italiane s.p.a. Spedizione in Abbonamento Postale - D.L. 353/2003 (conv. In L. 27/02/2004 n° 46) art. 1, comma 2, DCB Roma

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Study Day on the Encyclical Letter
Evangelium Vitae
on the Twentieth Anniversary
of its Publication

25 March 2015
S. Pio X Hall
Vatican City



THE MOST REVEREND JEAN-MARIE MUPENDAWATU,
SECRETARY OF THE PONTIFICAL COUNCIL FOR HEALTH CARE WORKERS
VIA DELLA CONCILIAZIONE, 3 ROME, 00193

ON THE OCCASION OF THE STUDY DAY ORGANISED BY THIS DICASTERY ON THE ENCYCLICAL *EVANGELIUM VITAE* ON THE TWENTIETH ANNIVERSARY OF ITS PUBLICATION, THE HOLY FATHER SENDS HIS CORDIAL GREETINGS TO THOSE TAKING PART AND HOPES THAT THIS INITIATIVE WILL FOSTER THE DEEPENING OF SCIENTIFIC, ANTHROPOLOGICAL AND ETHICAL CONTRIBUTIONS AND BRING ABOUT A RENEWED AND GENEROUS COMMITMENT TO THE SPREAD OF THE CULTURE OF LIFE SO THAT THIS INCOMMENSURABLE GIFT WILL BE INCREASINGLY WELCOMED IN ALL ITS MYSTERIOUS AND FASCINATING RICHES. WITH THESE WISHES, HIS HOLINESS EXPRESSES HIS APPRECIATION OF ALL THOSE WHO EVERY DAY, ALBEIT AMIDST SO MANY DIFFICULTIES, BEAR WITNESS TO THEIR FAITHFULNESS TO THE GOSPEL OF LIFE, AND WILLINGLY SENDS TO ALL THOSE PRESENT HIS APOSTOLIC BLESSING,

CARDINAL PIETRO PAROLIN, SECRETARY OF STATE OF HIS HOLINESS

From the Vatican, 18 March 2015



ORIGINAL TEXT IN ITALIAN

Message of H.E. Msgr. Zimowski

**H.E. MSGR.
ZYGMUNT ZIMOWSKI**

*the President of the
Pontifical Council
for Health Care Workers,
the Holy See*

I warmly greet all those taking part in this Study Day. I am very sorry that I am not present with you. I would like to take this opportunity to thank you all for your nearness and solidarity but above all else I would like to thank you for your prayers.

Exactly twenty years ago, on 25 March 1995, St. John Paul II signed the much awaited encyclical *Evangelium vitae*, one of the most authoritative documents of his magisterium. In it he expressed the truth of the value and inviolability of human life, especially when it is weak, frail and defenceless, in the face of the very many imminent threats to it: 'In addition to the ancient scourges of poverty, hunger, endemic diseases, violence and war', he wrote, 'new threats are emerging on an alarmingly vast scale... any type of murder, genocide, abortion, euthanasia, or wilful self-destruction, whatever violates the integrity of the human person, such as mutilation, torments inflicted on body or mind, attempts to coerce the will itself... all these things and others like them', emphasised the Pope, 'are infamies indeed... they are a supreme dishonour to the Creator' (*EV*, n. 3).

Over the last twenty years since the publication of *Evangelium vitae* we can see that these attacks have not diminished but have, rather, increased, taking on increasingly new and subtle forms. Today, indeed, in the wake of scientific and technological progress, human life is manipulated in the name of purported 'rights'. Reference is thus made to the 'right to abortion' and women are pushed towards the use of the 'morning after pill', without any concern about the damage caused to unborn life and without any concern about the health of the

expectant mother. In opposite fashion, the 'right to have a child' is invoked, with resort to techniques of assisted procreation, which, amongst other things, lead to the destruction of innumerable embryos. In addition, it is ever more the case that countries in the industrialised world have increasingly legalised euthanasia, even for children. 'The culture of death' – this is the sad observation that must be made – has not surrendered and has not laid down its lethal weapons!

Through this Study Day organised by the Pontifical Council for Health Care Workers we wish to stress the contemporary relevance of the teaching of St. John Paul II as regards the dignity and the inviolability of human life. This teaching was recently restated by Pope Francis in his address of 5 March 2015 to those taking part in the plenary assembly of the Pontifical Academy for Life: 'I repeat the appeal of St. John Paul II: 'respect, protect, love and serve life, every human life! Only in this direction will you find justice, development, true freedom, peace and happiness!' (*Evangelium vitae*, n. 5)'.

Respect and Defend Life!

In order to perform in a more effective and incisive way the task of respecting and defending life from conception until natural death, on 11 February 1985 St. John Paul II instituted the Pontifical Commission for Pastoral Assistance to Health Care Workers and three years later he elevated it to the rank of a Pontifical Council. Subsequently, thinking of providing a scientific support for this evangelising mission, on 11 February 1994 the Pope instituted the Pontifical Academy for Life which is organically connected to the Pontifical Council for Health Care Workers.

Love Life!

I would like to refer here to the

Letter to the Elderly in which St. John Paul II expressed his love for life as a gift of God and exhorted us to appreciate it in every situation. Despite the limitations that arrived with his advancing age, the Holy Father observed: 'I continue to enjoy life. For this I thank the Lord. It is wonderful to be able to give oneself to the very end for the sake of the Kingdom of God' (n. 17). Grateful for this gift he ended with the prayer: 'Grant, O Lord of life, that we may be ever vividly aware of this and that we may savor every season of our lives as a gift filled with promise for the future. Grant that we may lovingly accept Your will and place ourselves each day in Your merciful hands' (n. 18).

Serve Life!

With these words I address first and foremost all health-care workers who are, and always should be, servants of life. The *Charter for Health Care Workers*, which was published immediately after the encyclical *Evangelium vitae*, defines them as 'servants of life'. In particular in n. 4, this Charter stated: 'To serve life is to serve God in the person: it is to become "a collaborator with God in restoring health to the sick body" and to give praise and glory to God in the loving welcome to life, especially if it be weak and ill'.

Following the example of St. John Paul II, the founder of our Pontifical Council, we as well, together with all those who are involved in the field of health and health care, must be courageous defenders of human life. Only in this way, uniting our forces, will we be able to counter the advance of the 'culture of death'. May the Lord Jesus, who said in the Gospel according to St. John 'I have come in order that you might have life – life in all its fullness' (Jn 10:10), support us!

With all my heart I wish you a most fruitful meeting! May God bless you! ■

Paper of Msgr. Mupendawatu

MSGR. JEAN-MARIE MUPENDAWATU

Secretary of the
Pontifical Council for
Health Care Workers,
the Holy See

Most Distinguished Chairmen,
Speakers and Participants,
Dear Brothers and Sisters,
Dear Friends,

Today, 25 March 2015, the Pontifical Council for Health Care Workers is celebrating with joy the twentieth anniversary of the publication of the encyclical letter *Evangelium Vitae*,¹ and I extend to you my most cordial greetings and I express to you my warm gratitude for your participation.

My welcome in particular goes to the distinguished speakers and all the very important guests who have come here. For me it is an honour to chair this study day on the encyclical letter *Evangelium vitae* on the twentieth anniversary of its publication.

Indeed, four decades have passed since John Paul II published on 25 March 1995 the encyclical letter *Evangelium vitae*, which has rightly been called a milestone of the pontificate of John Paul II.

Today the Catholic Church celebrates the solemnity of the Annunciation of the Lord, a joint feast day of Christ and the Virgin: of the Word that became the Son of Mary (Mk 6:3) and of the Virgin who became the Mother of God. With her generous *fiat* (cf. Lk 1:38), she became, through the work of the Spirit, the Mother of God, but also the true Mother of the living by welcoming in her womb the author of life, the only Mediator (cf. 1Tim 2:5).

‘The one who accepted “Life” in the name of all and for the sake of all was Mary, the Virgin Mother; she is thus most closely and personally associated with the Gospel of life. Mary’s consent at the Annunciation and her mother-

hood stand at the very beginning of the mystery of life which Christ came to bestow on humanity (cf. Jn 10:10). Through her acceptance and loving care for the life of the Incarnate Word, human life has been rescued from condemnation to final and eternal death’ (EV, n. 102). Mary is the Mother of the living God, the Mother of the Son of God, Jesus Christ the Way, the Truth and the Life. We are truly sons in the Son and sons of Mary; from Mary we have received the gift of the Author of life.

The celebration of a twentieth anniversary is also an anamnestic operation. To turn one’s gaze to the roots is a part, indeed, of memory. The magisterium of the Popes has sought to promote the defence of human life from its beginning to its final moment. This teaching became increasingly emphasised above all starting with *Humanae vitae* of Paul VI (1968), which was followed in 1981 by the apostolic exhortation *Familiaris consortio*.

In 1983 the Synod of Bishops denounced with fear the enormous struggle in the contemporary world between the culture of life and the culture of death. This last, today, is unfortunately more rooted and more expressed: ‘In our days the tension between the light and the shadows (cf. 1Jn 2:8-11) is an immense and enormous struggle between the culture of life and the culture of death... Culture of death are ‘warlike aggression, violence and terrorism’, as well as the terrifying ‘accumulation of weapons’, especially atomic ones, and the scandalous traffic in weapons of war of every kind’.²

In 1987 the Congregation for the Doctrine of the Faith published the Instruction *Donum vitae*. In 1993 John Paul II himself, in his encyclical *Veritatis Splendor*, offered the foundations of Catholic morality, and, as a confirmation to the commitment to defending life, in 1994 he instituted the Pontifical Academy for Life. Lastly, in 1995, as a tribute to the request formu-

lated in a unanimous way by the Cardinals at the extraordinary consistory of April 1991, and in the face of the numerous attacks on life perpetuated in the world, the bishops asked the Pope to reaffirm with his authority the value and the inviolability of human life: Pope John Paul II then published his encyclical *Evangelium vitae* in which we find a precise and firm reaffirmation of the value of human life.

An inescapable point of departure for our study day is this encyclical which represents a summary of the constant and perennial teaching of the Church on respect for human life.

Pope Francis in his apostolic exhortation *Evangelii gaudium* says ‘no’ to the destruction of life: ‘Our world is being torn apart by wars and violence, and wounded by a widespread individualism which divides human beings, setting them against one another as they pursue their own well-being. In various countries, conflicts and old divisions from the past are re-emerging. I especially ask Christians in communities throughout the world to offer a radiant and attractive witness of fraternal communion’.³

The encyclical letter *Evangelium Vitae* is a document of extraordinary contemporary relevance which strongly emphasises that man constitutes the first and fundamental way of the Church. This is why this study day does not want to be a simple celebratory commemoration of the twentieth anniversary of its publication but also intends to ask questions about the culture of life in a cultural and social context where the promotion of ‘a culture of life’ that becomes an existential heritage for the whole of humanity is urgently needed.

Distinguished speakers, all of us are responsible for the promotion of the culture of life. John Paul II in his encyclical *Evangelium Vitae* highlighted how ‘only the concerted efforts of all those who

believe in the value of life can prevent a setback of unforeseeable consequences for civilization' (EV, n. 91).

In wishing you all a happy and lasting outcome for your deliberations, let us implore the intercession of the Mother of life, the Virgin of the Annunciation, so that

she will support us in this activity and make us constantly ready to give reasons for living, and hope, to our brothers and sisters.

Let us now stand to listen to the words and the apostolic blessing of the Holy Father Francis which I have the honour and the pleasure to communicate to you! ■

Notes

¹ GIOVANNI PAOLO II, Lettera enciclica, *Evangelium vitae*, sul valore e l'invulnerabilità della vita umana (25 marzo 1995): AAS 87 (1995), pp. 401-522.

² VI SINODO DEI VESCOVI, 'Messaggio al mondo', in *L'Osservatore Romano*, 28.10.1983, 1.

³ POPE FRANCIS, Apostolic Exhortation *Evangelii gaudium*, n. 99.

The Challenge to Life and the Role of the Family

**MSGR. CARLOS
SIMÓN VÁZQUEZ**

*The Under-Secretary
of the Pontifical Council
for the Family,
the Holy See*

Caring for and Defending life: the Response of the Family to the Challenges to human Life

Caring for and defending life is a task that today has a special urgency. This was recently emphasised both by the *Instrumentum Laboris* and the *Relatio Synodi* of the last Extraordinary Assembly of the Synod of Bishops.¹ The challenge to life and the challenge to the family in a certain sense coincide. We may refer to the component features of this challenge in the abundant individual challenges at various levels but in essential terms the great challenge that threatens both life and the family is the anthropological challenge. Challenges have a positive dimension but they also have a negative dimension, that is to say they are attempted threats.

Today the threats to life have characteristics of such a kind as to make it increasingly evident how much human life is defenceless. The forms in which today's technologies allow attacks on life – especially at its beginning and during its terminal stage – are not new or more sophisticated

forms: above all else it is the culture which is behind the intention to perpetrate these attacks that is more powerful and refined. An attempt is made to present crimes against life as democratic rights which the state should authorise, protect and even carry out through the free action of health-care institutions, reaching the paradox that it is health-care professionals themselves who should attack life! Pope Francis recently stated this when meeting Italian Catholic doctors.²

Nobody, whatever may be their level of participation in social life, can be exempt from proclaiming and defending the value and the inviolability of human life. This is a right and a duty. But it escapes nobody that in this matter the family has, and must have, an important place. It is, indeed, the natural setting for the birth, the development and the maturity of human life. This is one of the reasons why the Magisterium of the Church, aware of the singularity of this mission, has assiduously addressed families with the intention of helping them in the carrying out of this work. In recent decades the encyclicals *Humanae vitae* and *Evangelium vitae*, the Instructions *Donum vitae* and *Dignitas personae* of the Congregation for the Doctrine of the Faith, and the 'Letter to Families' *Gratissimam sane* of St. John Paul II, have been of special relevance in this sense.

However, in addressing the

role or the response of the family to the challenges to life, my intention is not to engage in a detailed exposition of the contents of this Magisterium, that is to say the task which according to the teachings of the Church the family should perform. I will confine myself in this paper to pointing out only some of the most fundamental aspects or directions that should structure the work of the family in this field.

With this aim, my paper is divided into three parts. In the first – in line with the texts of the Magisterium – I will offer a survey, by way of a list, of the threats to which human life is exposed today. In the second, I will engage in a short analysis of the real question that underlies or is behind the subject of human life. Lastly, in the third part, I will address the question of the function of the family in the response to these threats or challenges, in other terms what role the family has in the construction of a culture of life.

1. The Threats Today to Human Life

Human life today has to deal with numerous and various threats and challenges. They come from different fields and concern both the origins of life and its development and terminal stage. Albeit in different forms, they have always existed, in one way or an-

other, down the whole of history. Now, however, they have characteristics of such a character that it does not appear exaggerated to describe a part of our culture as a 'culture of death'.

The first chapter of *Evangelium Vitae*, which echoes the strong denunciation of *Gaudium et Spes* of crimes and threats relating to life (cf. *GS*, n. 27), observes how the 'alarming spectacle' of those years far from growing smaller had in fact been spreading. It also observes that those threats are planned in a scientific and systematic way (cf. *EV*, n. 17), at times upheld as 'rights', as signs of maturity or as advances of medicine (cf. *EV*, n. 4, 11, 68); 'with the new prospects opened up by scientific and technological progress there arise new forms of attacks on the dignity of the human being. At the same time a new cultural climate is developing and taking hold, which gives crimes against life a new and-if possible-even more sinister character, giving rise to further grave concern: ³ broad sectors of public opinion justify certain crimes against life in the name of the rights of individual freedom, and on this basis they claim not only exemption from punishment but even authorization by the State, so that these things can be done with total freedom and indeed with the free assistance of health-care systems' (*EV*, n. 4). The Instruction *Dignitas personae* of the Congregation for the Doctrine of the Faith of 2008 corroborated the fact that the situation described by the encyclical has continued to be completely present.

Amongst the causes that led to the spread of this culture against life, *Evangelium vitae* points to those that 'come from nature itself' (*EV*, n. 10), 'the result of situations of violence, hatred and conflicting interests' (*EV*, n. 11), of moral relativism (cf. *EV*, nn. 11, 21), of the spread of a culture of the loss of the sense of man (cf. *EV*, nn. 11, 21), of a perverse idea of autonomy and freedom (cf. *EV*, nn. 18, 21), of the eclipse of the sense of God (cf. *EV*, n. 21) and of practical materialism (cf. *EV*, n. 23). These are all clearly united and intertwining, and explain

each other, but it seems to me that the right solution to the challenges that exist must always start from a suitable answer to the question about the meaning and the foundations of human life. What is the meaning of life? Why must it be looked after? These are the questions that I will now examine.

2. Care for Human Life, Care for the Person

The question of the value and the meaning of human life is not only ethical – it is also, and first of all, *anthropological*, as is also the case with the family.⁴ It presupposes another prior and more radical question: who am I? What is the meaning of my life? Only a wider picture of truth and the value of the person will enable me to penetrate in the right way the importance of the forms of care for human life, whatever the stage of life in which it finds itself.

This approach – the value of the person and the meaning of his or her life – is the approach of Revelation when it speaks about the love that is due to human life. Along these lines, *Evangelium vitae*, which devotes its third chapter to describing the doctrine of the faith on the respect due to human life, is above all an expression of the respect and love that are due to man. It does not confine itself to being an invitation to protecting life and pointing to actions that go against this.

We can say that the recurring principle of the teaching of Revelation as regards the life of a human being is always admiration for the dignity of the human person: ('What is man that thou are mindful of him?', Psalm 8:5). And given that the full truth about man can only be known in Christ (cf. *GS*, n. 22), the conclusion is that only in Christ does one find the right answer to what the value and the meaning of human life is. If ethics leads back to anthropology, anthropology, in order to be adequate, leads back in its turn to Christology (after a certain fashion we can say that the stages of the thinking of the encyclical are the following: to love human life means to love man; to love

man means to love God. Both of these are achieved to the extent to which the life of Christ is 'reproduced').

*a. To what does Revelation refer when it speaks about respecting human life?*⁵

The life that the Lord came to give to men is "new" and "eternal" life which consists in communion with the Father, to which every person is freely called in the Son by the power of the Sanctifying Spirit' (*EV*, n. 1). 'Eternal life is therefore the life of God himself and at the same time the life of the children of God' (*EV*, n. 38). This life – to which the Lord refers when he says that he is 'the life' (cf. Jn 6:33; 8:12) – reveals in the final analysis the 'the greatness and the inestimable value of human life even in its temporal phase' (*EV*, n. 2); in it 'all the aspects and stages of human life achieve their full significance' (*EV*, n. 1). The life that the Lord speaks about is not only the life that goes beyond time but also that life 'which even now is open to eternal life because it shares in the life of God' (*EV*, n. 37; cf. nn. 1-2, 31; Jn 17:3).

Life in time is certainly the basic condition but it is above all its initial moment and the integral part of the fullness of life to which the human being is called. 'The life which God bestows upon man', observes *Evangelium vitae*, 'is much more than mere existence in time. It is a drive towards fullness of life; it is the seed of an existence which transcends the very limits of time' (*EV*, nn. 34; 37). 'God's eternal life is in fact the end to which our living in this world is directed and called' (*EV*, n. 30).

This is the reason why the value of human life – in its earthly dimension as well – is perceived fully only starting with Revelation and, in more concrete terms, 'through the words, the action and the person himself of Christ' (*EV*, nn. 28, 29). Christ is he who reveals the whole truth about man. It is the Lord who, through his life, death and resurrection, makes known and realises to the full the design of salvation for

man which had been hidden in God since the beginning of time (cf. Eph 1:9). 'Truly great must be the value of human life if the Son of God has taken it up and made it the instrument of the salvation of all humanity!' (EV, n. 33). The life of Christ and in particular his death on the cross 'while it reveals the grandeur of the Father's love, *shows how precious man is in God's eyes and how priceless is the value of his life*' (EV, n. 25). The Incarnation of the Son of God is the ultimate explanation for the dignity of human life which from its beginning until its end has 'its foundation in God and his creative activity' (EV, n. 39).

In current language the term 'life' is habitually referred to this way of existing which human beings share with other living organisms, which are 'capable of defending themselves, developing and multiplying on their own'. This is biological life (*bios*). According to this usage, the word 'life' can, however, also mean 'the set of experiences that are lived (psychological life) or the entire existence of an individual inasmuch as he or she is a project of humanity always *in fieri* (personal life)'. But in Holy Scripture, as we have seen, in the New Testament, and in particular in the Gospel of St. John, the word 'life' is employed to indicate supernatural life or the life of grace, 'eternal life'. And the term used is *zōē* in order to distinguish it from *bios*.

In the human person these three levels are so interrelated that the biological shares in the other two and vice versa. This is also, after a certain fashion, the clear belief in universal consciousness. Man, indeed, perceives himself as a good that already exists but at the same time he is not such in a definitive way. He understands himself as a project or a task to be accomplished. He lives in a drive towards a fullness that is still not possessed. From this point of view one also understands how the value of the 'historical existence' of man lies in being the pathway of his own personal fulfilment, the way by which to achieve life to the full. The preciousness of historical life is explained by its in-

trinsic connection with the fullness to which it tends, but it does not have in itself the explanation of its own being, its intelligibility, its goodness or its value.⁶

The consequences that derive from this concern the stance to be adopted towards physical or corporeal life are clear, as Christian thought has always emphasised. I will point to only some of these consequences.

– An adequate valuing of the various dimensions of human life requires a taking into account of the organisation that they are called to objectively, as dimensions of that 'unified totality' – the human person.

– Earthly existence is not an 'ultimate' but a 'penultimate' reality of human life. If it is said that human life has an absolute value, this must be understood only with reference to the relationship that it maintains with eternal life; physical or corporeal life is not in itself an absolute good;⁷ one can and one must offer to protect and defend higher goods such as faith or freedom (cf. EV, nn. 2, 47).

– Although the physical or corporeal life is not an absolute value, it is the most fundamental good of the human person and has a decisive moral transcendence. The personal improvement of the human being and the fullness of life to which he or she is called are connected with the existence of the body. Hence the right/duty to care for and defend health, etc.

b. Why care for human life?

One of the clearest affirmations of Revelation as regards human life is that it is 'sacred' and thus inviolable.⁸ 'Human life is sacred because from its beginning it involves the creative action of God, and it remains forever in a special relationship with the Creator, who is its sole end' (DVi, Intr., 5; cf. CCC, n. 2258; EV, n. 53). This 'particular and specific bond with the Creator' (EV, n. 34) during the course of his or her entire existence the person owes, first of all, to his or her origins: the human being is the only one of the creatures of the visible world created 'in the image and likeness of God'. Only the human person

– each human person – comes into existence as the result of a direct and particular intervention by God (the soul of each human being is created immediately by God). Secondly, this special relationship with his or her Creator is due to his or her destiny: amongst the creatures of the visible creations, only the human person was created for 'fellowship with God in knowledge and love of him' (EV, n. 38).

And this is because he or she is sacred and inviolable. '*God therefore is the sole Lord of this life*: man cannot do with it as he wills' (EV, n. 39). Human life is the property of God the Creator and Father (cf. EV, n. 40); 'no one can, in any circumstance, claim for himself the right to destroy directly an innocent human being' (DVi, Intr., 5; cf. EV, nn 53, 43). 'No one, however, can arbitrarily choose whether to live or die; the absolute master of such a decision is the Creator alone' (EV, n. 47).

The inviolability of human life is a sign of the inviolability of the person, an echo of the creative act of God which is heard in the very heart of man, as is attested to by universal experience. In the depths of his or her conscience, the person perceives that he or she is called to answer at any moment for his or her approach to life – the life of that person and the life of other people – as a reality that does not belong to him or her and which he she cannot dispose of as he or she so wishes. This is a perception that is imposed on the person and which he or she cannot escape.

Biblical texts emphasise the inviolable character of human life in the most varied contexts and also with the most varied approaches. 'The covenant between God and mankind is interwoven with reminders of God's gift of human life... The Old Testament always considered blood a sacred sign of life. This teaching remains necessary for all time' (CCC, n. 2260). An essential element of this teaching is the 'commandment about the inviolability of human life [which] reverberates at the heart of the "ten words" in the covenant of Sinai' (EV, n. 40, cf. Ex 20:13).⁹

The New Testament, confirming and bringing to its fullness this message of the Old Testament 'is a forceful appeal for respect for the inviolability of physical life and the integrity of the person. It culminates in the positive commandment which obliges us to be responsible for our neighbour as for ourselves: "You shall love your neighbour as yourself" (EV, n. 40). Its deepest dimension is summed up in the need for love and veneration of one's own life and the lives of other people.

The absolutely inviolable character of innocent human life 'is a moral truth clearly taught by Sacred Scripture, constantly upheld in the Church's Tradition and consistently proposed by her Magisterium' (EV, n. 57).

'God is the only lord of this life'. Only God can say "It is I who bring both death and life" (Dt 32:39)'. But the lordship of God over man and human life is not arbitrary. He does not exercise it 'in an arbitrary and threatening way' but 'rather as part of his *care and loving concern for his creatures*' (EV, n. 39). Every human being – every human life – is the result of the love of God, who takes care through His providence of all the beings and every being of the creation, and who, as regards man, is in addition very special, as Revelation demonstrates so profusely (cf. Lk 21:18).

3. How should Human Life be Cared for? The Answer of the Family

'God, the Lord of life, has conferred on men the surpassing ministry of safeguarding life in a manner which is worthy of man' (GS, n. 51). These words of the Second Vatican Council determine the nature of the dominion or lordship of man over human life and, specifically for this reason, of care for human life. Pope Francis recently emphasised this strongly, offering an explanation of it by using another word 'to honour'. This is a task that the family is called to share on fundamentally but which medical science is also called explore.¹⁰

a. *The sovereignty of God and dominion or lordship over man*

The sovereignty or lordship of God over human life does not assume any reduction in any way of man's responsibility for his own life, nor does it attack this responsibility. However, it does indicate the framework in which man must exercise dominion over life. As the image of God, man has received the task of dominating the earth, that is to say of completing the creative work of God, and in a particular way his own fulfilment, that of his own life and that of the lives of other people. 'To defend and promote life, to show reverence and love for it, is a task which God entrusts to every man' (EV, nn. 42, 52).

This is a task or charge which involves a real dominion: on man depends whether he lives or does not live his own life and, with various nuances – according to whether he is dealing with himself or other people – how he does this. This dominion, however, is at the same time relative, that is to say it must always be exercised in the awareness that a person must answer for how he or she lives his own life. This is a ministerial lordship. This means that because the dominion of man over his life is, in essential terms, participation in the sovereignty of God (cf. EV, n. 39), man's just conduct in relation to life involves reflecting and making visible the dominion and lordship which are God's alone. For this reason, man's caring for life is a *right and a duty* that must be engaged in *with wisdom and love*.

A *right/duty*. Life is a gift entrusted to man. Each human being is the first and direct custodian of his or her own life, that is to say of its stewardship and fulfilment. He or she truly can say that his or her life is 'his' or hers'. It is a 'belonging' or property which, because of its special features, gives rise to a primary and intangible right: it is the most fundamental right, the basis of all the other rights of the human person. Specifically for this reason, the protection and the defence of life is also a duty for the individual himself or herself, because only in this way can he

or she carry out the mission that has been entrusted to him or her, when it was given to that person, for other people, because respect for life is the primary manifestation of love of man. This duty is a requirement of the common good and is at the heart of the message of the Gospel.

With wisdom and love. The right/duty to care for life must be exercised with wisdom and love because it is in this way that God takes care of man and human life. Life is a gift that 'asks to be welcomed, preserved and esteemed, with a deep sense of responsibility. In giving life to man, God demands that he love, respect and promote life' (EV, n. 52). We find here another reason that justifies the licit character of the use of suitable means and the illicit character of disproportionate means in caring for health, such as 'exaggerated treatment'.

'Thou shalt not kill' (Ex 20:13) 'is a forceful appeal for respect for the inviolability of physical life and the integrity of the person' (EV, n. 40) and thus 'prohibits all personal injury inflicted on another' (EV, n. 40).

But this commandment is first of all an invitation to love other people: 'to be responsible for our neighbour as for ourselves: "You shall love your neighbour as yourself" (EV, n. 40). Its deepest aspect is the 'requirement to show reverence and love for every person and the life of every person' (EV, n. 39). And since the image and the perfect expression of this love are, as I have previously observed, the work and the person of Christ, it is here that man must search, in the ultimate analysis, in order to know and live the truth and the good of human life. From this 'source' man receives not only 'the possibility of "knowing" the complete truth concerning the value of human life., but in a special way the "capacity to "accomplish" this truth perfectly (cf. Jn 3:21), that is, to accept and fulfil completely the responsibility of loving and serving, of defending and promoting human life' (EV, n. 29). Because it is in Christ, 'from the blood of Christ that all draw the strength to commit themselves to promoting life'

(EV, n. 25). One understands from this the importance of the incorporation of Christ (through grace and the sacraments) into the task of defending and caring for life, since it will be possible 'to reproduce' his approach to, and his care for, human life to the extent that his Life itself is lived.

The death of Christ on the cross is significant not only because it reveals the love of God and the value of man but also because man fulfils his own life to the extent to which he gives it: 'his vocation consists in the sincere gift of self' (EV, n. 25).

b. The family: a sanctuary of life

Evangelium vitae, which dedicates its fourth part to the promotion of a 'new culture of human life' (nn. 78-101), dwells in a special way on addressing the 'responsibility of the family' which it defines as 'decisive' in this promotion (nn. 92-95). This teaching, which is an extension of what was affirmed by *Familiaris consortio* and was carried on in other documents such as the 'Letter to Families' *Gratissimam sane*, is of interest for the subject of this paper inasmuch as it points to the foundation of how the family must respond to the challenges to human life and even the way in which this should be done: 'Within the family each member is accepted, respected and honoured precisely because he or she is a person; and if any family member is in greater need, the care which he or she receives is all the more intense and attentive' (EV, n. 92). For this reason, 'the role of the family in building a culture of life is decisive and irreplaceable' (EV, n. 92).

The text of *Evangelium vitae* also speaks about the spheres and dimensions in which the family is called to respond to the contemporary challenges to life. It expressly refers to those that are produced in the transmission of life and its education' (EV, n. 92). As regards the transmission of life, we must include all those challenges against life in the field of procreation, a 'unique event which clearly reveals that *human life is a gift received in order then to be given as a gift*' (EV, n. 92).

This involves, on the part of the family, the promotion, amongst other things, of a culture of the truth and the meaning of sexuality, of conjugal love, of fatherhood and motherhood and so forth (cf. EV, n. 97). The response of the family to the challenges to life and in the building of a culture of life is of particular importance in the area of education. One of the fundamental steps must, therefore, consist in 'forming consciences with regard to the incomparable and inviolable worth of every human life'. Thus, *Evangelium vitae* specifies, 'It is of the greatest importance to re-establish the essential connection between life and freedom' and 'the recovery of the necessary link between freedom and truth' (cf. EV, n. 96). In the ultimate analysis, only with an adequate formation will people be able to proceed in the right way in caring for and protecting human life.

The ultimate goal of education is to ensure that the person develops in such a way as to find his or her identity and act in accord with what he or she is called to be by vocation. Integral and complete education requires that all aspects are cared for: the material, the spiritual, the natural, the supernatural etc. Hence the person must always be at the centre of education. For this reason, without engaging in a detailed list of the values and the aspects that must integrate this education, we can well say that education must always bear in mind two fundamental dimensions of the person: his or her personal dignity and sociality, and, in the case of Christians, the supernatural dimension that is specific to the children of God – divine filiation – 'the true and integral dimension of his humanity' (GrS 16). The Magisterium of the Church refers to this dimension when it speaks about the family as a school of humanity, a sanctuary of life, the foundation of society, etc.

Educating in freedom. Freedom – the most eminent sign of the image of God in man (cf. GS, n. 17) – is one of the fundamental values in education. Only through the upright exercise of freedom can a person reach his or her human and

supernatural fullness. For this reason, education in the true meaning of freedom is an inescapable element of education which must be carried out in the family.

Education in freedom must be directed not only to ensuring that children are capable of deciding on themselves but also and above all else to ensuring that these decisions are taken and put into practice in the domain and the direction of what must be, that is to say respecting the ethical values of upright moral behaviour. It follows from this that education in freedom must be *education in the virtues*. The virtues, indeed, have as their purpose helping man to use, and to relate to, created goods with freedom, that is to say in the world that corresponds to the nature of these goods and to the nature of man, according to what they are and how they serve the good of man.

Education in the meaning of justice and love. 'The home is the natural environment for initiating a human being into solidarity and communal responsibilities. Parents should teach children to avoid the compromising and degrading influences which threaten human societies' (CCC, n. 2224). For this reason as well, the family is the primordial cell of society; it is the first school for the humanisation of man and society.

Given the human social condition, children cannot achieve the development of their personalities and exercise their talents without relating to other people (cf. GS, n. 12). To perform this task, there should only be relationships that are sincere and based upon truth, that is to say relationships that correspond to 'a sense of true justice, which alone leads to respect for the personal dignity of each individual' (FC, n. 37). 'The human person needs to live in society. Society is not for him an extraneous addition but a requirement of his nature. Through the exchange with others, mutual service and dialogue with his brethren, man develops his potential; he thus responds to his vocation (cf. GS, n. 25)' (CCC, n. 1879). For this reason, education in the true meaning of justice is another of the essential values that parents

must necessarily attend to in the education of their children. Only in this way will the family be a school of humanity. It is clear, however, that the right relationship with other people (affirming the 'other' and treating him or her in line with the respect that is due to him or her) is achieved, in the ultimate analysis, in love. This is the right way of relating to other creatures when they are people. For this reason, education in the real meaning of *justice* cannot depart from education in the real meaning of *love*.

Education in chastity. For the same reason, an important part of this education in love is education in chastity. We cannot forget that education in love is an overall reality and that education in charity is inseparable from education in the other virtues. Sexuality constitutes riches of the person in his or her totality and is directed towards 'leading the person to the gift of self in love' (FC, n. 37). The way in which sexuality is lived is inseparable from the way justice and love with other people are lived. It follows from this that education in sexuality is a part of education in the real meaning of love. And it also follows from this that authentic education in sexuality must be education for charity.

Chastity is the virtue which in seeking 'to permeate the passions and appetites of the senses with reason', ensures that man can integrate his sexuality in an upright way in his relationships with other people. In sexual education, therefore, formation in values and moral rules cannot be departed from. Indeed, conforming one's own behaviour to these values and rules is the road that is required to integrate sexuality into the unity of the person. Only then can one achieve freedom and self-control, in order to relate to others, as persons, through the giving of self, given one's own condition and that of other people: parents, spouses, children, brothers and sisters, etc. There appears here another reason why in sexual education virginity in a special way should be valued, given that virginity is 'the supreme form of that self-giving that constitutes the very meaning of human sexuality' (FC, n. 37).

The setting for the education of children. In the family, parents must be aware of the very decisive role that the family plays in this education. The thousands of details of family life are decisive milestones in the formation of the personality of children. 'They bear witness to this responsibility first by *creating a home* where tenderness, forgiveness, respect, fidelity and disinterested service are the rule. The home is well suited for *education in the virtues*' (CCC, n. 2223).

But the role of the family in the response to the challenges to life does not end here, that is to say within the family, within the home. It is no less important outside the family. And one of the concrete forms possessed by the family to perform this function is taking part in politics. There are two fundamental ways of carrying this out: the witness of family life and active participation in the configuration of society so that the laws and institutions of the State do not offend but, rather, support and positively defend the rights and duties of the family. This is because the family is, and must be, the first and principal protagonist of the politics of the family.

If within a specific society laws exist which are against the family, a family should be aware of the fact that its witness to faithfulness to those values that these laws do not protect or contravene can transform society at a deep level. At the same time every family in particular and, even better, in association with other families, should, with the means that are available to it, work to ensure that 'the laws and institutions of the State not only do not offend but support and positively defend the rights and duties of the family' (FC, n. 44). As a consequence, one should create associations, take part in political parties, promote currents of opinion etc. that foster engagement in activities that benefit the family as such.

Respect of the State for the social and political participation of the family in the configuration of society derives from the nature of the bond that unites society with the family and which requires so-

ciety to perform its fundamental duty of respecting and promoting the family itself. In this area, the responsibility of the family and society is complementary. 'But society – more specifically the State – must recognize that "the family is a society in its own original right" and so society is under a grave obligation in its relations with the family to adhere to the principle of subsidiarity' (FC, n. 45); 'families should grow in awareness of being "protagonists" of what is known as "family politics" and assume responsibility for transforming society' (FC, n. 44). This is the permanent and current challenge posed to a Christian family: to be a resource, an agency and a patrimony of humanity. Only in this way will it be possible for the Kingdom of God to become that tree which is so great that it can shelter all the birds of the sky in its shade (cf. Mk 4:32). There is no life without the family, or better it is only within the boundaries of the family, as wanted and revealed by God, that human life shines forth in all its beauty and dignity; but it is also true that the family does not exist without life. The family becomes what it is in welcoming, in taking care of, and in the integral development of, human life. Such is the always new challenge to the family: to integrate in a correct way the vertical dimension with the horizontal dimension, the social with the religious, and the human with the divine. This is why the development of peoples and the new evangelisation have in the family not only an ally but also an element that cannot be departed from in building, '*hic et nunc*', new heavens and a new earth. ■

Notes

¹ *Instrumentum Laboris*, Synod of Bishops: III Part, 'Apertura alla vita e la responsabilità educativa' (nn. 121-134). *Relatio Synodi*, 'La trasmissione della vita e la sfida della natalità', nn. 57, 58, 59.

² The predominant school of thought sometimes leads to "false compassion" which holds that it is a benefit to women to promote abortion; an act of dignity to perform euthanasia; a scientific breakthrough to "produce" a child, considered as a right rather than a gift to be welcomed; or to using human lives as laboratory animals, alleged-

ly in order to save others. Instead, the compassion of the Gospel is what accompanies us in times of need, that compassion of the Good Samaritan, who “sees”, “has compassion”, draws near and provides concrete help (cf. Lk 10:33). Your mission as doctors places you in daily contact with so many forms of suffering. I encourage you to take them on as “Good Samaritans”, caring in a special way for the elderly, the infirm and the disabled. Faithfulness to the Gospel of life and respect for life as a gift from God sometimes require brave choices that go against the current, which in particular circumstances may become points of conscientious objection. This faithfulness brings with it many social consequences. We are living in a time of experimentation with life. But it is harmful experimentation. *Making* children, rather than accepting them as a gift, as I said. Playing with life. Be careful, because this is a sin against the Creator: against God the Creator, who created things this way’: Pope Francis, ‘Address to the Association of Italian Catholic Doctors’, 15 November 2014.

³ To our dismay we see technical and economic questions dominating political debate, to the detriment of genuine concern for human beings. Men and women risk being reduced to mere cogs in a machine that

treats them as items of consumption to be exploited, with the result that – as is so tragically apparent – whenever a human life no longer proves useful for that machine, it is discarded with few qualms, as in the case of the sick, of the terminally ill, the elderly who are abandoned and uncared for, and children who are killed in the womb. This is the great mistake made “when technology is allowed to take over”; the result is a confusion between ends and means. It is the inevitable consequence of a “throwaway culture” and an uncontrolled consumerism’. Pope Francis, Address to the European Parliament in Strasbourg, 15 November 2014.

⁴ POPE FRANCIS, ‘Address to the International Colloquium on the Complementariness of Men and Women’, 17 November 2014.

⁵ The terms ‘love’, ‘care’ and ‘respect’ in relation to human life, although they are closely connected and related to each other, are not, as is well known, equivalent. Here, however, they are used in this way.

⁶ This is the difference between Christian ethics and individualist ethics which argues for the primacy of the autonomy of the individual. The question is addressed in M. Faggioni, ‘Bioetica secolare e Bioetica cattolica’, *Studia Moralia*, 52/2, 275-296, especially, 285-289

⁷ We can say that it possesses an absolute value in the sense that it is a good that cannot be disposed of as a means for the benefit of other people.

⁸ Some authors prefer to use the phrase ‘dignity of human life’ and not ‘sacredness’ or ‘holiness’ of human life. They do this to avoid a comparison between ‘sacredness’ and ‘quality’ of life..

⁹ Holy Scripture itself makes clear that what the commandment (‘thou shalt not kill’) prohibits is bringing about the death of the innocent: ‘do not slay the innocent and righteous’ (Ex 23:7).

¹⁰ Today “to honour” could also be translated as the duty to have the utmost respect and to take care of those who, due to their physical or social condition, may be left to die or “made to die”. All of medicine has a special role within society as a witness to the honour that we owe to the elderly person and to each human being. Evidence and effectiveness cannot be the only criteria that govern physicians’ actions, nor can health system regulations and economic profits. A state cannot think about earning with medicine. On the contrary, there is no duty more important for a society than that of safeguarding the human person’: Pope Francis, Address to the Pontifical Academy for Life, 5 March 2015.

The Socio-cultural Context of the Encyclical *Evangelium Vitae*

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The socio-cultural context of the encyclical *Evangelium vitae* is outlined by this encyclical itself. And it is to that context that it refers and tries to respond. John Paul II – today St. John Paul II – was amply aware of the socio-cultural background to the question of life, a question that he sought to influence.

1. The Question of Life

Life in the eyes of John Paul II was – and this remains the case today – was called into question. In

the social doctrine of the Church when a good is called into question this does not only concern the individual choices and acts of people, the ethically debatable problematic decisions and actions of individual entities. A good that becomes a question is a socio-cultural emergency that has an impact on social, mass-media and political structures and institutions. In his *Evangelium vitae* John Paul II addressed a social question, that is to say a socio-cultural emergency brought about and marked by a series of challenges for the Church to which she had to respond. Not in the way in which a moral case is addressed but in a way in which a broad-ranging emergency is addressed. We are dealing here with a spectrum which in a globalised world has the same boundaries as the world itself.

Where for John Paul II – *Evangelium vitae* – the Gospel is the central key, we could indeed say

the access password and the hermeneutical key to the mystery and the good of life, culture constitutes the river-bed of the unfolding – and the terrain of focus and the target – of the encyclical. Here we have the tension between the ‘culture of death’ and the ‘culture of life’: the first threatens the second with its multiple challenges; the second is the antidote of the Gospel to the impact of the first.

When addressing the roots of the ethical question today, John Paul II in his encyclical *Veritatis splendor* centred the whole of morality around the truth, around the light of the meaning and motivation of truth:¹ ‘morality [is] founded upon truth and [is] open to truth in authentic freedom’.² In the encyclical *Evangelium vitae* this truth is life: the truth of life. The interlocutor of truth is freedom. Authentic freedom lies in an active adherence to truth: ‘freedom negates and destroys itself...

when it no longer recognizes and respects its *essential link with the truth*. When freedom... shuts out even the most obvious evidence of an objective and universal truth, which is the foundation of personal and social life, then the person ends up by no longer taking as the sole and indisputable point of reference for his own choices the truth about good and evil, but only his subjective and changeable opinion or, indeed, his selfish interest and whim'.³ This detachment of freedom from truth and its folding in on itself is the origin of moral disorder – sin. The objectivity of truth is replaced by a self-centred subjectivity which is without references to truth.⁴

The good of life is one of the goods that is today most exposed to this sliding from the objectivity of truth into the subjectivity of opinion, and to such an extent that very often and in various ways its value is not recognised and its dignity is violated. In large measure, the wish is to limit the field of life, which is a field of assessment and decision, to the opinions and preferences of the individuals. Today in circumscribing ethics to the public domain, that is to say to the system of associative life, everything that is outside the relationships and exchanges of social life comes to be seen as private and thus ethically indifferent and left to the freedom of the judgements and choices of individuals. This is what takes place in relation to the good of life, as well as to the goods of sexuality, marriage and the family.

This ethical subjectivisation and marginalisation is concomitant with the loss of the dignity of the individual and the value, as an end in itself, of human life and its reduction to being an object which has a use value. A life is not valuable because *it is* but because of its *way of being*. The value of life is subjected to parameters of its ability to be enjoyed, its attractiveness, its efficiency, its visibility, its strength, its rewards, its pleasantness, its prosperity and its health.⁵

This illuminates the socio-cultural aspects and character that have been acquired today by sin against life. We are not in the presence simply of criminal *acts* that

are perpetrated against life, which are seen as such and deplored, but also of a *mentality* that becomes a *custom*, of a loss of the sense and the value of life in the collective consciousness which, in turn, generates indifference, the postposition of values and the approval of illicit practices: 'Choices once unanimously considered criminal and rejected by the common moral sense are gradually becoming socially acceptable'.⁶

In this sense the Pope speaks about a 'culture of death' and 'structures of sin' which take shape and acquire depth.⁷ Without doubt sin is a personal act. The real responsibility lies with people: only individuals are agents of moral acts.⁸ But it is also true that many sins take the form of current ideas, habits, systems and practices which bring about a cultural ethos that is not favourable to the perception and the performance of good. In this way authentic 'structures of sin' are produced and strengthened which have a negative impact on the formation of the moral conscience.⁹ This last, 'darkened as it were by such widespread conditioning, is finding it increasingly difficult to distinguish between good and evil in what concerns the basic value of human life'.¹⁰

2. The Roots of the Culture of Death

The manifestations and the symptoms of the 'culture of death' are the many sins (offences, attacks and crimes) committed every day against life: these are at one and the same time the effect and the cause of other sins. This culture belongs to this perverse spiral. The encyclical engages in a detailed survey of it.¹¹ At its roots we find an obscuring of the value of life,¹² a perverse idea of freedom,¹³ and the eclipse of the sense of God and of man.¹⁴

The obscuring of the value of life is a consequence of the weakness of thought 'which generates scepticism in relation to the very foundations of knowledge and ethics'.¹⁵ This thought, reduced to a descriptive view of data and facts, does not manage to find and to

motivate strong values: it confines itself to portraying and organising the existing. Thus there are no reasons to recognise and defend human life in its meta-physical, meta-empirical and meta-functional dignity and it is seen and addressed in a physical, empirical and functional way. Life is not appreciated for *what it is* – with reference to its value – but for *the factual way* in which it is understood: its defence does not obey criteria of truth but ones of interests, preference or consensus.¹⁶ Thought that does not have metaphysical roots, which is reduced to descriptive observation, does not manage to make distinctions between living creatures, to see the essential difference (of *being*) between human life and animal life.

The perverse idea of freedom is 'in a notion of freedom which exalts the isolated individual in an absolute way, and gives no place to solidarity, to openness to others and service of them'.¹⁷ Freedom is perverted into detachment and deviation from the truth: from moral freedom – freedom for good – it retreats to freedom of choice, to the possibility of deciding according to what is opportune and convenient. In this way, a 'selfish notion of freedom' is established which exasperates and deforms the notion of subjectivity:¹⁸ the self becomes the yardstick of judging about good. In this way we can explain the subjectivisation of good, as well as the formal and rhetorical affirmation of law.¹⁹ The law does not create moral and juridical obligations because of its value for its own sake but because of what is attributed to it. The good of life and the right to life are emptied of objective value and are related to subjective feelings and wishes: this is the 'emotionalisation' of good and law, determined (not by the *ontos* and the *logos* of life) by the feelings and wishes (*pathos*) of individuals. These become absolutes to be satisfied 'at any cost', bending truth and law to its claims. This is the case with unborn life which, if it is not wanted, we must be able to rid ourselves of; or which we must be able to obtain through any technically possible instruments if it is wanted. From being an expression

and defence of objective value, good and law become a subjective wish. Life is thus exposed to the arbitrary will of an individual who becomes free to opt in a deformed way against good, with the rather frequent complicity and fostering of the law. In this way ‘a hedonistic mentality unwilling to accept responsibility in matters of sexuality’ becomes widespread which inhibits the perception of, and respect for, what cannot be subjected to prior conditions: life is not understood and loved in its truth-value but in consonance with the preferential feelings of individuals and the prevalent opinion of society. In this way ‘the ground is laid for society to be at the mercy of the unrestrained will of individuals or the oppressive totalitarianism of public authority’.²⁰

In looking for the ‘deepest roots’ of the culture of death we encounter ‘the eclipse of the sense of God and of man, typical of a social and cultural climate dominated by secularism’.²¹ When man loses the sense of God, he understands less, or no longer understands, himself, the mystery of his being and the singular dignity of human life.²² The obscuring of the Supreme Good darkens its refraction in every specific good: each good shines less in its human and moral goodness and more in its physical and functional goodness. Everything in this way tends to be levelled and melt as in a game of shadows. ‘Man is no longer able to see himself as “mysteriously different” from other earthly creatures; he regards himself merely as one more living being, as an organism which, at most, has reached a very high stage of perfection’.²³ In losing his salvific relationship as a creature with God, man does not understand the transcendent value and destiny of his being. From this derives ‘a practical materialism, which breeds individualism, utilitarianism and hedonism’;²⁴ ‘quality of life’ is understood and pursued as a ‘life of quality’, suffering and death no longer have sense, the body is reduced to matter, sexuality is depersonalised and exposed to being made banal, unwanted procreation becomes a danger that must be defended against. ‘Nature itself, from being “mater” (moth-

er), is now reduced to being “matter”, and is subjected to every kind of manipulation’.²⁵ To sum up, the eclipse of the sense of God is an eclipse of *logos* and *telos*, that is to say of profound and ultimate meanings, and this is translated into a fall of ethos, of ethical motivations and responsibilities, that is to say: sufficient reasons for respect and commitment no longer exist. The field of life is the field that is most exposed to the perverse effects of this noethical and ethical regression. ‘Where God is denied and people live as though he did not exist...the dignity of the human person and the inviolability of human life also end up being rejected or compromised’.²⁶ At the same time, and as a consequence, the denial of the dignity of the person and the violation of life produce ‘a kind of progressive darkening of the capacity to discern God’s living and saving presence’.²⁷ Forgetting about God and the insignificance of life are jointly involved in the same sin and the cultural ethos which springs from it and nurtures it.

3. Towards a ‘Culture of Life’ that Overcomes the ‘Culture of Death’

The intertwining of these factors brings about that cultural humus which is not favourable to the perception of the integral good of life and the responsibilities that it involves. Within it the many sins against life proliferate. These should be deplored because they are acts of individuals who deny and offend good. One cannot but render naked the ‘terrain’ of the emergence and proliferation of sin. This encyclical does this with recurrent references to the ‘culture of death’ which, indeed, traverses and marks our society. For *Evangelium vitae*, ‘It is a question, above all, of the individual conscience, as it stands before God in its singleness and uniqueness’: in relation to the individual, to his self-determination, ‘sin’ is defined as a choice for evil. ‘But it is also a question, in a certain sense, of the “moral conscience” of society: in a way it too is responsible, not only because it tolerates or fosters

behaviour contrary to life, but also because it encourages the “culture of death”’, the outcome of many wrongs perpetrated against life, which take a cultural form and depth. In relation to this socio-cultural solidification, a ‘structure of sin’ is formed which constitutes, so to speak, a materialisation in opinions, institutions, structures, fashions and customs of the ‘moral conscience of society’, creating and consolidating actual “structures of sin” which go against life’ and which are expressed by the matrix of negative influences exercised by the socio-cultural ethos on consciences.

Awareness of this socio-cultural outcome and expansion fosters a less narrow and individual consciousness, and one that is more extensive and inclusive of sins and crimes against life. In its insistent opposition to, and strong denunciation of, the ‘culture of death’, the encyclical does not hesitate and does not give way to pessimism or to diffidence. First of all because it is open to an explicit recognition of all the signs of concern, love and commitment of today towards life, which are an expression and index of a real and alternative ‘culture of life’. And then because love full of hope – generated by the Gospel of life, that is to say the paschal faith that good is stronger than evil, that life that defeats death – does not give space to any lack of confidence, surrender or disengagement in the presence of evil. John Paul II aims, in opposite fashion, at awakening that global responsibility, in total terms, which the gospel of life generates and supports.

This goes beyond strictly inter-subjective and ecclesial individual domains and opens up to society, politics and culture. This is not a matter simply of sensitising and forming personal consciences. It is necessary to have an impact on the processes of formation of the ethos: of that ‘social’ conscience which as a habitat pervades and influences the consciences of individuals. This leads to the acquisition of those social, political, mass-media and cultural responsibilities which authentic love for life involves. This means that ethical responsibilities as regards the

defence and promotion of life – which for a Christian are evangelising responsibilities – embrace ‘public life’: to act effectively for life is to act for a ‘culture of life’ which opposes and overcomes the ‘culture of death’.

Conclusion

Evangelium vitae provides a strong and authoritative impetus to becoming aware of the socio-cultural ‘range’ of the ethical question in general and the bioethical question in particular. Morality hitherto has accredited a notion of duty, of sin and of conversion which for the most part has been confined to the intimacy of consciences and the individuality of actions. This is basic and it cannot be abandoned. But it is not sufficient. We have to cultivate awareness of the socio-cultural factor: its impact on the decisions and actions of individuals and the role, in turn, of these in the strengthening and character of the socio-cultural factor. It is for this reason that the task required – and this is the case today more than ever before – by the truth of life, which this prophetic encyclical gives voice to, is not confined to individual duties and the ethical formation of people. This is a task, we are told by St. John Paul II, di-

rected towards ‘achieving a cultural turning point’: a global commitment to a ‘new culture of life, the fruit of the culture of truth and of love’. ■

Notes

¹ Cf. M. COZZOLI, ‘La verità principio normativo della morale nella *Veritatis splendor*’, in *Lateranum* 60 (1994) pp. 67-97.

² JOHN PAUL II, *Veritatis splendor* (hereafter *VS*), 6 August 1993, n. 101.

³ *EV*, n. 19; cf. n.96.

⁴ ‘any reference to common values and to a truth absolutely binding on everyone is lost, and social life ventures on to the shifting sands of complete relativism. At that point, everything is negotiable, everything is open to bargaining: even the first of the fundamental rights, the right to life’ (*EV*, n. 20).

⁵ Cf. *EV*, nn. 68-69.

⁶ *EV*, n.4.

‘broad sectors of public opinion justify certain crimes against life in the name of the rights of individual freedom, and on this basis they claim not only exemption from punishment but even authorization by the State, so that these things can be done with total freedom and indeed with the free assistance of health-care systems’ (*EV* n.4).

⁷ Cf. *EV*, nn. 12, 24.

⁸ Cf. JOHN PAUL II, apostolic Exhortation *Reconciliatio et paenitentia*, 2 December 1984, n. 16.

⁹ The first document to use the category of ‘structure of sin’ was the encyclical *Sollicitudo rei socialis* (30 December 1987), which, in the wake of the apostolic exhortation *Reconciliatio et paenitentia*, which itself spoke about ‘social sin’ (cf. n.16), observed ‘structures of sin...are rooted to personal sin and are thus always linked to the concrete acts of individuals who introduce these structures, consolidate them and make them difficult to remove. And thus they grow stronger, spread

and become the source of other sins, and so influence people’s behaviour’ (n.36).

¹⁰ *EV*, n. 4. Cf. n. 24.

¹¹ ‘murder, suicide, genocide, war, massacres, abortion, euthanasia’. But not only these: ‘whatever violates the integrity of the human person, such as mutilation, torments inflicted on body or mind, attempts to coerce the will itself; whatever insults human dignity, such as subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution, the selling of women and children; as well as disgraceful working conditions, where people are treated as mere instruments of gain rather than as free and responsible persons’. His denunciation also includes the malnutrition and hunger to which millions of people are subjected, the scandalous arms trade, the criminal spread of drugs, the promotion of certain kinds of sexual activity which are morally unacceptable and also involve grave risks to life, every form, that is to say, of open or subtle threats to human life’. Contraception, sterilisation, techniques of artificial reproduction which are incompatible with the dignity of human generation, pre-natal diagnoses directed towards eugenic abortion, experiments involving unacceptable risks, exaggerated treatment.

¹² Cf. *EV*, nn. 10-17.

¹³ Cf. *EV*, nn. 18-20.

¹⁴ Cf. *EV*, nn. 21-24.

¹⁵ *EV*, n. 11. Cf. n. 24. At the basis of the question of life (the moral question), there is question of man (the anthropological question), at whose beginning there is the question of truth (the epistemological question).

¹⁶ Cf. *EV*, n. 20.

¹⁷ *EV*, n. 19.

¹⁸ Cf. *EV*, nn. 13, 19.

¹⁹ Cf. *EV*, n. 18.

²⁰ Cf. *EV*, n. 96.

²¹ Cf. *EV*, n. 21.

²² Cf. *EV*, nn. 21-22, 48, 96.

²³ *EV*, n. 22.

²⁴ *EV*, n. 23.

²⁵ *EV*, n. 22. Cf. n. 23.

²⁶ *EV*, n. 99. Cf. n. 22.

²⁷ Cf. *EV*, n. 21.

The Contemporary Relevance of *Evangelium Vitae* from a Bio-juridical Point of View

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Twenty years after the publication of *Evangelium Vitae*, which took place on 25 March 1995, it is still not certain that the world has really become aware of its deep meaning and its great relevance. Responding to a request of the Pontifical Council for Health Care Workers, I would like to examine some bio-juridical aspects that were presented by this document of the Magisterium and

consider their effectiveness in the contemporary context.

1. What *Evangelium Vitae* Tells us at a Bio-juridical Level

To begin, let us remember in summarising fashion the organisation of this encyclical. In the first part the text refers to the new threats to human life (the war of

the powerful against the weak, the fact that these attacks lose the character of crimes and acquire that of rights, and the confusion of good and evil).

In the second part it presents the Christian message about life that enriches the value of life which is already known by reason (man is placed at the summit of the creative action of God, the redemption restored the divine image to man, and the dignity of man is to share in divine life for ever).

The third part remembers that commandment which is immutable by its nature: 'thou shalt not kill' (a solemn reaffirmation of the inviolability of innocent human life, a reminder of the ex-communication *latae sententiae* and of the fact that civil law must conform to moral law).

To end the encyclical, the fourth part describes the question of a new culture of human life ('you did it to me', Mt 25:1-46, an appeal to general mobilisation as in *Rerum Novarum*, an evocation of the Apocalypse with Mary near to the birth of her child with the dragon in front of her).

This structure, on a number of occasions, has references to law, above all in the first part. where the weakness of human law which is unable to oppose the attacks on life and even encourages them is perceived, and the third part in which the immutable prohibition on killing is restated.

Indeed, in the first part the text demonstrates that the threats to human life have novelties of three kinds. These acts hostile to life lose their character of being a crime and take on the character of a right with the involvement of the state. They attack life where it is extremely weak, when it is without any capacity for defence. Paradoxically, these attacks take place within the family and through its action. The characteristics of these deeds distinguish them from those attacks on life which have never ceased to traverse history.

The text then explains how we have arrived at this situation of the eclipse of the value of life. On the one hand, it points to the deep crisis of our culture which generates scepticism about the very foundations of knowledge and

ethics. Secondly, it observes the existential and relational difficulties that undermine society. The text observes, however, that the human conscience does not cease to describe the value of life which is sacred and inviolable.

Lastly, the encyclical describes the consequences of this situation and uses a new concept: 'a veritable structure of sin. This reality is characterized by the emergence of a culture which denies solidarity and in many cases takes the form of a veritable "culture of death"'. From this comes the concept of a 'conspiracy against life' which reaches the point of 'damaging and distorting, at the international level, relations between peoples and States'.

One reaches – affirms the text – a surprising contradiction between the innumerable declarations of rights and, at the same time, the paradoxical calling into question of this culture of human rights. The roots of this contradiction are in be found in the exacerbating and denaturing of the concept of what is an individual which sees the autonomous being as the only bearer of rights.

We also find these same roots in a conception of freedom that exalts the individual in an absolute way, without any connection with charity or freedom. Everything seems to have become a matter of contracts and everything is negotiable, the right to life as well, within the domain of a practical materialism that propagates individualism, utilitarianism and hedonism. The mortal danger, lastly, is the confusion between good and evil. *Evangelium Vitae* stigmatises abortion above all else, then the techniques of artificial reproduction and prenatal diagnosis, and, lastly, euthanasia. Today, after *Evangelium Vitae*, we can see that the discoveries have accelerated, in the same way as the transgressions, and the philosophy that supports them has experienced a new turning point.

2. What Changed after *Evangelium Vitae*

The political anti-humanism that sprung from two world wars,

and against which we fought, seems to have given way at the end of the twentieth century to a philosophical anti-humanism that has been imposing itself.

New discoveries and transgressions

We must bear two dates in mind: 1997 and 2006. Two years after *Evangelium Vitae*, in 1997, the possibility of cloning mammals was discovered. The question was raised of the cloning of humans, that is to say asexual reproduction. Beyond cloning, a controversy was begun about the complementarity of the sexes, influenced by gender studies, which would lead to homosexual marriage. The question of procreation and surrogate motherhood for the benefit of homosexuals was raised, while awaiting the artificial womb. The possibility of cloning also opened up the road to that of the production and use of embryos as an infinite reserve for stem cells for therapeutic purposes.

The Japanese scientist Yamana published in 2006 (on animals) and in 2007 (on humans) the results he had achieved with the reprogramming of somatic cells into stem cells which countered the interest in human cloning because this technique of rejuvenation does not resort to the production and destruction of embryos.

Despite this, the total availability of human embryos and the techniques derived from cloning have increasingly led researchers to venture into the production of human beings starting with more genomes, as the recent British experience has demonstrated, at a concrete level with the production of man/animal hybrids.

This development characterises a further step that goes beyond the transgressions described by *Evangelium Vitae*. Whereas the encyclical describes the contradiction between the culture of human rights and its being called into question, contemporary developments tend to do without references to man, his rights, and, lastly, to humanism. The end of man leads to two consequences: the creation of the sub-human and the creation of the superman.

The end of humanism

We are the first in the history of the world to live the end of man. I am referring to the title of an essay by C.S. Lewis of 1943. For years apocalyptic books by prestigious authors have followed one another. *The Abolition of Man* by Lewis, *The Obsolescence of Man* by Günther Anders, and *The End of History and the Last Man* by Francis Fukuyama. More recently Prof. Remi Brague, Prof. Jean-François Mattei and Prof. Xavier Martin have published books on the end of humanism, devastated man or deconstructed man. From now on, the question 'how can we protect human beings?' is no longer posed, that is to say how to defend them against all the inhuman attacks of which they have become the subject, but 'why protect man?'. What is the use of humanism?

After the Enlightenment, man became his own limit, his own yardstick, his own foundation of truth, of the beginning and the end. No longer being a gift, no longer being created, he defines himself and defines his own status. In the history of philosophy there are two kinds of morality: those that are based on a foundation outside man, which is higher than him and which give him legitimacy (nature, God) – heteronomy, and those that are based on an autonomous foundation, on man himself, a term that refers to his capacity to give himself his own laws – *auto nomos*. We have passed from values that derive their legitimacy from an external reference to an autonomous reference. We have rejected our title of nobility, which is so strong, that is to say that of being the children of God. But this autonomous humanism, still marked by the values of Christianity, has been an illusion for about 250 years, like the moon provokes an illusion when it is still illuminated by the sun. Now that it has finished, we discover that uprooted humanism is a cold star.

On the one hand, we have progressed to the level of sub-humans: man no longer has the right to subordinate other living beings; a link in the great chain of life exists and he is, rather, a parasite

who constitutes a global threat to the environment.

We have transgressed by going beyond, towards being supermen, with the temptation to limit the patent of humanity only to individuals with specific qualities. Today techno-science is fashionable. In this way we have the right to make man, to unmake him, to perfect him, to want him at any price or not to want him at all, not to provide any explanation if we destroy him or, if we do destroy him, not to provide explanations which are worse than silence. In this way we are moving from the man/animal to the man/machine

Sub-humans: anti-speciesism

Lastly, when we are reduced to cells, to the genome, to molecules, nothing separates us from the other living species. Darwin placed man in the process of animal evolution without allowing man to distinguish himself from the other species. Montaigne had blurred this line when arguing that 'differences are no longer to be found between one man and another and between an animal and a man'. Man is no longer differentiated from an animal by nature – it is only a matter of degree ('we have learnt to speak about chimpanzees, providing a parallel between the way human societies work and their behaviour and 95% of our DNA is shared by monkeys', Rémi Brague observed). This is what is called anti-speciesism. As a consequence, there is no reason to deny a parity of treatment and of rights to animals who are, as we are, rings in this great chain of life. Ecology has taken the place of biology in order to deny that man has the right to affirm his superiority over other living beings. Thus, for example, for Peter Singer of Princeton it is more grave to kill a monkey who belongs to a protected species than to kill a disabled child.

Supermen: transhumanism

Transhumanism is a philosophy that seeks to transform human nature basing itself on technology. The beginnings of the transhumanist movement go back to the

1980s and it brings together philosophers, scientists, mathematics and experts in UCT technology. The starting idea is that man is in constant evolution, that we moved from animals to men and that we will pass from men to machines. This evolution is possible thanks to nanotechnology, to biology, to information and communications technology, and to the cognitive sciences – four techniques that converge and become very powerful in remedying the humiliation (in front of machines) of illness, of old age and of death. Transgumanism passes through three stages: 'repaired man', first of all, who benefits from transplants, artificial limbs or suchlike; 'augmented man', whose physical and mental performances are decoupled; and 'transformed man', who is a machine-man who will live longer, or will not die, if one can believe the prophecies of the transhumanists.

Transhumanism is not a humanism. On the contrary: it is a non-humanism inasmuch as it tends to deprive man of mortality which is, to employ the words used by Hannah Arendt, the mark of the human species. In seeking to escape mortality, transhumanism closes itself to birth, inasmuch as a mankind that grows old no longer takes into consideration its own renewal. Let us remember here that today births tend at times to be adjudged a prejudice (in the processes of wrongful life): in this we have already reached transhumanism. Transhumanism replaces the question 'why are we mortal?' with the question 'why are we not immortal?' The answer must not be, as is the case with the great religions of the world, that death is a trial that has to be overcome before a final revelation, but that death is only an error that has to be corrected. But to what end if not the creation of a cyborg, a man-organism hybrid, arising in Singularity, a historical moment when artificial intelligence will go beyond human intelligence?

In essential terms, transhumanism is a mixture of evolutionism (the great chain of life according to which man is the outcome of natural selection), of materialism (man is the sum of his particles

and of his functions), and of liberalism which led to the hunting of inferior beings and the promotion of superior beings, according to the dogma of the maximisation of profits. But this desire to go beyond of man is marred by a grave defect: it always proceeds from the human which is expressed in the place of virtual transhumanism which does not exist.

What is lacking in transhumanism above all else, folding in on a man who is emptied of his being, is to acknowledge what man specifically is: he has not been produced but comes from origins, a gift, a body, a sex, a relationship and a birth that gives him access to the only true immortality, which cannot be resisted.

3. The Contemporary Relevance of *Evangelium Vitae*

In *Confessions*, St. Augustine said that we love the light when it shines but that we detest it when it rebukes: *amant eam lucentem, oderunt redarguentem*. Today this light is perceived by many of our contemporaries as violence on the part of those who project it.

The light of the Apocalypse, cited at the end of *Evangelium Vitae*, helps us be aware that life is always at the centre of a great battle: the dragon wants to devour the child that has just been born, the figure of Christ that Mary brings into the light in the fullness of time.

It is this light that we also find in the last book of St. John Paul, *Memory and Identity*, when the Pope asks: 'why does all of this happen?' What is the root of these post-Enlightenment ideologies? The answer, in definitive terms, is simple: this takes place because God as Creator has been rejected, and thus as a source of deciding what is good and what is evil. The notion of human nature as a real fact has been rejected and in its place has been placed a product of thought freely formed and freely mutable according to circumstance. And subsequently, as in *Evangelium Vitae*, we read that 'St. Thomas offers the well-known definition of law: "*Lex est quaedam rationis ordinatio ad bonum commune, ab eo qui curam communitatis habet promulgata*"' (Law is an ordering of reason promulgated with a view to the common good by he who

cares for humanity). As an 'ordering of reason', law rests upon the truth of being: the truth of God, the truth of man, the truth of created reality itself as a whole. And in *Evangelium Vitae* he adds: "'But when a law is contrary to reason, it is called an unjust law; but in this case it ceases to be a law and becomes instead an act of violence".-And again: "Every law made by man can be called a law insofar as it derives from the natural law. But if it is somehow opposed to the natural law, then it is not really a law but rather a corruption of the law"'.

We must therefore complete the definition of law with the traditional definition of justice which is ' *suum cuique tribuere*, give to each his own'.

What should be given to man if not the Gospel of life, the good news of having been created in the image and likeness of God, of having been redeemed through the sacrifice of His son Jesus Christ and of having been called to an eternal relationship of love in them?

What is man, so that you might remember what he is? The answer of *Evangelium Vitae* is the answer of eternity. ■

The Contribution of the Encyclical Letter *Evangelium Vitae* to the Theology of Pastoral Care in Health

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On 25 March 1995 St. Pope John Paul II signed his eleventh encyclical, *Evangelium vitae*, which as he himself observed was 'meant to be a precise and vigorous reaffirmation of the value of human life' which is worthy of respect and inviolable because of what it is and not because of its utility, and in all situations of life (cf. *EV*, n. 5).

When we think in *Evangelium*

vitae of the question of the Lord to Cain, 'What have you done? The blood of your brother cries to me from the ground' (Gen 4:10), which opens the first chapter, this question is now addressed to contemporary man to make him aware of the breadth and gravity of the attacks on life, by which, indeed, the history of humanity continues to be marked.

We are dealing with special

kinds of attacks that concern unborn life and the terminal stage of life on earth, attacks that have new characteristics compared to the past and ones that raise problems that require critical reflection in the field of the world of medicine.

This encyclical, in fact, constitutes a denunciation of these attacks. First of all of the contradiction of the human approach to medicine: on the one hand, medicine is required to produce constant advances in therapy in order to achieve an ideal of physical health and the cure of all pathologies; on the other, in some cases, it is asked to bring death. But it is also a denunciation of medicine itself because it is often not heard generating a general defence of life, a defence which is, indeed, a component part of the reason for its existence. The encyclical thus emphasises that medicine, which by its vocation is ordered to the defence and care of human life, is increasingly lending itself to perpetrating acts against the person and in this way it deforms its face, contradicts itself, and humiliates the dignity of those who practise it (cf. *EV*, n. 4).

The description of these contradictions is accompanied by a realistic reading of the difficulties encountered in defending life because this has to take place in a world that has a culture defined as a 'culture of life', which has specific characteristics, in an epoch that is marked by a cultural crisis whose dominant notes are materialism and individualism.

The encyclical is organised according to the known stages of human behaviour and evangelical discernment: seeing, judging, acting.

To see is specifically to know reality as it is and to see this reality when the panorama of threats to life presents itself. To judge: to discern is not only to know – it is also interpreting reality and understanding it. This is possible up to a certain point with the light of reason but one can succeed in this to the full only with the light of the Word of God which illumines the reason of man. To act: true discernment is not confined to remaining with ideas: it decides and

it acts. This action is seen in the encyclical as taking place in two stages: one stage is more doctrinal in character, the other is more pastoral.¹

One may affirm that the true unity of *Evangelium vitae* lies in its positive and constructive approach. The condemnation of contraception, of abortion, of artificial fertilisation, of genetic manipulation and of euthanasia takes up the traditional doctrine and teaching of the Magisterium of the Church and takes them up with special breadth, accompanying this condemnation with a description of recommendations and directives of human and pastoral value, at the same time specifying all those instruments which are suitable to promoting a new culture of life that is able to ward off and defeat the 'culture of death'.²

To the present culture which is defined in these terms the encyclical opposes a culture of life that is founded upon the theological horizon of hope. What the Church wants to save is not the life of every person but, rather, the very concept of the person: a culture of life that in its anthropology has the concept of the dignity of man who is seen in his spiritualised corporeal self, in his concrete development and in his supernatural development. This approach is specific to the pastoral Constitution on the Church in the world, *Gaudium spes*, which observed that man is at the centre of every analysis, man in the unity of his body and soul, heart and conscience, intellect and will.³

In this encyclical, as is known, the declarations of the Magisterium on the biological aspects of unborn life and the grave immorality of abortion and euthanasia are also read in the light of what Holy Scripture says on the subject. On the other hand, life is the problem of man, from the beginning of his existence until his death, and the Bible is an illustration of the problems of man which are seen in the light of God.⁴ The encyclical, therefore, is from its beginning until its end a discourse on life, and it lays a great deal of emphasis on the harmony that exists between the two Testaments as regards the doctrine of

life. It takes into account the evolution of this doctrine, reading the whole of the Biblical message in the light of Christ who is Life for the world.⁵ In the use that Pope St. John Paul II makes of Holy Scripture to strengthen the doctrine that is offered in the encyclical, one can perceive that specifically Biblical intention that is present in all the pastoral practices of the Lord Jesus.⁶

One can therefore state that the encyclical *Evangelium vitae* calls on pastoral care to perform to the full the redemptive role indicated by the Second Vatican Council and which can be defined as being that of the Good Samaritan who bandages the wounds of man who is left half dead by a culture that increasingly threatens the person.⁷

Because of what has been said hitherto, one can read *Evangelium vitae* as the manifesto of the theology of pastoral care in health because it portrays a society that is sick, men and women that are sick, and discerns in the background the presence of so much human suffering.

The theology of pastoral care in health in large measures revolves around an irreplaceable trilogy: the 'fundamental events of human existence' (birth, life, health, illness, suffering, death); the socio-cultural and health-care context in which these take place; and health-care workers (a very broad term which includes the family, schools, professionals, pastors, the Christian community, etc.) who implement in that context the salvific and health-inducing plan of God. The 'fundamental events of human existence' are deeply rooted in the person and the community, they are at the centre of the history of salvation, the subject of the plan of salvation, and thus are essential to our understanding of the mystery of Christ and the Church. They are also the subject of pastoral and ethical practice and a 'setting' for evangelisation.⁸

Given that pastoral theology is systematic reflection on the conditions for the performance of this task by the Church, here and now, within historical processes, in the concrete experience of people, in their interactions and

in response to their problems and their questions, the theology of pastoral care in health means trying to bring the Word of healing of God to suffering man but also to a social/health-care world and humans who can also be the victims of this world, and it can do this through pastoral care for life, health and suffering.

In this context one of its first elements is therefore overall pastoral care for life. Pastoral care for life must take upon itself the subject of welcome for, and respect, defence and promotion of, human life, specifically because of all the observations made by *Evangelium vitae*. This kind of pastoral care must be arranged within the dialogue of faith and reason and seek the redemption of frail human life in the unity and totality of the person.⁹

The Gospel of life, in fact, is not a simple reflection on human life: the Gospel of life is a concrete and personal reality because it is the message of the very person of Jesus. This does not mean that in the encyclical the whole of the theology of life is reduced to, or deduced starting with, Christology. Reference is also made to God the Creator and the Lord of life, but from a Christological point of view, and this is because 'Through the words, the actions and the very person of Jesus, man is given the possibility of "knowing" the complete truth concerning the value of human life' (*EV*, n. 29).

Indeed, the answers to the bioethical problems raised by *Evangelium vitae* can present some ambiguities. An attempt at partial answers can make the Church run the risk of allowing herself to be degraded to being a mere instrument for the moralisation of society, as the liberal State would wish, and, at an even lower level, of wanting to legitimate herself in virtue of the utility of her initiatives of a social character. The more the Church concentrates her attention only on what in this area should be, so to speak, her 'specific contribution', the more she will fail.¹⁰ The Church must first and foremost, and in a resolute way, do what is specific to her and perform the task

on which her dignity is founded: making people know about God and proclaiming His Kingdom. Specifically in this way, and only in this way, is that spiritual space created in which the moral moment can existentially go back to flourishing well beyond the world of believers alone.¹¹

On the other hand, ethics can not be limited to describing a situation – it is characterised by its proposing of normative and binding values. In other terms, the task of ethics is not to say what people 'do': customs that are practised or those values that are felt and lived as such. Its task, rather, is to say what people 'should do', even though they do not do it or may not do it. This assumes that one accepts the existence of objective, universal and immutable values, that is to say values founded on reality as such (in our case on the person as such) and thus extended in space and time exactly as reality as such is extended. And the believer has the opportunity and the responsibility to interpret reality, referring to a reason illumined by faith; listening, therefore, to the relevant Word of God.¹²

This is done starting with the statements that 'The God of the Covenant has entrusted the life of every individual to his or her fellow human beings, brothers and sisters, according to the law of reciprocity in giving and receiving, of self-giving and of the acceptance of others' (*EV*, n. 76) and 'The Gospel of God's love for man, the Gospel of the dignity of the person and the Gospel of life are a single and indivisible Gospel... We need then to "show care" for all life and for the life of everyone. Indeed, at an even deeper level, we need to go to the very roots of life and love (*EV*, nn. 2, 87). In other words, this encyclical constitutes 'the expression of the meaning of man and his life seen with the eyes of God'.¹³

This is a matter of highlighting the points of contact and the deep relationship that exist between the lives of each man in order to achieve a pastoral care of life that enters a daily culture in which a 'personal' faith also exists with 'personal' choices and assessments that refer to that situation

which the Fathers of the Church, and especially the Cappadocians, always emphasised, that is to say the existence in man of a certain natural aspiration to know God, which is a belief with a philosophical foundation (the analogy of being) and which has a theological foundation (created in the image and likeness of God).

It is only in faith that certain values can be discovered or recognised in their total worth, even though they are rationally knowable, and also when faith is not attentive to scientific analysis. Indeed, the Second Vatican Council observed that 'if methodical investigation within every branch of learning is carried out in a genuinely scientific manner and in accord with moral norms, it never truly conflicts with faith, for earthly matters and the concerns of faith derive from the same God'.¹⁴

It is for this reason that in the formulation of its definition it is possible to affirm that 'bioethics should be rational ethics which, starting with the description of the scientific, biological and medical facts, rationally examines the legitimacy of intervention upon man. This ethical analysis has its immediate pole of reference in the human person and his transcendent value, and his ultimate reference in God who is the absolute Value. In this approach, interaction with Christian Revelation is incumbent and spontaneous and interaction with current philosophical conceptions is also fruitful'.¹⁵

If, then, moral theology understood as a determining of the person-value and the norm-value with reference to the Absolute can be beneficial inasmuch as it calls bioethics to the very foundations of ethics, pastoral care, for its part, is preparatory to it because it fosters and allows personal adherence. This is because pastoral care increases capacity in judging, responsibility in choosing, and power in deciding and acting in order to make possible the triune-Christological faith in the 'heart of man so as to build up the Church, and to give meaning and visibility to human existence'.¹⁶

In this context, pastoral care

must ask scientists and health-care workers first of all to contribute to that reawakening of consciences that leads to an awareness, as was the case with Israel, that life 'is not at the mercy of a Pharaoh who can exploit it at his despotic whim. *On the contrary, Israel's life is the object of God's gentle and intense love*' (EV, n. 31) that asks to be welcomed as a gift and celebrated at every moment with a veneration that is tenaciously borne witness to.

A culture of life imposes itself on medical doctors and health-care workers more than on other social workers because they have known ever since antiquity and the experience of the Asclepiads that man must be cared for in his lost psycho-bio-spiritual integrity, and that the most sophisticated forms of treatment of the illness alone sit unevenly with that process of healing of the person that is expressed in a renewed and re-discovered physical and spiritual equilibrium. Medical doctors and health-care professionals must be called to educate in the value of the person as a unique and unrepeatable gift for other people, thereby educating in health in an overall vision of the soul and the body.

The encyclical then insists that the 'Gospel of life' must become history, it must express itself and be realised in the mentalities and the customs of the Christian community and human society. This requires pastoral care to be implemented in a specific and characterised way, with a pastoral programme that is expressed in the three directions of evangelisation: proclaiming (the *munus propheticum*), celebration (the *munus sacerdotale*), and service to life (the *munus regale*).

The theology of pastoral care in health must motivate pastoral care in health starting with international organisations and national governments so that attempts are made to eliminate the causes that obstruct human health, for example a shortage of food, low levels of instruction, bad living conditions, and inhuman working conditions.

This interpretation that takes health as its key to the message

of the salvation has its roots in the very mystery of Christ and in a particular way in his therapeutic activity for sick people and the so-called 'healthy' of his time.¹⁷ In the history of salvation, above all in the New Testament, the therapeutic action of God does not so much emphasise illness as health. The world of health, of illness and of suffering thus appears as a 'privileged setting' of the salvific pedagogy of God. Health is always connected to salvation (of which it is a sign, manifestation and anticipation) and becomes a true 'theological setting' for an understanding of the history of salvation.

In Christ – in addition to expressing in an exemplary way the notes that identify the subject of health – was revealed the itinerary that human health, beheld from the perspective of its subject, is called to tread. Starting with the Incarnation, Christ becomes a great symbol of the health-inducing pathway of being in this world. In the light of this mystery one can state that the first act of health lies in welcoming life which is thus received as a gift and as a mission. Welcoming life means making the verb 'to be born', which is initially only passive, active – a task that is as long-lasting as existence itself.¹⁸ In giving life to man, God gives him at the same time the commandment to live; God the creator orders man to honour life – his own life and the lives of others – as a possession that He lends. There is, therefore, an obedience to God which is inherent in human existence as such.

In the light of faith, health is seen as belonging to man's vocation as a creature and as a Christian, where the cause-effect schema can never be the ultimate explanation of the relationship between the Gospel and health. Here, indeed, we find ourselves inside another logic: that of Grace, which can also make illness and suffering health-inducing, and can even render physical health less important. Human health in the design of God and in its actuation in the mystery of Christ (and now by the Church) always exists on a journey towards fullness, that is to say

towards the complete fulfilment of man. It is salvific health and health-inducing salvation.¹⁹

It is affirmed that a person is healthy when he or she is able to live using all the energies that he or she possesses, and which are really available, for the carrying out of his or her mission, in any situation that may arise, even when that situation is difficult and painful, or, in other words, in order to develop at every moment the highest disinterested love of Christ, of which he or she is concretely capable, at any moment of his or her life.²⁰

All of this belongs to the broad framework of reference of pastoral care in health, namely 'the presence and the action of the Church directed towards the evangelisation of the health-care world through the actualisation of the liberating, healing and saving presence of Christ, in the power of the Holy Spirit. It is implemented by making available to sick people, and those who take care of them, the support of a warm humanity and the instruments of grace, promoting and defending life and health, sensitising people to the problems and the needs of those who suffer, and accompanying men in the search for answers to the great questions posed by living, suffering and dying'.²¹

The Church, which was born from the mystery of the redemption of Christ, is called upon to look for encounter with man in a particular way on the way of suffering. In this encounter man 'becomes the way of the Church' and this is one of the most important ways.²²

Whereas it was stated beforehand that the *Evangelium vitae* is the Good Samaritan who bandages the wounds of the man left wounded by the culture of death, now pastoral care in health is the Good Samaritan who bandages the wounds of the man left wounded on the road of life.

However we may ask themselves if there is such a thing as a man who does not suffer. The God of the Bible is portrayed with the features and characteristics of a physician. The physician of all infirmities. Indeed, He 'heals the broken-hearted and bandages their

wounds' (Ps 147:3) and addresses man with the following words: 'Your wounds are incurable, your injuries cannot be healed...no remedy for your sores, no hope of healing for you...I will make you well again, I will heal your wounds' (Jer 30:12-13. 17). Next to Him, in glory, there is Christ whose hands are often laid on sick bodies.²³

Patristic literature attributed to Christ the title of '*Christus medicus*', the physician of the body and the spirit, almost to confirm the idea that every man suffers. The Second Vatican Council took up this title in the Constitution on Sacred Liturgy, *Sacrosanctum concilium* (n. 5), drawing upon a quotation from Ignatius of Antioch (Eph 7:2). It stated that Christ was sent to evangelise the poor and to heal the contrite of heart (cf. Is 61:1; Lk 4,18) as a corporeal and spiritual physician.

This suffering should also be an element of human solidarity, or, in other words, of that compassion that acts as a force that arises from an awareness that weakness is something held in common and from consciousness of reciprocity.

Naturally, in this area of analysis the word 'suffering' must be read within a context of a vast meaning because it is present in very many forms in the human world, both at an individual and a social level.

The threats to human life which are denounced by the encyclical can also be read in terms of the personal perspective of individual men and women and thus they refer to the world of human suffering, just as the apostolic letter *Salvifici doloris* has a role in pastoral care in health.

Do not the techniques of artificial reproduction express, albeit in an ethically not correct form, the suffering of a father and of a mother in their wish to have a child? Does not abortion itself envisage the further suffering, even though sometimes not immediately after the act, of individual men and women who will never forget that they were parents? Can not the euthanasia requested by a person be motivated by the desperation of that person during the ter-

minal stage of an illness that lies behind that request?

In the encyclical we then have discussion about the suffering that takes place after an abortion, a wound that has still not healed and which, perhaps one may add, will never heal, but which in a renewed relationship with God and in solidarity with people who are friends and competent can become a new way by which to look at the life of man (EV, n. 99). When in the encyclical a cultural turning point is called for in this field, the contribution of women is called for, giving to them in this cultural turning point in favour of life a space of thought and action which is singular and perhaps determining: they are to become the promoters of a new 'feminism' which knows how to recognise and express the true female genius in all of its expressions in civil life, working to overcome all forms of discrimination, violence and exploitation.

Even though one cannot justify at an ethical level the threats to life pointed to in the encyclical *Evangelium vitae*, they nonetheless express a human reality and highlight how 'The field of human suffering is much wider, more varied, and multi-dimensional. Man suffers in different ways, ways not always considered by medicine, not even in its most advanced specializations'.²⁴

This reference to broader human suffering can lead us to think of the need for a pastoral care in health that is not confined to places of care and treatment alone because it has its foundations in a shared human condition. Reading the apostolic letter *Salvifici doloris* should inspire a form of pastoral care in health that seeks to meet the difficulties and the suffering which men and women may encounter on their life journeys. From an awareness that we are after a certain fashion 'all sick', should be born a culture of solidarity that supports life and this is the real answer to the culture of death. This would be a solidarity naturally illumined by the Word of God, which alone bring healing to a human wound, even though on a journey of faith which can be long, painful and tiring.

What is needed, therefore, is a broad programme of action involving pastoral care in health, starting with the formation of consciences which begins with theology faculties, seminaries and various Catholic institutions (EV, n. 82).

Hence, once again, the need to promote the moral and ethical training of social/health-care workers because it is specifically to health-care workers that the Pope entrusts the special responsibility of animating with generosity, readiness to help and profound awareness, 'Agencies and centres of service to life, and all other initiatives of support and solidarity which circumstances may from time to time suggest... Their profession calls for them to be guardians and servants of human life' (EV, n. 89).

In the Christian outlook, an encounter with a health-care worker has a special structure. It is an explicit moment of love for neighbour which exactly describes the professional duty as an opportunity to respond to the invitation 'go then, and do likewise' (Lk 10:37). And just as love, horizontally, is a part of faith, so prayer is such vertically.²⁵

Pastoral care for families and young people is irreplaceable and they can find great help in the social and health-care agencies and institutions that provide care. Hence the new view of the role of hospitals, clinics and nursing homes, geriatric institutions and hospices, whose true identity is not only that of being institutions where sick and dying people are taken care of but also and above all that of being contexts in which suffering, pain and death are recognised and interpreted in their human meaning and specifically their Christian meaning. These agencies and institutions at the service of life need to be animated by people who are generously ready to help and who are profoundly aware of how decisive the Word of God is for the good of the individual and society and for spiritual healing.

In the field of pastoral care in health, the Christian idea of healing always looks to the wish to weaken physical illnesses and

moral suffering, and in this way it does nothing else but confer a concrete form on the healing intention of God who is 'the friend of life' (cf. Wis 11:26). But overcoming illness forms only a part of Christian healing activity. If we stopped here, with this kind of interpretation of healing which recognises only dealing with illness, one could almost state that God only accepts healthy people. However a healing pastoral care means, in a much more complete way, being with the sick and the 'so-called healthy' so that they learn to accept, in the light of divine grace, that they are limited beings who have defects that may even be incurable as well as very many dark sides.

Even though there is no longer the prospect that a body will go back to being better, one can hope in healing. Indeed, by healing one should not only understand physical recovery: one should also understand that achievement of psychological peace, that courage and that moral strength, that the Word of God can bring and which enable us not to move in the wrong direction even though the body is falling apart.

This is a partial healing in the outlook of a certain hope that 'In the "new Jerusalem", that new world towards which human history is travelling, "death shall be no more, neither shall there be mourning nor crying nor pain any more, for the former things have passed away" (Rev 21:4). And as

we, the pilgrim people, the people of life and for life, make our way in confidence towards "a new heaven and a new earth" (Rev 21:1), we look to her who is for us "a sign of sure hope and solace" (EV, n. 105).

This is the certainty with which St. John Paul II ends his encyclical *Evangelium vitae*. ■

Notes

¹ LUCAS LUCAS R., 'Struttura logica e forza dell'argomentazione della "Evangelium vitae" e del commento interdisciplinare', in Sgreccia E. and Lucas Lucas R. (eds.), *Commento interdisciplinare alla "Evangelium vitae"* (LEV, Vatican City, 1997), p. XXII

² ANGELINI F., 'L'Enciclica *Evangelium vitae*', *Dolentium Hominum* 29 (1995), pp. 4-6.

³ Cf. SGRECCIA E., 'The commemorative day of the 5^o anniversary of the Encyclical *Evangelium vitae*', in Vial Correa J. and Greccia E. (eds.) *Evangelium vitae, Five Years of Confrontation with the Society. Proceedings of the Sixth Assembly of the Pontifical Academy for Life Vatican City 11-14 February 2000* (LEV, Vatican City, 2001), p. 402.

⁴ The word 'life' and its derivatives appear about 1,500 times in Holy Scripture and this in itself constitutes an element that helps us to understand how important this subject is (Medina Estévez J., *La fede e il Magistero al servizio della vita*, in Pontificia Accademia della Vita, *Evangelium vitae di Sua Santità Giovanni Paolo II. Enciclica e commenti* (LEV, Vatican City, 1995), p. 198.

⁵ MONSENGWO PASINYA L., 'Presenza ed uso delle Sacre Scritture nell'enciclica "Evangelium Vitae"', in Rodriguez F. and Rodriguez J. (eds.), *Per una cultura della vita Atti del Congresso Internazionale nel 1° anniversario della pubblicazione dell'enciclica "Evangelium vitae" Roma 22-24 aprile 1996* (LEV, Vatican City, 1997), p. 33.

⁶ MONSENGWO PASINYA L., 'Presenza ed uso delle Sacre Scritture nell'enciclica "Evangelium Vitae"', in Rodriguez F. and

Rodriguez J. (eds.), *Per una cultura della vita Atti del Congresso Internazionale nel 1° anniversario della pubblicazione dell'enciclica "Evangelium vitae" Roma 22-24 aprile 1996* (LEV, Vatican City, 1997), p. 32.

⁷ Cf. ANDERSON C.A., 'Evangelium vitae e cultura post-moderna', in Pontificia Accademia Pro Vita, *Evangelium vitae di Sua Santità Giovanni Paolo II, Enciclica e Commenti* (LEV, Vatican City, 1995), p. 215.

⁸ ALVAREZ RODRIGUEZ F., *Teologia della salute* (Camilliane, Turin, 2014), p. 31.

⁹ Cf. SGRECCIA E., *Per una pastorale della vita umana Riferimenti fondativi e contenuti dottrinali* (Cantagalli, Siena, 2011), pp. 45-56.

¹⁰ RATZINGER J., *Svolta per l'Europa? Chiesa e modernità nell'Europa dei rivolgimenti* (Paoline, Cinisello Balsamo, 1992), p. 142

¹¹ *Ibidem*, pp. 142-144.

¹² *Ibidem*, pp. 142-144.

¹³ BASSO D., 'Pastorale e servizio alla vita', in Pontificia Accademia Pro Vita, *Evangelium vitae di Sua Santità Giovanni Paolo II, Enciclica e Commenti* (LEV, Vatican City, 1995), p. 257.

¹⁴ *Gaudium et spes*, 36

¹⁵ SGRECCIA E., *Manuale di bioetica. I fondamenti ed etica biomedica* (Vita e Pensiero, Milan, 1994), p. 56.

¹⁶ PACOMIO L., *Teologia pastorale e azione pastorale* (Piemme, Casale Monferrato, 1992), pp. 117-118.

¹⁷ Cf. ALVAREZ RODRIGUEZ F., *Teologia della salute* (Camilliane, Turin, 2014), p. 22.

¹⁸ Cf. ALVAREZ F., 'Vita e vita in abbondanza' nel Vangelo di Giovanni', *Camillianum* 14(2005), pp. 219-248.

¹⁹ Cf. ALVAREZ RODRIGUEZ F., *Teologia della salute* (Camilliane, Turin, 2014), p. 121.

²⁰ HAERING B., *Etica medica* (Paoline, Cinisello Balsamo (MI), 1970), pp. 252-255.

²¹ BRUSCO A., PINTOR S., *Sulle orme di Cristo medico* (EDB, Bologna, 1999), p. 37.

²² *Salvifici doloris*, n. 3.

²³ Specifically in order to emphasise the action of raking care of somebody, Pope Francis in his homily of 22 October 2013 given at Santa Marta offered the image of God the nurse.

²⁴ Cf. *Salvifici doloris*, n. 5.

²⁵ SITTLER J., *The Structure of Christian Ethics* (Louisiana State University Press, Baton Rouge, 1958).

The Reception of the Encyclical Letter 'Evangelium Vitae' in the Moral, Spiritual and Apostolic Formation of Health-care Workers

1. Nurses

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Introduction

'Live what you are! In a prudent, just and strong way, and with temperance'. This quotation from the Greek philosopher Pindar (522-445 BC) refers to the essence of the identity of nurses who are called, as the people of life, to qualified and human service at the side of those who suffer. 'We are the people of life because God, in his unconditional love, has given us the Gospel of life and by this same Gospel we have been transformed and saved. We have been ransomed by the "Author of life" (Acts 3:15) at the price of his precious blood (cf. 1 Cor 6:20; 7:23; 1 Pet 1:19). Through the waters of Baptism we have been made a part of him (cf. Rom 6:4-5; Col 2:12), as branches which draw nourishment and fruitfulness from the one tree (cf. Jn 15:5). Interiorly renewed by the grace of the Spirit, "who is the Lord and giver of life", we have become a people for life and we are called to act accordingly'.¹ In pursuing the truth about the nursing profession from the publication of *Evangelium Vitae* on 25 March 1995 until today (25 March 2015), we encounter, over the span of two decades, a sort of similitude which high-

lights points of strength and current critical points. Indeed, it is like that absent-minded professor who, while he is travelling in a train, is preparing to give a talk and spreads all his books and papers inside the compartment. While he is immersed in his reading, the inspector arrives who asks for his ticket. The professor begins to look for his ticket inside his bags and pockets but does not manage to find it. He looks again through his papers and books but all of his efforts lead to nothing. Faced with his desperation, the inspector looks at him with compassion and says: 'Don't worry. I'll take your word for it. You have lost your ticket. It doesn't matter'. But the professor goes on looking but finds no peace. The inspector reassures him again. 'Don't worry, I believe you! I know that that you are not travelling without a ticket!' Near to desperation the professor replies, overcome with desperation: 'Certainly, but I don't need the ticket for you: I have to know where I have come from and where I am going!' This anecdote well reflects the current status of nurses who hold dear the *Gospel of life which lovingly received day after day by the Church is to be preached to the people of every age and culture*.²

1. The Spiritual formation of Nurses in the Light of *Evangelium Vitae*

In our modern liquid world, practising the art of life means transforming one's life into a work of art, permanently redefining oneself in order to become an-

other, or to put it better an *Alter Cristus*. This imposes an immersion in the life of Christ in order to cease to be what one has been, removing one's old form, like a silkworm that is transformed and becomes a butterfly, in order to bring to life another self which is permeated by that humanism that is specific to Christ: 'Man is called to a fullness of life which far exceeds the dimensions of his earthly existence, because it consists in sharing the very life of God'.³ Looking at the spiritual formation of nurses means to perceive the free initiative of God who irrupts into their lives through *Christ-the Word*. This is a living and personal experience of he who fascinates, calls upon us and is welcomed and cultivated above all in sacramental life. Over the last twenty years listening to the Word of God at a personal level, in spiritual retreats, during days of spirituality, in courses of spiritual exercises and in sacramental life has directed Catholic nurses. The gift of faith, in its turn, is as of one with charity, which for a nurse is a capacity to love sick people; it is faith which according to the phrase used by John: 'If you do not love your brother whom you see how can you love God whom you do not see?' (1 Jn 4:20), becomes a programme for life. The spirituality of a nurse is based upon, and finds its deepest roots in, the relationship with the patient in whom is seen the very person of Jesus Christ. We could say that here he or she can engage in adoration of the Eucharist, meditation, contemplation, and most authentic prayer, knowing that 'Whenever you did this for one of

the least important of these members of my family, you did for to me' (Mt 25:40). The spiritual formation that *Evangelium Vitae* has given to nurses is thus *Christo-centric*. This encyclical has enabled nurses to develop knowledge about, and consciousness of, themselves. Indeed, the nursing profession is governed by legislative elements and directed by a deontology; by cultural assumptions that shape it and influence it; and by social requests that justify it. But if a nurse was not aware of the essence of his or her call to life, he or she would not be able to be a true servant to life – this is what *Evangelium Vitae* states when providing a complete vision of what a nurse is. To be honest in our analysis, however, we should, as this encyclical says, 'go to the heart of the tragedy being experienced by modern man: the *eclipse of the sense of God and of man*, typical of a social and cultural climate dominated by secularism... when the sense of God is lost, there is also a tendency to lose the sense of man, of his dignity and his life'.⁴ We have before us *weak thought* which absorbs and destroys everything, leaving behind it – nothing. The twenty years that have passed since the publication of this encyclical tell us that although, on the one hand, the process of renewal of nurses has witnessed the rediscovery of a necessary and advisable spiritual formation, on the other it has seen a reductionism based upon a philosophy of exaggerated efficiency dictated by disenchanted new science and by an exaggerated philosophy of technology based on the idea of immanence and bearing an utilitarian impress which has subjected the promoters of life themselves. *Evangelium Vitae* in this field, therefore, has not been completely taken on board, but it is of contemporary relevance and innovative. A *Christocentric approach* allows a nurse to acquire those human-spiritual characteristics which make him or her a person who proclaims life in Christ:

a. *Maternal affection*: modern psychology has proposed anew the value of tenderness in establishing a relationship involving help.

b. *Lovingness*: a synonym for cordiality, benevolence, understanding, sweetness, not of form but spontaneous in character, for the habit of seeing people positively, without reservations or prejudices and because of the single fact that people are being seen.

c. *Meekness*: which we also translate with meekness, goodness.

d. *Modesty*: that is to say respect for the sensitivity of a sick person, his or her right to his or her intimacy; correctness and reserve in care and treatment.

e. *Pleasantness*: or joviality, or good grace, the opposite of rudeness or discourtesy. It is not only medicine that treats but also the way in which one approaches a patient.

f. *Respect*: for a person, his or her needs, his or her dignity, his or her illness, and his or her bad character. In the person of a sick person a nurse recognises a brother, takes part in his or her human story. These two groups are undoubtedly differentiated but they are also substantially equal.

g. *Honour*: at a human level we may invoke a tradition that comes from Africa. When a man ill-treats another man, the Africans cry out: 'Stop it, don't ill-treat us' (they do not say: don't ill-treat him): *in ill-treating him, we are ill-treated, that human nature that we have in communion is ill-treated, our brothers and sisters are ill-treated!* And when they see vultures swoop down on the body they say: 'Leave us alone!, not leave him alone. 'In hitting him, you hit us, you hit a brother towards whom we feel supportive'.

The spiritual formation as advocated by Evangelium Vitae is what helps us to think anew about, and renew, our objectives, structures, styles and methods of professional health-care activity that is addressed to a sick man in order to help him to live even in his frailty!

2. The Moral Formation of Nurses in the Light of *Evangelium Vitae*

Ethics is within all activity that takes place in health care and in medicine because it calls upon

such activity as human experience, moreover in an area of special delicacy, where personal and social responsibilities, relationships with other people, research and respect for the dignity of man are involved. For that matter, a reductive vision both of ethics and of medicine or their separation would lead in itself to the risk of not seeing the sick person as the subject of all therapeutic acts and seeing medicine as a divinity which yokes man to its power and an economy that is not at the service of man but if its own profit, with a consequent advantage for a few and not of society as whole.

Professionalism belongs to moral responsibility; it should never be technical-scientific knowledge for its own sake but, rather, it should always be illumined by a humanising relationship. The criterion of the common good reminds us that there are shared goals to be followed in a complementary and co-responsible way, according to the roles and the capacities of each party. The world of health and of health care can only have at its centre man, a subject who on his own and for his own sake is valuable and who has written in his DNA all of his future; what we have before us, in fact, is knowing how to read that future. The criterion of action in this field must always be proportionate to the situation of that individual in particular. That is to say one must assess from one situation to another what can be the greatest good of that person and what most is of benefit to his or her general wellbeing. Almost the whole of the population passes through a hospital which is the truest mirror of society, the most important place there is for an understanding of human reality in its totality. A patient is responsible for his or her health and as such has the right to be informed by the health-care team about the diagnostic-therapeutic pathway to which he or she is subjected, with simple and sufficient explanations that will help him or her to give his or her consent, in order to decide upon special forms of treatment or examinations. Medicine is constantly exposed to two 'kinds' of dispute – a social and legal dispute

with a citizen and a professional one with the managers of companies. *Evangelium Vitae* well photographed this reality when it said: 'Even certain sectors of the medical profession, which by its calling is directed to the defence and care of human life, are increasingly willing to carry out these acts against the person. In this way the very nature of the medical profession is distorted and contradicted, and the dignity of those who practise it is degraded'.⁵

A window through which one can see the problematic relations that exist between professions, companies and patients is certainly deontology. Deontological codes are evolving in the search for new values, in an attempt to reaffirm the old, in a strange almost subtle competition between economic contexts that call upon the professions to have moral flexibility and the professions, on the other hand, which fear that their nature will be deformed through the flexibility that is called for. Today almost all the codes of professional practice of the various professions have shared characteristics: they are directed towards a strong pluralism (in these codes, in reality, there are very many different sets of deontological ethics: law, good, the person, what is right, what is fair, what is good, etc.). The values that predominate are certainly those of autonomy and responsibility; they are all codes to come in the sense that the changes to which they try to respond make them, in fact, only provisional and revisable. It appears that the only path that can be followed is conscientious objection. 'Those who have recourse to conscientious objection', declares the encyclical, 'must be protected not only from legal penalties but also from any negative effects on the legal, disciplinary, financial and professional plane'.⁶ Has this kind of guarantee covered how people work? The sentences inflicted on nurses and health-care workers who have been conscientious objectors makes us answer 'no' to this question. Today the management procedures do nothing else but administer a system of rules in a rigid way. Whereas for the worker it is the end that al-

ways justifies the means, for the company it is the available means that justify the ends that can be pursued and the rules that are designed to limit them. Well, this is not only a conflict which is far from negligible but it is also at the specific basis of that part of the ethical emergency that seeks to make compatible the needs of the patient with the resources that are available, thereby conditioning the autonomy of health-care workers. 'The only goal which counts', declares *Evangelium Vitae*, 'is the pursuit of one's own material well-being. The so-called "quality of life" is interpreted primarily or exclusively as economic efficiency, inordinate consumerism, physical beauty and pleasure, to the neglect of the more profound dimensions-interpersonal, spiritual and religious-of existence. In such a context suffering, an inescapable burden of human existence but also a factor of possible personal growth, is "censored", rejected as useless, indeed opposed as an evil, always and in every way to be avoided. When it cannot be avoided and the prospect of even some future well-being vanishes, then life appears to have lost all meaning and the temptation grows in man to claim the right to suppress it. Within this same cultural climate, the body is no longer perceived as a properly personal reality, a sign and place of relations with others, with God and with the world. It is reduced to pure materiality: it is simply a complex of organs, functions and energies to be used according to the sole criteria of pleasure and efficiency'.⁷

Thus the moral formation of nurses in the light of *Evangelium Vitae* can only be *anthropocentric*. The recommendations and the activity of a nurse will be founded on the ontologically based concept of the person. However, the laws and the operational choices of the last twenty years have made us have to deal with a *systematic violation of the moral law especially in the grave area of respect for human life and its dignity*.⁸ Abortion, the morning after pill, the five days after pill, RU 486, abortion-inducing methods, FIVET, medically assisted procre-

ation, experimentation on embryos, direct or indirect euthanasia, passive euthanasia or euthanasia through omission, are present in many States of the world, with a connected involvement of health-care workers. These are facts that create disturbing prospects about which *Evangelium Vitae* declares, in a clear fashion: 'All this explains, at least in part, how the value of life can today undergo a kind of "eclipse", even though conscience does not cease to point to it as a sacred and inviolable value, as is evident in the tendency to disguise certain crimes against life in its early or final stages by using innocuous medical terms which distract attention from the fact that what is involved is the right to life of an actual human person'.⁹ This takes place because the moral formation of nurses, except in Catholic contexts, does not contemplate in the study plans the teaching of personalist bioethics. Those who over the last twenty years have acted with courage and determination in promoting man, and the whole man, have always fallen prey to anachronistic and sectarian judgements, although they have demonstrated in a scientific way the truth of life. *Evangelium Vitae*, therefore, although it has formed and directed generations of nurses in *respect for human life and its inviolability*, witnessed a *vast gamut of threats to human life with their legal recognition by the state*, passing from what was considered a *crime* to being a *right*, with a subsequent implementation of them through *gratuitous action by health-care workers themselves*.¹⁰ In this climate of widespread moral uncertainty, one should, therefore, return in university lecture halls and courses of professional training to offering an anthropocentric moral formation.

3. The Pastoral Formation of Nurses in the Light of *Evangelium Vitae*

'The crowds of the sick and the outcasts who follow him and seek him out (cf. Mt 4:23-25) find in his words and actions a revelation of the great value of their

lives and of how their hope of salvation is well-founded. The same thing has taken place in the Church's mission from the beginning. When the Church proclaims Christ as the one who "went about doing good and healing all that were oppressed by the devil, for God was with him" (Acts 10:38), she is conscious of being the bearer of a message of salvation which resounds in all its newness precisely amid the hardships and poverty of human life'.¹¹ The pastoral formation of nurses starts from the awareness that they are called by Jesus who entrusts a task to them and gives them indications, the means and the powers needed to carry it out, and sends them out as a Church, a healing community. 'Heal the sick! The Church has received this charge from the Lord and strives to carry it out by taking care of the sick as well as by accompanying them with her prayer of intercession. She believes in the life-giving presence of Christ, the physician of souls and bodies'.¹² For nurses, being sent out by Christ means, therefore, sharing his same mission. Thus where the spiritual formation of nurses is *Christicentric* and their moral formation is *anthropocentric*, their pastoral formation can only be imparted as *ecclesiocentric*: 'We have been sent as a people. Everyone has an obligation to be at the service of life. This is a properly "ecclesial" responsibility, which requires

concerted and generous action by all the members and by all sectors of the Christian community. This community commitment does not however eliminate or lessen the responsibility of each individual, called by the Lord to "become the neighbour" of everyone: "Go and do likewise" (Lk 10:37)'.¹³ Indeed, a mission in the world of health and health care as Catholic health-care workers that is not of the Church and in the Church is not thinkable. Vocation is born and develops in the maternal womb of the Church. Each one of us constitutes a fundamental part of this body that always acts together and in unity. It can never be a solitary action according to one's own vision – it must always be synergic and synodal and proclaim the Kingdom of God, that is to say an extension of the Church itself. *Ecclesiocentric pastoral formation* means that a nurse never feels alone but always feels sent out and supported by the prayers of the Church. It is certainly the case that if this is the character of the call of nurses to mission, then a strong becoming aware of it which opens up community pathways above all in parishes and associations is needed.

Conclusions

Antoine de Saint-Exupéry wrote: 'If you want to build a ship you should not trouble your-

self first of all asking people to collect wood and preparing the tools; do not distribute tasks, do not organise the work. But, instead, first awake in men a nostalgia for the distant and limitless sea. As soon as this thirst is awakened in them they will immediately set themselves to work to build the ship'. *Evangelium Vitae* helps nurses and health-care teams in general to dig into the depths of their being in order to free their most authentic wishes, those towards which the yearning for complete fulfilment vibrates. The formation of nurses, defined in these terms, refers us to the Most Holy Trinity, the unifying principle of charity and the full achievement of life. This is a demanding undertaking that requires a purification of desires, those *interior gymnastics* suggested by St. Augustine to those who want the *ship* of their lives to speed towards the safe port of true happiness. ■

Notes

¹ JOHN PAUL II, *Evangelium Vitae*, n. 79.

² *Ibid.*, n. 1.

³ *Ibid.*, 2.

⁴ *Ibid.*, 21.

⁵ *Ibid.*, n. 4.

⁶ *Ibid.*, n. 74.

⁷ *Ibid.*, n. 23.

⁸ *Ibid.*, n. 21.

⁹ *Ibid.*, n. 11.

¹⁰ *Ibid.*, n. 11.

¹¹ *Ibid.*, n. 32.

¹² CCC, n. 1509.

¹³ *Ibid.*, n. 79.

2. Medical Doctors

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The encyclical *Evangelium Vitae* has a special character for professionals who work in the health-care world: medical doctors and nurses, employees of various kinds, and the heads of institutions connected with sick people or elderly people. Indeed, they are in the front line as servants in relation to everything that

relates to the safeguarding of life. At the same time, they are also in the front line as protagonists or co-workers in relation to everything connected with the attacks to which human life is exposed today in the biomedical field. For health-care professionals, this encyclical constitutes a useful synthesis of the documents of the

Magisterium of the Church in relation to human life and a very strong appeal to the practical implications of the commandment 'thou shalt not kill' in the health-care field. Above all, however, it offers these professionals a pertinent analysis of the roots of that 'culture of death' in which they are immersed and which influences them, without them always realising in a clear way the role they play in this process. At the same time, this document provides them with guidelines on the conduct they should have as regards legislation that tolerates or approves a right to bestow death on other people or on oneself, and which leads them both to cooperate in evil and to refuse this co-operation through conscientious objection. For health-care professionals, one should emphasise in particular these last two aspects of this encyclical, namely the roots of the culture of death and these guidelines.

1. The Culture of Death

In the introduction to *Evangelium Vitae*, Pope John Paul II provides a rapid but striking description of the attacks on human life which since the Second World War have greatly increased in number, in an unprecedented way and on a scale never seen before, in particular in the industrialised and rich world of technology and material prosperity. It is this tendency, which pays very little attention to human life, in particular when it is weak, vulnerable and defenceless, and which leads to the special interests of the strongest prevailing over human life, which John Paul II denounces when he applies to this phenomenon the appellation 'culture of death'.

What characterises this culture of death is its institutionalisation and the fact that it is founded on what John Paul II calls 'social structures of sin', 'a network of complicity' that acts at a national and international level. As regards health-care workers, the culture of death appears first and foremost as a certain perversion of consciences. It is with reference to it that one can explain how some members

of the health-care professions, although they are directed towards the defence of life, can today co-operate, without great resistance, with the works of this culture.

Legitimated by parliaments and promoted by numerous national and international institutions, the culture of death has penetrated consciences. If Pope John Paul II made increasing reference to it in his writings and his speeches,¹ this took place not only following a deeper realisation of the gravity of the problem but also because of a real escalation of the phenomenon in contemporary society. In his encyclical *Evangelium vitae*, John Paul II observes that the 'culture of death' is by now supported by 'broad sectors of public opinion'. It has achieved sedimentation as an element which by now is a part of our Western world. We have before us an anti-life mentality, which by now is strongly inserted into the cultural landscape as well as being supported by unjust laws and a high level of ignorance and confusion. 'Choices once unanimously considered criminal and rejected by the common moral sense are gradually becoming socially acceptable' (EV, n. 4b).

This culture of death has two aspects. On the one hand, there is its individual aspect which is characterised by an increasing sensitisation of public opinion in the face of the gravity of certain attacks on human life in the name of a right of individuals that goes against the weakest and favours the strongest. On the other there is its collective, 'democratic', aspect which involves an absolutisation of the consensus decisions at the level of parliamentary assemblies in the name of the principle of democracy carried to the level of an end in itself. This means that institutions pass immoral anti-life laws without respecting morality and consciences (EV, nn. 69,70).

2. The Roots of the 'Culture of Death' (EV, nn. 18-24)

Faced with such realities, we have the right to ask ourselves where this culture comes from, a culture which until a few years ago was unknown, and what its roots

are, roots that demonstrate its advance in the consciousness of our contemporaries.

a. A Perverse Idea of Freedom

a.1 The contradiction individual rights/human rights

To explain the spread of the culture of death and its increasing acceptance within society, a different element to the influence of utilitarianism or the mass media or the role of parliamentary majorities must be recognised. That element is the absolutisation that is made of the individual freedom of a person and the perverse idea of that freedom – called 'autonomy' – that is advanced by liberal culture.

For John Paul II, the 'most subversive' aspect of the decisions of contemporary culture is the interpretation that it has of crimes against life as 'legitimate expressions of individual freedom' (EV, n. 18). Society, as a consequence, fully contradicts itself. On the one hand, it profoundly affirms its attachment to human rights but, on the other, it contradicts the fundamental right to life by privileging individual and subjective rights (EV, n. 18).

a.2 A totally individualistic and not supportive freedom

This contradiction, which is inherent in the approach now to be found in our societies, refers to the liberal idea of freedom as an individualistic freedom which exalts the individual and thus is extraneous to solidarity (EV, n. 19). Freedom thus becomes the 'freedom of the strongest'. Force becomes the criterion for choices and action in interpersonal relationships. The 'force of reason' is replaced by the 'the reasons of force' (EV, n. 19).

a.3 A freedom that is emancipated from truth: 'autonomy'; positive law against natural law

This exaltation of the individual in our liberal societies has another feature: natural morality is rejected, that is to say the recognition of values common to all humanity expressed in human rights, and there is a move towards 'easier' moralities, ones that are subjective and which exalt the individual and his 'conscience' as the source of truth.

The link between freedom and truth is broken. It is the individual himself or herself, freed from any reference to moral law, who becomes the source of truth. 'The person ends up by no longer taking as the sole and indisputable point of reference for his own choices the truth about good and evil, but only his subjective and changeable opinion or, indeed, his selfish interest and whim' (EV, n. 19).

The fact that man thinks that he is the criterion and the norm of his actions means that he believes that he has the right to ask society to guarantee him the possibility of, and the ways of deciding about, his own life 'in full and total autonomy' (EV, n. 64). This is expressed, for example, in the form of so-called 'prior' 'wishes' or in requests for assisted suicide because of 'tiredness as regards life'.

As a consequence of such an individualistic vision of freedom, which eliminates all reference to shared moral norms, new legislative proposals are based only on the role of parliamentary majorities without any relationship to morality (EV, n. 20). Law no longer depends on justice or human rights but, rather, on the force of a majority.

We are faced with a caricature of legality and 'the democratic ideal...is betrayed in its very foundations. How is it still possible to speak of the dignity of every human person when the killing of the weakest and most innocent is permitted?' (EV, n. 20).

a.4 The recognition of a right to death or to lead someone to death

In this approach of the absolutisation of individual freedom, death – whether one is dealing with abortion, suicide, euthanasia or infanticide – becomes a real 'object of law: the right to choose death in all freedom, for oneself or for other people' (EV, n. 18b).

The consequence of this attitude is the increasingly sustained support for the abolition by the state of all legal obstacles that limit the free option of death. The unprecedented thing, in this new cultural situation, is that, as John Paul II observed, 'broad sectors of public opinion justify certain crimes against life in the name of the

rights of individual freedom, and on this basis they claim not only exemption from punishment but even authorization by the State, so that these things can be done with total freedom and indeed with the free assistance of health-care systems' (EV, n. 4a).

b. The Eclipse of the Sense of God – the Eclipse of the Sense of Man

We cannot stop here at this perverse idea of freedom alone. We must, rather, go deeper, to where we find the eclipse of the sense of God which leads to the eclipse of the sense of man (EV, n. 21). Indeed, the 'culture of death' is the ultimate sub-product of the 'death of God' in consciences. It is specifically the phenomenon of secularisation and the abandonment of the roots of faith that have led to contemporary uncertainties (EV, n. 21).

The eclipse of the sense of God leads to the loss of a moral sense and thus respect for human life as well. This is a vicious circle because in freeing himself from moral law, man falls into a deeper darkening of his own conscience which distances him even further from God (EV, n. 21).

What is lost is a sense of the transcendence of man, of his vocation, of his value and of his dignity. 'Human rights' continue to be talked about but their foundations are no longer understood. Dignity is reduced to the exercise of autonomy and in the end man is placed at the same level as animals, and rights are claimed for animals rights that are denied to man (EV, n. 22).

c. The Confusion of Consciences. Medicine Disfigures its own Face

The eclipse of the sense of God and of the sense of man involves the confusion of consciences – that mental infirmity which characterises the crisis of thought of contemporary society, as was analysed by John Paul II in his encyclical *Veritatis Splendor* (6 August 1993).

The current difficulty endured by consciences in distinguish-

ing truth from falsehood has as its grave consequence a *crisis of truth*. Contemporary man no longer knows in a good way to discern where the truth lies. His conscience is *darkened*. For him, all policies are the same.

This phenomenon has been even more accentuated by changes that have taken place in legislation. Rather than guiding citizens towards an attitude that is more consonant with natural morality, this new permissive legislation distances them from it, thereby aggravating the confusion of consciences.

'The fact that legislation in many countries, perhaps even departing from basic principles of their Constitutions, has determined not to punish these practices against life, and even to make them altogether legal, is both a disturbing symptom and a significant cause of grave moral decline. Choices once unanimously considered criminal and rejected by the common moral sense are gradually becoming socially acceptable' (EV, n. 4).

'Even certain sectors of the medical profession, which by its calling is directed to the defence and care of human life, are increasingly willing to carry out these acts against the person. In this way the very nature of the medical profession is distorted and contradicted, and the dignity of those who practise it is degraded' (EV, n. 4).

d. The Loss of the Sense of the Social and Intangible Character of Human Life

d.1 The erosion of the value given to human life

The loss of the sense of God and the transcendence of man naturally leads to the loss of the transcendent, sacred and intangible character of human life. A man who has lost the sense of God can no longer grasp the sense of life as a 'magnificent gift of God. Life becomes simply 'a thing' which he can dominate, manipulate and whose owner he is (cf. EV, n. 22).

After losing the sense of his transcendence, man can no longer 'pose questions to himself' about the sense of his life and the sense of his death. Suddenly his attitude to-

wards death changes and he passes from 'being' to 'doing', from questions to programmes (EV, n. 22).

Another consequence of the loss of the sense of transcendence is that contemporary society no longer accepts suffering which appears to it as 'an unbearable setback, something from which one must be freed at all costs. Death is considered "senseless" if it suddenly interrupts a life still open to a future of new and interesting experiences. But it becomes a "rightful liberation" once life is held to be no longer meaningful because it is filled with pain and inexorably doomed to even greater suffering' (EV, n. 64).

d.2 The values of being are replaced by the values of having

The loss of the transcendent sense of human life means that 'The values of being are replaced by those of having. The only goal which counts is the pursuit of one's own material well-being' (EV, n. 23).

The result of this is that the other person is no longer appreciated for what he or she is but for what he or she is worth; it is the criterion of efficacy that dominates, as a result of which the strong prevail over the weak. The elderly and vulnerable person is 'separated' (EV, n. 23).

The concept of 'quality of life' is typical of this mentality where the former is interpreted, as John Paul II observes, 'primarily or exclusively as economic efficiency, inordinate consumerism, physical beauty and pleasure, to the neglect of the more profound dimensions – interpersonal, spiritual and religious – of existence' (EV, n. 23b).

We thus allow ourselves to measure, using pseudo-mathematical formulas,² the value of the life of a person on the basis of his or her age and state of health.

d.3 Eugenics

What characterises this new attitude towards human life is its utilitarianism, which is pervaded by a strong does of eugenics. This leads it to discriminate against certain human lives which are held to be useless or even injurious. It is certainly the case that there have always been in human

communities expressions of selfishness and violence amongst human beings. But here one is not only dealing with forms of individual selfishness but also with a social conscience which, not believing in the inviolable value of human life, makes itself its absolute master and arbiter without any possibility of appeal'.³ The loss of conscience in relation to human life as such leads to a loss of love and respect for *every* human being.⁴ Choices begin to be made, with some people loved and respected and others seen as 'unworthy' of life, or it is even believed that it would be 'better for them' not to live.

d.4 Attitudes involving the rejection of certain lives

This undervaluing of the dignity of *every* human being generates 'feelings or attitudes of indifference, contempt or rejection in relation to life' (EV, n. 98d).

'A life which would require greater acceptance, love and care is considered useless, or held to be an intolerable burden, and is therefore rejected in one way or another. A person who, because of illness, handicap or, more simply, just by existing, compromises the well-being or life-style of those who are more favoured tends to be looked upon as an enemy to be resisted or eliminated' (EV, n. 12b).

Commencing with the moment when man sees human life as something that can be disposed of, no ethical limit can be applied anymore – only what is useful counts. This is the logic of eugenic prenatal diagnosis. And from there one easily reaches the interruption of the alimentation-hydration of handicapped children in order to end their lives. After legitimating abortion, one easily comes to legitimate infanticide. This is the return of barbarism, a barbarism that we thought we had 'left behind for ever' (EV, n. 14).

3. For Medical Doctors. Cooperation in Evil, Conscientious Objection

Although the encyclical *Evangelium Vitae* is not addressed specifically to health-care personnel,

it nonetheless developed more than any other document of the Magisterium two questions relating to health-care workers: that of cooperation in evil and that of conscientious objection.

a. Cooperation in Evil

John Paul II devoted an entire sub-section in his encyclical to the question of cooperation in evil.

a.1 Definition of cooperation in evil

When a moral agent realises the existence of a connection between his or her own actions and behaviour and a bad action committed by another person or party, this agent enters the moral problem which has been classically addressed as 'cooperation in evil',⁵ with his or her participation in the moral guilt of a sin committed by another person or party. Cooperation in evil is *a mental and/or moral contribution made by a person to a bad act of another person who is described as the principal actor*.

Traditional has analysed in a precise way the various possibilities of this cooperation in evil, making clear what the conditions are where cooperation in a bad act cannot be justified. Of fundamental importance in this analysis is the distinction between formal cooperation and material cooperation.⁶

Cooperation can be *active* when it helps to prepare for, or to carry out, a bad act both physically and morally (advising it, encouraging it, ordering it...). It can be *passive* both physically (by omission) and morally (abstaining from warning beforehand, not opposing it while it is being carried out and not denouncing it afterwards).

Moralists make a distinction between two kinds of cooperation – the formal and the material. In *formal cooperation* the individual adopts the bad action of the principal agent, thereby sharing in its bad intention. This kind of cooperation in which the will of the person who cooperates is intrinsically bad is always gravely immoral and thus always illicit.

Material cooperation is cooperation with a bad act but with-

out adhering to the intention that presides over that act. The individual cooperates in the material act but does not agree with the intention of the principal actor. If it is voluntary, material cooperation is totally imputable. If it is involuntary, the blameworthiness depends on the varying degrees of direct cooperation. It can be immediate or mediated.

a.2 An example of cooperation in evil: abortion; EV, n. 59

The encyclical *Evangelium Vitae* provides us in section 59 with a clear illustration of this cooperation in evil and makes us touch with our own hands its scope in the form of circles of complicity, or complicity in cooperation, which are increasingly broad and extensive as one draws away from the illicit act that is at their centre. Here we are talking about cooperation in abortion.

In abortion not only the mother is guilty. In reality, this is an act that involves the responsibility of a large number of actors who cooperate directly to a varying extent in the act.

First of all there is the father who abandons the woman as regards facing up to the problems raised by pregnancy (EV, n. 59).

Then in this circle of responsibility we find the wider family and friends, all of those people, that is to say, who apply moral pressure to the woman to make her have an abortion – they, too, are responsible for the abortion on a level which is the same as that of the woman.

The third circle of responsibility is made up of medical doctors and health-care personnel who cooperate in the abortion, very often at a formal level (encouraging the woman to have an abortion, giving her their assent), at times at a direct or indirect material level. ‘Doctors and nurses are also responsible, when they place at the service of death skills which were acquired for promoting life’ (EV, n. 59).

In the fourth circle there are those legislators who have promoted and passed laws that allow abortion; the administrators of care institutions that are used to carry out abortion; and lastly all those who are responsible for the spread of the current mentality of sexual permissiveness and contempt for

motherhood, which leads to abortion (EV, n. 59).

The fifth circle is passive cooperation through omission. This relates to all those who should have opposed abortion by implementing effective family and social policies to support families, and in particular numerous families (EV, n. 59).

And finally there is the wide circle of the ‘network of complicity’ with abortion which includes international institutions, foundations and associations which systematically campaign for the legalization and spread of abortion in the world’ (EV, n. 59).

a.3 Evangelium Vitae and cooperation in evil

In this encyclical John Paul II calls attention to the teaching of the Church about cooperation in evil. He brings together in the same condemnation formal cooperation and immediate material cooperation (direct participation in the act): ‘Such cooperation occurs when an action, either by its very nature or by the form it takes in a concrete situation, can be defined as a direct participation in an act against innocent human life or a sharing in the immoral intention of the person committing it’ (EV n. 74).

Duty of conscience calls on Christians not to enter into cooperation of this kind: ‘Christians, like all people of good will, are called upon under grave obligation of conscience not to cooperate formally in practices which, even if permitted by civil legislation, are contrary to God’s law’ (EV, n. 74).

This kind of cooperation in which the will of the person cooperating is intrinsically bad is always gravely immoral and thus always illicit: ‘from the moral standpoint, it is never licit to cooperate formally in such evil’ (EV, n. 74). There is never any excuse for this kind of cooperation: ‘This cooperation can never be justified either by invoking respect for the freedom of others or by appealing to the fact that civil law permits it or requires it. Each individual in fact has moral responsibility for the acts which he personally performs; no one can be exempted from this responsibility, and on the basis of it everyone will be judged by God himself (cf. Rom 2:6; 14:12)’ (EV, n. 74).

To refuse this direct formal or material cooperation is an elementary human duty inasmuch as such cooperation would be contrary to the dignity of the person and contrary to his or her freedom (EV, n. 74). And it is from this statement that John Paul II then leads us on to conscientious objection.

b. Conscientious Objection

The negative precept ‘do not kill’ which leads to the positive precept of absolute respect for every human life can require an act of conscientious objection in the case of the crimes of abortion and euthanasia.

“Causing death” can never be considered a form of medical treatment, even when the intention is solely to comply with the patient’s request. Rather, it runs completely counter to the health-care profession, which is meant to be an impassioned and unflinching affirmation of life’ (EV, n. 89).

Evangelium Vitae addresses conscientious objection starting with a question raised by unjust laws that allow abortion or euthanasia.

b.1 When a law goes against the moral order, it ceases to be a law and is no longer binding

The imperfection of civil laws raises the question of the relationship between civil law and moral law. This is a subject on which the Church has always reflected a great deal. John Paul II pays especial attention to it in section 72 of *Evangelium Vitae* where he emphasises the following points. 1. ‘Certainly the purpose of civil law is different and more limited in scope than that of the moral law’ (n. 71). ‘The real purpose of civil law is to guarantee an ordered social coexistence in true justice’ (n. 71). 2. The task of civil law ‘is that of ensuring the common good of people through the recognition and defence of their fundamental rights, and the promotion of peace and of public morality’ (n. 71). 3. As a consequence, civil law must assure to all members of society respect for certain fundamental rights, the first of which ‘is the inviolable right to life of every innocent human being’ (n. 71). 4. ‘The legal toleration of abor-

tion or of euthanasia can in no way claim to be based on respect for the conscience of others, precisely because society has the right and the duty to protect itself against the abuses which can occur in the name of conscience and under the pretext of freedom' (n. 71). 5. Given that civil law has a more limited scope than moral law, 'in no sphere of life can the civil law take the place of conscience or dictate norms concerning things which are outside its competence' (n. 71). 6. If, 'for the good of public order', civil law at times has to be tolerated to avoid 'a graver injury deriving from it (*Donum Vitae* III), it cannot, however, go against moral law. 'The doctrine on the necessary conformity of civil law with the moral law is in continuity with the whole tradition of the Church' (n. 72). 7. Consequently, laws and decrees enacted in contravention of the moral order, and hence of the divine will, can have no binding force in conscience' (n. 72). 8. 'Indeed, the passing of such laws undermines the very nature of authority and results in shameful abuse' (n. 72). When a law is contrary to the moral order, it ceases to be law and no longer commands obedience: this is the teaching of the whole of the tradition of the Church, a tradition that was developed in particular by St. Augustine and taken up by St. Thomas Aquinas. Civil laws that legitimate the direct killing of human beings, as in the case of laws that allow abortion or euthanasia, are 'in complete opposition to the inviolable right to life proper to each individual' (n.72). Such laws are 'opposed not only to the good of the individual but also to the common good; as such they are completely lacking in authentic juridical validity' (n.72). 'Consequently, a civil law authorizing abortion or euthanasia ceases by that very fact to be a true, morally binding civil law' (n. 72).

b.2 Laws that legitimate the killing of human lives make an appeal to conscientious objection

Because they go against moral law, laws that eliminate human lives are not laws. They are 'intrinsically unjust' and illegitimate: 'it is never licit to obey' them (EV, n.

73). They thus require conscientious objection: 'There is no obligation in conscience to obey such laws; instead there is a *grave and clear obligation to oppose them by conscientious objection*' (EV, n.73).

b.3 This is an essential right

The 'duty of conscientious objection' can lead the person who engages in it to then have grave professional problems. Although recognised at a theoretical level, as a part of the rights of the person, conscientious objection does not have, in general, its own legislation which assures its exercise. It is not expressed in human rights (which cite only 'freedom of conscience' and not freedom of conscientious objection). It is not written into the Constitutions of the world's nations or is present in their laws. What we find are only special regulations which deal, for example, with conscientious objection at a military level or which define its limits as regards health-care personnel.

From the point of view of state authorities, the recognition of the right to conscientious objection is not seen as an obligation of the state because it is considered a fundamental right of the person but, rather, it is seen as a concession to citizens, without a morally obligatory character, because the enacted law that constitutes the problem is legal and thus must be obeyed according to the principle of democratic government. Conscientious objection, indeed, tends to be seen as an act of individual rebellion, a break with what forms the basis of solidarity in a country, a negation of consensus, which runs the risk of injuring consensus itself. It is not seen in a very positive light. Thus a recognition on the part of state authorities of the possibility of engaging in conscientious objection is not in the least automatic: as an act of good will, a government concedes only the right to objection, placing it within the same context of conceding to an individual the right not to bear arms. This is a concession and not an obligation.

For this reason, to exercise the right to conscientious objection is never easy and for those who engage in it the price to be paid is always social and professional ostracism,

the loss of one's job, notable fines or prison sentences or, lastly, the loss of one's own life: 'The passing of unjust laws often raises difficult problems of conscience for morally upright people with regard to the issue of cooperation, since they have a right to demand not to be forced to take part in morally evil actions. Sometimes the choices which have to be made are difficult; they may require the sacrifice of prestigious professional positions or the relinquishing of reasonable hopes of career advancement' (EV, n. 74).

For this reason *Evangelium Vitae* affirms that in the face of an obligation to cooperate in an act against life, conscientious objection should be recognised as a right. 'To refuse to take part in committing an injustice is not only a moral duty; it is also a basic human right. Were this not so, the human person would be forced to perform an action intrinsically incompatible with human dignity, and in this way human freedom itself, the authentic meaning and purpose of which are found in its orientation to the true and the good, would be radically compromised. What is at stake therefore is an essential right which, precisely as such, should be acknowledged and protected by civil law' (EV, n. 74).

This means that health-care professionals – medical doctors, nurses, paramedical staff and the heads of hospitals and health centres – should be able to benefit from this right.

'In this sense, the opportunity to refuse to take part in the phases of consultation, preparation and execution of these acts against life should be guaranteed to physicians, health-care personnel, and directors of hospitals, clinics and convalescent facilities. Those who have recourse to conscientious objection must be protected not only from legal penalties but also from any negative effects on the legal, disciplinary, financial and professional plane' (EV, n. 74).

Conclusion

Pope John Paul II, when he addresses in the fourth chapter of *Evangelium Vitae* those who are

especially involved in the defence of life or, in opposite fashion, are exposed to taking part in attacks on life, refers to health-care personnel, to whom, indeed, he dedicates a special section of his work.

Indeed, health-care personnel have in relation to human life a special role of being at its service, as a part of their vocation, but they also, in opposite fashion, can be involved, that is to say take part in a more or less active way, in the manipulation of human life and even in its death. This ambiguity did not appear in the past because the medical profession was faithful to the Hippocratic oath, and it was unthinkable that a medical doctor could bestow death or make himself or herself an accomplice of murder. Things have now changed.

John Paul II brings us back to the essential: the profession of people who work in the world of health and health care makes them 'servants of human life'. *'A unique responsibility belongs to health-care personnel: doctors, pharmacists, nurses, chaplains, men and women religious, administrators and volunteers. Their profession calls for them to be guardians and servants of human life'* (EV, n. 89).

But John Paul II immediately adds that in the contemporary context, which is one of the application of technology to medicine, which is now more expert but also less close to people and less sensitive to the accompanying of patients, medical doctors can 'lose sight of their inherent ethical dimension' (EV, n. 89).

This loss of the ethical dimension of medicine runs the risk of having grave consequences which

can involve medical doctors becoming 'manipulators of life, or even agents of death' (EV, n. 89).

In the face of this temptation, the responsibility of medical doctors is greater. John Paul II pointed to the pathway that should be followed – to return to the 'the intrinsic and undeniable ethical dimension of the health-care profession' and rediscover the *'Hippocratic Oath'*, which requires every doctor to commit himself to absolute respect for human life and its sacredness' (EV, n. 89).

In the fight between the culture of death and the culture of life, medical doctors cannot play the part of observers, waking up only to defend their own interests, which, indeed, are often distant from those of their patients. They must rediscover their fundamental vocation of being 'servants of life'. Pope John Paul II emphasised their responsibility in the relativising of the value of human life and the banalising of the voluntary, active or passive, elimination of that life at the two poles of the life cycle. It is they who know, above all else, the value of human life, this wonderful and free gift that the *Evangelium Vitae* so forcefully calls attention to. Despite this knowledge, medical doctors have given too much room to the culture of death, for reasons of convenience, out of a fear of adopting a stance, and even because they have lost the sense of the transcendental character of human life. Utilitarianism has penetrated medicine, measuring men more by what they do than by what they are. Today we need Professor Lejeunes to defend the handicapped, the elderly and the vulnera-

ble against those who wish for their disappearance as soon as possible. We need new Professor Lejeunes to proclaim the value and the dignity of the human person whether in the womb of his or her mother or in a geriatric institute, whether the receiver of the Nobel Prize for medicine or in a school for children with Down's syndrome. We have to rediscover the great tradition of medical doctors who are the servants of life. As John Paul II says in his encyclical *Evangelium Vitae*, 'we are all involved and we all share in it, *with the inescapable responsibility of choosing to be unconditionally pro-life*' (EV, n. 28). ■

Notes

¹ G. MIRANDA, "'Cultura della morte': analisi di un concetto e di un drama", in *Commentario interdisciplinare alla "Evangelium Vitae"*, S. Sgreccia and R. Lucas Lucas (eds.) (Libreria Editrice Vaticana, Rome, 1997), pp. 225-243.

² P. SINGER, J. MCKIE, H. KUHSE, J. RICHARDSON, 'Double jeopardy and the use of QALYs in health care allocation', *Journal of Medical Ethics*, June 1995, vol. 21, n. 1, pp. 144-150.

³ 'Ai partecipanti al congresso sulla vita promosso dalla CEI. Roma 16 aprile 1989', in *Insegnamenti* XI,1,1989, p. 836.

⁴ 'Discorso ai leader dei Movimenti Internazionali Pro-Vita, Roma, 15 novembre 1991', in *Insegnamenti* XIV, 2, 1991, p. 1159.

⁵ A. FISHER, 'Cooperation in Evil', *Catholic Medical Quarterly*, 1994, pp. 15-22; L. Melina, 'La cooperazione con azioni moralmente cattive contro la vita umana, in *Commentario Interdisciplinare alla "Evangelium Vitae"*', E. Sgreccia and Ramòn Lucas Lucas (eds.), (Libreria Editrice Vaticana, 1997), pp. 467-490; E. Sgreccia, *Manuale di Bioetica*, vol. I, reprint of third edition (Vita e Pensiero, Milan, 1999), pp. 362-363; D. Tettamanzi, 'Cooperazione', in *Dizionario di Bioetica*, S. Leone and S. Privitera (eds.), (Istituto Siciliano di Bioetica, EDB-ISB, 1994), pp. 194-198.

⁶ JEAN-PASCAL PERRENX, *Théologie morale fondamentale. Les actes humains* (tome 2) (Pierre Tequi editeur, 2008), pp. 450-461.

3. Pharmacists

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First Part

Without any fear of being in error, we can affirm that the publication in 1995 of the encyclical *Evangelium Vitae* was received by pharmacists as a great encouragement. Not only did the encyclical cite them (at n. 89) but it also dwelt upon the various challenges that had been posed to the profession for a large numbers of year, challenges which hitherto – this should be acknowledged despite everything – have not, unfortunately, obtained really satisfactory solutions.

Number 13 of the encyclical is concerned with the fact that ‘enormous sums of money have been invested and continue to be invested in the production of pharmaceutical products which make it possible to kill the foetus in the mother’s womb without recourse to medical assistance’. It has to be recognised that the intermediate position of a pharmacist between a medical doctor and a patient, that is to say the sick person, has always made him or her vulnerable. As far back as 1986, in an address to Italian pharmacists, Pope John Paul II recognised the delicate situation of pharmacists as regards abortion not carried out surgically but through chemical and mechanical products which were ‘surreptitiously’ abortion-inducing. Here there comes into play a difficulty that has been increasingly growing in size: with time, pharmacists in their pharmacies or in hospitals have increasingly less produced their own products and have been obliged to trust the great laboratories which are miserly as regards

providing information, as is right during the stage that involves the creation of a product and its registration, whereas a pharmacist particularly feels – and is obliged to be such – responsible for its good use, its side effects, its injurious interactions with other products...and is concerned whether it has a beneficial effect in the long term on the patient.

Let us continue with our reading of this number of the encyclical: ‘scientific research itself seems to be almost exclusively preoccupied with developing products which are ever more simple and effective in suppressing life and which at the same time are capable of removing abortion from any kind of control or social responsibility’. John Paul II had already had an opportunity in the year 1990 when talking to the International Federation of Catholic Pharmacists to highlight this role of a pharmacist in being a ‘careful adviser for all those who purchase remedies, without mentioning the moral help that he can give to all those who, after coming to purchase a product, expect from him also advice, a reason for hope, a path to follow’ (3 November 1990, n. 3) and he encouraged the federation to have a clear awareness of its specific duties. Our federation is increasingly concerned to ensure that favourable conditions exist so that this role can be effective.

The second challenge is resort to conscientious objection. Three numbers of the encyclical refer to it – 73, 74 and 90 – and apply it to all health-care professionals. Number 74 is the most explicit: ‘What is at stake therefore is an essential right which, precisely as such, should be acknowledged and protected by civil law. In this sense, the opportunity to refuse to take part in the phases of consultation, preparation and execution of these acts against life should be guaranteed to physicians, health-care personnel, and directors of hospitals, clinics and convales-

cent facilities. Those who have recourse to conscientious objection must be protected not only from legal penalties but also from any negative effects on the legal, disciplinary, financial and professional plane’. As one can see, the encyclical does not have ambiguities and the use of the verb ‘should’ indicates the situation of difficulty of the pharmacist who is not always acknowledged as having this right, in contrary fashion to medical doctors and nursing staff. Twenty years later, we have not achieved any steps ahead in this sense, at least at the level of national legislation.

However, there has been no absence of appeals. Twice, following on from the encyclical, two direct statements by Pope Benedict XVI explicitly requested conscientious objection: in his speech of 29 October 2007 in Rome and in the message of 14 September 2009 in Poznan (Poland) which had been entrusted to our President, Msgr. Zimowski: ‘In the moral field your Federation is called to address the question of conscientious objection, which is a right that your profession must be recognised as having, allowing you not to collaborate, directly or indirectly, in the supply of products whose purpose is choices that are clearly immoral, like, for example, abortion or euthanasia’. The only point of light, which is still not a dawn, is resolution n. 1763 of the Council of Europe which was passed at its sitting of 7 October 2010 and which granted this right to every person within the framework of legal medical treatment. States should draw up regulations that are complete and precise and thus ones that include pharmacists.

Various national associations of our federation have drawn up a specific programme, in particular in Spain. This has not discouraged Christian pharmacists from adopting very clear individual stances and enduring the possible consequences of them, like that

couple of pharmacists of Alicante who in the end had to close their pharmacy, or that French pharmacist who was fined because he did not supply the morning after pill... For the moment, at least in Europe, it is Italy that appears to perform best, thanks to article 9 of law n. 194 on abortion which applies the conscience clause. Our President has had an opportunity to implement it before the judicial system of the country.

There is another challenge which worries our federation and this is pointed to at n. 26 of the encyclical: the complete implementation of true international justice in the distribution of medical resources. Real access (at an affordable price) to primary medical products, defined in relation to the specific needs of a region, worries our Federation within the increasingly broad horizon of emergency treatment. The problems of patents, which the Federation accepts without any problems in principle, is directly connected to this. In this area the recent publication in 2012 by an important director of a large pharmaceutical group, Mohand Sidi Saïd, is one of the most stimulating texts there is.¹

The encyclical thus comforts the profession in the challenges that it has to address. Could a reading anew of it today not help us to take up again some of its suggestions? In particular, 'emphasizing the *anthropological reasons* upon which respect for every human life is based' in order to achieve 'the establishment of a new culture of life' (n. 82).

Second Part

In order to answer this question, I would like to follow two insights: one which is to be found inside the encyclical and one which is to be found outside it, with attention being paid to its environment. I will begin this pathway in order to respond to the appeal of n. 87 of the encyclical concerning the 'service of charity', that is to say making oneself a neighbour to every man, with a marked preference for the man who is poorest, most alone and most in need.

This is a story, the encyclical goes on, that each Christian community must continue to write through multiple pastoral care and social activity with a renewed sense of responsibility. In order to respond to this appeal, I perceive that we must place ourselves on a horizon of thought and hope that is broader in order to engage in new and bolder initiatives. For that matter, n. 88 of the encyclical invites us to do this rapidly. 'In particular, the role of *hospitals, clinics and convalescent homes* needs to be *reconsidered*... Above all they should be places where suffering, pain and death are acknowledged and understood in their human and specifically Christian meaning'. We remember here the previous encyclical, *Salvifici doloris*, of 11 February 1984 and its strong concern to understand the human and complete meaning of suffering in the life of man, and this is at a time when Pope John Paul II was in convalescence following the attack on his life.

I would like to return to the context that witnessed the birth of this encyclical, namely the years 1994 and 1995, in order to understand its potentialities, which, however, have remained overly hidden from view. The encyclical is dated 25 March, the feast day of the Annunciation during which our gaze turns to Mary whose 'yes' made her an incomparable model for the welcoming of life and solicitude for life itself. She welcomed life within her and not any life but the life of the Word made flesh. This was the first new thing for a culture that bestows value only on what begins on its own. To begin this period of two years, in 1994 the international conference on population and development in Cairo was held. This year was also the year of the creation of the Academy for Life. But there was also, at the end of these two years, on 25 May 1995, the issuing of the encyclical *Ut unum sint* to relaunch ecumenism, and on 29 June 1995 the Supreme Pontiff welcomed to St. Peter's Basilica the Patriarch of Constantinople, Bartholomew I, who wanted to recite with Pope John Paul II the creed in its Constantinople form. From this meeting was born

a mixed international commission for theological dialogue between the two Churches. In addressing this other important concern of the pontificate of John Paul II, I do not neglect the suggestions of the encyclical itself: service to the Gospel of Life finds 'a valuable and fruitful area for positive cooperation with our brothers and sisters of other Churches and ecclesial communities' (n. 91).

I now propose to turn to the thinking of an Orthodox bishop and theologian of the same time as the encyclical on the mystery of the human person (these observations are from 1996 and take up certain ideas of 1986). This is an analysis that corresponds totally to the intentions of Pope John Paul II and his Christocentric approach, which sees clearly that human life is fulfilled to the utmost in total self-giving (cf. n. 86) and which enables us to refine the distinction individual-person thanks to its illumination by the Trinity. 'Each man is an individual', declares Msgr. Kallistos Ware, 'but not an authentic person. It is our relationships that make us personal'.² Let us summarise the point: one can be a person only when the possibility of being exists for that person; only when a shared world exists. He directs us towards seeing a human being as a person open to communion and to being like the Trinity. The Mystery of the Trinity opens us not only to the mutual love of the Father and the Son. This mutual love is also shared by a third party – the Holy Spirit. In this man is truly Trinitarian. And as man is created in the image of this Trinity, he is fulfilled only in this way. One is dealing with our lives for each other and lives that share. Refusing to love other people, in the end, leads to the loss of all joy and all meaning, declares Msgr. Kallistos (p. 55). In living in this way, a human being truly becomes the living heart of this world. We are faced with an authentic choice: either we love other people (we would then need to establish the bases of *why* all other people, without exceptions) in the image of God-the Trinity, or we condemn ourselves to the void. Here Msgr. Kallistos agrees

with the well known observations of sociologists (see Lipovetsky in 1983³). The star that guides the thinking of Msgr. Kallistos is the intention of Isaac the Syrian in his ascetic discourses: 'When we have reached love, we have reached God and our journey is over. We have crossed to that island that is beyond the world, where we find the Father, the Son and the Holy Spirit'. Is this not perhaps what John Paul II hoped in n. 81 of his encyclical: 'Life... should be protected with loving concern'? 'Being human means sharing. Because we believe that God is not simply one but one-in-three, we are, as Zosima says, 'responsible for everyone before everyone'. We offer 'in everyone and for everyone' not only during the Eucharist but throughout the whole of the liturgy of human life. 'Am I my brother's keeper?' The answer to Cain's question lies in the dogma of the Trinity'. 'Seeing human nature as being in the image of the Trinity, we can make a distinction between an individual and a person. Even though these words are often used indifferently as synonyms, in reality a vital difference exists between these two terms. When we speak about an individual (in ancient Greek *atomon*), we are speaking about an isolated human being who is separate and in competition. When we speak about a person (in ancient Greek *prosôpon*), we are speaking about a human being with relationships, who is in communion, and of a human being as a co-worker. Separated from others, centred on himself, not connected, each person is an individual, a registered unit, but not an authentic person'.⁴

Before going on to the second insight to be found inside the encyclical but one which is also revealed by the thought of Msgr. Kallistos, I would like to clarify the foundation of the obligation to respect unconditionally every human life from its very conception. We are truly unique! Two identical human beings do not exist. There is, therefore, no legitimate reason why I should contribute in one way or another to making the smallest of these unique beings disappear. It is this that fundamen-

tally protects the State. 'We are not exchangeable tokens or computer programmes: in each one of us there an inestimable treasure that cannot be found in anybody else. Ever since before our birth – in reality since eternity – God the creator has known each one of us in our uniqueness; He has for each one of us a special love and a different project. In each one of us, He discerns possibilities that cannot be achieved by anybody else in the world. Each person has a vocation to create something that is beautiful in his or her own way, which is inimitable'.⁵

Let us come to the second insight. Man is the only creature to take part in two domains at one and the same time: the material and the spiritual. We can transfigure the environment with our acts of moral choice or we can do exactly the opposite: pollute it or imprison it. And Msgr. Kallistos goes on. This work of cosmic mediation was inaugurated by Jesus Christ, and it has been carried on and extended by each member of the Body of Christ. For that matter, man is called '*anthropos*' 'because he looks upwards'. The greatness of man is to be found in the image of the nature of the Creator. Our vocation is specifically to keep together the material dimension and the spiritual dimension, to unite ourselves and to unite the world to God. 'We must find within ourselves the place of encounter between the human and the divine, the centre of me in which our person opens to the person created by God'.⁶ This insight is pointed to towards the end of the encyclical when the words of the Second Vatican Council are remembered: 'by His Incarnation the Son of God has united himself in some way with every person' (n. 104, citing *Gaudium et Spes*, n. 22) and 'It is precisely in the "flesh" of every person that Christ continues to reveal himself and to enter into fellowship with us, so that *rejection of human life*, in whatever form that rejection takes, is *really a rejection of Christ*' (n. 104). It is admitted that this statement is incomprehensible for a non-believer but it is often unknown to a believer. However, the last

number of the encyclical demonstrates the unity of the two dimensions of Christ as a sacrificed Lamb who lives bearing the *signs of the Passion* in the *splendour of the Resurrection*. In fact, a medical product, of which the pharmacist is the producer, acts with all of its force when it is received at the point of junction in which the physical resources of the earthly body and trust in the providence of the Father encounter each other. Thus a pharmacist, who is often forgotten as the intermediate agent in the world of health and health care, finds himself or herself more than another person at the point of encounter between the physical and the spiritual, and this pushes him or her to explore the mystery of the human person who is created in the image and likeness of God the Trinity.

To end this reading anew of the encyclical and to give some future of this dynamic of mutual exchange, of solidarity, of self-offering, of abandonment to the will of God, of the transfiguration of suffering, and of prophetic contesting of worldly wisdom, I would like to return to the observations repeated on a number of times in the encyclical on the negative trends of a culture that is opposed to solidarity; on the selfish conception of freedom which exalts the individual in an absolute way; and, lastly, on the fact that the State is not longer the 'shared home' in which everyone can live. Have human beings become more selfish than in the past? Is it really enough to impute this loss of authentic human conviviality solely to the eclipse of the meaning of God and the meaning of man? This would mean not recognising the crisis that is underway of the providence-state which is a maximisation of the protector-State whose development into a providence-state was possible thanks to the economic growth of the period after the First World War, the 'glorious twenties' which were an 'accident' in economic history (see the works by Daniel Cohen).⁷

Indeed, we are witnessing a withdrawal of the role of the state, not its disappearance, and a sort of stasis of the social imagination, according to the diag-

nosis that had already been formulated in the 1980s by Pierre Rosanvallon⁸ who is today a professor at the Collège de France. It is certainly the case that the extraordinary power of this search for autonomy and independence, which we notice at every latitude of the world and which is extended most easily to urban areas (cities makes people free), would gain by being utilised to extend a basic solidarity assured by the state 'through the establishment of more decentralised systems or short-term interventions directly supported by concrete social relationships' (Rosanvallon).⁹ This positive approach would allow a better guaranteeing of the coverage of emerging social needs in new condition of social life in which one observes in numerous places an increase in free time, and this in people who work as well. I observed this appeal in number 90 of the encyclical: people involved in voluntary work are called to play a specific role, conjoining professional skills and expertise with generous and gratuitous love. At number 99 of the

encyclical we also find an audacious suggestion – that of opening to women who have had recourse to abortion so that with the advice of help and the nearness of friendly and competent people they can become the most eloquent defenders of the right of everyone to life. In this way, the road is opened up to a pluralism of forms of social life. In order to find the foundation of this nearness to the other, which creates a tie between the generations, I willingly refer to the observations of Catherine Chalié on fraternity, hope in chiaroscuro.¹⁰

Thus we are invited to live the incarnation in all of its force, attentive to the most urgent needs that a human being can experience (without the risk of dis-incarnation). But where can we draw strength to imagine and achieve all of this despite the obstacles? The Holy Spirit dwells in our hearts. We therefore need deeper spirituality.

'Lord, we offer you the goods that you yourself have given us: they express our gratitude to you for all that your creation offers us

to assure our life on earth; may they equally become the remedy that will heal us and will make us live for ever!' (Prayer for Offerings of Thursday 17 May).

Perhaps our Pope Francis could speak some words to us about free time as authentic and disinterested self-giving? ■

Notes

¹ MOHAND SIDI SAÏD, *L'esprit et la molécule. Une radioscopie de l'industrie pharmaceutique* (Genèse Edition, 2012).

² KALLISTOS WARE, *L'île au-delà du monde* (coll. *Spiritualité*) (Paris, Le Cerf et Pully, Le sel de la terre, 2012), p. 51.

³ GILLES LIPOVETSKY, *L'ère du vide. Essais sur l'individualisme contemporain* (Paris, Gallimard, 1983).

⁴ KALLISTOS WARE, *L'île au-delà du monde*, p. 50.

⁵ KALLISTOS WARE, p. 9.

⁶ KALLISTOS WARE, p. 69.

⁷ See for example DANIEL COHEN, *Les infortunés de la prospérité* (Paris, Julliard, 1994).

⁸ PIERRE ROSANVALLON, *La crise de l'Etat-providence* (Paris, Seuil, 1981, 1984 and 1992).

⁹ PIERRE ROSANVALLON, p. 124.

¹⁰ CATHERINE CHALIÉ, *La Fraternité, un espoir en clair-obscur* (Paris, Buchet/Chastel, 2003). See also Joseph Ratzinger, *Frères dans le Christ. L'esprit de la fraternité chrétienne* (Paris, Cerf, 2005).

The Service to Life of Health-care Workers

1. The Service of Health-care Workers to Unborn Life. The Diagnosis and Treatment of Sterility in Couples as a Service to Life

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Fertility and the Biological Status of the Human Embryo

Human fertility is defined as a 'state of fertility or reproductive capacity' in the context of the couple. It is the result of the 'synergy' of the couple and thus does not refer to the capacity of a man or a woman in isolation.

This synergy, when it takes place, leads to the fertilisation of the oocyte by the spermatozoon, that is to say the conception of a new individual.

Biology, embryology and genetics have agreed for over forty years in stating a human individual begins to exist from the moment of fertilisation. It is through the act of fertilisation, that is to say at the moment of the union between the male germinal cell and the female cell at the level of the tubal ampoule, that a human being is constituted – a carrier of a genetic patrimony that is individual and unrepeatable. The embryo, therefore, is a human person from fertilisation onwards. In preparation for fertilisation, two highly specialised cells, the gametes, the spermatozoon de-

rived from the man and the egg cell derived from the woman, both encounter a series of modifications in order to reduce the number of chromosomes to a half of that of the somatic cell, that is to say a decrease from 46 to 23 chromosomes. This process has the name 'meiosis'. The reduction of the patrimony of chromosomes is necessary to avoid the fusion of the male cell with the female cell having as its result an individual with an excess number of chromosomes.

The potential of the genetic variability of the gametes that derives from meiosis is astonishing. Considering that in a human individual the genetic information is contained in the form of pairs of homologous chromosomes, one being maternally derived and the other paternally derived, at the moment of the fertilisation 70,000 milliard possible genetic combinations can be obtained, to which should be added the effect of crossing-over which consists of the exchange of genetic material between the maternally derived homologous chromosome and the paternally derived one. The result of this is a practically unlimited variability which constitutes the biological mechanisms on which is based the uniqueness and the unrepeatable character of each human individual.

The genetic identity of the new human being is defined at conception: from that moment onwards development takes place in a continuous and coordinated way. During the first three days of life the embryo journeys down the tube in the direction of the uterus where it is implanted on the seventh day. This is a journey where the human embryo demonstrates from the outset its own biological autonomy. Indeed, a human embryo lives during

this period without its own energy sources: it uses energy provided by the tube fluid that surrounds the embryo cells.

Sterility in Couples

When conception does not take place within a year that has been made up of free relations, one refers to sterility in a couple. Sterility is a condition that affects one in every seven couples and it is an emerging health-care problem of great public interest. It concerns not only the private dimension of the couple but also, more in general, the health-care system and society as a whole. In the *World Report on Disability* of 2013 sterility is defined as a 'disability' from many points of view: the physical, the cognitive, the mental, the sensorial, the emotional and the developmental, as well as a combination of these. It is possible to recognise a male cause of sterility in 25-40% of cases; a female cause in 40-55% of cases, with the presence of factors of sterility in both the conjugal partners in 10% of cases, whereas in 10% of cases it is not possible to identify a cause of sterility and reference is here made to unexplained sterility.

As regards sterility with a female cause, a dysfunction of the ovules is detected in 30-40% of cases, whereas a factor relating to the peritoneal tube is found in 25-35% of cases.

Amongst the risk factors relating to sterility, the 'age' factor today has an important relevance. The search for a first pregnancy has in fact been extended and in Italy it has reached the age of 32, according to the data of ISTAT 2011. To this delay in the search for a preg-

nancy is associated a greater incidence of pregnancies at risk at a more advanced age of women, in addition to a more frequent condition of sterility derived from biological factors correlated with the ageing of the ovocytes and a longer exposure to those environmental and infective factors which are harmful to fertility. A consequence of this is a reduction in the reproductive capacity of women, with a gradual reduction of the possibility of a pregnancy for every ovulation with the advance of the woman's age. This reduction is not limited only to the natural search for a pregnancy but is also highlighted in causes where resort is made to artificial fertilisation. This is due, on the one hand, to a progressive reduction in the number of ovocytes in women after the age of 35, and, on the other, to anomalies in the chromosome segregation during the meiotic division which make the ovocytes less easy to fertilise and in addition susceptible to genetic damage, with a consequent increase in early miscarriages and in chromosome anomalies in the conceived child.

As regards female sterility caused by dysfunctions of the ovules, use is made of appropriate pharmacological therapies according to the aetiology of the dysfunction.

The treatment of female sterility caused by a tubal-peritoneal factor where the principal causes are a pelvic inflammatory pathology (PID) and endometriosis is more complex and more debated.

The principal cause of the tubal-peritoneal factor leading to sterility is the damage caused by previous episodes of pelvic inflammatory illness consequent upon the rise into the reproductive tract of infective agents that are sexually transmitted. When the germs reach the delicate tubal epithelium, an inflammatory reaction is set in motion in response to the infection which then leads to the destruction of the epithelium itself. The post-inflammatory scar retraction that follows this alters the tubal architecture and provokes definitive sequels that go from the formation of adhesions to tubal occlusions. After a single episode of PID the risk of sterility is 12% but in the case of repeated episodes it can reach the level of 50%. Pelvic inflammatory pathology also

leads to an increased risk, of the order of 7-10, of a subsequent tubal pregnancy.

Early diagnosis and speedy and suitable therapeutic action constitute the best way of preventing the consequences of PID for fertility. In particular, non-treated PID can cause the formation of situations of proximal tubal occlusion (PTO), periadnexal adhesions or distal tubal occlusion. Proximal tubal occlusion is present in 10-25% of women who have a tubal pathology. A falsely positive diagnosis of PTO is reported in 42-95% of cases. Tubal occlusion can be real or linked to artefacts, spasms, endometrial thickening or the presence of patches of amorphous material. In reality it has been demonstrated that in patients with two previous examinations using hysterosalpingography that document bilateral tubal occlusion, the selective catheterisation of the tubes has confirmed this occlusion in only 4% of cases and with time the reproductive capacity of patients has been demonstrated to be normal. These patients are paradoxically those who in our experience are more frequently directed towards artificial fertilisation because of a false diagnosis of tubal occlusion.

Another pathology that is frequently associated with female sterility caused by the tubal-peritoneal factor is endometriosis which appears as a consequence of the presence of the endometrial tissue, that is to say of the mucous that lines the uterine cavity, in other places than their natural location. This pathology is present in 7-10% of women of a reproductive age. 30-50% of women with endometriosis have problems of sterility. 20-50% of sterile women are affected by endometriosis. In the absence of therapy, in the case of endometriosis cysts of the ovaries, the percentages of pregnancies are 21% in the case of monolateral cysts and 0% in the case of bilateral cysts. In our studies we have demonstrated that after laparoscopic surgery the percentage of pregnancies which lead on to a birth rises to 55%.

A male factor of sterility, whether isolated or in association with the female factor, has been reported in up to 50% of cases of sterility in couples. Sterility is therefore a situation that affects in the major-

ity of cases the couple. This means that in the clinical management of sterility both of the marriage partners must necessarily be assessed. And yet of the about 7 million of American couples directed towards the use of artificial fertilisation in the United States of America, over 2 million men did not engage in any andrological assessment. It is therefore important to install for men, as well, a correct diagnostic and therapeutic pathway as regards the possible causes of their sterility.

Amongst the aetiological factors of male sterility, those that are most frequently encountered are infectious diseases that affect the genital apparatus, endocrinal pathologies (such as male hypogonadism, hyperprolactinemia, and thyroid pathologies) and varicocele, that is to say a dilation of the vases of the testicular vein plexus.

Artificial Fertilisation

In order to overcome situations of sterility in couples, various differing techniques of artificial fertilisation are offered and they are divided into intra-corporeal techniques, where the fertilisation takes place in the genital pathways of the woman (intrauterine insemination and GIFT), and extra-corporeal techniques, where the fertilisation takes place in a test-tube (FIVET, ICSI). Techniques of artificial fertilisation that take place in a homologous way, with the gametes of the couple, or in a heterologous way, through the use of one, or both, the gametes of a donor who is extraneous to the couple. 25 July 1978 is a date that has passed into history because of the birth in Great Britain of Louise Brown, the first baby 'produced' in a test-tube (a 'test-tube baby') using the technique of *in vitro* fertilisation created by the physiologist Robert Edwards. Fertilisation *in vitro* (FIV) followed by embryo transfer (ET), indeed, represented the first technique of extra-corporeal artificial fertilisation and was initially recommended in cases of sterility of tubal origins. A variant of *in vitro* fertilisation is the micro-injection of spermatozoa directly into the cytoplasm of the egg cell (ICSI = intracytoplasmic sperm injection) which was originally recommended in the presence

of severe reductions of the seminal parameters.

As regards the results of techniques of *in vitro* fertilisation, the Italian data published in the report of the Ministry of Health of 2014, and connected with the activities of the centres of artificial fertilisation in 2012, document a percentage of cumulative pregnancy for FIVET and ICSI equal to 22.1% and of pregnancies leading to a birth of 16.5% through ovocyte removal. From the same report by the Ministry of Health one learns that of the 114,276 embryos that were formed, 91,720 embryos were transferred and 9,814 babies were born. It follows that 91% of the embryos that were formed were 'lost'. In the light of such observations, the statement that St. John Paul II left behind us in *Evangelium Vitae*, whose twentieth anniversary we are now celebrating, encounters scientific validity: 'these techniques have a high rate of failure...[which] in fact reduces human life to the level of simple "biological material" to be freely disposed of'.

For these reasons, the scientific and cultural world has recently engaged in a careful analysis of the problems connected with the techniques of artificial fertilisation. Issues in this sense have been addressed not only in the press but also in the most important international scientific journals. In the prestigious *British Medical Journal*, researchers of three groups of centres in Amsterdam (Holland), Aberdeen (UK) and Adelaide (Australia), who were the pioneers of FIVET, published an article entitled 'Are we Overusing IVF?'

The authors engaged in a careful review of the literature in the field on the increased risks for the health of a child conceived using IVF and related a greater risk of premature birth, a low birth weight, perinatal mortality, and congenital malformations.

The explanation for this phenomenon could lie, on the one hand, in a by-passing of natural selection, given that during natural fertilisation there is a selection engaged in of spermatozoa with DNA defects which is absent with *in vitro* techniques, and, on the other, in the technique itself, given that it is possible that there is damage to the meiotic fusion and anyway damage to

the cytoplasm level of the ovocyte which can be subsequently transmitted to the embryo. The authors of this article published in the *British Medical Journal* thus end their text by stressing the importance of a correct assessment, before acceding to techniques of fertilisation *in vitro*, of those couples who have a possibility of spontaneous conception after medical-surgical therapy. One is dealing here with the same criterion contained in Italian law n. 40/2004 where the criterion is proposed of gradualness in access to techniques of assisted procreation which are allowed only when the impossibility of solving the causes that impede procreation by other ways have been ascertained. The subsequent guidelines, however, hitherto have never codified the diagnostic-therapeutic itinerary that a couple must engage in prior to acceding to medically assisted procreation techniques, in fact leaving ample discretionary margin to access to these techniques, at times in the absence of any diagnostic-therapeutic framework.

The techniques of artificial fertilisation are therefore injurious to the dignity of procreation and the conceived child; they are associated with a high level of embryo loss; and they are associated with risks for the health of the mother and the unborn child. Lastly, one should remember the possible further aberrations, from an ethical point of view, that are present in resort to heterologous fertilisation, to diagnosis, to pre-implantation screening, and to the selection of embryos.

It should further be remembered that the techniques of artificial fertilisation do not constitute an authentic therapy inasmuch as far from eliminating the causes of sterility they by-pass it. Indeed, they leave unchanged the pathological conditions in which the couple finds itself at the moment of access to such techniques.

An Alternative that Respects Life: the Experience of the 'Paul VI' International Scientific Institute

What has been described hitherto in this paper confirms the need to promote a different approach to the problem of sterility in couples

which passes by way of the policy of a complete diagnostic pathway that involves authentic forms of therapy and aims at removing the causes themselves of sterility, and which, through scientific research, is directed towards understanding the molecular mechanisms that preside over the physiology of human fertility and the physio-pathological mechanisms that are connected with sterility.

On 9 November 2000, the rector of the Catholic University gave to His Holiness John Paul II a Foundation dedicated specifically to the sector of human procreation. This initiative was presented as a response to the calls made by the Holy Father himself. The Paul VI International Scientific Institute Foundation for Research into Human Fertility and Infertility was created on 22 June 2001 and in March 2003 clinical activity was commenced with the opening of the ISI clinic for the treatment of sterility in couples which came to flank the research activity of the institute.

The protection of life in the experience of the ISI coincides with the defence of life at its origins. This is a priority and delicate task because it is the applied to the very moment that life begins. The activity of the International Scientific Institute takes place in three sectors.

The clinical sector connected with the ISI clinic where diagnosis and treatment of causes of sterility are carried out in order to obtain a natural conception.

The different specialist competences are concentrated on the process which is at the origin of life in order to obtain a natural conception and foster the normal development of a pregnancy. Our work is directed towards protecting life, following directly the stages that lead to its expression and intervening professionally upon what can alter the normal development of such a process. In the same buildings there is in addition a clinic dedicated to miscarriage for patients who encounter difficulties in bringing their pregnancy to a happy conclusion.

Then there is the sector of research into fertility and infertility which is fundamental for the advancement of knowledge about the physiology of reproduction, the study of causes that have hitherto been unknown about sterility, and

progress in the diagnostic process and in therapeutic solutions.

Lastly, there is the operational sector connected with the Centre for the Natural Regulation of Fertility which deals with families who, in making a responsible choice, decide to open themselves or otherwise to welcoming a new life by taking advantage of natural methods for the regulation of fertility.

The treatment of sterility in couples takes place through a diagnostic-therapeutic protocol that involves, contemporaneously, both the marriage partners, implementing a multi-specialist approach which envisages the contribution of a team made up of a gynaecologist, an andrologist, a reproduction surgeon and an endocrinologist. These specialists are flanked by other professional figures of the polyclinic such as a urologist and a psychologist who are drawn upon in cases where such figures are needed.

Over 5,700 couples were assessed for sterility from April 2003 to December 2014 and about 500 new couples adhere to the ISI clinic every year, of whom about 25% live outside the region of Lazio. This demonstrates that our clinic may be defined as a centre of reference at a national level. 850 pregnancies have been obtained (about 15%). This statistic is comparable to the success rate in percentages of FIVET-ICSI in Italy and yet it has been obtained without the use of techniques which injure the dignity of procreation and manipulate life.

We have also highlighted that if those 500 couples who come every year to the ISI had had access, instead, to techniques of artificial fertilisation, each year over a thousand embryos would have been 'produced and lost'.

In our experience we have seen how in many cases it is possible to remove the causes of sterility and in particular to obtain a good level of success as well in situations where the general tendency is to propose resort to techniques of artificial fertilisation, such as, for example, for severe alterations in seminal parameters or for female sterility caused by a tubal-peritoneal pathology, which, indeed, constitute the principal conditions respectively that lead to a recommendation to engage in ICSI and FIVET.

As regards severe alterations in

seminal parameters, which in other centres is the principal condition that leads to a recommendation to employ ICSI, the analysis carried out by Milardi *et al.* and published in the *International Journal of Endocrinology* demonstrated that only 35% of conceptions obtained at the ISI clinic took place in the presence of normal seminal parameters whereas in 65% of pregnancies the male spouse had alterations in at least one seminal parameter. This statistic highlighted that the reduction in seminal parameters does not exclude the possibility of a spontaneous conception. Every patient should thus be able to have access to an in-depth diagnostic and therapeutic assessment even when the prospects of obtaining seminal parameters characterised by 'normality' appear to be reduced.

As regards the surgical treatment of patients with sterility caused by a tubal-peritoneal pathology, of the 152 patients who underwent an operation, 325 obtained a 'child in their arms' and 27 patients had pregnancies after the operation.

One should, to end this paper, remember the words that St. John Paul II left us in his encyclical *Evangelium Vitae*: 'The "people of life" rejoices in being able to share its commitment with so many others. Thus may the "people for life" constantly grow in number and may a new culture of love and solidarity develop for the true good of the whole of human society.'

The commitment that our centre has engaged in over recent years is witness to a possible alternative to *in vitro* fertilisation which respects human life. This is witness that the International Scientific Institute offers to the Church, to the 'people of God', and at the same time it is hoped that Catholics will see in the ISI a bulwark of the culture of life, which should be protected and stewarded, at the service of every couple suffering from sterility, at the service of the Church and society. ■

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2. The Service to Life of Health-care Workers: the End of Life

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'God did not make death, and he does not delight in the death of the living' (Wis 1:13).

'But through the devil's envy death entered the world' (Wis 2:24).

In these Biblical passages, which are placed at the beginning of the encyclical *Evangelium vitae*, we find the harsh pathways of those who accompany people during the last stage of their lives in an attempt to reconcile the invincible wish for life that characterises man with his material finitude.

For many centuries, death was characterised by a ineluctability that was taken for granted and by the evident impossibility of procrastinating it, and it has only been for a few decades that humanity,

above all in the Western world, has interacted with two apparently contradictory aspects: the possibility of 'governing' death through an approach that is highly intensive, on the one hand, and the wish to speed up its arrival when it appears to be close at hand, on the other. This apparent contradiction involves in both cases the same intention to transform an ineluctable fact into a horizon of absolute decisional autonomy.

I would like to immediately state that the question of euthanasia, which is full of troubling implications and a subject that has been amply debated at a theoretical level but, hitherto, fortunately with few examples of support at a legislative level, is not the first and principal problem of those people who try to take care of individuals who are coming to the end of their lives.

In relation to euthanasia there is, as is known, a Declaration of the Sacred Congregation for the Doctrine of the Faith¹ which defines in a clear way the position of the Catholic Church: we will see below that one cannot affirm that the

same clarity is present in a large number of declarations of believers and non-believers as regards the concrete situations in which clinical and ethical decisions have to be taken with respect to the end of life.

The most relevant problem in my view concerns the sharing of a method by which to reconcile, on the one hand, the objective and detailed technical capacity of modern medicine with individual clinical situations, and, on the other, to adapt individual and social expectations as regards health to fears – which are not always confessed – of being at the mercy of a science that in its complexity one cannot be understood.

I would like to emphasise that forgoing what is defined as exaggerated treatment cannot be an optional choice either for patients or for health-care workers because the duty exists to practise – following science and conscience – only proportionate forms of treatment: in other terms, exaggerated treatment, to which I would add the exaggerated carrying out of diagnoses, should be avoided because here we

are dealing with technical errors which cannot, and must not, be taken into consideration.

Obviously enough, the question that is raised is discernment as to what is proportionate and what is not proportionate according to a criterion that takes into account, in a concrete way, personal values and clinical conditions.

The *Declaration on Euthanasia* of 1980 that has already been cited offers a very clear summary: 'In any case, it will be possible to make a correct judgement as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical resources'.

The use of these criteria is one of the basic principles of palliative care cited in *Evangelium Vitae*: 'In modern medicine, increased attention is being given to what are called "methods of palliative care", which seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal'.

Palliative care, which was explicitly referred to by Pope Francis in a recent interview that he gave to *Il Corriere della Sera*, can be the response that allows us to reconcile two apparently contradictory needs: the protection of life and the acceptance of death.

The World Health Organisation defines palliative care as 'an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual' and adds that it 'provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; intended neither to hasten or postpone death'.²

After many centuries when the pathway of dying was entrusted to medical treatment that had a low level of availability and above all to spiritual care, an almost schizo-

phrenic approach was generated as regards dying people where an attempt was made to impede an inevitable death with disproportionate forms of treatment (let us also say clearly with exaggerated treatment) and people were, in fact, abandoned to their process of dying because they were no longer interesting (or remunerative) clinical cases.

Palliative care seeks, instead, to offer to all people who are drawing near to the end of their lives a form of care that takes responsibility for all the pain and all the suffering that are involved, involving the whole of the family group which, whatever the case, is experiencing the burden of providing care and suffering caused by an imminent loss, and assuring a continuity that is indispensable in relieving the anxiety and the insecurity that are specific to this stage of life.

Another fundamental aspect is connected with the place of care: continuity can be assured if the palliative care is available at the home of the sick person but also in special institutions such as hospices which offer a suitable environment and a specifically trained team, allowing the sick person and his or her family a choice as regards which context they prefer.

In its development, palliative care has first of all been concerned with pain, which is the symptom which afflicts many sick people, above all those suffering from cancer, at the ends of their lives, trying to control it as best as a possible, comforted in this by the wise and enlightened recommendation made by His Holiness Pius XII from 1957 onwards,³ and utilising in an appropriate way all the pharmacological and non-pharmacological instruments that have been gradually made available. However, this goal has been reached only over the last few years and this because of a series of causes that are to be found in the technical and cultural shortcomings of very many health-care workers rather than in prejudices of a religious character which some people state to be the case in a tendentious way. Phobia towards painkillers, which is the cause of enormous and useless suffering, does not have its origins in religious beliefs, in particular Christian religious beliefs, but, rather, in an in-

sufficient medical culture which still sees the use of painkillers, even when appropriate, as a way of bringing about death rather than a technique by which to improve life, at its end as well.

A good control of pain, which is a result that can be obtained in almost all sick people, allows a focus on the complexity of the condition of those who are drawing near to the ends of their lives, from a clinical point of view but also, and above all else, from an existential perspective. In other words, treatment of the pain of these people is the point of departure of palliative care and not its point of arrival.

The freeing of people from pain allows them to draw near to the truest subject of their condition: the search for, or the confirmation of, a meaning to their life experiences; the time that is still left to them; a horizon that is growing smaller; having to abandon the people that they love; giving and receiving forgiveness; and preparing themselves for their meeting with their Creator.

It is evident that all of this can be addressed not only from a health-care point of view and more generally in terms of assistance. The questions and answers that are involved relate to the greatness of life and not to the small practices of care, which are certainly important but are absolutely not up to the situation in hand.

Cicely Saunders, who is seen as one of the founders of modern palliative care, gave rise to the phrase 'total pain': this covers all the manifestations which, under various headings, cause overall suffering, anxiety, fear, frustration, physical pain, and a religious crisis.

Palliative care seeks to take care of sick people and their families from all these points of view, involving, in addition to medical doctors and nurses, psychologists, physiotherapists, ministers of worship, social workers and volunteers.

All of this activity, however, runs the risk of being rendered vain by an attitude that is also present in many Christians: dealing with a chronic progressive illness at an advanced stage by denying that physical death is a possibility. From this comes the common denial of the truth to patients by health-care workers and their families – not so

much, and not only, a lack of correct information about the diagnosis, in particular one that indicates cancer, but above all else only a vague communication of the prognosis, with a levelling of the horizon of the patient to illusory hopes which have nothing at all to do with eschatological Hope but a great deal to do with lies that are not even marked by pity.

I believe that by now the moment has come for the Christian community, which is more motivated and more cohesive than civil society, to address with maturity the problem of relationships and communications in the case of a fatal illness, using great respect for the sensitivity of the individual but also great respect for personal dignity, respect that cannot see sick people suddenly as lesser bearers of right, less people than healthy people, because of a condition of illness and the presence of the ending of life.

The justifications for silence, lies or at least reticence that family relatives offer to health-care workers are often very fragile and dictated much more by reasons relating to self-defence as regards a fatal illness than by a purported emotional defence of the sick person himself or herself.

It is specifically this discreet and respectful care in accompanying the sick person in a dimension of truth that is the indispensable pre-condition to engaging with him or her, in a way that is not hidden from that person, in the crucial moments of the last months of his or her life: thinking about giving a meaning to his or her last time on earth; choosing whether to abandon forms of treatment which are by now ineffective or trying a final treatment that can slow down the illness; awaiting death in the intimacy of his or her own home with people who are loved or in a hospice or running uselessly towards a useless emergency department of a hospital, perhaps with that person's life ending in the paradoxical loneliness of a crowded corridor.

As I have already pointed out in this paper, this sharing is possible above all else when a good control of symptoms has been achieved, when one can also address in a calm way the daily routine of specific care

that also assures good treatment at home and in a hospice, which is an institution, as is known, that is specifically organised for the taking care of people who are near to the ends of their lives.

It is no accident that many of these residential institutions were created by religious Congregations or by people very near to the same kind of sensibility.

The creation of hospices, which by now are widespread throughout the world, with aspects which, naturally, are shaped by the various cultures in which they operate, is in line with the assumption that the end of life, before being a clinical problem, is an existential event that is connected with factors which are markedly more complex than pathological phenomena which lead to death alone. Those who take care of these people must, therefore, contextualise their behaviour as regards the life event they are dealing with, neglecting neither the psychological dimension nor the spiritual dimension, giving space to comfort in relation to these aspects as well.

In this breadth of horizons of care and treatment a question is emerging that is closely connected with palliative care, specifically because of its expansion and the knowledge about it that is beginning to spread. This is a question that we could define as the 'anaesthesia of death'. We are not talking about euthanasia but, rather, of an attitude which, seeing death as unbearable *a priori*, theorises the need for sedation to accompany the last days of a sick person's life. Recently the French Senate has approved for the first time a law, adding to the Leonetti law of 2005, which refers explicitly to the slogan 'sleeping before dying so as not to suffer'. This is a concept which in the context of palliative care has a meaning in the case of untreatable symptoms, whereas, out of that context, it becomes, as I have already said in this paper, a theorisation of the anaesthesia of death.

On this subject we are helped once again by words of Pius XII which stated, albeit referring to painkilling therapy but certainly applicable to sedation with the other pharmacological instruments that are now available to us, 'it is

not licit to deprive a dying person of self-consciousness without grave reason'.⁴ It is the ethical duty of every Christian health-care worker to ascertain this 'grave reason' which in my view can be a norm identified in untreatable symptoms such as a grave shortage of breath, delirium or uncontrollable pain. Whereas one has to assess with discernment – sharing them when possible with the patient and his or her family – situations where a correct taking of responsibility of the patient in line with the 'overall' criteria of palliative care in order to accompany him or her to the end of his or her life without depriving that person of his or her consciousness, for his or her sake or that of those who love him or her, can be sufficient.

In definitive terms what are the characteristics of a health-care worker who has to address people who are coming to the end of their lives? I would like to state first of all (and I hope that St. Paul will forgive me) that charity is not enough if by this term we understand a generic kindness of spirit which draws us near to dying people. Taking care of the dying means associating with Charity those virtues that all Christians must aspire to; a specific technical competence in the control of symptoms, in communication, and in a capacity to interact with various professional roles, recognising in the most frail and defenceless person as well the image of the suffering Christ who asks not only for nearness but also appropriate health-care practices; respect for life but also respect for its finitude; and helping the dying to refer such a dramatic experience to the project of God, in the difficulty but also the joy of being able to say, in the end, with Simeon. 'Lord now lettest thou thy servant depart in peace, according to thy word (Lk 2:29). ■

Notes

¹ Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, 5 May 1980.

² <http://www.who.int/cancer/palliative/definition/en/>

³ Pio XII, 'Allocutio, die 24 febr. 1957': AAS 49 [1957] 147.

⁴ Pio XII, 'Allocutio, die 24 febr. 1957': AAS 49 [1957] 145; cf. Pio XII, 'Allocutio, die 9 sept. 1958': AAS 50 [1958] 694).

Conclusions and Recommendations

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I would like to extend my heartfelt thanks to H.E. Msgr. Zygmunt Zimowski and Msgr. Jean-Marie Mupendawatu for offering me the possibility of speaking at the end of this day. I would also like to thank all of you who have taken part for listening to me after such intense hours of study and analysis.

1. Comfort and Gratitude

Allow me to share with you first of all the deep feelings of comfort that I experience because of the gift to us of *Evangelium Vitae* (EV).

We are moving towards the end of this day of study on the twentieth anniversary of the publication of this encyclical, a sublime gift by which the successor of St. Peter, together with the bishops of the whole world, confirmed the Faith of the disciples of Christ in the Gospel of life in an epoch that was marked by 'new threats to [human] life'.

After listening to thoughtful and wise analyses and papers, it seems to me important to address our attention for an instant to these feelings: to the feelings that EV provoked at that time but which I still feel when reading it, as though these thirty years had not gone by. And it does not provoke these feelings anew in me alone – of this I am convinced.

These are feelings of joy and pride because of the interior illumination that comes from it; of renewed resolution and fortitude in the commitment to the defence and the protection of human life; and before everything else: feelings of gratitude.

This 'newness' that *Evangelium Vitae* conserves, this freshness, this capacity to involve, to move, to mobilise the reader, are themselves also eloquent signs of the very great contemporary relevance of this long

encyclical: signs of its embodied truth, of its enlightened realism.¹

I do not want to seem rhetorical to you: it is not my intention to deny the problems that we are still faced with today or to conceal from myself the difficulties that exist or to propose a sugary vision of the world today, as though EV could have been the panacea for all wrongs. I believe, however, that it is right to allow ourselves to give room to feelings such as these, that it is right to praise God and to thank those who gave us this enlightened teaching.

Thank you Holy Father John Paul II. Thanks to the Cardinals of the extraordinary consistory of April 1991 who asked 'unanimously for the Supreme Pontiff to reaffirm 'the value of human life and its inviolability', with reference to the current circumstances and the attacks that threaten it today'. Thanks to the bishops of the world² who responded to the appeal of the Pope to offer their contribution to building this monumental document of the Magisterium – hitherto the most overall and exhaustive doctrinal teaching on the fundamental human right to life, understood in the light of Revelation and reason. This is a Magisterium in which in the light of the value of human life, fundamental structures of civil society such as freedom, democracy, law, legality, the meaning and duties of the family, of States and of the international community are re-examined. Thanks to the Spirit of Christ who continues to spread within the Church his riches through our forms of poverty. Thanks you for these twenty years.

2. Unprecedented Threats

And I would like to ask with you: why twenty years ago? In what sense could one say that the threats placed at the roots of the tree of human right were in that epoch 'new' (EV, nn. 3-4)?

If one looks, for example, at the threats to unborn life, which is one of the problems that finds important space in this encyclical, in the ul-

timate analysis we have to observe that the first permissive legislation as regards abortion goes back to 1920 and the USSR. In Pope Wojtyła's Poland abortion was legalised in 1956. In the United States of America the Supreme Court legalised it in 1973.

This encyclical was published in 1985. But there was no absence of previous stances adopted by the Catholic Magisterium in relation to attempts to transform a crime against human life into a purported right. As regards threats to unborn life, for example, we find positions taken, and here I to cite only a few, in the encyclical *Casti Conubii* of Pope Pius IX of 1930.³ In 1965 the Second Vatican Council made a solemn proclamation on the 'abominable crime' of abortion.⁴ We may also think of *Humanae vitae* of 1968, of the *Declaration on Abortion* of the Congregation for the Doctrine of the Faith of 1974, of the troubled appeal of Blessed Pope Paul VI of 1978 shortly before the passing in Italy of Law n. 194⁵, and of *Familiaris Consortio* of 1981...

In what sense, therefore, can such threats be said to be 'new' and in need of a new declaration by the Magisterium of the Church?

It is certainly true that an element of newness has been caused, then as now, by the very rapid advance of scientific and medical knowledge – in a cultural context that has often been closed to transcendence – and by the enormous capacities acquired by technology to intervene directly upon human physical life at its various stages.

These advances – which in themselves should be welcomed positively – also involve risks. As Don Francesco Coluccia has observed before me, *Evangelium Vitae* provided warnings about them: 'Even certain sectors of the medical profession, which by its calling is directed to the defence and care of human life, are increasingly willing to carry out these acts against the person. In this way the very nature of the medical profession is distorted and contradicted, and the dignity of those who practise it is degraded' (EV, n. 4).

In addition, this encyclical goes beyond abortion and dwells upon a multitude of attacks on frail human life from conception until its natural sunset, attacks which have been made increasingly broad and more easily accessible by modern progress. We are dealing here, as we have heard observed in the papers that have preceded mine, of an extensive document that contains not only theoretical summaries but also thoughtful operational guidelines at a pastoral, social and political level. It expresses an attempt to offer an overall picture.

What made these threats 'unprecedented' in the view of the Church, however, seems to be the fact that after the fall of the Berlin Wall and the Soviet regimes of Eastern Europe these threats engaged in a cultural and political leap: they then appeared as a global cultural challenge⁶ which no longer remained confined to the domains of theoretical elaboration and philosophical and sociological justification but, rather, inaugurated a new political practice which aimed at the establishment of a 'new world order' (EV, n. 5) centred around neo-Malthusian policies to limit populations (EV, n. 16); an idea of happiness that tends to identify happiness with material wellbeing alone (EV, n. 23); a relativistic philosophical approach (EV, n. 20); and an idea of freedom that is detached, therefore, from any criterion of objectivity and based only on the wishes of the individual (EV, n.19).

In this individualistic and secularised context, the Supreme Pontiff observed, 'conscience itself, darkened as it were by such widespread conditioning, is finding it increasingly difficult to distinguish between good and evil in what concerns the basic value of human life' (EV, n. 4). Indeed, 'when he denies or neglects his fundamental relationship to God, man thinks he is his own rule and measure, with the right to demand that society should guarantee him the ways and means of deciding what to do with his life in full and complete autonomy' (EV, n. 64).

For these reasons, this document concentrates on the attacks on the fundamental right to life which are legalised – and this is their distinctive characteristic – if not, indeed, promoted by public authorities as new forms of rights.

3. The Intertwining with Gender Feminism

What are the factors that have influenced this 'unprecedented' situation? Obviously enough, they are many in number. I have already referred, just to cite one of them, to the important impetus that was born (and is born) from the fear of 'over population' derived from a eugenic and neo-Malthusian mentality.⁷ But I also want here to refer to another significant factor which during the middle of the 1990s experienced a strong impetus.

Those were years when 'gender studies' moved out of the elite circles of radical feminism and the drawing rooms of famous universities and became transformed from being 'mere' social and anthropological theories into being an authentic international political programme, and to such an extent as to determine in 1994 – the year before the publication of *Evangelium Vitae* – the orientations of the UN international conference on population and development in Cairo. In 1995 they had an even greater influence on the conclusions of the UN international conference on women that was held in Peking. At these international assemblies were to be found for the first time in official documents terms such as 'gender',⁸ which would subsequently enjoy great success and which involves the deconstruction of responsible sexuality; 'reproductive rights' and 'reproductive health', which imply the astonishing idea that only *wanted* children have the right to be born; and other concepts of new coinage which constitute keys by which to open up the road to the individualisation of law (which carried to its extreme constitutes precisely the negation of law⁹ and the upholding of the will of the individual – as long as he or she is strong – over the principle of the 'common good').

These aggressive cultural minorities, that is to say, helped to change the political context by introducing new paradigms and correlated new languages and new political practices, and this to the point of proposing a holistic and post-modern 'new international ethics' which abandoned the heritage of personalism.

Neologisms indicating this change in political practice are evi-

dent, for example, in the shift from the idea of 'government' – that is to say government entrusted to elected representatives, an idea connected with the concept of 'representative democracy' – to that of 'governance', an idea connected with the new concept of 'participatory democracy' where government was now entrusted to a number of agents, not all of which were legitimated by democratic representation, and where, however, participation was not possible for everyone but only for certain interest groups which are sufficiently powerful to have lobbyists working at the centres of institutions.¹⁰

Thus it was that, in particular with supranational institutions, there was a shift from the political practice that governments related to intermediary social formations (for example non-governmental organisations) that enjoyed a position of pre-eminence and were strengthened by the role of representation that they received from citizens, to a new practice of partnership which envisaged various actors interacting in situations of parity, independently of whether they had behind them democratic legitimation or represented, instead, the interests of powerful minorities.¹¹ This 'parity' soon revealed its real face: NGOs ended up by dictating the international political agenda.

In this way, the democratic processes were weakened and small and powerful elites were able to have a major influence on the decisions of elected governments. And where this new practice encountered difficulties in rooting itself and some legislators were reluctant to adopt the new ultra-free-market Word, these powerful lobbies nonetheless retained an instrument of control over the judicial systems in order to coerce non-aligned legislators with a burst of sentences.

These groups, thanks to the United Nations (and other supranational institutions) being porous when it came to their demands, thus sought to re-read the treaties on human rights along gender lines and to modify in a strong way the meaning of key passages, for example those relating to the family, to parenthood, to the upbringing of children, to the concepts of equality and non-discrimination, and naturally to the right to life as well. And it was in perceiving this 'un-

precedented' framework of reference that the Church felt the need for a new teaching of the Magisterium on these subjects (cf. *EV*, n. 4). It is not therefore of secondary influence that *Evangelium Vitae* re-examined at a deep level, in the light of the value of life, fundamental structures of civil society such as freedom, democracy, law, legality, and of the role of States and the international community.

4. Women as a Determining Resource

One can find a lively documentation on the derailing then experienced by the UN as regards its goals¹² in the acute writings of certain direct witnesses of the international conferences of 1994 and 1995. It is no accident that these were women: for example, Dale O'Leary and her incomparable *Maschi o femmine? La guerra del genere* (Rubettino, 2006)¹³ but also the works of Marguerite A. Peeters – I remember in particular her *La nuova etica globale: sfide per la Chiesa* (2006).¹⁴ And the views of the German sociologist Gabriele Kubly that she expressed in her *La rivoluzione sessuale globale. Distruzione della libertà in nome della libertà*.¹⁵

The titles of their publications highlight how questions relating to our way of understanding motherhood, the family, health care and the value and inviolability of human life have been intertwined ever since then with an authentic transformation of the very idea of a 'man' and a 'woman' (cf. *EV*, nn. 11, 21) and their reciprocal relationships, as emerged in particular in the so-termed 'gender theories' or theories of 'transhumanism/post-humanism', as was clearly pointed out in the paper given at this meeting by Prof. Jean-Marie Le Méné.

As I said, it is no accident that these authors were women. The exponents of the various radical feminist movements¹⁶ were one of the fundamental engines behind the sexual revolution and then of the campaigns for 'new rights' such as those of so-called 'reproductive health', of artificial fertilisation and of surrogate motherhood. *Evangelium Vitae* addresses women in particular, as is evident, for example, in number 99 of the encyclical be-

cause Pope John Paul II believed that women could be the people who would successfully counter such distortions. And if perhaps this wonderful day of study has had a limit, a limit which I know was not intended but, rather, dictated by circumstances, it is that of not having had amongst the speakers any woman who could analyse the twentieth years since this encyclical from the perspective of the 'other half'.

In the thinking of the Pope, whatever the case, 'In transforming culture so that it supports life, women occupy a place, in thought and action, which is unique and decisive. It depends on them to promote a "new feminism" which rejects the temptation of imitating models of "male domination", in order to acknowledge and affirm the true genius of women in every aspect of the life of society, and overcome all discrimination, violence and exploitation' (*EV*, n. 99).

Women, therefore, have a very special role and importance in embodying these teachings both in the thought and in the implementation of the vision that they offer. *Evangelium Vitae* entrusts itself with confidence to women; a trust that a great many people have not disappointed, as I have been able to see with my own eyes in my personal experience of pastoral care in health and pastoral care for life: at times, indeed, to the point of attaining heroism.

5. Towards an Evangelisation of the Culture of Human Life

In the quotation from number 99 of the encyclical that we have just heard, the central offering of this broad fresco on the value and the dignity of human life is evident: it does not simply intend to offer a more complete instrument for the ethical assessment of medical practices or social or individual decisions. This is specifically because the question is not simply ethical – it is also anthropological in character. The encyclical seeks in a consistent fashion to foster a new pastoral role of the Church in order to obtain a 'transformation of culture', an *evangelisation of culture* (see *EV*, nn. 78-101); a renewed proclaiming and incarnation of the Gospel because it is only in

Christ that one can know the full truth about man (cf. *GS*, n. 22): this was expressed very clearly by Prof. Massimo Petrini in his paper.

For that matter, John Paul II himself had already clearly stated in 1982: 'The synthesis of culture and faith is not only a requirement of culture but also one of faith... A faith that does not become culture is a faith that is not fully accepted, not entirely thought, not faithfully lived'.¹⁷

The new culture that he wanted to foster is called 'culture of life', that culture, that is to say, that sees in human life the dignity that comes from the fact of the incarnation of Christ (see *EV*, nn. 35 and 39).

This confirms that *Evangelium Vitae* seeks to meet an authentic anthropological challenge, as was well emphasised in his paper by Msgr. Carlos Simón Vázquez.

The recognition that human life has such a high dignity is then, but only then, gravid with ethical consequences which are expressed in the same approach of the life of Christ, that of oblation love (*EV*, n. 25), love that takes on responsibility for the other, for every human life. Let us allow the encyclical itself to speak on this point: 'It is therefore a service of love which we are all committed to ensure to our neighbour, that his or her life may be always defended and promoted, especially when it is weak or threatened. It is not only a personal but a social concern which we must all foster: a concern to make unconditional respect for human life the foundation of a renewed society. We are asked to love and honour the life of every man and woman and to work with perseverance and courage so that our time, marked by all too many signs of death, may at last witness the establishment of a new culture of life, the fruit of the culture of truth and of love' (*EV*, n. 77).

Yes: faced with a culture that exalts fundamental rights to the point of running the risk of transforming all relationships into contractual and legalistic (I have the right/you owe me) relationships and removing space for love, service to the other and forgoing something for oneself for someone else, *EV* affirms that the human is achieved only where love is lived.

This love, however, is authentic love, that love which can be seen in

the life of Jesus Christ; not a sweetened parody of love, not a love that thinks that it does good by closing its eyes to uncomfortable truth; not a love that is reduced to an encounter of egoisms to obtain the satisfaction of the each person's desires.

6. *Evangelium Vitae*: Witness to an Outgoing Church

Evangelium vitae, and I here come to the end of my paper, constitutes one of the manifestations within the Church of the 1990s of the vivacity of her missionary spirit. It manifests an 'outgoing Church'¹⁸ that is not folded in on herself but, rather, listens to the great cultural transformations that were underway at a global level.

It is witness to a Church that agreed to enter the forum of the international cultural debate about human rights and presented in a reasoned and respectful way her own arguments, offering to those who listened not condemnations¹⁹ but, rather, a commitment to a 'service of love'.

This is a commitment that has not ended and which we are also called to continue to adopt. This is a commitment that is not easy because in recent years, as Pope Francis observes in his apostolic exhortation *Evangelii Gaudium* (n. 213) when discussing unborn children: 'Frequently, as a way of ridiculing the Church's effort to defend their lives [or any other pastoral care for life], attempts are made to present her position as ideological, obscurantist and conservative'.

We can at certain moments perceive a sense of disappointment and demoralisation in the face of the development of globalised culture during our epoch because of the grave character, and the board range, of the attacks on human life.

Despite the unceasing commitment engaged in by thousands of Christian men and women and by men and women of good will in the defence and the promotion of human life, the weeds seem to continue to grow in a luxuriant way amidst the good wheat.

Such observations are certainly understandable and arise from concern about, and love for, the Gospel but they run the risk of losing from sight the very abundant fruits that have been generated over the

last twenty years within the Church – and though her in the world – thanks, as well, to the fertile terrain that was prepared by *Evangelium vitae*.

We may think of what she has generated in the world of pastoral care in health, for example, and we have listened to evident testimonies to this today. I am thinking of the awareness and motivation that she has offered to people marked by illness or disability and to very many care professionals who are believers.

We may think of what influences she has had in the field of pastoral care for families, and of the very many ministries that have arisen or have been developed during these years to offer formation and support to families and couples, for example.

We may think of what she has meant in the social and political fields; of the variegated pro-life world to which she has given strength and at the same time to which she has offered discernment so that the sinner is not condemned together with the sin and so that forms of extreme vitalism are not entered into which end up by denying the finitude of man and his being which is destined to pass by way of the door of death towards a greater Future.

We may think of the great energy of volunteers and professionals provided at the side of women tempted to end the lives of their own babies in their wombs or at the side of family relatives who are very worried about the conditions of life of their own sick or disabled loved ones.

We may think, lastly, of the numerous Catholic institutions and movements which have been fertilised by her ideas; of the renewed commitment of Catholics to scientific research that respects every life or to offering care and treatment that is worthy of the human person. I am convinced that you share this vision with me, a vision that is able to recognise the good that exists and to recognise how, as Pope Francis teaches, 'time is greater than space': 'This principle enables us to work slowly but surely, without being obsessed with immediate results. It helps us patiently to endure difficult and adverse situations, or inevitable changes in our plans. It invites us to accept the tension be-

tween fullness and limitation, and to give a priority to time... This criterion also applies to evangelization, which calls for attention to the bigger picture, openness to suitable processes and concern for the long run. The Lord himself, during his earthly life, often warned his disciples that there were things they could not yet understand and that they would have to await the Holy Spirit (cf. *Jn* 16:12-13). The parable of the weeds among the wheat (cf. *Mt* 13:24-30) graphically illustrates an important aspect of evangelization: the enemy can intrude upon the kingdom and sow harm, but ultimately he is defeated by the goodness of the wheat' (*Evangelium Gaudium*, nn. 223, 225).

Yes: we have many reasons to thank the Church of St. John Paul II and to give thanks to God.

The gospel commitment proposed by *Evangelium Vitae* calls on the Church still today to receive the witness of those who have preceded us, adopting the pathways of conversion that EV proposed to its time. Amongst these reference may be made to: prayer and fasting; being there – accepting getting one's hands dirty; a commitment to formation; and the social and political engagement of believers.

First and foremost it is *prayer and fasting* that we must revitalise in our personal and community lives since the cultural conversion which the encyclical aimed to achieve is primarily in the hands of the God of life who touches men's hearts. He is the protagonist of the Work of Salvation and we are only secondary actors.

Secondly, we, the Church of the twenty-first century, are asked to conquer resignation; *not to forgo being there* in these fundamental areas of the production of culture: overcoming the temptation to run away and to turn our gaze only to cultural points and subjects where it is easier to obtain consensus. Our Church is still asked to 'get her hands dirty' – as can easily happen in a 'field hospital' – in the domains of caring for life. For example by offering high quality care and treatment that are attentive to the process of ethical assessment. For example, moreover, by exerting ourselves to support lines of scientific research that are ethically directed...

Thirdly, the encyclical calls on us to continue with the very fertile

commitment to formation, a formation which, in our current context, can no longer be addressed to health-care workers alone or to experts in this sector but which must be addressed to all those people who are ready to listen to us, and in particular the new generations and parents.

There are very many fields of formation. Amongst others, I would like to highlight the importance of educating – and educating in particular the new generations – in a correct sexual identity, in affective relationships, and in a balanced understanding of the exercise of sexuality. In this sense, we must work to support parents and families, making sure that their right to direct the education of their children in these fields is respected in the face of the increasingly widespread attempts to introduce forms of affective-sexual education determined by the state which go in the direction of an early sexualisation of young people and education in sexual indifference, which, indeed, is typical of gender theory.

Lastly, in defeating the impulse to retreating into the private and an allergy to *social and political engagement*, the exhortation of the encyclical to look for forms and languages by which to present at a secular and public level the arguments of the *Gospel of Life* also applies to we believers at the beginning of this millennium.

This is not only a matter of continuing to demand and broaden spaces for conscientious objection in relation to murderous and freedom-killing laws but also of helping to promote a widespread awareness of the oligarchic mechanisms in which we are immersed and which aim to achieve an ‘ideological colonisation’, as Pope Francis so well put it. A task of believers remains today that of fostering the acquisition of awareness and of pushing believers and non-believers to reacquire the democratic process.

A final expression of gratitude I extend to you, distinguished participants, for the patience that you have demonstrated towards me, as well as to the President and the officials of the Pontifical Council for Health Care workers for proposing this valuable day, a source of renewed motivation and enlightened analysis. May God bless our apostleship! ■

Notes

¹ ‘Ideas disconnected from realities give rise to ineffectual forms of idealism and nominalism, capable at most of classifying and defining, but certainly not calling to action. What calls us to action are realities illuminated by reason’: Pope Francis, apostolic exhortation *Evangelii gaudium*, n. 232. See also what St. John Paul II writes in the encyclical itself at n. 2 when he referred to the ‘profound and persuasive echo in the heart’ generated by the Gospel of life.

² And not only bishops because women and men lay believers, men and women religious, and priests were also involved.

³ Abortion is described in that encyclical as a ‘very grave crime’ and the ‘direct killing of an innocent being’ and this document rejects one by one the purported justifications for it which are related to ‘medical, social and eugenic recommendations’.

⁴ Apostolic constitution. *Gaudium et spes*, n. 51. See also n. 27, quoted in *EV* al n. 3.

⁵ ‘In this rapid but dramatic list of attacks on life we cannot keep quiet about those that are perpetrated – alas – with the chrism of legality. Our thought goes first and foremost to abortion. Superfluous comments and comments limited by the unfolding political situation. But one’s spirit is horrified only at the thought that such a crime should obtain, as unfortunately takes place in other countries, legalisation, indeed the protection of public services, and this with the pretext of concern for unhappy women who then carry in their hearts the implacable remorse of having consented to offending what it is given to a woman to possess in the natural order that is most august and ineffable – motherhood! Poor and innumerable unborn human lives overwhelmed in your weakness, in your innocence! How can a civilised society, and even more a Christian society, authorise and remain impassive, without tears, in the face of such a ‘massacre of the innocents?’: Paul VI, *Catechesis of Wednesday*, 26 April 1978.

⁶ ‘with the new prospects opened up by scientific and technological progress there arise new forms of attacks on the dignity of the human being. At the same time a new cultural climate is developing and taking hold, which gives crimes against life a new and – if possible – even more sinister character, giving rise to further grave concern’ (*EV*, n. 4).

⁷ The lobby that acts on the basis of such geopolitical worries is certainly the most important one as regards the genesis of the process of cultural and political transformation that I am here referring to, given its financial capacities and its political influence that started as early as the 1950s. Without its support, the socio-cultural minorities that then acquired a centrality would not have had the strength either to occupy the scene of the social and political debate or to influence the decisions of the institutions of the international community.

⁸ Gender theories, as systems of thought, are difficult to define because they are a set of very extensive and varied cultural elements which as yet do not have an overall structure and vary (for example) according to the feminist context; the context of gay culture; and the context of queer and transhumanist culture. A fundamental and shared idea of gender theories, however, is the view that male and female identities and their complementary character, the vocation to marriage of the human person, paternity, maternity and being sons or daughters,

are all ‘social constructions’ (that is to say exclusively dependent on culture and not on foundations established by the reality itself of man/woman); these cultural constructions, according to gender theories, are opposed to the equality and freedom of citizens and for this reason should be ‘deconstructed’. If people are born male or female, that is to say, being or living as a man or a woman does not depend on an objective and biological reality but upon cultural conditionings or, in the best of hypotheses, on a free individual choice.

⁹ ‘In this case it is force which becomes the criterion for choice and action in interpersonal relations and in social life. But this is the exact opposite of what a State ruled by law, as a community in which the “reasons of force” are replaced by the “force of reason”, historically intended to affirm’ (*EV*, n. 19).

¹⁰ S. E. MONS. SILVANO MARIA TOMASI, *La forza delle parole: verità e ideologia negli organismi internazionali*, <http://www.tracce.it/detail.asp?c=1&p=0&id=1387>, 2011; Marguerite A. Peeters, *Il gender. Una questione politica e culturale* (Ed. San Paolo, 2014) (*Le gender, une norme politique et culturelle mondiale. Outil de discernement*, Inst. for Intercultural Dialogue Dynamics, 2012).

¹¹ In this new context one understands the fact that the presidency of the UN International Conference on Population and Development of 1994 was entrusted by the United Nations to the Ghanaian Fred T. Sai, the co-founder of the national section of Ghana of the powerful NGO the ‘International Planned Parenthood Federation’ (IPPF), the NGO which, in effect, decided the direction of the deliberations of the conference. The UN itself, for that matter, is a body that is subject to a low level of democratic control.

¹² John Paul II spoke here even of a ‘betrayal of the noblest ideals of the United Nations’ in his *Letter to Mrs Nafis Sadik, Secretary General of the UN International Conference on Population and Development* of 18 March 1994, n. 4. See on this subject also his *Letter to Women* of 29 June 1995.

¹³ Original edition: *The Gender Agenda. Redefining Equality* (Vital Issues Press, 1997).

¹⁴ Original edition: *The New Global Ethic: Challenges for the Church* (Inst. for Intercultural Dialogue Dynamics, 2006); see also: *The Globalization of the Western Cultural Revolution* (I.I.D., 2007).

¹⁵ Original edition: *Die globale sexuelle Revolution: Zerstörung der Freiheit im Namen der Freiheit* (Fe-Medienverlag, 2010). See also *Gender Revolution. Il relativismo in azione* (*Die Gender-Revolution. Relativismus in Aktion*, 2006).

¹⁶ For example Margaret Sanger (1879-1966), Marie C. Stopes (1880-1958), Adrienne Rich (1929-2012), Kate Millett (1934), Anne Koedt (1941-), Juliet Mitchell (1940), Robin Morgan (1941-), Donna Haraway (1944-), Shulamith Firestone (1945-2012), Gayle Rubin (1949-), Judith Butler (1956-), to cite only some.

¹⁷ GIOVANNI PAOLO II, ‘Discorso del 16 gennaio 1982 ai partecipanti al Congresso Nazionale del Movimento ecclesiale di impegno culturale’: *Insegnamenti*, V, 1 [1982], p.131.

¹⁸ POPE FRANCIS, apostolic exhortation *Evangelii gaudium*, nn. 20-24.

¹⁹ We may think of *EV*, n. 9 on the protection that God gives to Cain; we may also think of *EV*, n. 99 where the Supreme Pontiff in a tender way addresses women involved in abortion.

TOPICS

*Catholic Nurses and Midwives:
Ministers of Life*

Pope Francis' Theology of Accompaniment

Catholic Nurses and Midwives: Ministers of Life

KEYNOTE ADDRESS

CICIAMS XIX WORLD CONGRESS
23-26 SEPTEMBER 2014
DUBLIN, IRELAND

**MSGR. JEAN-MARIE
MUPENDAWATU**

Secretary of the
Pontifical Council
for Health Care Workers

Most Reverend Diarmuid Mar-
tin, Archbishop of Dublin,

The International, Regional and
National Presidents of CICIAMS,

Dear Catholic Nurses and Mid-
wives,

Distinguished Guests, Ladies
and Gentlemen,

It is a great joy and honour for me to represent the Pontifical Council for Health Care Workers at this nineteenth World Congress of CICIAMS. I bring to you the greetings and blessings of the President, Archbishop Zygmunt Zimowski, who asked me to convey his apologies for not being able to be with us today, however he promised his prayers for all of you and wishes you fruitful deliberations.

I thank the organizers of this Congress for the invitation extended to me to participate in these days of reflection, sharing and learning, so as to strengthen your service and witness as Catholic Nurses and Midwives. My sincere gratitude to the International Executive of CICIAMS, especially the secretariat for the organization and to our host country Ireland, especially the Catholic Nurses Guild of Ireland for the great hospitality and organization.

The theme chosen for this Congress "Protecting Family Life: The Role and Responsibility of Nurses and Midwives," comes at the right moment when the Universal Church, upon the invitation of Pope Francis, is preparing for

the Synod on the *Pastoral Challenges of the Family in the Context of Evangelisation*, which is due next month in Rome. The working document (*Instrumentum Laboris*) rightly notes that: "in these times, a widespread cultural, social and spiritual crisis is posing a challenge in the Church's work of evangelizing the family, the vital nucleus of society and the ecclesial community."¹ The document identifies several challenges to the family among which the pastoral challenge concerning openness to life. Without prejudice to the other challenges, I wish to address the issue of openness to life, for I do believe it is at the core of your mission as Catholic health-care workers, for the life generated in the family must be protected and promoted. The challenges to life urge us to strengthen our mission and resolve. Moreover, as Pope Francis affirms, "we also evangelize when we attempt to confront the various challenges which can arise"² in opposition to the gospel truth.

1. The Sanctity of Human Life

The first right of a human person is his life. It is the – fundamental – condition for all other rights.³ Hence it must be protected above all others.⁴ Now the respect, protection, and care rightfully due to human life derive from its singular dignity. In the whole of visible creation it has a unique value. To see this more clearly we make recourse both to divine revelation and the redemptive mission of Christ.

Divine revelation shows to us the sacredness of human life, which from its beginning in-

volves the creative action of God (Gen. 1:26-27) and remains forever in a special relationship with the Creator, who is its sole end.⁵ The life of the human person, created in the image and likeness of God, is sacred and inviolable (Gn. 9:5-6) and in it the inviolability of the human person finds its primary and fundamental expressions.

Furthermore, "By his Incarnation the Son of God has united himself in a certain way with every human being."⁶ The fact that God assumed the human nature reveals to us the incomparable value of every human person and human life.⁷ God even made himself instrumental in Christ for our sake, thus establishing our dignity as children of God. This divine intervention, raised man to a condition beyond compare, he is called to a fullness of life that consists in sharing the divine life, a life that exceeds the earthly existence. The earthly life therefore, is both an initial stage and an integral part of the entire process of human existence. Life is a sacred reality entrusted to us, one that we have to preserve with a sense of responsibility.⁸

St. John Paul II, who was an indefatigable defender of human life, affirms in the Encyclical *Evangelium Vitae*, that the Gospel of life is at the heart of Jesus' message... to be preached with dauntless fidelity to the people of every age and culture."⁹ He calls every Catholic to be faithful to the message of Jesus Christ on human life. He also reminds us that we live in times in which there is a great cultural war between a culture of death and a culture of life. As Catholics we must have the courage to pro-

claim the culture of life for the common good of society. This is our duty as Catholics, and more so as health-care workers.¹⁰

2. Catholic Nurses and Midwives as Guardians and Servants of Life

The *Charter for Health Care Workers*, refers to those engaged in healthcare as “ministers of life”. The nature of the activity of healthcare workers “is a very valuable service to life.”¹¹ Like all healthcare personnel, Catholic nurses and midwives are called “to be guardians and servants of life.”¹² In their care and concern for the lives of other people, nurses and midwives perform an action that involves the prevention, cure and rehabilitation of human health and the stewardship of life. Taking care of human life and health is both a Christian and human duty. In the first place, life and health are precious gifts from God and we are but custodians, with a duty to take reasonable care of them.¹³ This makes taking care of life and health a response to a God given duty.

Secondly, we know that life is the fundamental and primary good of the human person. Thus taking care of life and health is a truly human activity. Healthcare workers, especially Catholic nurses and midwives dedicate themselves to this activity. Thus as the *Charter for Health Care Workers* affirms: “the principal and symbolic expression of “taking care” is *your vigilant and caring presence at the sickbed*. It is here that medical and nursing activity expresses its lofty human and Christian value.”¹⁴

The Charter also emphasises that ‘service to life is such only if it is *faithful to the moral law*, which expresses exigently its value and tasks. Health-care workers “draw their behavioural directives from that field of normative ethics which nowadays is called bioethics.”¹⁵ Thus the Magisterium of the Church endeavours to offer appropriate guidelines on various questions and disputes arising from the biomedical advances and from the changing cultural *ethos*.

This bioethical Magisterium is for the health-care worker, Catholic or otherwise, a source of principles and norms of conduct which enlighten his/her conscience and direct him/her – especially in the complexity of modern biotechnical possibilities – in his/her choices, always respecting life and its dignity.

I will now proceed to offer an outline of some of the challenges to human life, in the various stages of growth, which challenges put to task the duty and mission of Catholic nurses and midwives as guardians and servants of life. I will only highlight some of these challenges and leave it to the experts who will be speaking later, and will certainly treat some of these issues in a profound way. I wish to divide human life into three main stages: the early stage, the middle stage and the end of life stage.

3. Challenges to Human life at its Various Stages

3.1 The Early Stage (Procreation)

This is the stage that concerns the generation of new human beings. If new life is to be born, then there is the need that families be open to life. Today we live in an ageing society, where less and less children are born and old people live longer. While the latter is a positive development, the former will have dramatic consequences for society. Many societies, especially in the more developed regions, have already attained older population age structures than have ever been seen in the past. Moreover, many developing countries in the midst of the demographic transition are experiencing rapid shifts in the relative numbers of children. The result is an increasing share of older persons and a declining share of children.

While the causes are varied, certainly one of them is the lack of what the working document for the Synod on the Family refers to as “openness to life and parental responsibility in upbringing.”¹⁶ It is noted that “in some parts of the world, a contraceptive mentality

and the diffusion of an individualistic anthropological model are causing a sharp decline in population whose social and human consequences are not being adequately taken into account. Policies leading to a decline in the birth rate are having an effect on the quality of marital relationships and relationships between generations.”¹⁷ There is difficulty in accepting the Church’s teaching on the unbreakable link between conjugal love and the transmission of life.¹⁸ Hence the recourse to artificial means of fertility control – contraceptives and abortion – enhancing the proliferation of the anti-life mentality, which is also supported by anti-life legislation. It must be remembered that “openness to life is at the centre of true development. When a society moves towards the denial or suppression of life, it ends up no longer finding the necessary motivation and energy to strive for man’s true good. If personal and social sensitivity towards the acceptance of a new life is lost, then other forms of acceptance that are valuable for society also wither away. The acceptance of life strengthens moral fibre and makes people capable of mutual help.”¹⁹

Today scientific development offers the possibility of effecting antenatal diagnosis, enabling medicine to detect certain illnesses from the foetal stage of human development, so as to obtain a cure or more effective prevention. Without going into the discussion of the techniques, I wish to point out the moral problem that arises when this diagnosis is directed toward eugenics and abortion. When an illness is discovered the parents would be required to take a decision as to whether they would like to have the child. These are difficult moments for the couple, where the advice and support of the medical personnel can be very determinant for the decision of the parents and the life of the unborn child. The question is what type of counselling do we offer to these troubled parent?

As nurses and especially as midwives you have the privilege of following expectant moth-

ers before, during and immediately after birth. You have a mission to spread the gospel of life, to encourage a mentality which is more open to life, helping couples to understand that “true married love and the whole structure of the family life which results from it is directed to disposing the spouses to cooperate valiantly with the love of the Creator and Saviour, who through them will enrich their family from day to day.”²⁰ For those couples therefore who are open to life and need help on responsible procreation, yours is the duty to equip them with appropriate knowledge and offer them proper guidance.²¹ I find the words of Pope Francis to the International Federation of Catholic Medical Associations and Catholic Gynaecologists very relevant here: “*in this context of contradiction, the Church makes an appeal to consciences*, to the consciences of all healthcare professionals and volunteers, and especially to you... who are called to assist in the birth of new human lives. Yours is a singular vocation and mission, which requires study, conscientiousness and humanity. There was a time when women who helped in the delivery were called “comadre” [co-mothers, midwives]: like one mother with another, with the real mother. You, too, are “co-mothers” and “co-fathers”, you too...”²²

The exercise of your profession as Christian nurses and midwives requires you to be also witnesses to your faith, with a generous commitment in support of human life. We need to recognize that the spreading of the culture of death through legislation and customs often starts with the legalisation of abortion, which severely affects the beginning of human life and immediately from there it moves on to threaten the final stage of life through euthanasia.²³

As Benedict XVI observed, “there is often a lack of ethical clarity at international meetings, and specifically the use of confusing language conveying values at odds with Catholic moral teaching.”²⁴ This is the case when it comes to “issues such as those connected with the so-called “re-

productive health”, with recourse to artificial techniques of procreation that entail the destruction of embryos, or with legalized euthanasia.”²⁵

Already in some countries, nurses have had to leave their places of work or are denied employment and promotion, just because they made an objection of conscience and refused to participate in abortion programmes. As individual Catholic nurses hold on to the Christian values in defending the sanctity and dignity of human life, they need to be supported by Christian legislators, the Christian community at large and the associations of Catholic nurses, so that their voices can be heard and their rights respected. We therefore have to promote and strengthen the Catholic Nurses Guild and start it where it does not exist, as well as encourage student nurses to join it.

On the other hand there are those couples who are desperately looking for a child, but for one reason or another their attempts have not been successful. It is your duty as Catholic medical personnel to offer them proper guidance and assistance. “Health care workers lend their service whenever they help parents to procreate responsibly, supporting the needed conditions, removing obstacles, and protecting them from invasive techniques unworthy of human procreation.”²⁶ This is a mission we can fulfil as individuals, as a professional group at our places of work or as an association, as well as in communities by being involved in the family apostolate.

3.2 The Second Stage

This is the stage that concerns protecting and promoting the human life that has started. Here the Charter makes an important declaration when it says that “from the time that the ovum is fertilised, a life is begun which is neither that of the father nor of the mother; it is rather the life of a new human being with its own growth.”²⁷ We therefore have before us a human individual entrusted to our care who demands respect for his dignity and right

to life,²⁸ and ought to be considered in his profound unity, for “every intervention on the human body touches not only the tissues, the organs and their functions, but involves also at various levels the person himself”.²⁹ Health care must never lose sight of the “profound unity of the human being, in the obvious interaction of all his corporal functions, but also in the unity of his corporal, affective, intellectual and spiritual dimensions. One cannot isolate “the technical problems posed by the treatment of a particular illness from the care that should be given to the person of the patient in all his dimensions. It is well to bear this in mind, particularly at a time when medical science is tending towards specialisation in every discipline.”³⁰

Moreover this holistic view of the patient is already called for by the WHO definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. St. John Paul II moved a step further to propose a more adequate vision of health based on an anthropology which respects the person in his entirety. “This vision of health, based on an anthropology that respects the whole person, far from being identified with the mere absence of illness, strives to achieve a fuller harmony and healthy balance on the physical, psychological, spiritual and social level.”³¹

Taking into consideration the various dimensions of health, and thus the needs of the patient, helps us to adopt a wholly human approach to the suffering patient, in order to offer a holistic care that will integrate the family of the patient into the care. Most of our patients have a family behind them, which family needs appropriate assistance to be able to support their suffering member. Often one gets the impression that the family of the patient risks being seen as an intruder, or a disturbance to our busy and tight schedule of care; instead we should find an appropriate way of positively involving them in the holistic care, and helping them to offer appropriate care to their suffering member.

As we noted at the beginning there is an increased life expectancy, which however entails a growing number of people affected by neurodegenerative diseases that are often accompanied by a deterioration of the cognitive capacities. These people need appropriate care and assistance in proper facilities, as well as in families, which remain the privileged place of warmth and closeness.

Pope Francis condemns the mentality of disregard for the frail members of our society. He notes that “a widespread mentality of the useful, the “culture of waste” that today enslaves the hearts and minds of so many, comes at a very high cost: it asks for the elimination of human beings, especially if they are physically or socially weaker. Our response to this mentality is a decisive and unreserved “yes” to life.”³² He says the concern for human life in its totality must be our priority especially for the most defenseless. “In a frail human being, each one of us is invited to recognize the face of the Lord, who in his human flesh experienced the indifference and solitude to which we so often condemn the poorest of the poor, whether in developing countries or in wealthy societies.

...Every child who, rather than being born, is condemned unjustly to being aborted, bears the face of Jesus Christ, ...And every elderly person, even if he is ill or at the end of his days, bears the face of Christ. They cannot be discarded, as the “culture of waste” suggests! They cannot be thrown away!”³³

3.3 The Third Stage or End of Life

The *Charter for Health Care Workers* observes that “for the health care worker, serving life means assisting it right up to its natural completion. Life is in God’s hands: He is the Lord, He alone decides the final moment. Every faithful servant guards this fulfilment of God’s will in the life of every person entrusted to his/her care. One does not consider himself/herself the arbiter of death, just as and because they does not consider themselves the arbiter of anyone’s life’ (n. 114).

This is a subject – that of assistance for the dying – that requires renewed and constant attention: the contemporary cultural context tends to reject death and the dying because they pose to medicine and health-care workers questions which they – if they are only technicians of health – may not know how to answer. A dying person is thus misled about his or her condition, or marginalised, or an attempt is made to make death belong to events that are determined technically, producing them: such is the case with euthanasia or postponing death; such is the case with exaggerated treatment; “For the doctors and their assistants it is not a question of deciding the life or death of an individual. It is simply a question of being a doctor or a nurse, that is, of posing the question and then deciding according to one’s expertise and one’s conscience regarding a respectful care of the living and the dying of the patient entrusted to one”.³⁴

You will have to deal with issues concerning the appropriate care for the terminally ill, issues of assisted nutrition and hydration,³⁵ offering palliatives care and the use of pain-relievers,³⁶ as well as the choices of the patient and their families regarding treatment.

The crisis which the proximity of death brings into the lives of sick people and their families prompts the Christian and the Church to be bearers of the light of truth, which faith alone can cast on the mystery of death. Life has to be celebrated and exalted even and above all in the proximity of death itself. It must be fully respected, protected and assisted in those who are experiencing its natural conclusion. A patient even though declared incurable by science can never be declared unworthy of care.

As St. John Paul II observed: “the attitude in front of the terminally ill is often the test of the sense of justice and charity, nobility, responsibility and professional skills of a health workers. The positive interpretation of suffering is a positive support for those experiencing its weight and becomes the highest lesson of life

for those who, beside his/her bed, are working to alleviating its impact.”³⁷

In particular, “*Death... must be evangelized*: the Gospel must be announced to the dying person... The announcement of the Gospel to the dying finds especially expressive and effective forms in charity, prayer and the sacraments.”³⁸

Charity means that giving and receptive presence, in which one establishes with the dying a communion that involves attention, comprehension, concern, patience, sharing and selflessness. One sees in the dying person the face of Christ who is suffering and dying, calling out for love (Mt 25: 31-40).

4. Some Important Requirements for their Mission

In order to correspond to this vocation and fulfil their mission faithfully, nurses need to pay attention to certain tasks and aspects of their ministry. We shall now briefly present the major ones.

4.1 Interpersonal Relationship of Trust and Conscience

The activity of a nurse is not only of a technical character: it also involves devotion to, and love for, one’s fellow man, one’s neighbour. It implies an interpersonal relationship of a special kind. It is a meeting between “trust” and “conscience.” It is a relationship of trust on the part of a person in need of treatment and care because he or she is afflicted by illness and suffering, and of conscience on the part of the person who is able to respond to this need through a fusion of care, treatment and healing.³⁹

It is therefore important to remember that in exercising your profession you are always dealing with a person who has entrusted their body and health to you, confident of your competence, as well as your care and concern. Thus for a health-care professional the sick person should never be a simple clinical case to be exam-

ined scientifically. He or she is always a person in special need, to whom scientific and professional expertise alone are not enough. A proper response to the patient's needs also requires love.

4.2 Technical and Professional Competence

Life is the primary and fundamental good of the human person, which demands absolute respect. Caring for this life is therefore an extremely important duty, which requires adequate preparation and a proper disposition. In order to be properly equipped and not to betray the trust and confidence of their patients, health-care workers, and therefore nurses and midwives, ought to have the appropriate technical and professional competence to respond to the needs of their patients.

The continuous development and progress of medicine demands of health-care workers a thorough preparation and appropriate updating or ongoing formation so as to acquire the necessary competence and expertise.⁴⁰

4.3 Ethico-religious Professional Training

Given the current advances in biotechnology, clinical cases are becoming ever more complicated and problematical. Thus the profession, mission and vocation of a nurse and a midwife requires a solid training and a constant ethical-religious formation in moral questions in general and in questions relating to bioethics in particular. This will enable the health-care professionals to appreciate human and Christian values and refine their moral conscience.⁴¹

4.4 Compassion

As Catholic nurses you have the privilege of being at the bedside of the sick and suffering, not only to treat them as your professional preparation may empower you to, but above all to take care of them as brothers and sisters in need. They are neighbours in need and you are to be the *Good Samaritan* to them (Lk 10, 29-37).

Moreover, by taking care of the sick and suffering, you take care of Christ himself (Mt 25, 34-41).

St John Paul II, reminds us that "human suffering evokes *compassion*; it evokes *respect*"⁴². You are called to offer compassionate care to your patients. And as such, you should live out your profession as a call, as a mission.

Traditionally, nursing has been known as an altruistic and caring-focused profession. Remaining true to this vision of nursing may prove an uphill struggle in the highly developed present-day technology, which has often been criticized as being heartless and inhuman. Hence, the urgent call for the humanization of modern high-tech healthcare delivery. It is therefore very important to remember that the human person, the sick person, should always be at the centre of your care, of your mission and service. To them you are called to give integral care, in full respect of their dignity, taking into consideration the various dimensions of a person's health: physical, psychological, social and spiritual. The technology, which brings with it a lot of possibilities that facilitate your service, should remain but an instrument to help you improve your service to fellow human beings, to the suffering brothers and sisters.

Pope Benedict XVI in his Encyclical *Spe salvi* observes that "the true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through "com-passion" is a cruel and inhuman society."⁴³ Your profession as nurses and midwives empowers you to offer that much needed compassion-based care to the sick people entrusted to you. Feel with them, be one with them in their sorrows and joy, in the sense of solidarity as members of the human community. In other words, they need your "availability, attention, understanding, sharing, benevolence, patience and dialogue."⁴⁴ It is about personal empathy with the concrete situation

of each patient. To be compassionate, generous and self-sacrificing in the name of Christ is to be Christ for others.

4.5 Advocacy

It is true that, practically, nurses are closer to patients and more aware than doctors of the wider needs of the patient. These needs, which could be psychological, social or spiritual, may be of greater significance to the patient than his or her medical problem. Nurses may be placed in a situation where they have to act as an advocate for the patient. They may then be faced with loyalties divided between patient, doctor and manager. Advocacy is a useful mechanism for power sharing within the team, but all too often it is perceived in a negative way – as a threat, or an implied criticism of medical care. Doctors need to listen to their nursing colleagues, who often have a broader view of the patient's concerns.

4.6 Prayer

The importance of prayer in the healing ministry cannot be over-emphasized. Today in a secularized society there is a pressing need to rediscover the therapeutic dimension of faith. The Christian understanding of health is a holistic perception that includes everything of the human person, in all his dimensions: physical, psychological, social and spiritual. In fact the holistic approach to healthcare reflects Jesus' ministry of healing, which was always concerned with the whole person and their transformation.

Many people approached Jesus during his public ministry, either directly or through relatives and friends, asking for the restoration of health. The Lord welcomed these requests but always insisted on having faith. "If you can?" replied Jesus. "Everything is possible to one who has faith" (Mk 9: 23). For centuries, people of faith have offered prayers for the sick, often with amazing results. In the recent times medical research has shown consistent proof that faith and prayer have positive results for the sick. Holy

Scripture illustrates the power of prayer, including healing prayers for the sick. Such prayer is based on faith and trust in God. Thus the Apostle exhorts us to offer prayers of faith and not just wishful prayers: "Is any among you sick? Let him call for the elders of the Church, and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith will save the sick man" (*Jm* 5: 14-15).

Convinced of the therapeutic power of faith, Christian tradition holds prayer to be an instrument of healing. In this regard, prayers can be offered by the sick person, for the sick person and with the sick person. Oftentimes people ask for healing or for the grace or ability to accept sickness in a spirit of faith and conformity to God's will. The healing obtained by the power of prayer takes different forms. It could mean the restoration of physical health or a re-establishment of the sick person's psychological, social and spiritual harmony even when the complete physical healing is not achieved. Indeed prayer helps one to transform illness into a journey of faith that gradually helps the sick person to strengthen their relationship with God, learn the lessons of human weakness and limitedness, have a renewed adherence to the fundamental options of life, grow in solidarity with those who suffer and deepen their faith in eternal life.

It is therefore praiseworthy that the faithful ask for healing for themselves and for others. Moreover the Church in her liturgy prays for the health of the sick. In celebrating the Sacrament for the Anointing of the Sick, the Church commends her sick members to the Lord, that he may raise them up and save them. "Obviously, recourse to prayer does not exclude, but rather encourages the use of effective natural means for preserving and restoring health, as well as leading the Church's sons and daughters to care for the sick, to assist them in body and spirit, and to seek to cure disease. Indeed, part of the plan laid out in God's providence is that we should fight strenuously against all sickness and care-

fully seek the blessings of good health..."⁴⁵

Similarly, prayers ought to be offered for those who take care of and assist the sick in our communities. It is important to remember that "health care is a ministerial instrument of God's effusive love for the suffering person; and, at the same time, it is an act of love for God, shown in loving care of the person. For the Christian, it is an updated continuation of the healing love of Christ, who went about doing good and healing everyone".⁴⁶ The service rendered by the health-care worker is also an expression of love for Christ, who assumes the face of the suffering brother and sister (*Mt* 25:31-4). Catholic nurses and midwives should therefore accompany their work with prayer so that they may be strengthened and guided by the Holy Spirit to be effective instruments of this mission.

5. Conclusion

We live in times in which there is a strong cultural war between the culture of life and the culture of death. There is indeed a widespread cultural, social and spiritual crisis, which poses a great challenge to the Church's work of evangelizing the family, the cradle of human life.

The challenge of the anti-life mentality certainly touches the core mission of Catholic health-care workers, as custodians and servants of life. Catholic nurses and midwives are called to proclaim the gospel of life and promote a mentality that is more open to life, offering couples proper support and guidance on responsible parenthood, and protecting the human life from conception to its natural end. This is a mission that you are to accomplish as individual Christians, as a professional group at your places of work, as an association, as well as in the communities by being involved in the family apostolate.

At this point, I wish to conclude with the exhortation of Pope Francis to Catholic health-care workers: "*be witnesses and spreaders of the 'culture of life'*". Your being Catholics entails a greater respon-

sibility: first of all to yourselves, through a commitment consistent with your Christian vocation; and then to contemporary culture, by contributing to recognizing the transcendent dimension of human life, the imprint of God's creative work, from the first moment of its conception. This is a task of the new evangelization that often requires going against the tide and paying for it personally. The Lord is also counting on you to spread the "gospel of life".

In this perspective, hospital departments of gynecology are privileged places of witness and evangelization, for wherever the Church becomes "the bearer of the presence of God", there, too, she becomes the "instrument of the true humanization of man and the world" (Congregation for the Doctrine of the Faith, *Doctrinal Note on Some Aspects of Evangelization*, n. 9).

By fostering an awareness that the human person in his frailty stands at the centre of all medical and healthcare work, the health-care facility becomes "a place in which the relationship of treatment is not a profession" – your relationship of treatment is not a profession – "but a mission; where the charity of the Good Samaritan is the first seat of learning and the face of suffering man is the Christ's own Face" (Benedict XVI, *Address at the Catholic University of the Sacred Heart*, 3 May 2012).

Dear nurses and midwives you are called to care for life at its initial stage; remind everyone, by word and deed, that this is sacred – at each phase and at every age – that it is always valuable. And not as a matter of faith – no, no – but of reason, as a matter of science! There is no human life more sacred than another, just as there is no human life qualitatively more significant than another. The credibility of a healthcare system is not measured solely by efficiency, but above all by the attention and love given to the person, whose life is always sacred and inviolable.

Never fail to ask the Lord and the Virgin Mary for the strength to accomplish your work well and to bear witness courageous-

ly – courageously! Today courage is needed – to bear witness courageously to the “gospel of life”! Thank you very much.”⁴⁷ ■

Notes

¹ Synod of Bishops, *III Extraordinary General Assembly: The Pastoral Challenge of the Family in the Context of Evangelisation, Instrumentum Laboris*, Vatican City, 2014, p. 1.

² FRANCIS, *Apostolic Exhortation Evangelii Gaudium on the Proclamation of the Gospel in Today's World*, Vatican City, 2013, n. 61.

³ Cf. JOHN PAUL II, Post Synodal Apostolic Exhortation *Christifideles laici*, 38.

⁴ Congregation for the Doctrine of Faith, *Declaration on procured abortion*, 18 November 1974, n. 11.

⁵ Cf. JOHN PAUL II, Encyclical Letter *Evangelium Vitae*, 53.

⁶ GS, 22.

⁷ Cf. JOHN PAUL II, Encyclical Letter *Evangelium Vitae*, 2.

⁸ Cf. CCC, n. 2288.

⁹ JOHN PAUL II, Encyclical Letter *Evangelium Vitae*, 1.

¹⁰ Pontifical Council for Pastoral Assistance to Health Care Workers, *Pastoral Care in Health and the New Evangelisation for the Transmission of the Faith*, Velar, Gorle 2014, p. 43.

¹¹ Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers*, Vatican Press, Vatican City 1995, n.1. Henceforth *Charter for Health Care Workers*.

¹² JOHN PAUL II, Encyclical Letter *Evangelium Vitae*, 89.

¹³ JOHN PAUL II, Encyclical Letter *Evangelium Vitae*, 1.

¹⁴ *Charter for Health Care Workers*, n.1.

¹⁵ *Ibid.*, n.6.

¹⁶ Synod of Bishops, *III Extraordinary General Assembly: The Pastoral Challenge of the Family in the Context of Evangelisation, Instrumentum Laboris*, Vatican City, 2014, n. 121.

¹⁷ *Ibid.*, n. 130.

¹⁸ Cf. PAUL VI, *Humanae Vitae*, n. 12.

¹⁹ BENEDICT XVI, Encyclical Letter *Caritas in Veritate*, n. 28.

²⁰ *Charter for Health Care Workers*, n. 15.

²¹ Cf. Synod of Bishops, *III Extraordinary General Assembly: The Pastoral Challenge of the Family in the Context of Evangelisation, Instrumentum Laboris*, n. 128.

²² FRANCIS, *Address to Participants in the Meeting Organized by the International Federation of Catholic Medical Associations*, 20 September 2013, n. 2.

²³ JOHN PAUL II, *Discorso in occasione dell'anniversario di fondazione della scuola per infermieri professionali* “Armida Barelli, 27 maggio 1989.

²⁴ BENEDICT XVI, *Africae Munus*, n. 70.

²⁵ BENEDICT XVI, *Message to Participants in the 25th International Conference Organized by the Pontifical Council for Health Care Workers*, 15 November 2010.

²⁶ *Charter for Health Care Workers*, n.11, see also nn. 21-34.

²⁷ *Ibid.*, n. 35.

²⁸ Cf. Congregation for the Doctrine of Faith, “Instruction *Dignitas Personae* on Certain Bioethical Questions,” 8 September 2008, n. 4.

²⁹ *Charter for Health Care Workers*, n. 40.

³⁰ *Charter for Health Care Workers*, n. 40.

³¹ JOHN PAUL II, “Message for the Eighth World Day of the Sick,” n.13, in *Dolentium Hominum* 42 (1999), p. 9.

³² FRANCIS, *Address to Participants in the Meeting Organized by the International Federation of Catholic Medical Associations*, 20 September 2013, n. 2.

³³ *Ibidem*.

³⁴ *Charter for Health Care Workers*, n. 121.

³⁵ Cf. Congregation for the Doctrine of Faith, “Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration,” (1 August 2007), in AAS 99 (2007) 820.

³⁶ Cf. Congregation for the Doctrine of Faith, *Declaration on Euthanasia*, 5 May 1980.

³⁷ JOHN PAUL II, *Address to the participants in the International Congress of the Omnia Hominis Association* (August 25, 1990) n. 3.

³⁸ *Charter for Health Care Workers*, n. 131.

³⁹ Cf. *Charter for Health Care Workers*, n. 2.

⁴⁰ Cf. *Charter for Health Care Workers*, n. 7.

⁴¹ Cf. *Care Workers*, n. 7.

⁴² JOHN PAUL II, *Salvifici Doloris*, n. 4.

⁴³ BENEDICT XVI, *Spe Salvi*, n. 38.

⁴⁴ *Charter for Health Care Workers*, n. 2.

⁴⁵ Cf. Congregation for the Doctrine of Faith, *Instructions on Prayers for Healing*, n. 2.

⁴⁶ Cf. *Charter for Health Care Workers*, n. 4.

⁴⁷ FRANCIS, *Address to Participants in the Meeting Organized by the International Federation of Catholic Medical Associations*, 20 September 2013, n. 3.

Pope Francis' Theology of Accompaniment

KEYNOTE ADDRESS SENT BY ARCHBISHOP ZYGMUNT ZIMOWSKI

POPE FRANCIS' THEOLOGY OF ACCOMPANIMENT: BIOETHICS APPLICATIONS

25° BISHOP'S WORKSHOP

FEBRUARY 2-4, 2015

DALLAS, USA

**H.E. MSGR.
ZYGMUNT ZIMOWSKI**

*the President of the
Pontifical Council
for Health Care Workers,
the Holy See*

Ever since her beginnings, the Church has always borne witness to special care and concern for sick and suffering people through the work of her members and her institutions, upholding the inviolable human dignity of such people during these special moments of human existence as well.

In the parable of the Good Samaritan, which has been a model and a guiding image for the care institutions of the Church, the most specific message relates not only to the duty to care for those who are wounded, in this case a 'man who is half dead', but also the obligation to provide that care which is specific to the commandment to love one's neighbor.

This care and concern has its fundamental motivation in the mandate 'go and heal the sick'¹ which was entrusted by Christ to his Church. This specific mandate, on the basis of the teaching and the action of the Lord Jesus, confers on the Church the task of taking care of and healing people who are sick, suffering, poor and in need of support.

Side by side with providing care we should place the proclaiming of the Kingdom because in the light of Christ human pain acquires new meanings. What pain represents in human life is not minimized, nor is its psychological and spiritual aspect denied, nor is the obligation to relieve pain and to prevent and counter the causes of every illness

and all suffering contradicted, but it is affirmed that in Christ pain and suffering are a reality which in their final analysis open up to another form of life. While they walk in history, Christians do not ignore evil and pain but they do know that in it God – through the incarnation of His Son – placed a seed of eternity and salvation.

The parable of the 'Good Samaritan' in the Gospel of Luke (10:25-37), which has already been quoted, offers a summary of the teachings and the action of Christ about what taking care of sick and suffering people as a Church means. For this reason, it is no surprise that some Fathers of the Church emphasized how the first great 'Good Samaritan' is Christ himself. He was the first, as the Son of God who took on our humanity (as they said in their language), to get off his 'mount' and draw near to man wounded by sin; he cared for him and took him to the 'inn' (the Church) where he left as a gift what was needed for his complete salvation (the Word of God, the sacraments of faith, and the nearness of pastors and the community). The attitude of the Samaritan was described as an attitude of compassion ('seeing him he had compassion for him') and practical accompaniment: 'he drew near to him', 'he bandaged his wounds and poured oil and wine on them', 'he put him on his mule', 'he took him to an inn', 'he took care of him'.

Faced with the merciful behavior of Christ, the Church has always been called upon and asks herself still today how in present-day situations the merciful action of Christ towards the sick and the suffering can be made present in a more faithful way.

1. Seeing Christ in the Faces of the Sick and the Suffering

A first answer of Pope Francis to this question is when in the apostolic exhortation *Evangelii gaudium* he expresses all of his suffering in the face of a subculture 'of rejection and throwing away', in the face of indifference towards the very many who suffer because they are sick, poor and abandoned, and in the face of the very many forms of suffering that are caused by a bad use of human freedom.²

Medieval thought about the face of Christ – which was wounded, stained with blood and disfigured – continued Patristic thought about Christ present in the poor, and Pope Francis has taken up this thinking about the face of Christ in order to see in him the wounded and disfigured face of suffering humanity.³

The thought of the Pope as regards the sick starts, therefore, from Christ, following in this way the vision and the teaching of the Fathers of the Church, starting with chapter XXV of Matthew on the final judgment.

There is another strong image that Pope Francis has offered to express this silent presence of Christ in the suffering and in the sick – that of the flesh of Christ, present almost physically in the painful and wounded flesh of the sick.⁴ This is a real, almost Eucharistic, presence: just as Christ who offers himself on the cross is present in the consecrated bread and wine, so the wounded and suffering Christ is within the suffering flesh of the sick and the poor, in the wounds of the sick, wounds within wounds, flesh within flesh.⁵ For Pope Francis,

these very wounds are the mediation between Jesus in heaven, who shows us his wounds, a sign of victory and of hope, and us here on earth, when we care for the same wounds in the person of a sick brother or sister.

For health-care workers and for anybody who cares for a sick or suffering person, the question is immediately posed of the reason for human suffering. Pope Francis states that Jesus 'did not remove illness and suffering from human experience but by taking them upon himself he transformed them and gave them new meaning. New meaning because they no longer have the last word which, instead, is new and abundant life; transformed them, because in union with Christ they need no longer be negative but positive'.⁶

As regards human suffering connected with illness, Pope Francis observes that 'Health is certainly an important value, but it does not determine the value of a person'; 'health in and of itself is no guarantee of happiness'. 'This may occur even in the presence of poor health'. There is no contradiction between 'the fullness towards which every human life tends' and 'a condition of illness and suffering'. 'The call to human fulfillment does not exclude suffering'.⁷

But here we find the problem of today's culture. This is that 'widespread mentality of the useful' which Pope Francis calls, as has been observed, the culture of throwing away, a culture 'that today enslaves the hearts and the intelligences of very many people' and which requires the elimination of human beings above all if they are physically or socially weaker.⁸ The throw-away culture 'tends to hide physical weakness, considering it only as a problem that requires resignation and pity or that at times casts people aside'.⁹

It is precisely because of this 'throw-away culture', states Pope Francis, that 'concern for human life in its totality has become in recent years a real priority for the Church's Magisterium, especially for the most defenseless; i.e., the disabled, the sick, the newborn, children, the elderly, those whose lives are most defenseless'.¹⁰

2. The Sick are a Precious Treasure for the Church

Frail and suffering people have witness to bear, an apostolic role to perform. One is dealing with appreciating and valuing their presence, developing pastoral care that includes them, in parishes and in Christian associations.¹¹ With their sufferings, bearing them with patience, with joy of the heart, the sick constitute, Pope Francis observes, a 'precious treasure for the Church'.¹² This is, says the Pope, a 'charism of the suffering', a charism that makes a person who suffers with hope and peace in his or her heart a 'gift for the Church'.¹³

Health-care workers and all those who dedicate themselves to accompanying sick people in their trials are thus invited by Pope Francis to go beyond simple accompaniment, beyond the duty of solidarity, and really appreciate the presence and the witness of frail and suffering people, not only as recipients of evangelizing work but also as active subjects of this apostolic action itself.¹⁴

3. Accompaniment Following the Example of God who Shares in Human Pain

Faith, observes Pope Francis, 'illuminates life and society. If it possesses a creative light for each new moment of history, it is because it sets every event in relationship to the origin and destiny of all things in the Father'.¹⁵ This is a faith that also illuminates suffering in order to give it meaning. But which also invokes answers of care, of nearness, of hope and of love. This is an accompaniment that must transmit the certainty that every person can experience God's sharing in his or her pain. Not with a simple nearness but with an interior, loving and silent presence which shares in that painful situation.

Of significance here is verse 8:17 of the Gospel of Matthew which, after speaking about Jesus who with his words casts out a demon and heals very many sick people, refers to a text of Isaiah (53:4): 'Yet it was our infirmities

that he bore, our sufferings that he endured'. This is done almost to highlight how in the compassionate action of Jesus one can see the sign of the participation of God Himself in the suffering of man.

This participation of God in the suffering of man is pointed out to the Church by the emphases in the letters of St. Paul and in the Gospel of John on 'being in Christ' and 'living in Christ'. This is also done with extraordinary force and clarity in the Gospel of Matthew (25:31-46) where Jesus assimilates himself to all sick people, suffering people, poor people, and all those in need who are cared for, telling those who have cared for them 'whatever you did for one of these least brothers of mine, you did for me' (25:40).

This is a declaration made in the context of the 'final judgment' which calls on us constantly as a Church and as Christians as regards how to relate to, and take care of, sick and suffering people. Pope Benedict XVI expressed himself with extreme clarity in his encyclical *Spe salvi* when he observed: 'The true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through "com-passion" is a cruel and inhuman society'.¹⁶

To this statement Pope Francis adds that 'A society truly welcomes life when it recognizes that it is also precious in old age, in disability, in serious illness and even when it is fading'.¹⁷ A society truly welcomes life, Pope Francis continues in the same Message, when it teaches people to see in the sick and suffering, beyond a simple appeal to assistance, also 'a gift for the entire community, a presence that summons them to solidarity and responsibility'. The Pope also observes: 'this is a sign of true citizenship, human and Christian! Put the most disadvantaged people at the centre of social and political attention'.¹⁸

4. The Conditions for Service to the Suffering Person

But Pope Francis also specifies the characteristics of practical accompaniment. The first condition that is necessary for service to the suffering person following Christ is to adopt a specific 'lifestyle' – that of generous devotion. 'The proof of authentic faith in Christ', declares Pope Francis, 'is self-giving and the spreading of love for our neighbors, especially for those who do not merit it, for the suffering and for the marginalized'.¹⁹ Service to the suffering person then requires a second condition, that of leaving at the door any search for power because 'true power is service. As he did so we must follow him on the pathway of service'.²⁰ Such solidarity requires 'sharing' with the person who suffers, recognizing 'his dignity' and 'his value'; it requires seeing 'the beauty of human life' in suffering people and understanding that this beauty 'includes its frailty'.²¹

A fundamental quality for the person who dedicates himself or herself to service to the sick is knowing how to listen to them. The wounds of Jesus in the wounds of the sick need to be heard and to be recognized.²² Pope Francis then asks for a final quality in the person who accompanies a sick person – that of 'joy' of the heart. This is not a matter of artificially having a joyful attitude but, rather, of living the joy that comes from faith. 'A joy that is felt', comments Pope Francis. It is no use saying 'be strong, be strong' to a sick person when one's own heart has not entered joy and does not spread joy around it. To have such joy, which is felt, to live such joy, there is no other pathway than that of faith. It is Christian faith that allows us to say to a sick person 'be strong, be strong' without this being felt to be artificial and contingent. 'This is faith, this is the act of faith that Jesus asks for'.²³

5. Bringing 'hope and God's smile to the contradictions of the world'

Now, we can ask ourselves what the objective of this Chris-

tian service is. To draw near to the suffering person with 'tender love', says Pope Francis, is to bring 'hope and God's smile to the contradictions of the world'.²⁴ To bring the smile of God is 'to do good by one's suffering and to do good to those who suffer'.²⁵ But this dedicating of oneself is not a one-way process: when one brings the smile of God to a sick person, when one dedicates oneself to him or her without seeking power, in a true spirit of solidarity and sharing, when one draws near to him or her with the tenderness of God, this service makes one 'grow in humanity' because 'those who are in great need...are true resources of humanity'.²⁶

But Pope Francis also has words that directly concern the pastoral ministry of the Church towards the sick, specifically in offering the sacrament of the anointing of the sick. The Pope has referred to difficulties that this sacrament still encounters today, being marked historically by the common view that it is the last rite, and has stressed strongly that the visit of a priest to a sick person is not to frighten him but, on the contrary, to 'give hope'.²⁷

Where in the sacrament of anointing it is Jesus himself who takes care of the suffering man and pours oil and wine on his wounds, Pope Francis states that the innkeeper is pastoral workers because Christ entrusts to them 'those who are afflicted in body and spirit, so that we might lavish all of his mercy and salvation upon them without measure'.²⁸ This is not a miracle or a therapeutic effect, Pope Francis continues: the comfort that the patient receives from the anointing 'comes from the fact that it is the Lord Jesus himself... who takes us by the hand, who caresses us as he did with the sick, and who reminds us that we already belong to him and that nothing – not even evil and death – can ever separate us from him'.²⁹

However in the field of pastoral accompaniment Pope Francis also has words for the sick themselves. The first are to assure them that even when they are living in a condition of loneliness they are not alone: God is with them. 'God

– in his merciful love for man and for the world – embraces even the most inhumane situations'. 'In Him every human pain, every anxiety, every suffering was taken on out of love, out of pure desire to be close to us, to be with us'.³⁰ The second words are to observe that 'the Church sees in the sick a special presence of the suffering Christ'. Pope Francis then adds that side by side with, indeed inside, human suffering, there is the suffering of Christ who bears its burden together with the sick person and reveals its meaning.³¹

6. The Human Reaction to Suffering

There are, the Pope says, two reactions to suffering when it falls on the shoulders of a person and totally changes his or her life and projects. These reactions are: asking why and weeping. The first attitude is that of 'why', why this illness? Why am I in this situation? As regards this prayer of why, Pope Francis observes, 'In these moments of great suffering, do not tire of asking: "why?" as children do.... And thus you draw our Father's eyes to your people; you draw the affection of our Father in Heaven upon you. Like a child asks: "Why? Why?". In moments of pain, let this strength be prayer: the prayer of the "why?", without asking for explanation, asking only that our Father watch over us'.³² After the 'why' comes the moment of weeping. The truth, observes the Pope, is that there are many reasons for weeping in life; human life and Christian life are not always 'a party'.³³ For a sick person, a suffering person tempted by weeping and hopelessness, by self-closure, says Pope Francis, it is important to recognize that the life situation that he or she has to address is 'a trial', indeed it is the moment of trial', announced by the Lord, the moment of darkness in which it is difficult to see, or one really cannot see, joy.³⁴

Jesus, says the Pope, to begin with invites us to have courage, to overcome the trial with patience,³⁵ but, the Pope goes on, courage on its own is not enough. There is a

need for hope which comes from the paschal light. Courage and hope together: 'hope, because in the plan of God's love even the night of pain yields to the light of Easter, and courage, which enables us to confront every hardship in his company, in union with him'.³⁶

7. The Church is Called to 'have Compassion'

However there is also the need to know how to 'have compassion', starting with the affections of natural ties. And here Pope Francis observes how the first to provide help are relatives, families, who often reach the limits of their physical, psychological but also spiritual strength but who continue to give help and assistance, with prayers in silence as well, with deeds of love, being at the bedsides of their sick relatives. The Pope observes that 'Only from the affective connaturality born of love can we appreciate the theological life present in the piety of Christian peoples, especially among their poor'. The Pope then refers to the steadfast faith of mothers 'tending their sick children who, though perhaps barely familiar with the articles of the creed, cling to a rosary; or of all the hope poured into a candle lighted in a humble home with a prayer for help from Mary'.³⁷

Those roles of a 'Church going forth to all the outskirts' and a 'Church of open doors', described on a number of occasions by the Pope, should be emphasized. Both are connected with the sick and the disabled who – because of their infirmities, often in chronic or degenerative forms, and because of the extreme precariousness of health-care systems in many countries of the world – constitute a special form and condition of being 'outskirts'. And there is also the Church as a 'field hospital' which should be promoted in the field of health care and health.

In the discourse of Job which contains the words 'I was eyes to the blind, and feet to the lame', we find highlighted the dimension of service to the needy by the right-

eous man who enjoys a certain authority and a place of prestige amongst the elders of the city. His moral stature is expressed in the service he gave to the poor who sought his help and in his care for orphans and widows (vv.12-13).³⁸

Pope Francis adds: 'how many Christians show, not by their words but by lives rooted in a genuine faith, that they are "eyes to the blind" and "feet to the lame"! They are close to the sick in need of constant care and help in washing, dressing and eating. This service, especially when it is protracted, can become tiring and burdensome. It is relatively easy to help someone for a few days but it is difficult to look after a person for months or even years, in some cases when he or she is no longer capable of expressing gratitude. And yet, what a great path of sanctification this is! In those difficult moments we can rely in a special way on the closeness of the Lord, and we become a special means of support for the Church's mission'.³⁹

The Church, the Pope has declared, is aware that despite everything good continues to be stronger than evil; that very many 'Good Samaritans' continue to work still today and take loving care of all suffering people; 'Suffering reminds us that faith's service to the common good is always one of hope – a hope which looks ever ahead in the knowledge that only from God, from the future which comes from the risen Jesus, can our society find solid and lasting foundations... The dynamic of faith, hope and charity (cf. *1 Th* 1:3; *1 Cor* 13:13) thus leads us to embrace the concerns of all men and women on our journey towards that city "whose architect and builder is God" (*Heb* 11:10), for "hope does not disappoint" (*Rom* 5:5)'.⁴⁰

But what has been said means that the concern to provide assistance is a reality which, albeit in different ways together, must call upon and involve everyone as keepers 'of their brothers and sisters'. For families and the action of the Church, in order to support the various situations of suffering, of poverty, the commitment of everyone is needed, and in partic-

ular of those who have positions of responsibility. Thus state and economic structures must also be finally created to retrieve the dignity of people in need and be able in an effective way help the sick and the suffering. Pope Francis observes that 'The need to resolve the structural causes of poverty cannot be delayed, not only for the pragmatic reason of its urgency for the good order of society, but because society needs to be cured of a sickness which is weakening and frustrating it, and which can only lead to new crises'.⁴¹

Accompaniment and concern for the sick also involves ethical and bioethical problems. Pope Francis states that there 'is no doubt that, in our time, due to scientific and technical advancements, the possibilities for physical healing have significantly increased... In effect, medical and scientific achievements can contribute to improving human life, provided that they are not separated from the ethical root of these disciplines'.⁴²

Dominant thought, the Pope goes on, at times proposes a 'false compassion' – that which believes that fostering abortion constitutes help for a woman, that to procure euthanasia is an act of dignity, that 'producing' a child seen as a right rather than welcoming him or her as gift is a scientific advance, or that using human lives as laboratory animals to save, it is presumed, others, is such an advance as well. The compassion of the Gospel, instead, is that compassion that accompanies during moments of need, that is to say the compassion of the Good Samaritan.⁴³

When Pope Francis spoke to medical doctors he added that 'Faithfulness to the Gospel of life and respect for life as a gift from God sometimes require brave choices that go against the current, which in particular circumstances may become points of conscientious objection. This faithfulness brings with it many social consequences. We are living in a time of experimentation with life. But it is harmful experimentation. *Making* children, rather than accepting them as a gift, as I said. Playing with life.

Be careful, because this is a sin against the Creator: against God the Creator, who created things this way'.⁴⁴

And he then explained, providing examples, that the answer to why the Church is opposed to abortion and to euthanasia is not a religious answer or a philosophical or scientific answer, nor can it be justified in modern thought, because in ancient and modern thought the word 'kill' means the same. St. Camillus de Lellis, in suggesting the most effective method of caring for the sick, said simply 'put more heart in those hands'. And this is also the hope of the Pope.⁴⁵

Conclusion

In conclusion, Pope Francis points very strongly to the way of Mary in accompanying the sick person and for the sick person himself or herself in finding strength in hours of trial. This emphasis has certainly deep roots in the faith of the Pope which perhaps find their genesis in the words addressed to the young Jose Mario Bergoglio and the other grandchildren by their grandmother who said to them: 'Have long and happy lives, however if on some days pain, illness or the loss of a loved one fill you with dismay, remember that a sign in front of the Tabernacle, where the greatest and most august martyr can be found, and a look at Mary, who is at the foot of the cross,

can make a drop of balsam fall on the deepest and most painful wounds'.

Thank you! ■

Notes

- ¹ Lk 10:9; Mt 10:7-8; Mk 6:12-13.
- ² Apostolic exhortation *Evangelii gaudium*, n. 111.
- ³ Cf. Address to those taking part in the plenary session of the Pontifical Council for Health Care Workers, 24 March 2014.
- ⁴ *Ibidem*.
- ⁵ Meeting with the disabled and sick children of the Seraphic Institute, Assisi, 4 October 2013.
- ⁶ Message for the XXII World Day of the Sick, 11 February 2014.
- ⁷ Message to those taking part in the general assembly of the Pontifical Academy for Life on the occasion of the twentieth anniversary of its institution, 19 February 2014.
- ⁸ Address to those taking part in the meeting organized by the International Federation of Associations of Catholic Doctors, Rome, 20 September 2013.
- ⁹ Address to the pilgrims of UNITALSI, Rome, 9 November 2013.
- ¹⁰ Address to those taking part in the meeting organized by the International Federation of Associations of Catholic Doctors, Rome, 20 September 2013.
- ¹¹ Address to the pilgrims of UNITALSI, Rome, 9 November 2013.
- ¹² Address to the pilgrims of UNITALSI, Rome, 9 November 2013.
- ¹³ To the Silent Workers of the Cross and the Centre for Volunteers of Suffering, 17 May 2014.
- ¹⁴ Address to the pilgrims of UNITALSI, Rome, 9 November 2013.
- ¹⁵ *Lumen fidei*, n. 55.
- ¹⁶ *Spe salvi*, n. 38.
- ¹⁷ Message to those taking part in the general assembly of the Pontifical Academy for Life on the occasion of the twentieth anniversary of its institution, 19 February 2014.
- ¹⁸ Meeting with the disabled and sick children of the Seraphic Institute, Assisi, 4 October 2013.
- ¹⁹ Message for the XXII World Day of the Sick, 11 February 2014.
- ²⁰ Homily, Chapel of Domus Sancta Marta, 22 May 2013.

²¹ Address to those taking part in the plenary assembly of the Pontifical Council for Health Care Workers, 24 March 2014.

²² Meeting with the disabled and sick children of the Seraphic Institute, Assisi, 4 October 2013.

²³ Homily, Chapel of Domus Sancta Marta, 30 May 2013.

²⁴ Message for the XXII World Day of the Sick, 11 February 2014.

²⁵ Address to those taking part in the plenary assembly of the Pontifical Council for Health Care Workers, 24 March 2014.

²⁶ Meeting with the disabled and sick children of the Seraphic Institute, Assisi, 4 October 2013.

²⁷ General Audience, 26 February 2014.

²⁸ General Audience, 26 February 2014.

²⁹ General Audience, 26 February 2014.

³⁰ Address to those taking part in the plenary assembly of the Pontifical Council for Health Care Workers, 24 March 2014.

³¹ Address to those taking part in the plenary assembly of the Pontifical Council for Health Care Workers, 24 March 2014.

³² To the Filipino community, St. Peter's Basilica, 21 November 2013.

³³ Homily, Chapel of Santa Marta, 30 May 2014.

³⁴ Cf. Homily, Chapel of Santa Marta, 30 May 2014.

³⁵ Homily, Chapel of Santa Marta, 30 May 2014.

³⁶ Message for the XII World Day of the Sick, 11 February 2014.

³⁷ *Evangelii gaudium*, n. 125.

³⁸ Message for the XXIII World Day of the Sick, 15 February 2015.

³⁹ Message for the XXIII World Day of the Sick, 15 February 2015.

⁴⁰ *Lumen fidei*, n. 57.

⁴¹ *Evangelii gaudium*, n. 202.

⁴² Address to the Association of Italian Catholic Doctors on the occasion of the seventieth anniversary of its foundation. Rome, 15 November 2014.

⁴³ Address to the Association of Italian Catholic Doctors on the occasion of the seventieth anniversary of its foundation. Rome, 15 November 2014.

⁴⁴ Address to the Association of Italian Catholic Doctors on the occasion of the seventieth anniversary of its foundation. Rome, 15 November 2014.

⁴⁵ Address to the Association of Italian Catholic Doctors on the occasion of the seventieth anniversary of its foundation. Rome, 15 November 2014.



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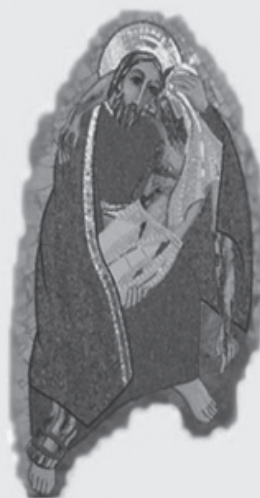
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24th World Day of the Sick

Nazareth

Entrusting Oneself to the Merciful Jesus like

Mary: "Do whatever he tells you" (Jn 2:5)



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