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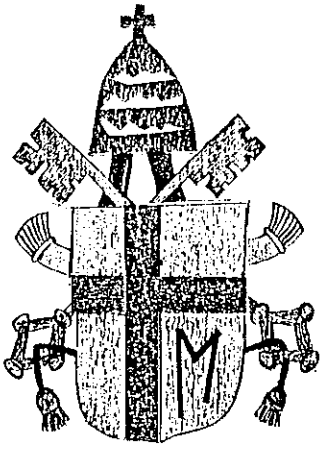

DOLENTIUM HOMINUM
FIRST YEAR - No 1 - 1986
REVIEW OF THE PONTIFICAL COMMISSION FOR THE APOSTOLATE OF HEALTH CARE WORKERS

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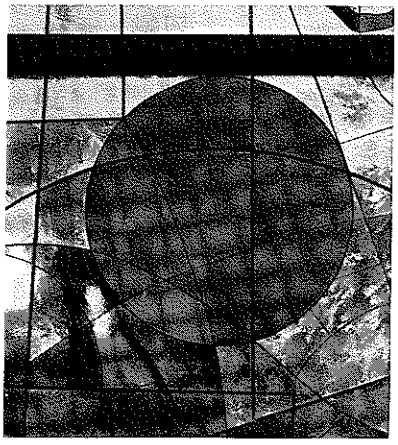
DOLENTIUM HOMINUM n1
CHURCH AND HEALT IN THE WORLD



INTRODUCTION

a new service

A year ago, on February 11th, 1985, Pope John Paul II established the Pontifical Commission for the Apostolate of Health Care Workers. Today, a new review is born, with a title, *Dolentium Hominum*, taken from the opening words of the letter with which the Supreme Pontiff established the new Commission. This new bulletin is intended to be a concrete demonstration of the priority of the Pontifical Commission places on its work of coordinating all those, bishops, priests, religious and lay people, who are involved in the vast area of medicine and health care.

One of the essential tasks assigned to the Pontifical Com-

mission for the Apostolate of Health Care Workers, according to the Motu Proprio *Dolentium Hominum*, is "to spread, explain and defend the teachings of the Church on the subject of health care, and to encourage their penetration into health care practices". The review is thus intended to be an instrument to help make known the teaching of the Pope and bishops and a means of communication for all Catholic health care institutions and organisations, a forum for discussion of current medico-moral problems and a vehicle for information that is both recent and correct. The Latin title has been chosen, along with a subtitle, "the Church in the World of Health", because the magazine is issued in five languages, Italian, English, French, German and Spanish. Experts in various fields contribute to the various sections.

The magazine is intended for all those Catholics who work in the health care sector, and can only keep going through the active involvement of everyone. We are therefore inviting everyone to contribute to it, so that it may truly become a mirror to reflect what is being done in the Church in the field of medicine and health care.

The Pontifical Commission, from the time it was established, has been working to obtain continual contact with all Episcopal Conferences, many of which have now proceeded to appoint a person to be responsible for the health care apostolate. The Commission has also contacted all religious orders, male and female, that are concerned with this sector, as well as associations and organisations, particularly international ones, of doctors and health care workers. The response has been huge and surprising. The Pontifical Commission is therefore issuing, along with the first number of the review, a *Catalogue* of Catholic health care bodies throughout the world. This will be a valuable means of making known the work the Church is doing in the world of medicine and health.

Like every other newborn magazine, ours too is animated by a desire to grow. Thus, from the first number, we are striving for the greatest possible openess both as regards matters discussed and the way they are presented. Hence there are some collective contributions, made by several people working together with the same viewpoint; this is a healthy pluralism of approach. It is not difficult to imagine the effort necessary to achieve promptness and seriousness, given that it is to come out in various languages. While our gratitude goes to those who have assisted in the collection and preparation of materials for this first issue, we also extend an invitation to all those who can, in the future, contribute directly: bishops, clergy, religious orders, doctors, specialists, all those in the huge world of medicine and care of the sick.

The review has been inaugurated to offer a service; it needs support and diffusion as widely as possible. We ask that you help us in this.

✠ FIORENZO ANGELINI
Pro-President
of the Pontifical Commission
for the Apostolate of Health Care Workers

Vatican City, February 11, 1986

homo quidam...

(cf. Lc. 10:29-37)

The magnificent Apostolic Exhortation "*Salvifici Doloris*" on the salvific value of human suffering concludes with an examination of the parable of the Good Samaritan. It is worthwhile reading in a contemplative and committed way: to contemplate, first of all, Jesus who is the "Good Samaritan" sent by the Father to "heal all our infirmities", to have a strong contemplative spirit so as to discover and take to heart, day by day, the sufferings of our brothers — "go and do likewise"; and then to put into practice what we have contemplated, to serve Christ seen in the poor, the sick, the needy.

The parable of the Good Samaritan is to be found in the Gospel of St. Luke (who alone records it), between two very significant events and themes: the meeting of the doctor of the Law with Jesus and the proclamation of the "great commandment" on one side, and on the other the welcome given to Jesus by Martha and Mary and the mysterious words of Jesus: "Mary has chosen the better part". The parable of the Good Samaritan therefore starts out from the commandment of love to finish with the need for receptivity and contemplation. It is as if to indicate to us that service of the sick (with which we are specifically concerned here) is a concrete way of putting the great commandment into practice, and that this always presupposes an attitude of prayer, a deeply contemplative spirit, an openness and receptivity. Let us look a little more closely at the context where the parable of the good Samaritan is found.

The doctor of the Law asks of Jesus: "Master, what must I do to inherit eternal life?" He is looking for the fullness of life, here and now, in time, which will be completed in eternity: what must I do in order to live, so that my life does not diminish but is preserved and can grow? We can translate this question in this way too: what must I do to be healed and be happy? Or, in other words, what can I do for my fellows who suffer? Jesus reminds him of what is written in the Law: "You must love the Lord your God with all your heart, with all your soul, with all your strength, and with all you mind, and your neighbour as yourself". To love God above all things: to centre one's life in God, to make Him the one object of all our thoughts and seeking, the one source of our happiness, the final end of our journeying. "Only God is enough", St. Teresa of Avila said. But it is precisely for this reason that we must love our neighbour as ourselves. This is the immediate consequence of loving God, the concrete manifestation of the love of God: we cannot say that we love God whom we cannot see, if we do not love the neighbours we do see and those with whom we live (cf. 1 Jn., 4,20). The great commandment is one and indivisible: to love God and our neighbour for Him; or, to love our neighbour because we have discovered and we can serve God in him.

At the end of our life we shall be judged on love. It is Jesus himself who identifies himself with the poor, the hungry, the stranger, the naked, the prisoner (cf. Mt., 25, 36-46). "In so far as you did this to one of the least of these brothers of mine, you did it to me.... in so far as you neglected to do this to one of the least of these, you neglected to do it to me".

A great faith and a deeply contemplative attitude is needed in order to discover and serve Jesus in the sick.

The parable of the Good Samaritan ends with admonition by Jesus to the doctor of the Law who had asked Him about Life and his neighbour: "Go, and do likewise".

St. Luke recounts the meeting of Jesus with Martha and Mary immediately afterwards (Lk., 10, 38-42). We cannot go into a detailed examination of the meeting; we can, however, give our attention to what happens: Martha welcomes Jesus into her home and waits on him, while Mary, seated at his feet, listens to his Word. Jesus does not reprove her for the welcome and the service, but rather for her restlessness and agitation, that is, her lack of interior unity, her dispersion amid many proccupations. What Jesus

praises in Mary is not her passivity or insensitivity towards her sister's labours, but her contemplative attitude, which is the source of receptivity and service. Only he who is able to "hear the Word of the Lord" in the silence of his heart can become a brother capable of love and service towards others. The Lord asks us to be completely Martha and completely Mary, Martha and Mary at one and the same time and totally.

Thus the parable of the Good Samaritan teaches us this: only he who observes the "great commandment" of love is able to give his time and his possessions to others; only he who "listens to the Word of the Lord" is able to welcome into his home a brother who is suffering and commit himself to his service.

* * *

The parable of the Good Samaritan is the reply to the second question put by the doctor of the Law: "And who is my neighbour?" Jesus answers: "*A man* was once on his way down from Jerusalem to Jericho..." What is important here is that the man does not have a name: he is simply *"a man."* This does not mean he is an anonymous nobody of no particular interest, but that he is all the needy men which we find along our path every single day. Moreover, this "ordinary man" has a real name. He is Jesus of Nazareth. In the deepest meaning of Pilate's phrase: "Behold the man" (Jn., 19,5). Jesus sums up in himself suffering mankind, the whole of mankind, everybody who is stripped, wounded and left half dead. He lives with them in a surprising way and reveals himself to us through suffering. He invites us to stop and discover him. "Who is my neighbour?" Every one who crosses my path and who needs me, no matter of what name, race or religion. Let us not waste time trying to know these things, let us not pass by on the other side. We have to be interested in one thing alone: that this poor person needs me and his name is Jesus.

A second reflection is this: what was the attitude of the Good Samaritan? First of all: *to stop*. The priest and Levite had both seen him, but they "avoided" him and went on their way. Both had their worries and reasons for haste. Only the Samaritan "went up" to him. It is not possible to pass by — even less, to "avoid" — the sufferings and needs of any kind of person. We must have the strength and courage to stop and approach him.

The Lord adds afterwards: "he was moved with compassion when he saw him." This is another human attitude: to have the generosity to take on onself the pain and poverty of others, to share their sufferings and offer them the support of our presence and love. There are situations where we can do nothing to take away the suffering, but we can share it. How good it is to know that someone is helping us to suffer in silence!

And finally, the Good Samaritan *"Bandaged his wounds, pouring oil and wine on them. He then lifted him onto his own mount, carried him to the inn and looked after him."*

He gave all that he had, even his money, but above all he gave of himself, his time, the time he needed for his own affairs, his work and his family. At that particular moment what was important was this "ordinary man" who was suffering.

This is a big lesson for us who live with greed for out time! Of what use is the time we save if we are not capable of spending it to relieve the sufferings of our brothers? What happiness does a man experience when his life is silently given to make easier the sufferings of others!

There is something else I would like to point out here: *the Good Samaritan shares his compassion with the innkeeper. "Look after him."* This is the full measure of our compassion: to communicate it to others so that they can do likewise. And that is exactly what Jesus tells us at the end of the parable: "Go, and do likewise."

Once again, let us recollect ourselves here in contemplation. The parable of the Good Samaritan is valid for all, but is especially meaningful for those involved in the apostolate of health care (doctors and nurses, religious and lay people). Every sick person is a new revelation of Christ: "I was sick, and you came to visit me". This explains the sense of respect, even adoration, that the Saints had in dealing with the sick (Saints such as Camillus de Lellis or Blessed Benito Menni).

"Do this and life is yours", "Go and do the same yourself". Jesus requires two things: to love God and our neighbour deeply, and to discover that our neighbour is this *"ordinary man"* that God, in His providence, places along our path and by means of whose wounds Jesus reveals himself to us and meets with us, day by day.

Cardinal EDUARDO PIRONIO
President

Pontifical Commission for The Pastoral Care of Health Workers

19th January 1986, the papal appointments were announced of the Secretary, Sub-secretary, Members and Consultors of the Pontifical Commission for the Apostolate of Health Care Workers.
Here is the complete list:

The Holy Father has appointed Father José Luis Redrado Marchite Secretary of the Pontifical Commission for the Pastoral Care of Health Workers.

The Holy Father has appointed Father Felice Ruffini Undersecretary of the Pontifical Commission for the Pastoral Care of Health Workers.

The Holy Father has appointed the following members of the Pontifical Commission for the Pastoral Care of Health Workers:

Their Eminences:
— Cardinal Paul Zoungrana;
— Cardinal George Basil Hume;
— Cardinal Ricardo J. Vidal;
— Cardinal John J. O'Connor;
— Cardinal Andrzej Maria Deskur;

Their Excellencies:
— Most Rev. Eduardo Martínez Somalo, Substitute of the Secretariat of State;
— Most Rev. Alberto Bovone, Secretary of the Congregation for the Doctrine of the Faith;
— Most Rev. Miroslav Stefan Marusyn, Secretary of the Congregation for the Oriental Churches;
— Most Rev. Vincenzo Fagiolo, Secretary of the Congregation for Religious and Secular Institutes;
— Most Rev. José T. Sánchez, Secretary of the Congregation for the Evangelization of Peoples;
— Most Rev. Antonio M. Javierre Ortas, Secretary of the Congregation for Catholic Education;
— Most Rev. Jean-François Arrighi, Vice President of the Pontifical Council for the Family;
— Most Rev. Edward Bede Clancy, Archbishop of Sydney;
— Most Rev. Antonio Quarracino, Archbishop of La Plata, President of CELAM;

Father Henri Forest, S.J., Undersecretary of the Pontifical Council "Cor Unum";

Prof. Jérôme Lejeune;

Bro. Pierluigi Marchesi, Prior General of the Hospitaller Order of St John of God;

Father Calisto Vendrame, Superior General of the Camillians;

Sister Anne Duzan, Superior General of the Daughters of Charity;

Sister Maria Eneide Martins Leite, Superior General of the Franciscans of the Immaculate Conception;

Sister Catherine Dwyer, Superior General of the Medical Missionaries of Mary;

Dr. Chicot J. Vas, President of FIAMC;
Miss Kathleen Keane, President of CICIAMS;
Dr. Jean Dreano, President of FICEP;
Mr. Michel Falise, President of FIUC;
Miss Claude Trontin, person in charge of AIMH;
Count Gérard Marie Michel, Grand Hospitaller of the Sovereign Military Order of Malta;
Dr. Marcello Sacchetti, President of the "Bambino Gesù" Hospital.

The Holy Father has appointed the following consultors of the Commission:

Mons. Carlo Caffara;
Mons. James P. Cassidy;
Mons. Pietro Parducci;
Mons. Elio Sgreccia;
Mons. Dionisio Tettamanzi;
Father Jean-Pierre Schaller;
Father Eugenio Bronzetti, O.F.M. Cap.;
Father Bonifacio Honings, O.C.D.;
Father Joseph Joblin, S.J.;
Father Kevin O'Rourke, O.P.;
Father Emilio Spogli, M.I.;
Sister Marcella Cavallari, S.O.M.;
Sister Margaret John Kelly, S.C.;
Sister Maria Angela Schrudde, S.I.F.;
Dr. Giuseppe Astegiano;
Prof. Alessandro Beretta Anguissola;
Prof. Rino Cavalieri;
Dr. Antonio Cicchetti;
Dr. Bryan A. Curtin;
Prof. Pietro de Franciscis;
Prof. Domenico Di Virgilio;
Mrs. Eugénie Bahintchie;
Prof. Jacques Lafourcade;
Mrs. Agnes Lai Pong Chong;
Prof. Corrado Manni;
Prof. Ermanno Manni;
Prof. Hornykiewcz Oleh;
Mr. Pedro Ridderplat;
Prof. Clemente Robles;
Prof. Gottfried Roth;
Prof. Bruno Silvestrini;
Prof. Franco Splendori;
Dr. Krzysztof Szczygiel;
Prof. Juan de Dios Vial Correa;
Prof. Robert L. Walley;
Dr. John St. G. Warmann.

Secretary:

P. José, Luis Redrado Marchite O.H.

Born in Pustinana (Spain), March 19.1936.
Ordained Priest July 11.1965.
Sacred Theology Doctor.
Principal of the St. John of God Apostolic School in Pampeluna (1965-1967).
Director of the Provincial and General Secretariates of Pastoral Care.
Provincial Counsellor (1968-1971).
Hospital Chaplain in various places in Spain.
Actually member of the Spanish National Secretariate for the Apostolate of Health Care Workers.
Head of the Secretariate of Pastoral for the Aragonese Province (1971-1982).
Author of various studies and articles about Pastoral for the Sicks.
Director of many Study courses, on national and regional level.
Director of the Magazine "Labor hospitalaria".

Undersecretary:

P. Felice Ruffini M.I.

Born September 2d 1935.
Ordained Priest July 6, 1958.
Sacred Theology Doctor.
Press-man publicist.
1958-1968: Hospital Chaplain in various places
1974. Religious Superior and Director at S. Camille's Sanctuary at Bucchianico (Chieti, Italy). Provincial Counsellor of his Order (1977-1980), Episcopal Delegate of Chieti for the Ministry of the Sicks, the Doctors and the Hospital attendants; Regional Delegate of the Episcopal Conference (Abruzzi-Molise) for Health pastoral Council of CEI.
1980. Religious Superior of the Community of the Chaplains in the S. Camille's Hospital in Rome. Provincial Vicar and First Counsellor of his Order (1982-1986).
Secretary of the Diocesan and Regional "Consulta" (Council) for the Ministry to the Siks. Member of presbiteral and pastoral Councils of Rome.

Doctors before Jesus

How surprised the Doctors of the Law must have been on hearing the Child speak with authority!

Doctors nowadays, I mean doctors of medicine, would derive great benefits from listening to his teaching.

Genetics teaches that at the very moment of fertilisation all the information necessary to define that new individual is already there, and we know that no other information will be able to be introduced into the fertilised egg.

Every embryo of our species is a being by its nature and human through its qualities. Science sums this up simply by saying that it is a human being.

Some people object to this obvious truth and say we should not use two words, human being. They say that it is only when a cetain level of organisation and performance is achieved that this title may be used. Not that they contest the reality, but, according to them, respect should be proportional to the degree of autonomy that has been reached.

They would be very embarassed to have to admit that they are thereby arbitrarily classifying humans in different categories, respecting this one and discarding that one. With their rejection of the correct word, who will stop unjust aggressions such as the abortion of the very young and the euthanasia of the very old?

It is here that doctors should listen to the teaching of Jesus.

The most famous of all doctors, whose book has always been the biggest best seller of every category, I mean Saint Luke, shows us in a few words the marvels of the most tender of infancies.

Read again the incident of the Visitation.

How old was the little prophet who leapt for joy in Elizabeth's womb when Mary arrived, bearing the Saviour?

Six months in the womb. St. Luke, like a good doctor, records this detail, which the Angel had already announced to Mary.

But how old then was the human form of Jesus?

St. Luke does not tell us, but simply says that after the annunciation by the Angel Mary went with haste to see her cousin: Maria festinavit.

In a country like Galilee, distances are not great and journeys are not long, even on foot or by donkey.

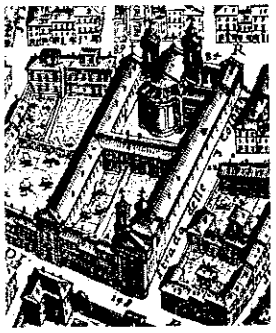
At the time of the Visitation, therefore, the human form of Jesus was incredibly young, only a few days old, perhaps a week... and even so John, the little prophet and his elder by six months, leapt at his arrival!

If doctors today would re-read this Gospel, they would understand with their hearts that science does not lie when it forces them through reason to acknowledge that the Being begins at conception.

Like the Magi, like everyone else, doctors have everything to learn from the teaching of Jesus.

JÉRÔME LEJEUNE

Professor of Medical Genetics
at the University of Paris
Member of the Pontifical Academy
of the Sciences



Historical and Theological significance of Motu Proprio "Dolentium Hominum"

The historical and theological concept upon which the Pontifical Commission for the Pastoral Care of Health Workers is constituted, is concisely recalled at the opening of the Motu proprio "Dolentium Hominum". Quoting the apostolic exhortation "Salvifici doloris", the Holy Father stressed the very close relationship between the mission of Christ and the Church and its attention to the world of suffering.

The theological statement expounds and illuminates the historic evidence of the Church being beside those who suffer, and to those who are beside the suffering.

Indeed, a close link exists between the life of the Church and the engagement towards suffering and diseased people.

Such a link has always associated faith with science, as well as love for the patient and efforts to provide enhanced and advanced means of assistance and care.

I would rather say that the theological principle expounds the forestalling initiative of the Church which, first ever, promoted the socialization of the health assistance, converting it from a benefit for few, to a right and a concrete possibility for everyone.

* * *

It is necessary, however, to avoid a restricting interpretation of the nexus linking the mission of the Church to its consistent and constant presence in the world of suffering.

It is necessary, namely, to escape the risk of considering such a phenomenon as a merit of the Church, just one among those which are historically recognised to it; as though today, in the present tome and society, the duties of the Church had either ceased or decreased, being the socialization of health care and the assumption by civil institutions of an engagement to which in the past the Church almost uniquely fulfilled.

A further risk consists of considering the historical meaning of the presence of the Church in the field of public health as separate from the theological element. Both, on the contrary, proceed together and are actively interrelated.

In other words, the Church would not be such if it disregarded its engagement towards the suffering, and if it did not take charge of an adequate preparation and christian motivation of those who assist the patients.

It is the privilege, and I would like to say the providential destiny of the present Pontiff, to have almost daily rigorously and insistently stressed the relationship between the life of the Church and the attention to the world of suffering.

Many volumes may already been filled with the anthology of extracts from documents and speeches of John Paul II concerning the diseased and the health care operators. Indeed, as the Holy Father wished to start His pontificate entrusting it to the support of prayer and of abnegation to those who suffer, accordingly He has continued and still continues to pursue this line; driven by the dramatic experience which accorded him as teaching chair the same site of suffering and cure He entered between life and health.

Concisely: an actual theological reading of the mission of the Church, expounds its current historical role of being present by the diseased and the health care operators.

A question should arise

however; how to be present today? According to what criteria, forms, directions, effectiveness?

In the Motu proprio "Dolentium hominum" the Pope says expressly that "the development and the peculiar configuration which the social health care services have assumed in the present society, along with the mentality and the directions characterizing health care activities and policies, disclose new perspectives to the Church and particularly to christians engaged in those institutions and services; at the same time they give rise to new problems, eliciting renewed forms of qualified presence".

The *new perspectives* concern the historical element, the *new questions* involve historical significance.

The constitution of the new Pontifical Commission for the Pastoral Care of Health Workers answers both questions in a surprisingly new and original way.

Firstly, it is stressed that some aspects of health care, nowadays as in the past, may not be entrusted to the civil society nor may be assumed by the latter. It is an improper approach to the disease, to disregard its spiritual and supernatural worth. And of this point the ecclesiastic community as a whole and at all levels, is directly called to take charge.

Secondly, it may be noted that the constitutional document of the Pontifical Commission, insists more on the service to suffering and thus on the health care operators, than on the patients. The pastoral on health care, which the Pope has so vividly described by the new proposal of the evangelical figure of the Good Samaritan, aims to show suffering through the service which is paid to it. The suffering, the diseased, are a matter of fact, an objective reality, while the appropriate and adapted assistance to those who suffer may be lacking or inadequate, especially in front of the pressures of the progress of the medical science, bearing a number of moral and social problems. In this context the Church sets itself the task of the utmost participation and involvement with the only aim of serving Christ and the diseased, thus embracing historical needs and theological ideals.

Christ exalted the approach to the diseased while announcing salvation, in a society tending to the rejection of the infirm.

The Church, called to follow the tracks of Christ, should do this even more today in a society that, though abstractly and following its regulations, destines to the health care so much of its financial resources: favouring the social status of the weak, exalting the third age, extending preventive medicine, developing health care education.

Beside the historical data of a society which is more and more conscious of the rights of the actual and potential patient, the Church stresses its institutional task, theologically grounded, consisting of increasing the health care pastoral by means of the coordination of instituition and christians engaged in the abovementioned field.

As usual, however, all scientific, social and cultural progress points out clearly the underlining truth.

The progress of medicine as a service to the life as well as to the person as a psych-physical and spiritual entity, postulates an equivalent consciousness of the pastoral task that should accompany medical assistance.

As a consequence, the answer to the question arising from the historical meaning itself of the present health care situation, consists in deepening the theological meaning.

If a reflection which I do not consider arbitrary is allowed, I would like to say that if the Motu proprio "Dolentium hominum" stresses the necessity and urgencye of a closer coordination between institutions, groups and individuals serving those who suffer according to the christian faith, this document follows the line of the "communio"; namely of that participation which is communion not only in the sense of cooperation but also ecclesiality.

Therefore health care operators are called to cooperate creating an ecclesial community at the service of the fundamental human value, primary and altogether transcendent: the life.

The historical significance of the Motu Proprio "Dolentium hominum" consists especially in this renewed engagement of the Church of being at the side of who is suffering according to the needs of our time. The theological meaning is of deepening, according to historical needs, the core of its mission, in order to keep satisfying these exigences in terms of an up-to-date growth.

✠ FIORENZO ANGELINI

The medical world in suspense

When the long-awaited news of the founding of the Pontifical Commission for the Pastoral Care of Health Workers was announced, the general elation that followed the news — behind which a true anxiety is looming large in the entire medical world and especially in the catholic environment — may have induced us to focus our attention mostly on the final part of the institutional documents announcing the foundation, that is on the section dealing with the functions and duties of the new body.

While carefully re-reading the paper, we cannot but think of the problems that for ten years have been distressing and besieging mostly the catholic and the religious hospitals, due to the radical evolution of medicine in general and of medical care in particular, and to the respective body of rules existing in the various European countries. Still in this field problems have been further exacerbated by the absolute lack of guidelines and of policies in the developing countries.

The fact that the traditional support provided by religious institutions in the field of medical care is more and more limited all over the world (exception being made for missionary countries) and the consequent competition with state-run and private hospitals tend to lead to carelessness and negligenge. This is also due to various and fundamental reasons that prevent hospitals from carrying out their institutional purposes.

These reasons can be briefly summarized by the steady drop in investments for hospitals, by the limited number of vocations, by the present atomization of the medical world, by the loss of the apostolic dimension caused by the technological and sociological progress which inevitably casts a shadow on the charisma of medical institutions if the necessary conversion is not carried out.

It goes out without saying that the list of the existing problems could grow longer, but this could lead to a narrow understanding of the valuable apostolic letter "Dolentium Hominum", especially given the fact that the concerns of the Church and of the Supreme Pontiff cannot and must not be limited to the sole catholic or religious institutions, but on the contrary should be shared by the entire medical world both as a full right and as a duty. In fact if the "human being is the glory of God", then as people of God we all participate in the primary function that is to perpetually love and glorify God whenever our deed and — most of all — the pastoral deed of the Church aims at rendering to the man — that is offended in his bodily, mental and moral tissue — the fundamental living conditions that make him a true "living human being" by means of an operational answer capable of introducing the "salvation sacrament" represented by the Church in the history of man.

The central section of the paper specifically refers to the *concept of the human person* as: therapeutic action that can be considered as such only if it acknowledges and respects man and his person.

1. "De facto, the Church in the course of centuries has deeply felt the duty to assist the sick and the ailing as an integral part of its mission".

Other confessions have spurred medical science, but Christianity has given a vital and unparalleled impetus to the concern for the sick from both the individual and the society viewpoint. Already during the Middle Ages the Church through its monastic institutions played a fundamental role in stimulating human solidarity and concern for therapeutic aid and charity, and later this function was carried out through public hospitals and hospital-related Orders.

2. As far as the mystery of suffering and the sick are concerned, the action of the church is submitted to and led by a precise *concept of the human person* and of his

destiny in the framework of God's project.

This concept however was not always present in the medical practice or in the Church itself.

As a matter of fact, while medical research is now discovering the intrinsic and complex interactions between psyche and body, also the Church — for a certain lapse of time — looked with some suspicion at those who were studying the human soul and mind as this was in contrast with the activity of hospital-related Orders.

The precise concept of the human person conciliates and brings into harmony psychology and psychoanalysis which, far from threatening faith and science, aim at understanding the vicissitudes of the human soul that occur in the life of every man, whether sick or healthy, but especially if sick.

3. The human person is a unique and original entity, built up through crisis, pauses, sufferings and sometimes even through real sickness.

On the other hand the formation process of a person deserves the utmost attention and involves life itself.

In order to go beyond scientific medicine, it is necessary to experience "the essence of human conditions in the present world".

The world of the ailing is wider and different from the one that medicine can perceive. The human person is not only a mere organism, but also psychism, mutual relationship and relationship with what transcends the limits of experience; his essence encompasses mixed economic, political, cultural and working interactions, it entails prejudices, it relates to family or group lineage, etc.

How can we then approach the human person without having a deep confidence in and a profound knowledge of those sciences relating to what transcends the limits of possible experience, as well as of natural science?

Christianity must undertake this mission, with no fear and no delay. In fact by this mission antiquity is recovered and progress is promoted without crystallizing on judgement-related and control positions which are distrustful of human research and intuitions.

5. Christianity must have the courage to affirm that no physician *will ever heal anyone*, unless the person concerned is capable of cooperating — in a more or less conscious way — to the ultimate project: removing the obstacles that threaten his health. No man, no physician has the power to heal another man! The bodily, instinctual, psychological and spiritual *ego of the patient* is an active part of the reconstruction of the lost well-being.

Similarly, no man can or must take away someone else's life, as life and death are both part of the same mystery and according to Christianity both life and death belong to God.

6. Together with this concept of human person also the purposes and the position of medicine change, as well as the attitude of the medical staff.

Illness itself needs to be presented under a new light: not always as an alien entity to be extirpated, but also as an alarm signal if not an attempt of self-correction.

This horizon highlights the commitment of the Church, of the newly founded Pontifical Commission and also the higher expectations of the medical world.

7. The second paragraph of the paper is hinged upon Christian anthropology and special attention is given to the somatic and spiritual unity of man.

If this is the cultural task that the Church is willing to undertake and share, then *Research and Formation come in the first place*.

Thus the commitment to the formation of Christian medical workers is to be particularly stressed as the founding paper presents it as one of the objectives of the renewed attention that the Church attaches to the medical world.

I believe that the pastoral meaning of the papal calling upon a higher mutual agreement among the bodies that operate today — in the name of the Church — in the health-related environment especially as regards support, promotion, intensification of the necessary study, promotion and investigation activities could be read as follows:

— *it is generous but of little telling effect* to operate individually and in an isolated way;

— The organized opposition of sanitary policies that are sometimes inhuman must be effectively counter-opposed by *alternative bodies* that are freely chosen by the civil and clerical society;

— it is not so much necessary to create national and international "*unitary fronts*", as it is on the contrary to create a mutual

organic liaison to the benefit of the whole community and for the enjoyment of the project richness deriving from social differences and various charisms;

— it is necessary to avoid all spontaneity (though generous), competition and party narcissism so as to make room for active liaison and coordination;

— avoid any approach aiming at a mere "sanitation" of problems and create on the other hand the liaison and coordination basic among medical workersand social bodies that respectively influence and determine the health policies;

— so as to be vital, the coordination will have work on the hypothesis of a multidimensional and *multiannual working plan* with "ad hoc working groups" so as to perform the delicate research and promotion duty;

— as for religious institutions it is necessary for research to implement the transfer of "professional" interventions into the "vocational" field. The "men of God" role bears an apostolic dimension that in turn bears witness of the love revolution made by the Christ of Nazareth;

— In the past it might have been necessary and praiseworthy to build Christian hospitals. Nowadays the Church has the primary commitment to form and train medical workers of knowledge and awareness that are prepared for the new health concept to be created.

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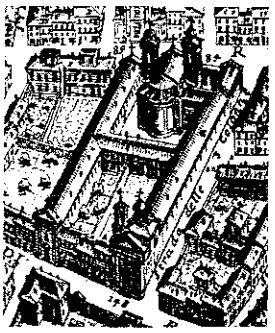


The defence and promotion of human life

"If we want to know not only who men are, but also who are the healthy ones and who the sick, perhaps the common people could be our teachers. But no. Could not the proof that they are bad teachers be found in the fact that they are divided? Yes. Well then? Do you believe that with regard to justice and injustice among men and in the world all people are in agreement? Certainly not. Doesn't it seem to you that especially in this area people are divided? I would believe that you have never seen or heard men so much in disagreement over health and sickness that they would kill each other over the matter. Of this, I am sure" (PLATO, *Alcibiades I,* VIII). The questions and answers of this dialogue between Socrates and Alcibiades show that there has always been a great deal of discussion about man. Today, more than ever, man asks himself, "Who am I? Everyone, believers and non-believers alike, says that I am the point of reference of all that exists. Who am I?" (see *Gaudium et spes,* n. 12).

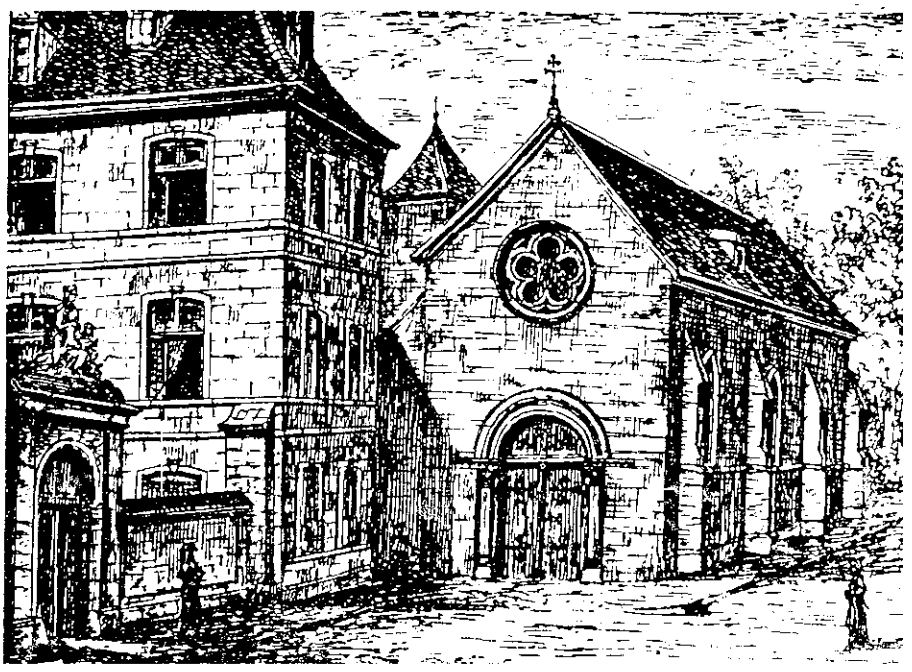
The "case of man" has become a problem with no easy solution and what follows is meant to offer some reflections that might help in offering an answer.

1. Diagnosis of the situation

The difficulty with which contemporary culture deals with "man" is due above all to the difficulties it finds in answering the question of "who man is". In our opinion, these difficulties arise from the loss of the principle means for understanding man. These means were — and are — three in number: the metaphysical experience, the ethical experience and the religious experience. We deliberately speak of "experience". We are not at all speaking of a lack of information on what is being said or has been said about metaphysics or ethics. We are speaking about the attention that man must give to himself and the questions that exist in his spirit. Ignoring these questions can be the result only of deliberate carelessness. These questions are metaphysical, ethical and religious.

First, the metaphysical question. Carnap wrote that

"metaphysicists are musicians without musical talent". His sarcasm expresses well an essential question that comes from contemporary culture. Philosophical and metaphysical reflection must be linked to "artistic expression" and not to "intellectual knowledge" which excludes all non-scientific discourse. This metaphysical reflection does not demonstrate the truth, but only expresses feelings and emotions that are unique to each individual and therefore not communicable. This type of reflection is valid only on one condition: that the reality recognized by science is *all* of reality; that the *whole* of reality is completely known only by science. But this affirmation implies that one has proven that the *whole as such* is identical to the "whole" known by science. The affirmation presumes that one has asked the question "Is the whole of reality as such that which science as such can know?" This is precisely the metaphysical question. "Scientism" even in its most cunning forms, always implies a contradiction and therefore it can only be desired (irrationally), not thought.



The Hospital of the Holy Spirit in Besançon

With these simple reflections we have already formulated the metaphysical question. This question directly relates to our daily experience (or better, to what our daily experience shows us) and demands a response as to the ultimate explanation of that experience. The question can be formulated in this way: Is the "whole" of our daily experience sufficient, in itself, to explain itself? Or, to put it another way: Does the "whole of our experience", being intrinsically insufficient, leave open a path to something beyond itself, to something other than itself? Ultimately, the question is whether the universe of being can be reduced to what we have directly experienced (or can experience) or whether there exists in this universe a "region" we have not directly experienced (or cannot experience). To put it simply: the metaphysical question is the question of the *Transcendent*, in the strictest meaning of the word.

This question has two unique characteristics. First, it cannot be avoided; there is no escaping it and it does not allow for neutrality. It demands an answer. Any decision to ignore the question is already a response. To decide to ignore the Transcendent and its existence or non-existence means to deny its existence. The second characteristic of this question lies in the fact that the *significance of human life* changes completely according to the response. If, in fact, man is strictly limited to *this* world, his first obligation is to refuse as destructive of himself every proposal that pushes him beyond this world; being but a moment in *present* history, man has nothing within himself that directs him *beyond* this history. Any culture that ignores this question or is not affected by it is necessarily a culture that tries simply to make a person a satisfied "inhabitant" of time, not a person called to eternity.

It is obvious that the metaphysical question is closely related to the ethical one: one cannot be posed without asking the other. If the ethical question comes into the consciousness of every person as the question of what I *must* do in order not to *lose* myself, it leads immediately to a twofold spiritual experience: the experience of the possibility innate to human nature of losing oneself. Let us reflect briefly on each of these experiences.

If we pay attention to ourselves, when we experience an "obligation to do something" we find ourselves before an absolute, something that is unconditional. Something is demanded of us, but not because of any potential utility or pleasure that we might derive from the act. Utility and pleasure can be completely lacking. Something is demanded of us because in and of itself it deserves or does not deserve to be done or not done. An unjust act must not be done simply because it does not deserve to be done; it has no right to exist. By its very nature, it does not deserve to be done. In and through the experience of obligation, a person perceives a universe of being that is intrinsically beautiful, good and precious and that demands absolute respect. To not recognize this universe is a totally senseless act. What is demanded of us is essentially the recognition of this universe. This reflection becomes less abstract if we turn our attention to ethical experience.

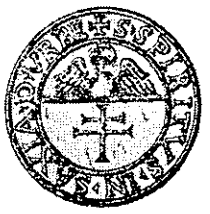
That which is demanded by the moral imperative is an act of the human person: it is the person who is unconditionally and absolutely called upon to act. He must act or betray the *truth* of his very being. An unjust act destroys first of all the one who accomplishes it, not the person who suffers it. For this reason, it is better to be the victim than be the one responsible. In and through the experience of obligation a person perceives himself as a subject having a singular dignity: the dignity of one who must recognize and become part of the beauty or goodness that is seen as an absolute value.

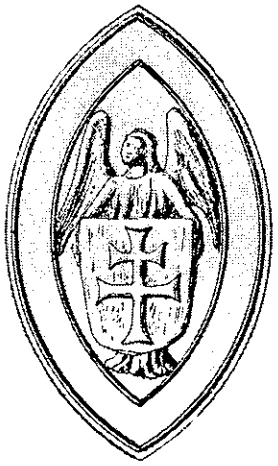
> "...when the will keeps to the objective order of beings it acts well because it elevates itself to the eternal since the order of beings is eternal; from such a great height, it dominates all temporal things" (A. ROSMINI, *Antropologia in servizio della scienza morale;* Rome Stresa, 1981, p. 472).

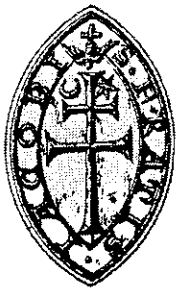
In this same experience of the moral imperative, this human person discovers within himself the possibility of losing oneself; he feels that his freedom can refuse to assent to Value. The person can lose *himself* in order to gain the whole world (*Mt* 16:26).

Therefore, when the human person perceives (moral) good, he sees something that is essentially different from what is *useful* or *pleasurable*. Utility has no value in itself. Something is useful when it serves another purpose. The same is true of pleasure. Any culture that censures the ethical question is necessarily a culture that has a utilitarian vision of man. In this culture, the concern which man will have for himself will be a concern to provide only what is useful or pleasurable. It will be a concern centered not on the *being* of a person, but on his *having*.

The ethical question, like the metaphysical one to which it is intimately linked, in the end must lead to the religious question; this is so for a fundamental reason that can be expressed in two ways. The possibility of human freedom's denying







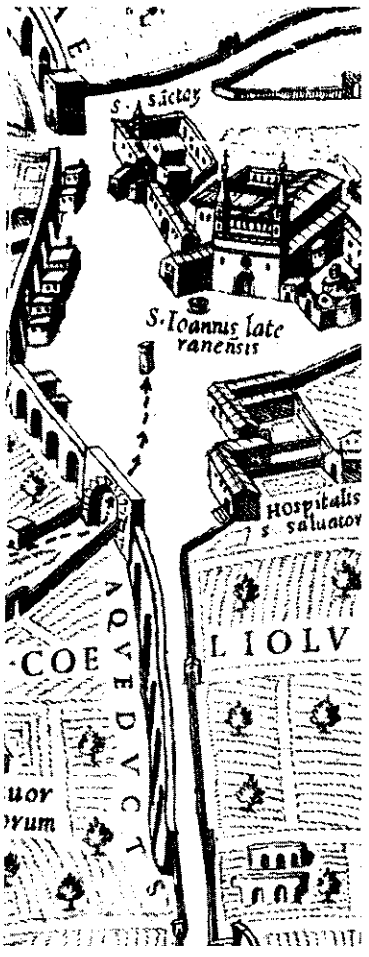
Seals of Hospitals of the Holy Spirit (XVI century)

Value is an imperfection, an innate limit, from which a person tries to free himself. Emancipated freedom is the salvation of man since man is truly saved when he has overcome the risk of losing not what he has, but what he is, the risk of abandoning not what he possesses but the very truth of his being. Sin, then, is the supreme evil, an evil greater than which cannot be conceived. Even the evil of being eternally deprived of the vision of God cannot be compared to the evil of man who, because of his sin, is not worthy of that vision. We can go even further. This possibility of human liberty leads to the problem of the *final* destiny of creation inasmuch as it has been entrusted to the very same human freedom. This twofold observation leads man to the question of *human eternal salvation*, a question which only God can understand. Any culture, then, that censures the religious question ultimately becomes a culture of desperation, just as a culture that censures the ethical question becomes a culture in which things dominate man or a culture that censures the metaphysical question become a culture of meaninglessness. Are not desperation, evasion and meaninglessness the determining characteristics of the culture in which we live? Is not the concern shown for man in our culture primarily intended to silence the three fundamental questions?

2. *The Church and concern for man*

All of our reflection up to this point might seem out of place in this study which is meant to initiate a publication destined to be the official voice of the Church commitment to the field of medicine. In truth it is not.

The Church was instituted



The Hospital of the Saviour (from a map of 1576)

by Christ to respond to the question of man's salvation. It was meant only for this salvation. It would be a serious error to believe that Christian salvation is concerned only with one ill-defined dimension of the person separately from others. It is man *as such* that is saved. The Church, with its Gospel and sacraments, liberates man from the meaninglessness and desperation that surround him, from sin and its resulting loss of self. It frees man from death through the gift of eternal life. The existence of the Church has no other purpose.

History demonstrates that from its very beginning the church has committed itself to the care of the sick. Hospitals (like universities) were created by the Church. Did it betray itself in this commitment? Or has it merely been filling in for the disinterest of others? Only a person with a very limited and abstract view of man and Christianity could think in this way.

It is *man* as such that the Church sees in anyone who is ill: a human person who has been injured in as essential dimension of his personal being - the physical and/or psychic dimension. The Church perceives in sickness a situation that can be explained only by the reality of sin. It is obvious that this connection cannot be affirmed in each and every case (see *Jn*). Sickness is part of this world not because it was created by God but inasmuch as it is also the creation of sinful man. It is in this sense that the commitment of the Church is intended to manifest its mission to continue the saving power of Christ himself in the world. This in no way denies the fact that the battle against sickness must be waged with all the means created by human knowledge and research.

Precisely because it is entrusted to these human means, the battle may be lost and sickness be the winner. But a winner over what? The person who suffers? If one seriously considers the situation, even in this case, the person is saved if he lives his suffering as participation in the mystery of redemption.

Here we find the profoundest reason for the presence of the Church in the field of health care and disease. This presence is directly related to the redemptive work of Christ from whom the Church continuously draws its life.

Redemption, in fact, is essentially the act in which the Word fully shares in the human condition in obedience to the Father.

"The reality of sin cannot be changed into unreality by

an external decree of God. The Son of God had to take that reality upon himself and expiate it in the abandonment of the cross. This could not have been done from outside. The dignity of human nature would not have been respected if that nature had been transferred into another state as if it were a lifeless object; it was much more fitting that human cooperation respond to the totally free grace of God. Because of this, humanity was taken from the state of sin in which it found itself and introduced by the Redeemer into a state of reconciliation with God. In this state of the cross, humanity, thanks to the free grace of the cross itself, is made capable of cooperating in Redemption and moving toward its final heavenly state together with the Redeemer" (H. U. VON BALTHASAR, *Gli stati di vita del Cristiano*; Milan 1985, p. 113).

The redemptive act of Christ reaches the very root of human evil; this is true of moral evil as well as its consequence, physical and psychological evil. Christ, in offering himself up to death, which is the synthesis of all evil, took evil upon himself but with a human and spiritual attitude totally opposed to that which lies behind evil. Christ acted in obedience to the Father. In this way, moral evil is destroyed at its roots and its consequences can be supported by changing their significance. These consequent evils are accepted and offered up for the redemption of the individual and the world.

In this perspective of the Redemption we see that an eventual absence of the Church in the field of disease would deprive the sick person (and the world itself) of the light that allows us to discover the truth hidden within the experience of sickness.

But we also see how, in a culture such as the one we described earlier, the presence of the Church is barely tolerated; this is so especially when the Church shows itself as faithful to its specific identity. In this culture, disease and death (and disease is always in some way a precursor or sign of death) are considered simply as problems to be solved and not as a mystery in which man himself, in his very being is called into question. It is this "calling into question" that forces the Church to be near the person who is ill.

Seen in this light, it is clear that the Church could not avoid developing during its history a system of medical ethics. This fact deserves special attention.

It has been rightly said that medicine is the most human of the natural sciences and the most scientific of all human sciences. This affirmation emphasizes the need for rigorous scientific knowledge and the need to keep always in mind that medicine always deals with a human person, a subject who has absolute value in and of himself. Maintaining a balance between these two needs is not easy either in theory or in practice. For example, experimentation which is useful for increasing diagnostic skills but which is of no use to the sick person can be justified in the light of the first need but not in the light of the second. Many other examples could be cited. Medical ethics expresses the complex of norms that guarantee that medicine, in both theory and practice will be rigorously scientific and fully human. This new review will certainly deal with specific problems but at present we limit ourselves to some general reflections.

First. The two needs referred to above are not of equal importance. The first, or scientific need, must be subordinated to the second or ethical need. Scientific knowledge is not an absolute value in the sense that the respect due to each and every human person cannot be sacrificed to it. While it is true that in this case science works for the good of mankind, it must be emphasized again that no human person can be used as a means, regardless of the noble intent of the researcher. Every person has value. The impossibility on the part of medicine to cure some physical or psychological diseases can not be compared, as evil, with the moral evil of lack of respect for the human person. Moral evil is infinitely greater than any other evil since (to use Paschal's terms) it is opposed to the order of charity.

Second. The need for absolute unconditional respect for every human person is particularly urgent at the two most important moments of an individual's life: conception and death. This explains the special attention the Church has given to these events in its ethical reflection. In the first, the Church (and not only the Church, but every religious person) venerates the creative act of God and the "place" where it occurs must be sacred. From this follows the refutation of contraception, sterilization and abortion and the affirmation of the value of responsible procreation. In the second event, a person exits from history and finds himself in eternity, before God.

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To give food to the hungry

Introduction

It is impossible for me not to quote the solemn appeal which John Paul II made to the whole world right here in Ouagadougou on 10th May, 1980: "I am here speaking on behalf of those who cannot speak for themselves, on behalf of the innocent who have died because they did not have food or water, on behalf of the mothers and fathers who have witnessed and have not been able to understand their children dying before their eyes or who will for ever see the signs left by suffering in their children, on behalf of the generations yet to come who must not be allowed to live under this terrible threat which weighs on their lives. I make this appeal to all!".

Paul VI had already written with great seriousness in the encyclical *Populorum Progressio*: "The starving peoples are today challenging the wealthy in a dramatic way. The Church awakes to this cry of anguish and calls on everyone to respond with love to their brothers". Paul VI said, in the same encyclical, that "man is only truly man to the extent that, as master of his own actions and their worth, he himself is the creator of his progress".

A dramatic situation

These heartfelt appeals from two Vicars of Christ are based on one fact: the social and economic situation of people in the so-called Third World today, particularly in Africa, is a serious challenge to the image of "Son of God" that the Creator desires in every human person. This is caused by the many kinds of poverty present in the world, especially the one we want to talk about, starvation and the resulting vulnerability it causes to every sort of disease.

a) *Victims of starvation*

The decline in food production which has been going on for fifteen years now means undernourishment for five hundred million children in Africa, South-East Asia, the Middle East and South America according to the latest (April 1983) estimates. Nine million children die of starvation every year. The situation becomes even more dramatic when we realise that food production, in the Third World, continues to decline. In 1984 world growth of cereal production was 2.5% as opposed to the 3.1% of the preceding fifteen years.

Although Africa is primarily an agricultural country, imports of cereals in the last twenty years have risen by 300%. According to the latest report from FAO (the United Nations Food & Agriculture Organization) the probabilities of Africa arriving at self sufficiency in food production by the year 2000 are very slim.

b) *Victims of disease*

The World Health Organization (WHO) estimated in 1978 that normal health care was out of the question for practically 90% of the population of the Third World. In the thirty least developed nations in the world there is one doctor for every seventeen thousand people, while in Canada there are two for every thousand. In Africa, the situation is often more serious even than this.

We all know that health or the absence of sickness depends very often on the quantity and quality of foods stuffs available, and on the conservation and distribution of food and drinking water, as well as the elimination of wastes. The number of doctors, hospitals and medical supplies available is another factor.

All these are expensive and presuppose an industrial infrastructure that the majority of our countries do not possess.

Figures published by the WHO in 1980 show that in the Third World over a

billion people are victims of six diseases: swamp-disease or malaria, bilharziasis, filariasis, Leishman's disease, sleeping sickness and leprosy. Five of these are parasitic in origin (leprosy is caused by bacteria).

Further information published in May 1982 on these five diseases makes really impressive reading:

Swamp-disease is rampant in 107 countries, threatening some 1.8 billion people; 215 million have it in a permanent form. There are 150 million new cases annually.

Bilharziasis is present in 73 countries, and more than 200 million people are affected.

Filariasis (Onchocerciasis and lymphatic filariasis) affects several hundred million people.

African trypanosomiasis (sleeping sickness) is a serious threat for some 45 million people.

Leishman's disease: according to WHO figures, there are 400 thousand new cases every year (Guetny, J.P., "Les Africains et leurs parasites". In: *Jeune Afrique* "Bis" (1985), p. VIII).

To these serious diseases must be added *Ancylostomiasis,* also called "tropical anemia" and *dysentery* in its various forms. Droughts force people to consume dirty and infected water.

All these diseases cause physical and intellectual weakness, and arrest the development of man in every sphere.

Nutritional diseases caused by vitamin deficiency are on the decline, but malnutrition itself and the lack of protein signify a serious situation of defencelessness in the face of infections.

The problem of malnutrition assumes an even greater importance in the case of children. In some regions in Africa, more than 40% of the children are undernourished. That means that they will fall ill much more easily at the onset of a virus or bacteria, and that the illness, once it shows itself, is serious. Thus measles, for example, which is a benign children's disease in developed countries, is a fatal disease for African children. Malnutrition causes a vicious circle for children since they are without defences against infections and therefore episodes of infection are multiplied, each one of which, fever, dehydration, vomiting, diarrhoea, appetite loss, worsen the state of malnutrition of the child and make him even weaker and less able to resist other infections.

Besides the parasitic infections which we have mentioned, the picture also includes acute respiratory infection since this is often thought not serious by parents and health care operators, and causes the death of a third of the children who die between one and five years of age.

The picture we have mapped out shows that the health problems of over two thirds of the human race are still far from a solution.

To serve God by defending man

The factors which prevent a solution to this state of affairs being reached are, on the one hand, the tropical climate of these countries which favours the reproduction of the carriers of these infectious diseases, and, on the other, their poverty, which hampers the creation of the infrastructures needed to combat starvation and disease.

What is the Christian's task with regard to this problem? The answer to the question is in the Gospel, on every page of the Gospel, in all the Gospel. There we meet a Jesus who is interested in the hungry and provides bread for them; a Jesus who is interested in the sick and restores their health, and even life itself. To feed the hungry, cure the sick, give back life to the dead are all part of his plan of salvation.

Thus, today too, if the Church, if Christianity itself, is unable to enter into and deal with the problems of the present age, we would have to say that it is not yet truly rooted in the people.

Motives for responding to the needs of our brothers with real solidarity are to be found in our faith.

a) *Cooperation in the Plan of God*

Paul VI, in his famous encyclical «Populorum Progressio» states explicitly that God, in creating man, created him as a being under development, independent but united with God and his fellows (cf. *Populorum Progressio,* no. 15).

Development is presented here as something having a direction, as being directed towards God himself since man, created in the image of God, has to live overcoming his limitations in order truly to be the "image of God" on earth. The Psalmist says that man was created little less than a God (*Psalm 8,* verse 6). In other words, being created in the likeness of God, he bears within himself a divine vocation which defines and constitutes his true dignity. Even though wounded by sin, man continues to bear, in the intimacy of his desires and the struggle for a more human way of life, the imprint of his Creator who has never ceased to love him. God is at the origin of, is within and is at the end of, his being man and of his being in the world. It is God, who in his very act of continuous creation gives direction, meaning and consistency.

As Paul VI stated, man is called to develop himself, that is, to use his intelligence and his freedom in the continuation of the work of the Creator, to bring to maturity in himself the seeds of divine life and to work out his vocation as image of God. In other words, the efforts and plans of man, his social choices, his models for development cannot have a positive outcome unless they are in harmony with the creative wishes of God.

But God did not create man to be alone; he created him as an outreaching being, a community-oriented being, "male and female he created them". The community of man and woman is the first expression of society. Man is he who shares with me the image of God, the life of God; he is my partner at the table of the Creator's love.

In creating man in his own image, God, who is trinitarian, that is, community, wants him to live as his image, as a being of love, a person who opens himself to others, who places himself in relationship and organizes his own life along with others. Man is, in his very constitution, a social being, open to others.

b) *Man, son of God and brother of man in Christ Jesus*

The Holy Father, in his letter "*Redemptor Hominis*" has reminded all Christians that the coming of Jesus has meant that these events have become historically verifiable, since in Him God has become accessible to man (cf. *Gaudium et Spes,* no. 22; *Redemptor Hominis,* no. 13).

On this level of solidarity, the Christological basis of the necessary relationship between faith and the human reality is seen, as also the necessary development of the being who is man in connection with his original vocation. It is the Spirit of Christ who has to permeate the whole human person and inspire all his decisions and aspirations (cf. *Redemptor Hominis,* no. 10).

Beggars through the Holy Spirit Hospital (from "Liber Regulae")

In this context there appears the essentially human character of the coming of Christ and of his ministry of salvation. Now nothing human is extraneous to the Word made man. In other words, man, defined as a becoming being, is reached and guided by Jesus Christ the Saviour in his determination to grow and struggle against all the situations which are opposed to his dignity, and in the search for those conditions which are most advantageous for his autodevelopment.

From being a partner of man, man becomes a brother of man in Christ, a son of the same Father. First-born of a multitude of brothers, Christ makes man the sacrament of man and a meeting of the same likeness of God. Becoming sons of God makes us brothers of his other children and that entails the duty of brotherhood between all men.

This is why Christ asks us insistently to establish relations of love with others, to set up human relations respecting the historic dignity of each, according to his own dignity and destiny: "Love one another as I have loved you".

Fraternal love now constitutes the characteristic expression of our being human: the quality of our humanity will be measured in terms of our capacity to love ; that which will give meaning and worth to our existence, to our experience as men will be the amount of love of which we are capable (cf. *Redemptor Hominis,* no. 10).

Development and Coresponsibility

From these principles, we can see that development does not just mean the reducing of poverty and eliminating starvation, but rather, as Paul VI said, it consists in: "the building of a world in which every man, regardless of race, religion, nationality, can live a truly human life, freed from the slaveries imposed on him by other men ...; a world where freedom is not an empty word and where Lazarus, the poor man, can sit at the same table as the rich man". In the same text, Paul VI warns us that this problem has to be conquered above all inside ourselves, with a firm decision to work for solidarity (cf. *Populorum Progressio,* no. 42).

Some concrete suggestions

Obstacles to the harmonious development of a country can come from economic structures or social ones that are not adapted to their needs, or from difficult natural conditions: distances between centres, mountains, lack of communications, dryness of climate, etc. But they can also come from people's hearts: the selfish

use of man or property rights, self-interested assistance on the part of rich nations for their own profit from poor countries, and so on. The application of the principles we have mentioned becomes urgent in this situation.

Every country and every region must have the benefit of a sufficient amount of attention from governments and from the international community, because every country and every region has the right to the indispensible infrastructures it needs for the start of its progress.

The seriousness of the situation - as for example, the food supply situation at present in the Sahel region - often requires huge efforts having to be made, as never previously attempted, so as to collect all the resources and means needed to tackle a situation which is scarcely tolerable any more.

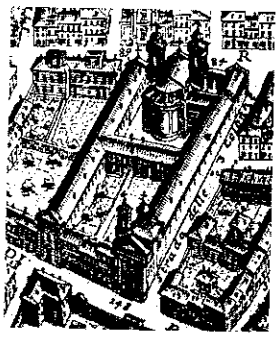
Assistance with food supplies must not become institutionalized, something which these people will always need. We must work towards supplying the structures capable of allowing them to become self-sufficient in food. This all implies education and giving responsibility to people.

The challenge is there for all men of goodwill, especially as regards the farming world which has to be reorganised so that those regions may render a better yield. A new way of thinking is needed.

When one works with people to reorganise their basic products and stands side by side with well-planned development programmes, then they regain confidence and are capable of long-term planning in spite of immediate problems of obtaining their daily bread.

Cardinal PAUL ZOUNGRANA

Archbishop of Ouagadougou (Burkina - Faso)



Christ the physician of souls and bodies

Pope John Paul II, in his two Apostolic Letters "Salvifici Doloris" and "Dolentium hominum," has illuminated problems of which the Church has always been aware, from the day on which Jesus said: "I was sick, and you visited me". The Holy Father wrote at length on the Christian significance of human suffering (1984) and, with a "Motu Proprio" (1985), set up a Pontifical Commission for the Apostolate of Health Care Workers.

In writing these, the Pope made use of his own personal experience of suffering. They are documents which embrace both the pastoral-religious and the medical-health care fields and the relationship between health and salvation. They are therefore valid sources for Pastoral Medicine, based as they are on a personal, existential, experience of suffering and physical pain; they therefore put theology and medicine into a double relationship: the service which medicine can offer theology and that which theology can offer medicine, both theoretical and practical.

The importance of the two letters is more than just a pastoral medical treatise on human suffering. In the pages that follow, we shall examine more closely the pastoral-medical aspects of the two pontifical documents, both the theoretical and the practical ones.

Finally attention will be paid to the thought and the terminology used by the Pope.

The term "dolor" occurs twice in the title, and with significant insistence, both in the singular and in the plural and in different cases. Much less frequent in the documents are the terms "aegritudo", "infirmitas", "morbus". Likewise the participles "dolens", "dolentes" etc., for which the relative participles "patiens", "patientes", "aegrotans", "infirmus" are sometimes used. Although the notion of suffering is clearly defined, the substantive is sometimes closely linked to the adjective "humanus". The Pope looks at human suffering under many forms and gives a detailed explanation of his thinking. Suffering (dolor) and illness (morbus) are two interchangeable synonyms. Suffering is something greater than illness (*Salvifici Doloris,* no. 5). The Pope distinguishes between physical and moral suffering by reference to the twofold dimension of the human being, so that physical suffering is bodily pain, while moral suffering is "pain of the soul". The psychic dimension of pain, subjective suffering, can accompany both forms, physical or

moral. Suffering in the psychological sense shows itself as pain, sadness, delusion, depression and even desperation (*ibid.*, no. 7).

This multiple vision of suffering comes from a pluridimensional vision of man, in which the psychophysical dimension, the body and soul in their interdependent individuality, the relationship between one person and other people, and the relationship of the human I and the divine Thou (F. Ebner, R. Guardini) are seen as a unity, any cleavage of which can result in infirmity. This concept of man is that used by Pastoral Medicine; the individual corporeal, biological, psychological, sociological and religious components of which are linked together in a hierarchical unity. The Pope therefore distinguishes between the psychological component in physical suffering and moral suffering as a suffering spiritual in nature and having negative repercussions on the body. He also underlines the physical-spiritual dimension of the problem which is an essential concept for a complete notion of what medicine is about. Infirmity is a compound of both objective and subjective elements. In the introductory section of the Motu Proprio "Dolentium hominum", the Pope defines the area of interest of medicine by reference to the psychosomatic aspects of illness: "Illness and suffering, in fact, are not just experiences which only concern the physical substratum of man, but man in his entirety, in his somatic, spiritual unity. Further, it is well-known that sometimes an illness which is found in the body can have its real cause in the remote corners of the human psyche" (*Dolentium Hominum,* no. 2).

The key concept in both Letters is that of "dolor" as human suffering: sometimes synonyms are used (dolens, patiens, aegrotans), sometimes strictly defined concepts, all of which add up to the idea of human suffering: aegritudo, infirmitas, morbus, passio, with a few accentuations in the context in which they are used.

For a dialogue between Theology and Medicine — to which the growing science of Pastoral Medicine has given a scientifically-based contribution since the end of the 18th century — a comparison with present-day language is most useful.

In a fundamental study of the relationships between sickness, the sick, doctors and society[2], the following concepts are found: sickness as a subjective need for help—aegritudo; sickness as a clinical datum, *nosos*, and as a pathological substream, *pathos*. Sickness is insanitas where the sick person is the recipient of medical care, and is infirmitas when social assistance is required. Insalubritas is sickness as requiring the attention of society, public intervention. The sickness is for the person who is sick, the occasion or cause of his need of help. For the doctor it is the break down of a certain order in the human condition in its physical, psychic or psychophysical aspects. Sickness is, for society, which does not prescind from Medical Ethics, an occasion for public health measures. For the doctor, the sick person is the object and occasion for medical assistance. For society, he is the object and occasion for social assistance". The concept of sickness finds its place in the logical context of the following elements: "the subjective need of the sick person for help; the breakdown of the internal order between physical, spiritual or physico-spiritual conditions; the need for medical or clinical

assistance; lastly, the need for care from one's neighbours and from society on the part of the sick person, his social need of assistance (help), etc."

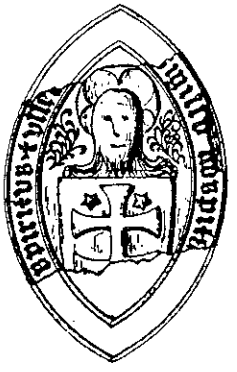
We have here a vision of illness for which Medicine, as a human science, can state its competence.

However, in the very recent past, conceptions are found in medicine which tend toward the religious dimension of man; a wider vision of man which has led to the rise of pastoral medicine, today as two thousand years ago. Harmony between behaviour and moral attitudes is considered necessary for a complete concept of health.

The personal totality proper to man (the spirit as the soul of the body, the body as the mediator of the spirit: E. Coreth) represents, for pastoral medicine, a debatable way of looking at physical and spiritual problems, but it does confirm that Pastoral Medicine is able to deal scientifically with the problems surrounding the association of illness and fault, health and salvation, which question the salvific power of suffering and the meaning of human suffering.

The relationship between illness and fault is manifold: there is illness deriving from personal guilt and the fault of others, but there is also illness which is completely independent of all personal fault, related rather to the disruption of the psychophysical structure of man. "Man suffers because of evil, which is a certain lack, limitation or distortion of good" (*Salvifici Doloris,* no. 7). "It is not true that all suffering is the consequence of a fault and has the nature of a punishment". (*ibid.*, no. 11) "Suffering is always a trial" (*ibid.*, no. 23) "a call to virtue" (*ibid.*), "suffering must serve to rebuild the good in man". (*ibid.* no. 27).

The concept of "dolor humanus" that the Apostolic Letters of the Pope describe so well is mirrored in the concept of "dolor interior" that is a major idea in the works of Thomas Aquinas. He devotes four questions to this theme, dealing with the existence, the causes, the effects and the means of salvation with regard to this; he also illustrates its moral character. Thus dealing exhaustively with the subject.



Seal of the Hospital of Toul (XV century)

Suffering, insofar as it is lived in an aware manner, is passio animae; if its cause is in the body, then its dolor corporis; but the painful reaction (motus doloris) is proper to the soul (in anima); insofar as it is passio (fatigue, strife) in the body, then it is called, following Augustine, illness (aegritudo).

In 35,2, Thomas asks if the sadness itself is like suffering. If we call sadness that suffering which has its origin in interior sensitivity, then we are dealing with a precise form of suffering. Sadness can be in relation to the past, to the present or to the future, while physical suffering relates only to the present.

In 35,7, Thomas distinguishes between interior and exterior pain or suffering. The latter (dolor exterior) has its origin in a cause which is in contrast with the physical wellbeing in which life consists. Interior suffering (dolor interior) is born from the idea of the existence of some evil. Both can be conjoined. Interior suffering can also be against life. Physical alterations are, however, more easily produced by exterior suffering.

This Thoistic interpretation is faithfully echoed in the Apostolic Letters of the Pope. Thomas asks if the aspiration towards unity (in man) is the cause of (interior) suffering; his reply is that the suffering which comes from the aspiration to unity is in the idea of the fulness of nature (*Summa Theol.*, I, II, 36, 4, ad 1).

These are familiar ideas to us: healing as restitutio ad integrum, illness as the loss of human integrity or wholeness.

Wounded wholeness leads to suffering insofar as it is awareness of this disorder, in

which is situated, as a healing force, the aspiration towards the reconstruction of the disturbed order. Interior suffering and human suffering bring with them a healing power.

Thomas indicates different instruments whereby there is libertation from (interior) suffering: joy, tears, the comfort of friends, meditation on the truth, and also rest and ablutions (I, II, quaestio 38)[3]. The variety found in this concept of therapy covers all the possibilities in a process aimed at healing and curing, both medical and pastoral. This is another echo of "Salvifici Doloris" and "Dolentium Hominum".

* *

Finally, we have to remember that Pastoral Medicine is also essentially Medical Ethics. The invitation of the Pope to respect those who are suffering, his reminder of the dignity of man and the duty of comforting and healing, of sharing in the sufferings of the sick, give a clear outline of the area of concern of Pastoral Medicine.

In both "Salvifici Doloris" and "Dolentium Hominum", the Pope makes repeated references to the great Physician, as did the Fathers of the Church, as also Hildegard of Bingen and Paracelsus too. He refers to Christ, who was sensitive to every form of human suffering, both of the body and of the soul (*Salvifici Doloris*, no. 16).

Pastoral Medicine, seen in this dimension, reaches its own proper area of teaching and research as well as touching upon Medical Ethics, thus ranging over the whole pastoral health ministry (of priests), of Christian workers in this field and of Christian Medicine itself.

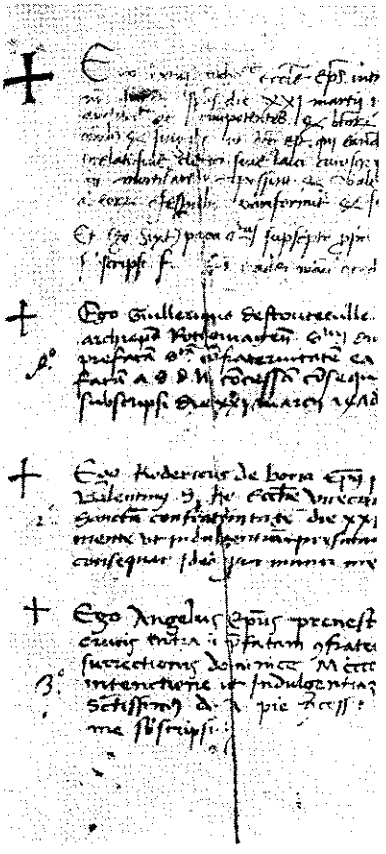
Pastoral Medicine is the whole of this scientifically arranged and articulated throughout the various disciplines whereby this loving service of Christ the Physician is carried out, today as always.

Dr. GOTTFRIED ROTH

1 GOTTFRIED ROTH, *Cura dolentium hominum christiana*. A paper given in Rome on 28 May 1985.

2 KARL ROTHSCHUH, *Der Krankheitsbergriff*. "Hippokrates" 43 (1972), pp. 3-17.

3 THOMAS AQUINAS: *Summa Theologica*, I, II, 35-38.



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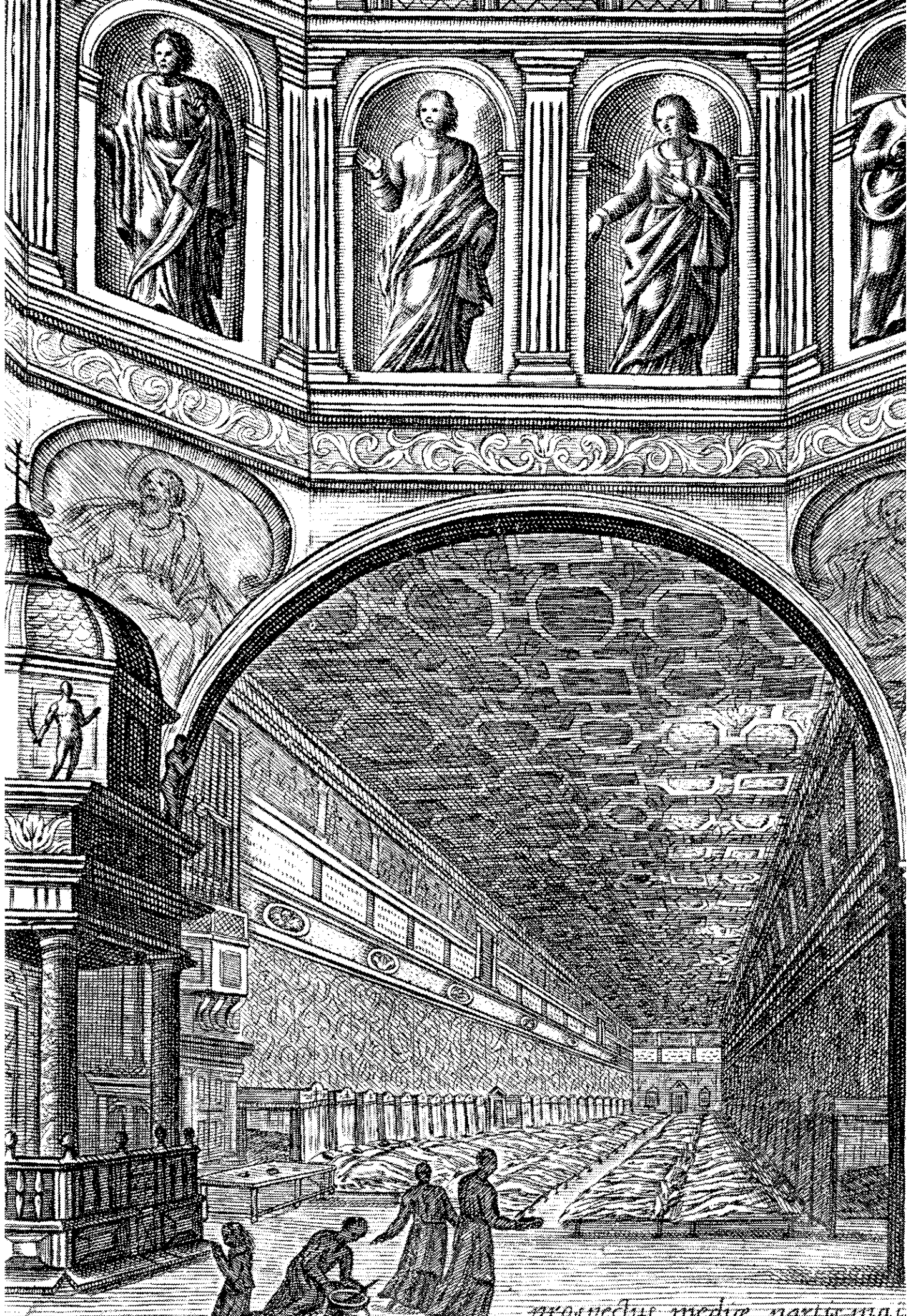
prospectus mediæ partis mai

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APOSTOLIC LETTER
"MOTU PROPRIO"
ESTABLISHING
PONTIFICAL COMMISSION
FOR THE APOSTOLATE
OF HEALTH CARE WORKERS

1. The deep interest which the Church has always demonstrated for the world of the suffering is well known. In this for that matter, she has done nothing more than follow the very eloquent example of her Founder and Master. In the Apostolic Letter *Salvifici Doloris* of 11 February 1984, I emphasized that "in his messianic activity in the midst of Israel, Christ drew increasingly closer *to the world of human suffering*. 'He went about doing good', and his actions concerned primarily those who were suffering and seeking help" (no. 16).

In fact, over the course of the centuries the Church has felt strongly that service to the sick and suffering is an integral part of her mission, and not only has sche encouraged among Christians the blossoming of various works of mercy, but she has also established many religious institutions within her with the specific aim of fostering, organiz-

ing, improving and increasing help to the sick. Missionaries, on their part, in carrying out the work of evangelization have constantly combined the preaching of the Good News with the help and care of the sick.

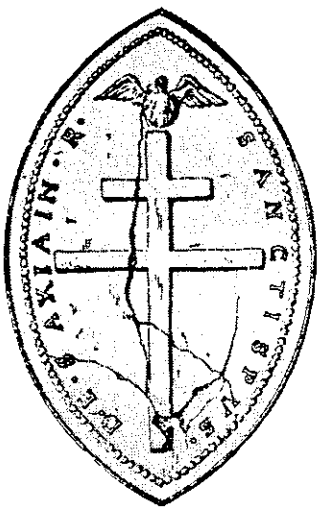
2. In her approach to the sick and to the mystery of suffering, the Church is guided a precise concept of the human person and of his destiny in God's plan. She holds that medicine and therapeutic cures be directed not only to the good and the health of the body, but to the person as such who, in his body, is stricken by evil. In fact, illness and suffering are not experiences which concern only man's physical substance, but man in his entirety and in his somatic-spiritual unity. For that matter, it is known how often the illness which is manifested in the body has its origins and its true cause in the recesses of the human psyche.

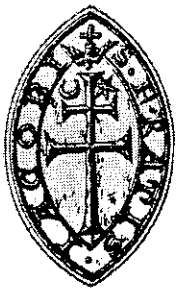
Illness and suffering are phenomena which, if examined in depth, always pose questions which go beyond medicine itself to touch the essence of the human condition in this world (cf. *Gaudium et Spes,* no. 10). Therefore, it is easy to understand the importance, in the social-health care services of the presence not only of pastors of souls, but also of workers who are led by an integrally human view of illness and who as a result are able to effect a fully human approach to the sick person who is suffering. For the Christian, Christ's redemption and his salvific grace reach the whole man in his human condition and therefore reach also illness, suffering and death.

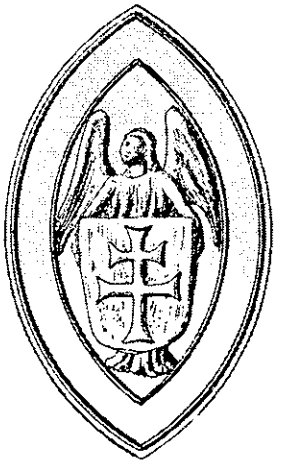
3. In civil society the social-health care services sector has undergone an important and significant evolution in recent years. On the one hand, access to assistance and health care, recognized as a right of the citizen, has become generalized, consequently determining the broadening of the structures and of the various health care services. On the other hand, in order to meet these requirements, nations have established appropriate ministries, passed *ad hoc* legislation and adopted policies with specific health care aims. The United Nations, for its part, has initiated the World Health Organization.

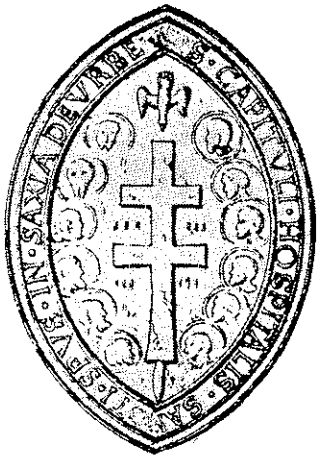
This vast and complex sector directly concerns the good of the human person and of society. Precisely for this reason it also poses delicate and inevitable questions which involve not only the social and organizational aspect, but also the exquisitely ethical and religious one, since basic "human" events, such as suffering, illness and death, are involved, with the related questions about the role of medicine and the mission of the doctor with regard to the sick person. The new frontiers, then, opened by the progress of science and its possible technical and therapeutic applications, touch the most delicate spheres of life at its very sources and in its most profound meaning.

4. For the Church's part, important above all seems to be the work of the more organic investigation of the in-









creasingly complex problems which the health care workers must face in the context of a greater commitment to collaboration among groups and corresponding activities. Today there are many organisms which directly engage Christians in the health care sector: over and above the religious congregations and institutions, with their social-health care structures, there are organizations of Catholic doctors, associations of paramedics, nurses, pharmacists, volunteer workers, diocesan and interdiocesan, national and international organisms which have sprung up to pursue the problems of medicine and health. A better coordination of all these organisms is required. In my discourse to Catholic doctors on 3 October 1982, I emphasized this need: "In order to do this, individual action is not sufficient. Collective, intelligent, well-planned, constant and generous work is required, and not only within the individual countries, but also on an international scale. Coordination on a world-wide level would, in fact, allow a better proclamation and a more effective defence of your faith, of your culture, of your Christian commitment in scientific research and in your profession" *(Insegnamenti di Giovanni Paolo II,* V, 3 [1982] p. 674; *L'Osservatore Romano* in English, 25 October).

5. In the first place, this coordination must be understood to promote and spread an ever better ethical-religious formation of Christian health care workers in the world, keeping in mind the different situations and specific problems which they must face in carrying out their profession. It will be addressed, then, to bettere sustain, promote and intensify the necessary activities of study, investigation and proposals in relation to the aforementioned specific problems of health care service in the context of the Christian view of man's true good.

In tis field today there have arisen delicate and grave problems of an ethical nature, concerning which the Church and Christians must courageously and lucidly intervene to safeguard essential values and rights connected with the dignity and the supreme destiny of the human person.

6. In the light of these considerations, and supported by the opinion of experts, priests, religious and laity, I have arranged to constitute a *Pontifical Commission for the Apostolate of Health Care Workers,* which will serve as the coordinating organism for all the Catholic institutions, religious and lay, committed in the apostolate of the sick. It will be connected with the Pontifical Council for the Laity, of which it will be an organic part, although maintaining its own organizational and operational individuality.

The duties of the Commission will be the following:

— to stimulate and foster the work of formation, study and action carried out by the various international Catholic organizations in the health care field, as well as by other

groups, associations and organizations which, on various levels and in various ways, operate in this sector;

— to coordinate the activities carried out by the various departments of the Roman Curia in relation to the health care world and its problems;

— to spread, explain and defend the Church's teachings on the subject of health care, and to encourage their penetration into health care practices;

— to maintain contacts with the local Churches and, in particular, with the Episcopal commissions for the health care world;

— to follow carefully and to study organizational orientations and concrete initiatives of health care policies on both the international and the national levels, with the purpose of discerning their relevance and implications for the Church's apostolate.

The Pontifical Commission will be presided over by the Cardinal President of the Pontifical Council for the Laity and will be managed by a coordination group headed by a Pro-President (Archbishop) and a Secretary (not a bishop).

It is the President's task to direct the Plenary Assemblies of the Members and Consultors. In addition, the President will be informed in advance of decisions of major importance and will be kept up to date on the ordinary activity of the Commission.

It will be the Pro-President's task to promote, manage, preside over and coordinate the organizational and operational activities of the Pontifical Commission.

The Members and Consultors, appointed by me, will represent:

a) some departments and organisms of the Roman Curia (Secretariat of State; Congregations for the Doctrine of the Faith, for the Eastern Churches, for Religious and the Secular Institutes, for the Evangelization of Peoples, and for Catholic Education; the Pontifical Council Cor Unum, the Pontifical Council for the Family; the Pontifical Academy of Sciences);

b) the Episcopate (Episcopal Commissions for the health care world);

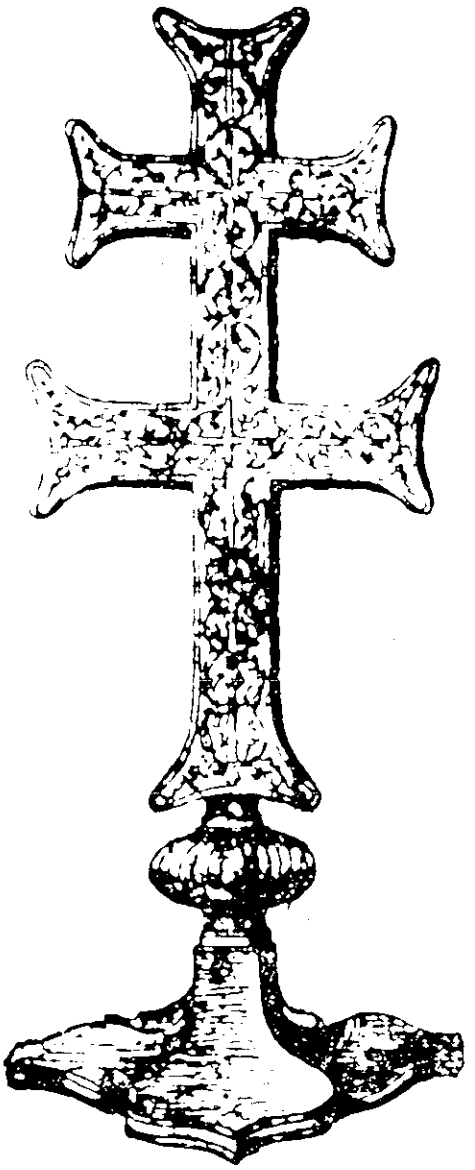
c) religious orders engaged in hospital work;

d) the laity (representatives of the international Catholic organizations and other groups and associations which operate in the health care field and in the world of suffering).

In fulfilling its mission, the Pontifical Commission may seek the collaboration of experts and establish *ad hoc* working groups on specific questions.

Given at Rome, at St Peter's, on 11 February 1985, the seventh year of our Pontificate.

IOANNES PAULUS PP. II



The Hospital of Vancouleurs - Cross of the collections

Addresses of the Holy Father

Portal of the Hospital of Saint Thomas in Formis (XIII century)

From the Holy Father's addresses

The publication of the Motu ***Dolentium Hominum*** *on the subject of the relationships and responsibilities of the Church towards the world of the pastoral care of the sick has by no means been an isolated event in the pontificate of John Paul II. From the very start, he has always shown a particular interest in the world of human suffering and, consequently, a special pastoral care for those at work in such a noble cause: safeguarding life*

IN ROME

Even Suffering Has a Meaning

Sickness too, every sort of sickness, is a part of the mystery of salvation and of Divine Providence's plan, which overlooks nothing. Overcome the barriers and limits of time and space, and try to see every human situation, especially suffering, in the light of eternity, towards which we are all called to travel. Make this hospital radiate a family sense of friendship, in spite of the difficulties which come one after another from certain situations and the pressures of work and tiredness after various long and arduous duties
(23 March 1985, to the personnel of the Orthopedic Injury Centre of Rome, *no. 4)*

IN HOLLAND

Other Standards

The incarnation of the Word of God has brought truth and salvation, but it has not signalled the end of suffering. It has assured us of the presence of the Spirit, the Consoler so that whoever believes in Him can accept the plan of salvation in its entirety, by abandoning oneself in more complete confidence to the Providence of God and thereby witnessing to the truth that it is in suffering that is seen and understood the value and the comfort that faith brings: "Take up your cross and follow me.... Come to me, all you who labour and are burdened, and I will give you rest (cf. Lk. 9, 23; Matt. *II, 28). In times of pain and places of suffering, we must always recall that God has other standards of judgement and that He weighs and takes into account what is accepted and undergone in silence, humility, hiddenly and by enforced inactivity.*
(13 May 1985, To the sick and handicapped, *The Hague, no. 3)*

IN LUXEMBOURG

Coworkers in the Redemption

By means of your intimate union with Christ, your suffering acquires a marvellous new meaning: it becomes a precious contribution to God's work of Redemption. This is the Good News of Christ, the Anointed One of God, which he proclaims to you in your trials and sufferings. He has indeed proclaimed the year of the Lord's mercy, and has promised liberty to prisoners, sight to the blind, freedom to the oppressed. Today he anticipates the fulfilment of these promises by taking away from these sufferings their lack of meaning and hope.
(15 May 1985, To the sick and handicapped, *Luxembourg, no. 4)*

IN BELGIUM

The Grace of Love

All of us here present respect your physical suffering, perhaps your mental anguish too, your questioning, the mystery of the path of your trials. It is normal and right that you, and those who help you, do everything you can to get better, with the aid of modern science and technology, to overcome the obstacles and limitations imposed by the illness that has struck you. At the same time, I invite you to place your anguishes and doubts trustingly in the hands of God the Father, of Christ His Son through Mary, asking Him not just the gift of resignation and the courage to withstand the trial but the grace of love and hope. Look upon the Cross of Christ with faith and see it as the instrument of an immense suffering but still more the instrument of an even greater love, the open gateway to the Resurrection, the last reply of God and of His Beloved Son.
(21 May 1985, To the sick, *Banneux, no. 6)*

AT ROME

To the Ministers of Health of Central America

I must encourage you in your praiseworthy efforts at bettering health standards in Central America and Panama, as one of the primary services to be rendered to the dignity of human persons, always in accordance with the ethical norms which govern such an important and delicate area of human activity. This is a field of work that the Church values highly and therefore does not hesitate to proclaim the moral principles which are aimed at: the defence, safeguarding and promotion of life and its quality, giving attention to the person in his spiritual, psychic and corporeal aspects, because every human being is not only the highest expression of life on earth but is also a reflection of God.
(27 November, 1984)

To the American Cancer Society

One of the most intense forms of suffering that the human person, on the psychological level, can experience comes from the temptation to give up hope: hope in an eventual or possible cure, hope in one's own ability to overcome a particular illness, hope in the possibility of returning to a normal, happy and productive life. The war your organisation is conducting, on a world scale, against cancer, offers immense hope to thousands of men, women and children all over the world. You offer the promise of a brighter future to those who know through

personal experience the many frustrations and conflicts that arise from human suffering.
(1 June, 1984)

AT SORODKO LEPROSARIUM IN KOREA

To the unspeakable anguish of the question 'Why me?' Jesus offers the reply of his death on the cross, because he suffered exclusively for others, offering himself out of endless love. And since then "we carry always within our body the death of Jesus, so that the life of Jesus may also be manifest in our body" (2 Cor. 4,10). In this way we can understand how the suffering of Christ, his death and resurrection, his salvific act of love is truly the source of the dignity of every suffering and the promise of future glory which is about to be revealed.
(4 May 1984)

ADDRESS TO THE SICK CHILDREN IN COSTA RICA

Sickness and suffering have taken possession of your fragile bodies and do not allow you to lead the life that is normal at your age, happily surrounded by your parents and friends. That is why the Pope wanted to come and see you, as your friend who often thinks of you and prays for you, that you may receive every day the attention you need from your parents, the doctors and all the auxiliary staff, whom I also greet and encourage to persevere in their service to you, with a real sense of dedication to those who suffer.
(3 March 1983)

IN PERU

RECONCILIATION

Jesus drew near to the sick with love and held out to them his merciful hand so that they might be renewed in their faith and desire more deeply the fullness of salvation. He cured many (Mk., 1,34), but above all he elevated their suffering to a service rendered to the redemption he brought. This attitude Jesus has encouraged us to imitate with visits to the sick (cf. Matt., 25, 36) and it is one of the distinctive marks of the heart of the Christian. We may legitimately state that attention and care shown to the sick are hallmarks of the Christian people. In such a service, which requires sacrifice, there shines the highest virtue: charity.
(4 February 1985, To the sick and aged, *Callao, no. 1)*

ABORTION IS A DEFEAT FOR MAN

"The introduction of legislation permitting abortion has been considered as an affirmation of the principle of freedom. Let us ask ourselves, instead, whether it is rather the triumph of the principle of material well-being and selfishness over the most sacred that the of values, that of human life. It has been stated Church has been defeated because She was not able to obtain acceptance for Her moral law. But I think that, in this saddening and backward phenomenon, it is man who has really been defeated, man and woman. The doctor has been defeated because he has deneid his oath and the most noble aim of medicine, that of defending and saving human life; the "secularized" State which has given up the protection of the basic and sacrosanct right to life has been defeated, becoming the instrument of a supposed interest of the collectivity, and sometimes even shows itself incapable of safeguarding the observance of its own permissive laws". (Pope JOHN PAUL II, Address to the Sixth Symposium of Europen Bishops, *October 11th, 1985).*

THE PROMOTION OF LIFE

"Save the man yet unborn from the man already born, who arrogates to himself the right to interfere with and terminate the life of a baby in its mother's womb". (Pope JOHN PAUL II, Address during his visit to Liechtenstein, *Semptember 8th, 1985).*

INDIA CALCUTTA, 3 FEBRUARY 1986: AFTER VISIT TO NIRMAL HRIDAY ASHRAM

Dear Brothers and Sisters,
I am grateful to God that my first stop in Calcutta has been at Nirmal Hriday Ashram, a place that bears witness to the primacy of love.

When Jesus Christ was teaching his disciples how they could best show their love for him, he said: "Truly, I say to you, as you did it to one of the least of these my brethren, you did it to me" (Mt 25:40). Through Mother Teresa and the Missionaries of Charity, and through the many others who have served here, Jesus has been deeply loved in people whom society often considers "the least of our brethren".

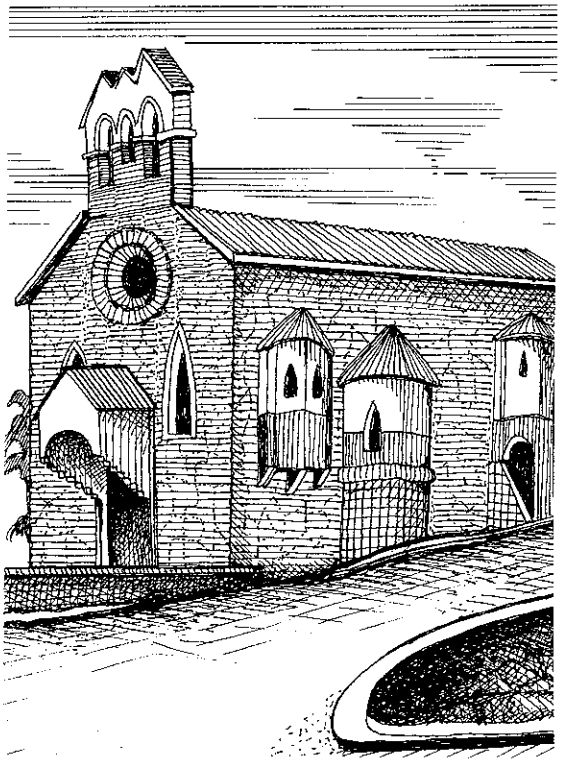
Nirmal Hriday is a place of suffering, a house familiar with anguish and pain, a home for the destitute and dying. But, at the same time, Nirmal Hriday is a place of hope, a house built on courage and faith, a home where love reigns, a home filled with love.

In Nirmal Hriday, the mystery of human suffering meets the mystery of faith and love. And in this meeting, the deepest questions

of human existence make themselves heard. The pain-filled body and spirit cries out: "Why? What is the purpose of suffering? Why must I die?" And the answer that comes, often in unspoken ways of kindness and compassion, is filled with honesty and faith: "I cannot fully answer all your questions. I cannot take away all your pain. But of this I am sure: God loves you with an everlasting love. You are precious in his sight. In him I love you, too. For in God we are truly brothers and sisters".

Nirmal Hriday proclaims the profound dignity of every human person. The loving care which is shown here bears witness to the truth that the worth of a human being is not measured by usefulness or talents, by health or sickness, by age or creed or race. Our human dignity comes from God our Creator, in whose image we are all made. No amount of privation or suffering can ever remove this dignity, for we are always precious in the eyes of God.

The Apostle Saint John tells us: "Our love is not to be just words or mere talk, but something real and active" (1 Jn 3:18). May these words of Saint John be true for each one of us. May the courageous love and living faith which we find here at Nirmal Hriday inspire in us the same real and active love.



"Gorizia", the Holy Spirit on the hill of the Castle

I PRAYER AT NIRMAL HRIDAY

All-powerful and ever-living God,
Father of the poor,
Comfort of the sick.

Hope of the dying. Your love guides every moment of our lives. Here in Nirmal Hriday, in this place of loving care for the sick and dying, we lift our minds and hearts to you in prayer. We praise you for the gift of human life and especially for the promise of everlasting life. We know that you are always near to the broken-hearted and the destitute, and to all the weak and suffering.

O God of tenderness and compassion, Accept the prayers we offer for our sick brothers and sisters. Increase their faith and trust in you. Comfort them with your loving presence and, if it be your will, restore their health, give them renewed strength of body and soul.

O loving Father, bless those who are dying, bless all those who will soon meet you face to face. We believe that you have made death the gateway to eternal life. Keep our dying brothers and sisters in your love, and bring them safely home to eternal life with you.

O God, the Source of all strength, watch over and protect those who care for the sick and assist the dying. Give them a courageous and gentle spirit. Sustain them in their efforts to bring comfort and healing. Make them ever more a radiant sign of your transforming love.

O lord of life and Foundation of our hope, pour out your abundant blessings upon all who live and work and die in Nirmal Hriday. Fill them with your peace and grace. Let them see that you are a loving Father, a God of mercy and compassion. Amen.

topics

the drugs for the life

Ethics and profit-making in drug research

Health is indispensable to man as is the need for food, civil rights and a few other factors essential for the quality of life. Health, however, shows some subtle but substantial differences in that it is of indisputable value and in some respects, precedes and conditions the others.

Ethics being an integral part of medicine should be applied to the development, production and distribution of pharmaceuticals; in fact, with the discovery of vaccines, antibiotics and other drugs capable of saving millions of lives, these activities have assumed such importance that they should be subjected to even more rigorous ethics. The first great protagonists of these discoveries, starting from Lind who described the effects of citrus fruits in scurvy and Jenner who demonstrated the value of smallpox vaccine, were well aware of the existence of this ethical code without particular problems. They were scientists generally working alone, capable of accumulating the necessary basic knowlege for the discovery of new remedies and passing rapidly from the theoretical to the practical phase, often experimenting first on themselves and on their families. Since they had only modest means at their disposal, they were free, without outside influences and therefore motivated purely by humanitarian ideals. The situation did not change for most of the last century. Claude Bernard, pupil of the great Magendie, had such a simple laboratory at his disposal that nowadays it would bring a smile to the face of any medical student. He, nevertheless, laid the foundation for many of the subsequent pharmacological discoveries by systematically studying the effects of different chemical substances on the main physiological systems. Pasteur, working under similar circumstances, with his microbiological findings anticipated the modern developments of anti-infective therapy. With these modest means and inspired by humanitarian ideals, the great scientists of the past made some important discoveries, some of which have remained valid to this day: morphine, quinine, salicylates, prototypes of general anesthetics and others.

Already the first important transformations were felt during the second half of the last century. In Germany particularly, some scientists became connected with the chemical industry which provided a large number of new molecules. Studying them systematically they discovered the existence of a correlation between chemical structure and pharmacological activity, thereby opening the pathway to guided synthesis. This type of research has proved extremely productive but requires laboratories, chemists and biologists, always on a larger and larger scale and with increased costs. Many of the subsequent discoveries took place in this new context: novocain, veronal, salvarsan and between the two world wars, synthetic antimalarial agents, DDT, sulphonamides and other drugs. The need soon arose for more thorough biological studies, above all to guarantee against the risk of toxic effects which new drugs at times have in man. The thalidomide tragedy reflects the true, dramatic dimensions of this problem. Since that episode substances are no longer administered to man without having been first tested in the laboratory, not only from a toxicological point of view but also from other aspects macological and biochemical properties, pharmacokinetics and metabolism, dosage forms and so on. Through time these verifications became more and more complex, ultimately requiring the collaboration of specialists in different areas and with consequent astronomical costs.

The creation of a new drug thus becomes an enterprise comparable to a spatial conquest in cost as well as scientific and technological complexity. It requires the collaboration of scientists, researchers and technicians specialized in vastly different areas, from medicine to engineering, as well as enormous organization and management. The cost of a new drug consequently becomes extremely expensive, fluctuating between 50 and 500 million dollars if the overall productivity of research laboratories is also taken into consideration. The latter requires annual investments of a threshold of 50 to over 500 million dollars. Their productivity varies between one speciality a year, which is an exception, and one every 5-10 years which is more or less the rule. These data confirm the reliability of the previous estimates on the cost of new drugs. Economical commitments of this type can be undertaken only by public institutions or multinational companies. The former, however, have never been of any success in the research of new drugs for many reasons. The pharmaceutical industry has, therefore, assumed a decisive role in the development, production and distribution of medicinal specialities.

The solitary figure of the scientist who invented drugs almost from nothing for humane reasons has thus disappeared to be replaced by a scientifically and technically advanced industry with large economical resources. Some important results have emerged from this. At this point we shall concentrate on the research and development of pharmaceuticals, rather than on the productive and distributive phases which would be too time-consuming. The first and most striking outcome was the impetus to therapeutic progress. Over the last ten years there has been a complete transformation of medicine due to the discovery of effective remedies. The recent successes of surgery are also based on the discovery of immunosuppressors, antibiotics and modern general anesthetics. The availability of safer and more effective drugs has substantially improved the quality of life.

This innovative impetus has not diminished over the years; on the contrary, new pharmaceuticals are continuously being discovered, some of them being no less important than those of the past. At the same time some disturbing negative

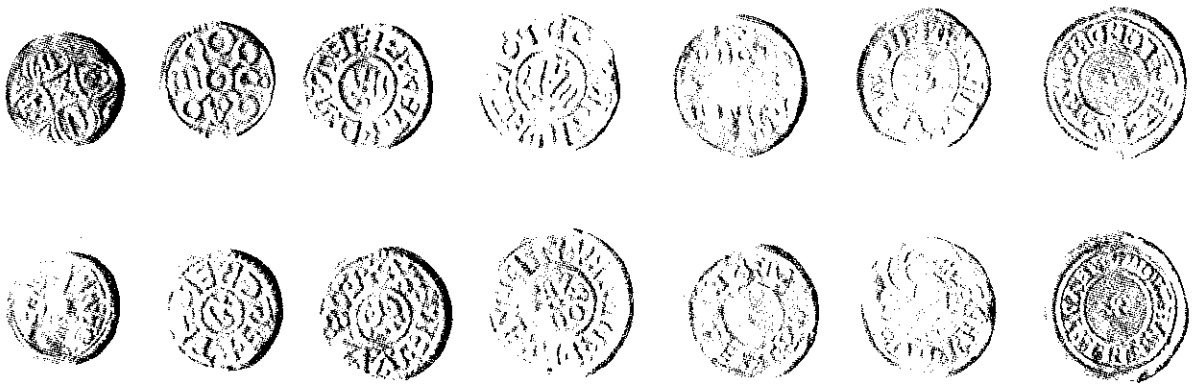
aspects have emerged connected intrinsically with the pharmaceutical industry. The basic choices are increasingly influenced by economic factors rather than by ethical and humanitarian factors which were previously at the basis of therapeutic progress. This is not surprising. We have seen that the cost of scientific research involved in the development of new drugs has reached extremely high values. To maintain this the pharmaceutical industry has therefore been obliged to develop highly profitable drugs. In countries with a high standard of living attention is focused on widespread diseases rather than on rare ones, irrespective of their severity. For the same reason, the characteristic diseases of developing countries are neglected, despite the fact that they affect and kill millions of people, because they do not constitute a sufficiently rich market. Some of these medicines could easily be developed through existing scientific knowledge but do not see the light for purely economic reasons. These, so-called "orphan drugs" are referred to in another article.

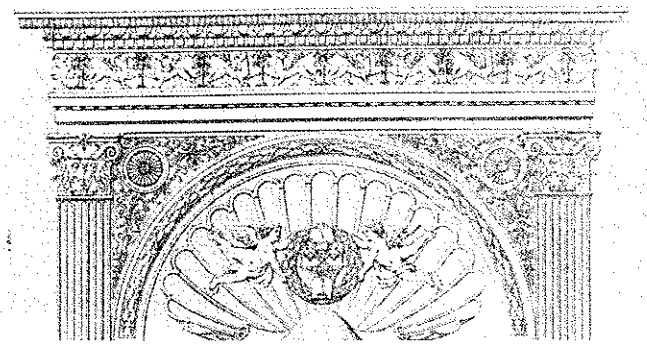
At this point it is evident that the development of medicinal specialities is no longer controlled by traditional medical ethics, but by industrial reasoning. The former tends to privilege the right to health, over and above any other interest; the latter, instead, privileges the intrinsic efficiency of the industrial system, thereby enabling it to survive even outside the realm of social services. Furthermore, the "immorality" of the present situation does not depend on the fact that the pharmaceutical industry respects its specific code of behaviour. If its decisions were based on humanitarian considerations, the pharmaceutical industry would, in the long run, be ruined by the high costs of scientific research; it would, therefore, not only fail to develop new drugs, but would also run at a loss.

Medicines can be restored to their traditional ethics only if governments, or better still, the International Community, intervene. So far government regulations have mainly dealt with the safety of drugs, where very important progresses have been made. Time is now ripe for further intervention which could condition the basic strategy of the pharmaceutical industry. Two provisions, which have already taken hold in some countries, would probably be sufficient: first, give absolute priority to the study of drugs intended for the treatment of incurable or particularly severe diseases; second, make available drugs for the treatment of rare disorders or diseases afflicting only the underdeveloped countries by means of economic incentives, such as government sponsorization.

Another aspect of the problem concerns the monopoly that some companies, mainly multinationals, are securing in the field of medicines. The origins of this phenomenon are easily understandable if we simply remember that the annual cost of a research laboratory is generally over 50 million dollars. Since scientific research cannot, for economic reasons, represent on the average, more than 10 percent of the total sales, research is usually restricted to companies with total annual sales of over 500 million dollars. Through research, companies can also gain control over the production and distribution of drugs. This explains why in most countries multinationals already control over 50% of the pharmaceutical market. National companies, small and medium, usually tend to disappear or, in the majority of cases, simply become licensed distributors of medicinal specialities developed by multinational organizations. This phenomenon has implications which are worth evaluating carefully. Medicine, and with it medicinal specialities which are an increasingly important component, used to be an integral part of the culture of many peoples and was developed along with them. In this new situation, however, it depends on an outside factor and thereby runs the risk of not being able to satisfy the specific requirements of each country. Developing countries are a good example of this situation, although they are not alone. Not only are their specific needs poorly satisfied, but the contribution by outsiders of drugs foreign to their culture has very often created new problems. For example, antibiotics have contributed to the drastic reduction of infant mortality, but very often

Anglo-Saxon coins (I century) for the "Romescott" (Vatican Museums)





these children do not have the basic conditions to guarantee a dignified existence Consequently, one is witness to a population explosion which only worsens the conditions of the poor and underdeveloped. This problem, although in basically different terms, is also present in countries like Italy where relatively high scientific and technological levels exist without an adequate number of pharmaceutical companies large enough to adequately compete with multinational organizations in scientific research. The solution to this problem could be found in the dynamics of the system itself. During these last few years the multinational research centres appear more inclined towards applied research than basic research. This is easily understandable. When the development of a drug involves investments of hundreds of millions of dollars, it is natural that unknown factors and the risks of failure are reduced to a minimum Under this profile consolidated knowledge is far better than recent knowledge Thus, the tendency to develop so-called "me too drugs", that is, repetitive type drugs. The situation of the small research laboratory is different. Whereas they have no possibility of competing with the large laboratories in applied research, where success mainly depends on size, they are favoured as far as basic research is concerned. Their small size enables a better and closer relationship between investigators, a collaboration with the academic world, intellectual stimulation and a slackening of commercial restrictions and conditioning. This is fertile ground for basic research to grow in As occurs in other advanced productive sectors, even the small pharmaceutical research centres has shown surprising vitality by developing some very important drugs with relatively low economic means. For example, two Italian drugs presently hold a prominent position in two especially advanced therapeutic fields, i.e., tumors and depression.

The rediscovery of the validity of the small research centre is particularly interesting. Not only does it offer the possibility for developing countries to play an active role in medical progress, but it also opens new prospects for colloboration with other developed countries, in particular with those centre which follow the research strategy mentioned previously Many of the medical problems of developing countries could be solved by initiatives aimed at stressing the actual needs and capacities of these people, instead of the usual assistance which is given for the sole purpose of ensuring the availability of so-called essential drugs. The WHO "Action Programme" is intended along these lines; it is hoped also that the Pontifical Apostolic Committee for Health care workers which has been entrusted to Mons. Fiorenzo Angelini, will move in this direction. I have personally had the privilege of participating in one of these programmes of collaboration, which was cited in the report by the General Assembly of the WHO in 1982.

I hope I have been successful in outlining the process which has transformed the world of medicines during the past few decades; the pharmaceutical industry has assumed an extremely important role but has at the same time caused a decline in the ethics which had in the past governed this field. Many are scandalized by this behaviour but they have forgotten that without these transformations the majority of the valuable drugs of today would not exist. I hope I have also been able to demonstrate that present deficiencies or degenerations in the pharmaceutical system could easily be corrected not only by appropriate public intervention, but also by a recognition of the true value of research centres with different viewpoints or strategies.

The author hopes in a better world in which not only medicine, but all the sciences can develop without a repudiation of basic ethical principles. The making of this world depends on all of us

BRUNO SILVESTRINI

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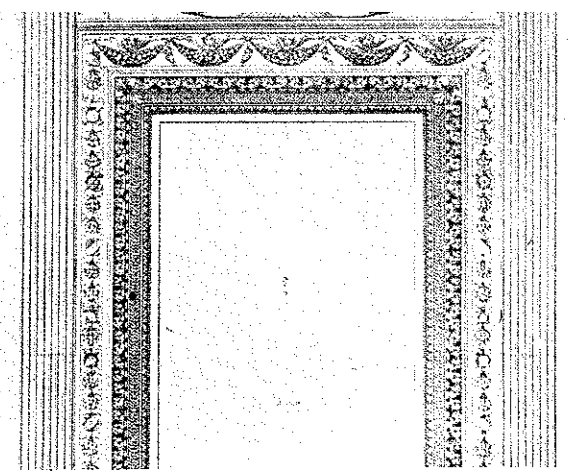

Portal of the Holy Spirit Hospital (XV century)

The plan "A drug for man"

The culture of "humanizing" medicine, which has been growing over the last few years, has involved only marginally the drug-patient relationship, a relationship which continues to be looked up in terms of "expenditure" and "costs". The need for controlling effectively the cost problem seems obvious; nevertheless the risk must be stressed of such measures ending up as a mere "sharing" of the charges between State and citizen, favouring — as has already occurred on other occasions — the "accountancy" aspect over that of ascertaining the needs and the quality of the supply.

Anyone dealing in any capacity with health matters cannot help recognizing the character of extraordinariness of the drug commodity, feeling the need for a special regime for it, a regime bound up with the creation of a new philosophy which chooses the concept of "value for the patient" as a fundamental parameter.

Numerous studies, and a comparison with the problems still existing in the pharmaceutical regulation sector, demonstrate the need for developing a "global" (drug-policy programme) which makes allowance for the numerous factors connected indispensably with it.

The establishment of a proper "Man-patient" relationship has its roots in the respect of three fundamental characteristics which make the drug suitable for Man: efficacy, safety and quality. All three of these characteristics must be pursued if it is intended to keep faith with the search for that health to which the WHO constantly refers, i e that health which is not merely elimination of the symptom or freedom from disease, but aims at physical and psychic equilibrium, at the harmonious integration of body and spirit.

"The drug for Man" is the one which, although having as its immediate purpose restoration of health at molecular level, does not lose sight of this need for equilibrium, extending and "up-grading" the concept of therapy beyond the mere administration of a pill.

Quality, safety and efficacy, combined with a tangible opportunity for developing research and constant up-dating, represent a meeting point, a unifying factor in the physician-patient relationship, both being united in seeking a solution of the central problem of the relationship, in the search for the product which will enable the physician to control the pathology, and the patient to be restored to health.

To demand at the top of one's voice safety, scientific achievement, and research is, however, insufficient to provide a solution to the drug-problem: once the ideals to be following have been identified, they must be integrated with innumerable other requirements apparently in contrast one with another.

In fact, in its essential nature, if the drug-problem demands on the one hand, a response to the Man-patient dilemma which is not only scientific but exquisitely ethical, on the other, it is subjected to often diverging viewpoints and pressures, which stem from its special role of "public" commodity.

It has, moreover, often been believed to be able to resolve these contradictions with "assault" solutions, arbitrary, limited and limiting and ineffective not least because restricted to the narrow and, by now, unsuitable national milieux.

It is precisely this last consideration which makes a confrontation desirable at Regional and International level among experts capable of illustrating the problems and requirements of the various "groups" involved in the pharmaceutical discussion, to bring to light guidelines and solutions which, by unifying and re-assembling the various problems would be applicable in practice in the various economic, cultural, social and political contexts.

There are six observers qualifying the debate on drug and who must be taken into account for an equilibrated framing of this particular "health-item".

— The *State,* which intervening in the regulation of the pharmaceutical market must fulfil its institutional task of looking after the citizens' health, bearing in mind also the importance of the drug-problem as an item in the formation of the public expenditure, and as a social factor, since it is a source of employment;

— *Legislation,* which claims respect of the canons of safety, quality and efficacy;

— *Industry,* with its need for space for competition and profits;

— *Research,* beset with prohibitive costs and a market often open to imitative alternatives;

— The *Physician,* who claims the role of sole judge of the essential nature of the drug prescribed, chosen in the light of the particular biophysical situation (age, state of the patient, etc) in which the pathology occurs;

— The *Patient,* who addresses precise requests to each of the organizations or professions mentioned, posing the problem of a return to a "neutrality" and "humanity" of the drug that economic problems and certain emphases of science as an end in itself have often betrayed.

The scenery described up to now is, nevertheless incomplete. The socio-economic tensions of the industrialized countries are placed against even more pressing health and ethical emergencies: in the developing countries, the "drug for Man" is the "drug for life"; it is the basic care — elsewhere so usual; it is the primary defence, indispensable for each of us from our very birth. This is the philosophy through which the project for humanization of medicine expresses itself. A project whose implementation calls for the participation of all countries open to an ideal supernational comparison.

MARIO RACCO

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The rational use of drugs

Professor Duilio Poggiolini, Director General Pharmaceutical Division, Ministry of Health, Rome Italy Professor of Hygiene at the University of Rome.

The WHO international Conference of Experts in the rational use of drugs was held in Nairobi, Kenya, from 25 to 29 November, 1985.

100 experts from 50 WHO member states had been invited to attend the Conference in their individual capacity from: governments and national drug regulatory authorities; industry; consumers' and patients' organizations; health care providers; and other categories such as teachers in schools of medicine, nursing, pharmacy, and medical assistants; economists; political and social scientists; jurists; health educators; and religious leaders.

The Meeting of Experts had been arranged after a Resolution approved at the Plenary Session of the Thirty-Seventh World Health Assembly in 1984

The Conference came up with a wide ranging series of proposals and recommendations.

Since I attended the Conference as one of the experts, I now wish to summarize the general outcome of the discussions held in plenary sessions in an atmosphere of serenity that somehow sealed the Conference works.

It is my firm belief that such an atmosphere will shortly influence the whole pharmaceutical field. In fact, the Nairobi Conference can well be regarded as a real historic event since it gathered together, for the very first time, experts coming from both developed and developing countries all over the world and involved in any kind of areas concerned with the use of drugs.

The Conference's underlying principle to grant a better Health for All by the Year 2000 inspired the experts' works by trying to single out any fact and phenomenon preventing a rational use of drugs both in the developed and developing countries.

The day by day discussions brought up the conclusion that some phenomena yet not well under control still upset the whole pharmaceutical field even if a remarkable pharmacological development has been accomplished during the last decades and further even more revolutionary innovations are expected shortly by widely introducing the techniques of bioengineering.

The identification of such phenomena is a very useful starting point that may help in adopting the most appropriate tools to amend such wrong trends

I will now introduce in detail the most relevant items of the current world pharmaceutical situation as it appeared during the Nairobi discussions

The first outcome is that a better coordination of the national drug policies is essential. This could be provided for by many useful initiatives among which the regular holding of international conferences of drug regulatory authorities (ICDRA) is one of the most important, and developing countries were recommended to take part.

Many of the views expressed at the Conference noted how an exaggerated pressure of the pharmaceutical market is developing all over the world, also because of the introduction of new medicinal specialties not really innovative.

The medical "need clause" in the drug approval process continued to provide controversy. It was largely debated whether the "need clause" — by which it is meant that a new drug should be put on the market only if it proves to have more real advantages than the existing drugs — should be adopted or not. No broad agreement was reached, however In fact supporters of such a system described how satisfactory it worked. Whilst, many of the convened noted that there should not be limitations on the number of drugs on the market with strong concentration on the promotion and distribution of essential drugs by adopting the need clause. In fact, that would promote "lack of competitiveness", might hinder the pharmaceutical research and the discovery of new drugs which are vital for health and might be the essential drugs of tomorrow.

All experts, anyway, agreed on the need to clearly define the therapeutic purpose of any innovative drug, and spoke in favour of the application of ethical norms in drug promotion, though many differed in their views on the scope of such norms and how they should be applied. It was generally felt that the pharmaceutical industry has major responsibility for complying with established norms and avoiding different standards in different countries.

There was unanimous agreement that the training of physicians and pharmacists is poor all over the world and efforts should be made to ensure the penetration of improved information collation, analysis and dissemination, to modify such an un favourable situation which is one of the main causes of a not rational use of drugs.

Promotion and information on drugs are conflicting all over. Therefore, any initiative to foster a remarkable and autonomous role of information should be encouraged. Since very few countries are endowed with an adequate official information structure to control promotion by industry, governments should adopt a proper national drug policy both by implementing their financial resources and by establishing "ad hoc" structures in order to compete with industry's huge resources

It was talked at length about the problems of developing countries. It was pointed out the poor information drugs they receive, the indifference to their needs including the economic ones. It was hoped a close price control policy could soon be enforced, as well as the enlarging of the scope and use of the WHO Certification Scheme on the quality of drugs moving in international commerce. At present, in fact, the regulatory authorities of drug exporting countries provide only basic information (i e., confirmation of regulatory approval and good manufacturing practices) to the authorities of the importing countries. Thus, to help those developing countries which do not have adequate national regulatory authorities to have sufficient data upon which to make decisions it was intended to expand the information of WHO Scheme to include data on warnings, drug side effects, contraindications, shelf life, expiry dates and storage instructions. It was also suggested that data on advertising be included, i.e., that advertising claims should be confin-

ed to those claims approved in the country of origin or first (developed) country where the drug was registered.

The constructive comments presented by the delegates and their remarks were presented by the WHO General-Director in his conclusive report on the Conference the findings of which will be reported to the World Health Assembly of WHO (due in May 1986), under the following headings:

— There should be active promotion of national drug policies, particularly essential drug programmes throughout the world;

— National drug regulatory systems must be encouraged along with guidance on what constitutes good labelling;

— The WHO certification scheme should be extended;

— Information must be provided on model formularies and model data sheets. A group of experts will be brought together to determine what these models should entail;

— Training on essential drug policies should be provided including questions on what are: a) essential drugs; b) less essential drugs; and c) non-essential drugs. A second group of experts will be assembled, including consumers, industry, and national governments to assist in this objective;

— Ethical norms for drug promotion and advertising must be drawn up. A third group of experts again made up of consumers, industry and government, will be formed to deal with this matter.

All interested parties who can contribute to the resolution of the issues that have been identified will be encouraged to participate in the discussions and actions. There will be a need for additional funds which the WHO will urge developed countries to contribute.

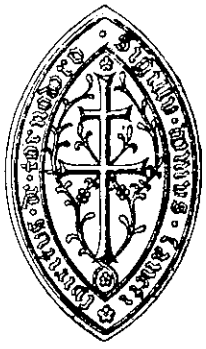
WHO will, then, develop a series of initiatives which will consent to coordinate and plan any effort made by the member states of WHO in achieving the aimed result of a rational use of drugs.

All countries are asked to participate in such efforts, so that the decisive change set to the pharmaceutical world policy by the Nairobi Conference of Experts will soon produce impressive and increasingly evident results all over the world.

DUILIO POGGIOLINI

Lecturer in Hygiene at Rome University
Director General of the Pharmaceutical Service of the Italian Ministry of Health

The orphan drugs



In the United States, a new drug, from its conception until its entrance into the market, costs on the average between 50 and 60 million dollars or approximately 100 billion lire; this price includes the costs of approval by health authorities. Further, this work involves at least ten years of research and pharmacological and clinical testing.

These figures obviously refer to a new substance with a specific pharmacological effect and not to minor adaptations or combinations of already known drugs.

This sort of commitment of research, creativity and organization as well as financial resources is possible only for large companies which have both enormous capital and scientific, technical and industrial capabilities. These large pharmaceutical companies are often multinational."

It must be recognized that the commitment of these companies has provided us with many drugs that cure previously lethal diseases. Together with improved health care, these drugs have in this century increased the mean human lifespan by thirty years.

Being responsible to their shareholders, these companies are primarily concerned with profits and tend to produce drugs which will have a large worldwide market. This is necessary not only to make a profit (which is always the fundamental problem for private companies) but also to amortize the enormous investments involved.

Various consequences result from this situation: the patenting or protection of new drugs, requests for monopoly rights at least for a limited time, prices that reflect the need to amortize research investments.

It is easy to understand why the planning of a new drug by a pharmaceutical company must include in-depth market analysis and the study of desired objectives as well as precise economic estimates.

For this reason, research meant to find a drug for a rare or uncommon disease is often excluded; such a commitment would prove to be negative in economic terms. The new drug would have a very limited number of purchasers; not only would it not make a profit, but it would not even cover the expenses of development and production. Cases have been known of companies that had a new drug available but did not produce it because of economic considerations.

This situation is hardly out of the ordinary from an economic point of view, but it is far from acceptable when viewed as a matter of ethics and morality. This means that persons suffering from rare diseases such as multiple sclerosis, Huntington's chorea, Alzheimer's disease, echinococcosis, Wilson's disease or the recent and much feared acquired immune deficiency syndrome (AIDS) cannot have specific drugs necessary for their treatment.

For this reason, an "orphan disease" is defined as one which is not worthy of pharmaceutical research and "orphan drugs" are those that are not studied and produced for the reasons described above

The definition of orphan drugs must now be expanded to include drugs that are not developed because the potential purchasers, who number in the millions, are not able to buy them. Here we are speaking of drugs for the prevention and cure of tropical diseases in developing countries

Having described the problem in strictly economic terms, it is necessary to look at what might be done to remedy this situation and make new drugs available for rare and tropical diseases

Public pressure exerted through the press and television recently led the government and Congress of the United States to pass a 1983 law entitled "The Orphan Drug Act".

Under this law, pharmaceutical companies involved in this type of research receive a financial contribution from the government and relaxation of certain norms regarding the licensing of drugs, for example, lowering the number of clinical case studies required for approval in the case of rare diseases for which the ordinary norm is impossible

The law further defines rare diseases as those which afflict fewer than 200,000 persons in the United States. In these cases the government, in order to provide for the care of these patients, contributes to the cost of research that would otherwise not be economical

The first results of this law in the United States have been positive. Cooperation among governmental agencies, universities, industry and volunteer organizations has led to the licensing of eleven new orphan drugs in the past two years.

What is being done in other parts of the world? What can be done to stimulate research on tropical diseases?

These topics were discussed in Rome in the Spring of 1985 during a meeting of the National Academy of Sciences sponsored by the European Community. Participants included experts from various parts of the world, particularly developing countries.

The conclusions drawn up by the participants at this meeting propose two distinct strategies: one for *rare diseases,* the other for *tropical diseases*

For rare diseases, international collaboration for the development of orphan drugs was suggested. This programme would involve financial contributions from governments, private foundations and public agencies. It would simplify norms for the approval and licensing of drugs. Most importantly this programme calls for a common strategy to avoid duplicating efforts of universities, research institutes and industry and common agreements to ensure the widest possible market.

All of this implies a choice in priorities and coordination of research on the part of the international scientific community.

These drugs cannot be economically produced at either the national or regional levels, but only - if at all - at the worldwide level. It will also be necessary to reach agreement on a type of distribution in which each individual state will guarantee equity in pricing.

In the case of drugs for tropical diseases (which are also orphans because their potential purchasers lack the economic means to pay for them) it is absolutely essential to begin research on the diseases which most seriously affect various peoples. The World Health Organization has for some years conducted a research programme on tropical diseases; this is to be encouraged and strengthened. What is now necessary is to agree with the WHO on priorities for research on new drugs needed for the cure of certain diseases. It must be remembered that in some cases drugs which have proven to be effective in treating some diseases are no longer effective because of adaptation by the parasite involved.

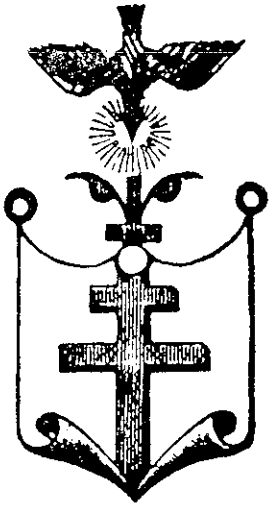
At the present time, it is essential that a worldwide programme be established for the research and development of new drugs which can be used in the battle against endemic tropical diseases.

Statistics demonstrate the effect of these diseases on general health (see Table): there are millions of victims in developing countries. These diseases represent the largest single negative factor in the development of many nations.

The problem is complex because we are not dealing with a simple relationship between man and a pathogenic agent, but also with the carriers of that agent, the animals which serve as a reservoir. For this reason, new drugs will not be effective in reducing the effects of these endemic diseases unless they are preceded and accompanied by health education and the eradication of carriers.

Given the fact that carriers have evolved resistance to insecticides and parasites resistance to the drugs themselves, new research is essential.

This research should be carried out in centres located in developing



Blazon of the Holy Spirit Hospital in Casalemonferrato

countries; these centres must be supported and expanded Brazil, where research on tropical diseases began at the beginning of this century, offers an example of what can be done.

These centres must be provided with highly specialized technologies and biotechnologies such as those being developed in the new United Nations laboratories of Trieste and New Delhi.

The financial resources for this fundamental research, essential to any serious search for new drugs, could be guaranteed by setting aside a small part of the funds which all industrialized nations allot for development programmes.

This financial support, together with the cooperation of the worldwide scientific community acting through the various academies of science, can provide pharmaceutical research with the theoretical bases for the development of new drugs and strategies for attacking these diseases.

All of these are long term programmes Confronted by the increased incidence of certain diseases such as malaria, we cannot waste time if we are to offer a brighter future to the peoples of developing nations

Once new drugs are available the international community will have to decide how to distribute them among various peoples in order to combat and possibly eradicate these diseases.

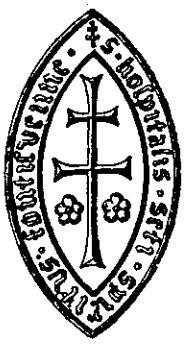
The task is not easy but it is possible if viewed within the context of wider development issues It must be done if justice is to be guaranteed in the world

Incidence of tropical diseases: Persons affected (millions)

Leprosy 10;
Trachoma 500.
Parasites - a-Protozoi:
Malaria 200
Espundia, Kalaazar, Leishmaniasis, African Trypanosomiasis, Sleeping sickness, American Trypanosomiasis 20, Chagas' disease.
Amoebiasis:
Filariasis 250
Schistosomiasis 200, Bilharziasis
Onchocerciasis 20, River blindness

G. B. MARINI BETTOLO
Professor of Chemistry at Rome University and at 'Sacro Cuore' Catholic University Member of the Pontifical Academy of the Sciences

The ethics of medication



Historians of Moral Theology like to remind us that philosophers give the name "Ethics" to that science that studies the rules governing individuals' behaviour and the notion of "honesty". This concept, following Cicero for example, is connected with *rectitude* and *justice*. If we are going to speak about medication, then we have the task of saying what precisely is the "mission" of these substances in the life of the individual and of the community; we shall show how this procedure corresponds to what is the "honesty" of a process.

With present day progress in the sciences, the questions concerning medicine, pharmaceuticals and morality are constantly growing in number There are many problems to be studied, not only under the aspect of *natural morality*, but also in the perspective of the demands of the Gospel, which teaches respect for oneself and for others.

1) ethics and scientific research

All loyal students of this field insist on two points. First, industry must look towards the *consequences* deriving from its discoveries. Experts must be asked to impose a moratorium of a year before continuing their experiments when it seems that these may have deleterious consequences. Research must then discard those "strategies" which are inspired solely by *commercial* interests or which are designed to obtain innovation at any cost.

Therapeutic trials, the new means of investigation and of clinical experimentation are linked to the idea of *respect for the individual*. Scientific knowledge is not licit if it is obtained at the price of violating the rights of the person, for "experience is not to be gained on the person but with the person who shares in it by a free and voluntary act"

The *interests of the sick person* are a fundamental criterion when it comes to justifying experiments with cures. The Christian well knows, moreover, that he does not have absolute power over his own person, that man cannot dispose of himself as he wishes, so that every sort of manupulation of the physical and psychical integrity of the individual is possible. Then there is the common good, which is sometimes invoked to justify experiments fraught with danger; this too has its limits because public authorities do not have rights over the physical being who is part of the community. Pope John Paul II, speaking to the delegates of the World Medical Association in 1983, stated that a therapeutic intervention is desirable in the case in which it tends to "promote the personal well-being of the subject, without endangering his integrity or his conditions of living".

2) medication and human life

Medication wants to protect life and help man maintain what we call his health, i.e., "a state of complete well-being, not just physical but mental and social as well" (WHO). It is obvious that doctors, pharmacists and others

Rome. The Church of the Holy Spirit in Saxia

responsible for health cannot recommend or prescribe medication for a use which *deviates from their therapeutic finality* The greatest prudence must be used in the employment of a new form of medication which might modify, sometimes to the detriment of the dignity of the individual, physiological or psychological functions or psychosomatic behaviour.

There are two clear illustrations of the utilization of medicines which are ethically unacceptable The "*contraceptive*" chemicals which prevent the embryo becoming attached to the womb — the so-called "morning after" pills, for example, are in the obvious category of aborting agents, just like sterilising agents, and pose the serious problem of respect for life after conception Some pharmacists hold that they are not to be classed as medicines at all since they act against human life

The same is true of "*lytic cocktails*" which are "mixtures of drugs give in such profusion and quantity as to plunge the patient into a state of unconsciousness and hasten the process of dying". A moralist has to denounce such drugs, even if the patient has severe suffering to undergo One could get rid of a patient who had become a nuisance, without even thinking of respect for his freedom (Fr. Vespieren S.J.).

In such cases medication is used as if the embryo or the dying patient had become things which can be worked upon without regard for the *rights of the human person*, which apply to every human being, male and female, of no matter what age

3) preventive and curative medication

According to medical historians, it is now more than a century since the importance of preventive medicine has been generally recognized. It began with *personal hygiene*, then through medical protection for individual maladies, to arrive at the notion of "detective prevention". This has a double scope: to treat illness while it is still curable and to isolate the patient to protect the surrounding environment from contamination Such a procedure has an ethical side to it as well, since prevention helps the individual to reach his goal in the best possible conditions.

Preventive medicine has the scope of protecting life in the maternal, neonatal and schoolday stages as well as that of the work environment. Medicine has slowly but surely bettered the protection it offers against sickness and death: the development of vaccination is a sure proof of this It is however indispensable, in prevention as well as in curative medicine, that the *knowledge* of the medications in question and the real causes of the illness become more precise. That is true in the toxic and infective fields and in the psychological field too.

Knowledge of the new findings of science implies *ongoing formation* is a moral duty if one really wants medication to be under the control of Ethics. This will be the case if the use of medicine remains attached to the notion of bettering human life in the individual and social dimensions

There is also, today, the idea of *pharmaco-vigilance* which means that there must be continual research into the damage caused accidentally by medication. If the medicine is for a curative purpose, it must be controlled: care has to be taken that deleterious secondary effects are eliminated. This responds to the demands of Ethics.

4) ethics and the medical industry

Emphasis is placed, from all sides today, on the necessity of providing for the inhabitants of the

Third and Fourth Worlds at least *the most essential* medicines. We hear of medicines of the poor; it is also pointed out that some medical procedures are too complicated for certain strata of the population's immediate needs. COR UNUM has frequently requested that too costly or inappropriate forms of medication be stopped in certain countries because the way of life of the place makes them out of step.

In the same way, one would hope to see the development, in the poorer countries, of local pharmaceutical industries, catering to *primary health needs* and providing, therefore, remedies that are accessible to all individuals and families. To arrive at this, acceptable means are essential, at a cost sustainable by the country as a whole even if a financially fragile one.

So a whole Ethics of medication is needed, because the individual has *a right to health*, a right which is a condition of human development. Morality in this area, is never a question of charity, but of *justice*. The Gospel itself frequently speaks of simple respect of all that is human as the path to follow. This is true in the case of every sick person in every country of the world, no matter of what origin.

5) medication and dialogue

Much insistence is given, in medical publications, to the idea that it is not enough to dispense medicines to a patient without explaining the action of the remedy. This holds for both the doctor and the pharmacist. For this dialogue to take place, a psychological contact has to be established in terms of the *affective relationship* which often exists between the sick person and those treating him. Georges Duhamel has said that "a medical act is a unique act" because it forces man to look at man.

Here we are not talking about courtesy or compassion. It is a scientific fact, recognised by all types of doctors, that effectiveness of treatment is connected to *psychosomatic relationships*; the morale of the patient is an important factor in healing too. One can understand, then, that a specialist could write: "Everyday experience and simple common sense show that medication can never be anything more than an auxiliary in a much wider process; it is the whole person who is sick, with all his personal history, his environment, his affective bonds, never just his brain" (Dr. Bensaid).

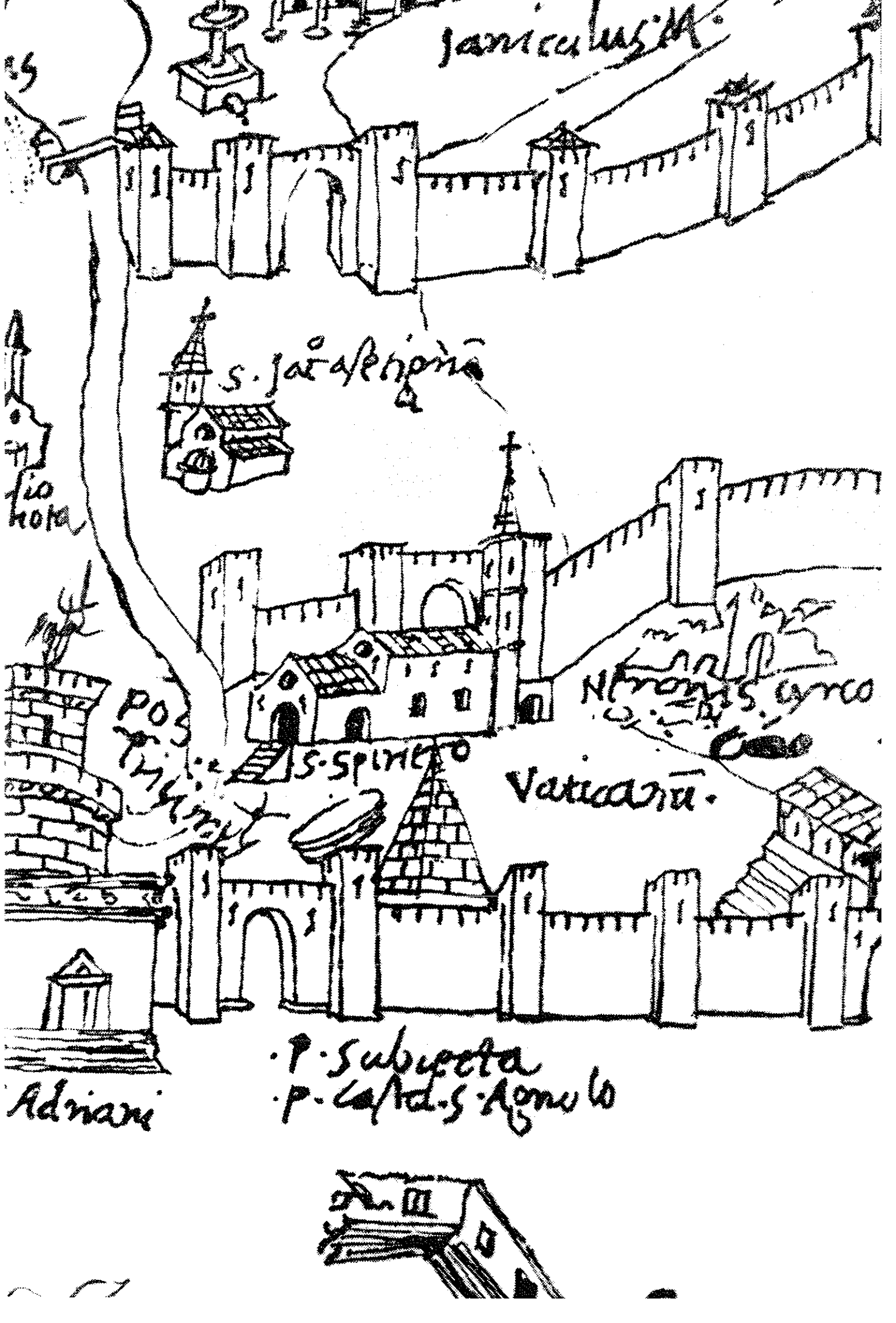
That is true of psychotropes and also of all remedies which must always be seen as part of a more general process. In medical books, the patient is frequently nowadays spoken of as a *partner* because every responsible person must be helped to participate in the improvement of his health and the conquest of his recovery. That is why Pope John Paul II, addressing the 15th World Congress of Catholic Doctors in 1982, said: "No one of you can just limit himself to being the doctor of a particular organ or apparatus in the body, but has to take care of the whole person, and of the interpersonal relationships which can contribute to his well-being".

It is under this perspective that nowadays doctors and pharmacists insit on the "*contract of confidence*" which must be there in the relationship established between the sick and those caring for them. This is far from sentimentality, for the *unique reality* and the *personal history* of each person contains values that medicine cannot ignore. In fact, the uniqueness of each person comes from a strictly personal chemical makeup, an individual biological structure built of individual components, tissue, humoral, glandular and nervous.

A Pontifical Commission for the Apostolate of Health Care Workers has been established in February 1985 in Rome. The Supreme Pontiff sees one of its purposes as "the promotion of an ever-improving ethical and religious training for Christian medical personnel in the world" and "the safeguarding of the essential values and rights connected to the dignity and supreme destiny of the human being". It is in this spirit that an *Ethics of medication* has to be elaborated. Those dealing with sick people must keep in mind that, beyond the mere pathlogy of the case, the sick person is seeking someone to share with him, in the words of Pope John Paul II, "a vision of life in which even the mystery of suffering and death find a meaning".

ABBÉ JEAN-PIERRE SHALLER

Ecclesiastical Consultant to the International Federation of Catholic Pharmacists


Janiculus
S. Jacobus
S. Spiritus
Vaticanus
P. Subiecta
P. Castel. S. Angelo
Adriani

witness

Beggars through
the Holy Spirit Hospital
(from "Liber Regulae")

The Church lives through its hospital works

The modern tendency, which is not wrong in itself, to extend the area of public responsibility and the duties of the state into ever wider social spheres can lead to two negative consequences: 1) the progressive dehumanising of relationships because of the stark nature of bureaucratic dealings, and 2) the weakening of personal involvement and private charity.

There is therefore an urgent need to examine the *spirit* which should animate both public service and voluntary assistance. A body to coordinate and promote the pastoral role of health care workers organised at the very centre of the Church should be particularly welcome to all states, whatever shape their politics take.

If anything, we might wonder why such a body has not been thought of before, since the recovery of health is one of the cardinal points of the teaching of Christ and the Apostles, and throughout the centuries has been at the heart of progressive thinking and the creation of adequate centres of care. We have to thank the Pope for choosing the right man for the right post. A few days ago, while visiting Notre Dame University, Indiana, in the United States, I was struck by the insistence with which the Rector, Father Heslung, invited the new graduates to "be aware of the difference" between them and others who would be working in the same field, and to give a real impression that their education had not been the same as that of all the others. That was not pride or just "esprit de corps" but the deliberate handing on of a conscience and the recognition of what God has given us.

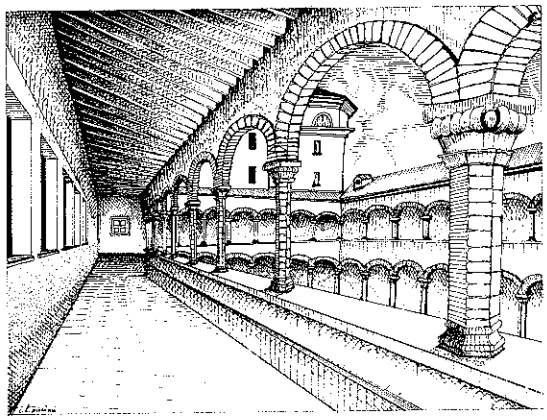
The history of the Catholic Church is full of well-known and less well-known examples of the apostolate of service; indeed, readiness to serve is an essential part of being a Christian. Being close to those who suffer is a part of this. Any answer to the problem of the meaning of suffering that prescinded from its salvific element would be incomprehensible to me and would lend legitimacy to every negative reaction. In another meaningful document (apart from the one we are commemorating here today), the encyclical "Salvifici Doloris", Pope John Paul II quotes the explanation he gave to refugees in the Phanat Niklom camp in Thailand: "God has never said that suffering is good in itself. He has, however, taught us through his Son that our sufferings do have a worth for the salvation of the world". I can still see the sufferings of the people of Lebanon and the desolation of the battlefields there. There is still ringing in my ears the appeal of President Gemayel for an end to the causes of the senseless violence which brings so much agony to that martyred land.

In the same way that health workers — that from now on the new Pontifical Commission will be taking care of — base their work on love for those who suffer, so too, I believe, every Christian must work for the recognition and the safeguarding of the dignity and worth of every human being. This is something that may seem, to those who have governmental responsibilities, very difficult to put into operation in the face of tension-filled situations. But for a person who has faith, even sufferings can have a meaning insofar as they are offered to God so that mankind may be spared the torments of fratricidal hatred and the implementation of the science of destruction.

I would like to invite the new Commission to publish a complete catalogue, possibly with illustrations too, of Catholic missionary and medical centres for Christians and others whatever their creed. I can say that after forty years of travelling in Italy and abroad, that few things have made such an impression on me as have the Leprosarium at Morolem in Uganda or the Camillian Father's Dispensary on the banks of the River Kwai in Thailand, another in Zaire, and many other similar centres.

A few years ago, I was sorry to see a pessimistic film called "Goodbye Africa". Mgr. Angelini, think about a film on "The Church is alive" about its hospitals and medical centres. It will be one of the finest things that could be done by this institution set up by John Paul II, the Pope who has come from afar but who is so near to the anxieties and worries common to all mankind without distinctions of time or place.

On. GIULIO ANDREOTTI
Minister of Foreign Affairs of Italy



Cloister of the Holy Spirit Hospital in Saxia

The international cooperation

I was delighted and honoured to be invited to participate in this expression of gratitude to the Pope for this important initiative, the institution of the Pontifical Commission for the Apostolate of Health Care Workers. Among its many noble tasks, besides that of coordination, there is that of "stimulating and encouraging the work of training, study and action carried out by the various international Catholic organizations in the health care sector, as well as the other bodies and associations who also work in this field, on various levels".

There is a crying need today for assistance and support in the care of the sick, medical and social too, and not only in the developing countries. The WHO (World Health Organization) is conducting two important programmes — vaccination and "essential medicines" — principally for the populations in need in the Third World.

We have always to remember, however, that for many of the most serious diseases in these tropical countries, there is not yet available either any really effective medicine or vaccine. Public health provisions and education programmes also have not had the same effectiveness in these tropical countries as they have had in other more temperate regions.

In 1975, Doctor Mahler, the Director General of WHO, set up Associations for Consultation in Medical Research (ACMRs) in all six regions of the world. These are composed of medical experts for the majority of countries in each region. They are to define the medical research needs in their area and refer these to the general ACMR in Geneva. The conclusion was quickly reached that the following six tropical diseases had the most urgent need for more intensive research because of their seriousness and the lack of effective means of treatment or prevention. They are: 1) malaria, 2) bilharziasis (= schistosomiasis, or fluke-worm disease), 3) sleeping sickness, 4) filariosis (= threadworm disease), 5) leishmaniasis, 6) leprosy. They affect hundreds of millions of people every year.

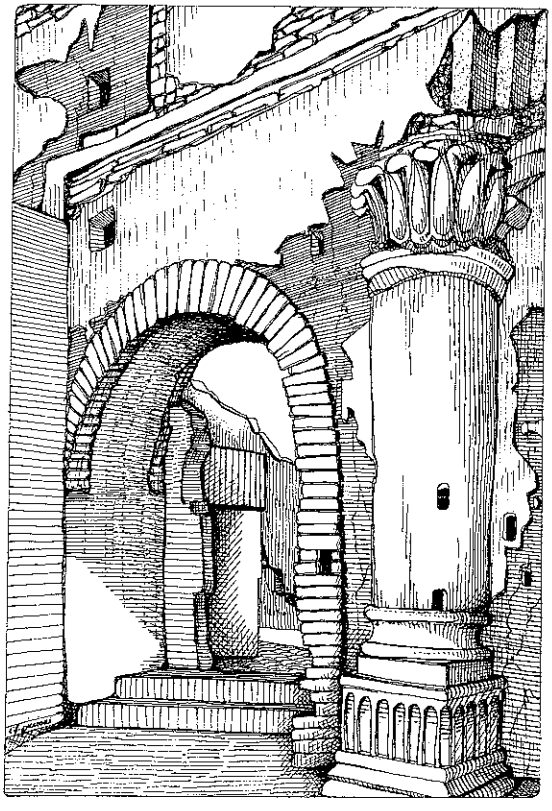
The entire programme is under the guidance of a committee of thirty people; WHO, UNDP and the World bank each have a representative on this. Twenty-four members are nominated by their respective governments; for the most part, these come from developing countries. Three other members are selected by private organizations supporting the programme.

In all, some three thousand experts from one hundred and twenty-eight countries are taking part, the most wide-scale form of international scientific cooperation ever attempted. More support is still needed, however, for the extensive clinical trials which are now getting under way.

Of course, many Catholic experts and doctors are already taking part. I am certain, however, that the Catholic Church's manifestation of even greater commitment expressed in the creation of this Pontifical Commission will have a positive effect and give fresh strength to these important attempts at long-term medical research. Health is for all, and all must do their part in making it available for all.

Even if it sometimes appears that the needs in the medical field are today too many and too great for our resources, research must be vigorously encouraged, especially in these neglected sectors, for the good of this generation and those who will follow it, above all in the developing countries.

JUNE BERGSTRÖM
Nobel Prize for Physiology
member of the Pontifical Academy of the Sciences



St. Domingo (America)
Remains of Saint Nicholas Hospital, a branch of the Holy Spirit of Rome (XVI century)

The World Health Organization

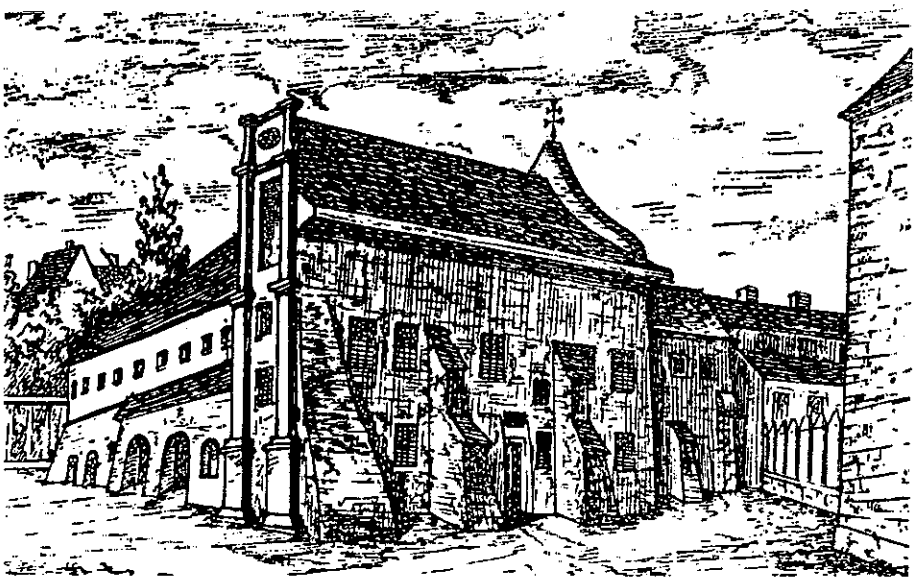
I am well aware of the services that the Church has always provided to the sick and suffering. This knowledge is part of the cultural heritage we doctors especially in the western countries learn, often in our homes, before we enter medical school, and once we are in practice we realize its importance in our societies. Of course, it may take different forms in different circumstances and differ in many parts of the world. During thirty years of service with the World Health Organization, I have had only positive and very useful contacts with the persons who serve as health personnel in religious institutions, or have been advisers, even here in the Vatican, on health-related questions. I, therefore, welcome, as did my successor Dr. Asvall, on behalf of the World Health Organization, your decision to establish the Pontifical Commission for the Apostolate of Health Care Workers.

Since 1975, after the Conference on Security and Cooperation in Europe, and nothing the Holy See's interest in political, social and health problems in Europe, representatives of the Holy See have been invited to participate as observers in WHO's European Regional Committees, or as it is sometimes referred to, the European Parliament of Health. On several occasions we have had representatives from the Holy See in attendance at this meeting.

I should now like to refer to the expectations of the future close cooperation between the Commission and the World Health Organization. It is hoped that health workers serving the Church, and the Church in general, would now have a very good understanding of the value of primary health care. It is natural that from the feeling of responsibility towards the sick and suffering, there would be a tendency to be oriented towards hospitals and the caring role at the hospital level. However, I feel that, as in any government health services, there is a need for health personnel to be well informed of the new primary health care doctrine, which is based on a broad intersectorial input, with the direct involvement of the communities in health care development, and a more team-oriented approach by the health care workers. If these health care workers could be made more enthusiastic and aware of such an approach, the Church would be able to play a very interesting role in mobilizing its intersectorial «army» of priests, teachers, catholic health workers and lay groups. With the considerable influence the Church has in many parts of the world, including the Mediterranean area, there is large scope for developing such policy and programmes for the church, and as I will repeat again, WHO would be very happy to cooperate in helping to make their many branches active promoters of the primary health care idea.

LEO KAPRIO

Former Regional Director of the World Health Service (WHO)



Cracovia: the Hospital of the Holy Spirit.

The program of control on leprosy

First of all, I would like to express the gratitude and appreciation of our country on the constitution of the Pontifical Commission for the Apostolate of Health Care Workers. This is a truly providential event; a body was needed to coordinate the social and health-care activities of the Church and the world, not just to offer material aid but above all to promote a wider knowledge and application of the teaching of the Church and to rekindle a real spirit of love, from which can come true an authentic evangelisation. The importance of the new Commission will be even greater when we consider the social health situation of our country, Brazil.

I shall speak only about the Amapa territory, which is under the direct jurisdiction of the federal government in Brazil. It is situated in Amazonia, almost entirely north of the equator, which runs through the capital, Macapa. The climate is hot and humid. The inhabitants of Amapa (roughly 200,000) depend mainly on vegetable and mineral extraction for their livelihood; this type of work determines and delimits the social behaviour of the mass of workers: men with a very low level of technical skill, with little prospect of improving their education or nutrition.

Since 1965, Amapa has been honoured by the assistance brought by Dr. Marcello Candia, the well-known Milanese industrialist who put all his wealth into helping the poor and sick, especially sufferers from leprosy. Leprosy is one of the ten most widespread diseases in the territory. The leprosy-control programme, a Government Public Health programme, with the help of the Marcello Candia Foundation and of the Sovereign Military Order of Malta, has succeeded in stepping up the tracing of new cases and following up the sufferers and those around them in Amapa.

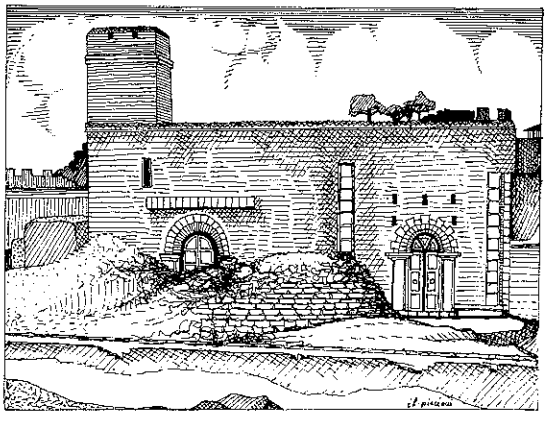
With the help of twenty-eight workers — doctors, nurses, drivers, shoemakers and other auxiliary staff — we are trying to develop this work not just in the capital where the majority of the population lives, but also in the interior of the region. Besides the medical clinics for outpatients (we have never has colonies for lepers here) we also provide physiotherapy and special footgear which, along with orthopedic surgery, can lead to the physical and social rehabilitation of some lepers who have neurological complications. Medical examinations are carried out in their homes and, where necessary, treatment too; we also visit those who live with the sick person but have not contacted the health authorities. The sick (about one thousand, four hundred at present) receive moral and religious support from the Carmelite sisters, and the poorest get food and funds for travel.

Cooperation in the field of health care between the Church and the people is essential in Amapa because, at present, by reason of geographical factors and given the medical and nursing cover available in the small communities, the figure of the religious body assumes a role of primary importance. Thus, many priests who have some idea of medical treatment can give primary health care assistance and recognise the more serious cases who require hospital treatment.

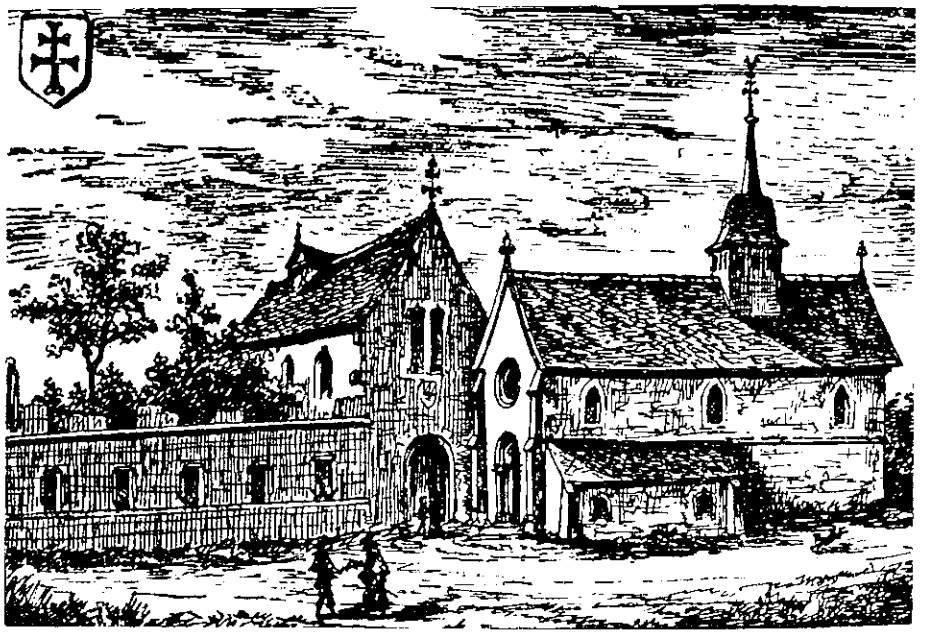
It is impossible to separate physical, spiritual and social wellbeing, and for this more than medical help is needed. The clergy and the Christian community can make a big contribution towards the achievement of this. By improving the physical and material conditions, by providing bread for the hungry and medical care to the sick, we can have human beings more open to spiritual nourishment too.

From this derives the importance of the Pontifical Commission for the Apostolate of Health Care Workers, which is able to offer inspiration and direction to the whole world of medical care which surrounds the sick person, who must always remain the centre of every medical institution and activity. And it is only when love animates science and technology in the search for improvements in service that hope will be born again in the heart of the sick person. Christ said: «I have come into the world so that all may have life, and life in all its fulness».

AMIRES FUSCO DA SILVA
Doctor with the Marcello Candia Foundation in Brazil



The Holy Spirit Hospital of Ascoli



Gray: the Holy Spirit Hospital

I was sick and you came to visit me

I have come in the name of all our poor, sick, dying, deformed in mind and body, alcoholics, drug addicts and lepers to thank the Holy Father for giving us this beautiful gift of the Pontifical Commission for the Apostolate of Health Care Workers. Now we shall have even more persons available to offer our poor people love and attention, for this is what they need, not only the sick and dying, the deformed and diseased in mind and body, and not only in their poor homes, but everywhere people are really alone, without anyone to care for them and who die out of sheer discouragement for lack of love and care. I have come to thank all of you who are present today, thus witnessing to tenderness, love and care.

Let us thank the Lord for this new hope, this new life, which will give new life to our lepers.

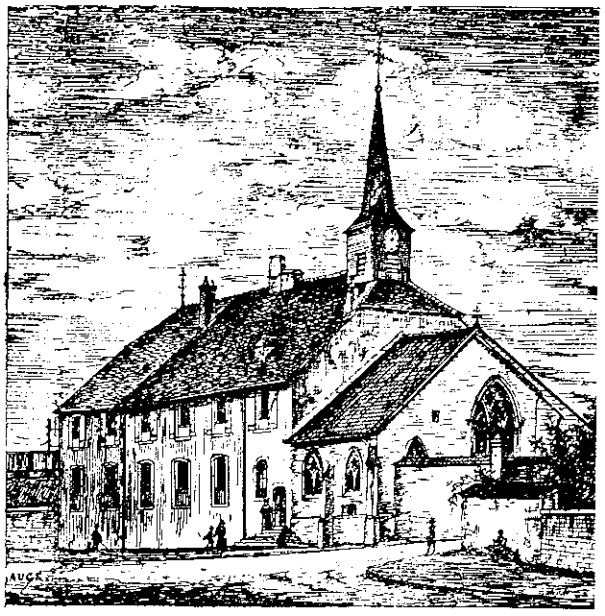
The Indian Government has given us property which we are using for the rehabilitation of our lepers. At present, we have 158,000 of them; there is new life, joy and peace among them. The Father has given us a beautiful gift — the fear and shame of being a leper is fast disappearing. More and more people are coming, knowing that they can be cured; they come in time, bringing their children too, and — thanks be to God — we are able to look after them, to cure them. What I particularly ask of our doctors and nurses is that they show love and care to the patients, especially the poor.

In our House for the Dying we collect people from the streets: in Calcutta alone, we have collected 48,000 people who should have been taken to hospital but were denied this. Over 22,000 have died in our care, in this one place alone. We have refuges for the homeless in many places, including Rome. We also have houses for the mentally ill who wander the streets in Calcutta and who need tender care and love.

And I ask you to pray that we may be able to do something beautiful for God, all of us together, and that we may be able to demonstrate our tenderness and love, for Jesus has said: "Whatever you do to the least of these, you do to me". I shall pray especially for this work, and I shall ask the poor to pray for it too, because this is a really important undertaking, to show the Church attention and love for those who suffer, for Jesus has said: "By your love they will know you are my disciples".

Thank you.

MOTHER TERESA OF CALCUTTA



are currently involved are:

loneliness and depression
lovelessness, aggression, violence
stress
abortion and euthanasia
addiction (alcohol, drugs) and immoderateness,
pollution of our environment in broad sense.

You see health care workers nowadays have to deal with a lot of psychical, social and pastoral problems, which will give rise to new questions. You will find them in the good introduction to Mgr. Gijsen's latest book: "To deal with life" (Omgaan met het leven).

Questions such as:

What kind of aim will guide a man?

How do we deal with our life and that of other persons?

Where can we find a real, actual home for ourselves and for others?

Considering these problems and questions, and looking at the first duty of the Pontifical Commission: to stimulate and foster the work of formation, study and action, we hope that the following items will be emphasized:

1. The total integral image of man, taking account of all values of life.

2. The Catholic (c.q. Christian) vision upon Society.

3. In case of problems not only affirmation and rejection but also advice and therapy, drawing increasingly to the world of human suffering, following the example of our Master, Jesus Christ

J. A. J. STEVENS, M.S.
President of the Dutch Catholic Doctors

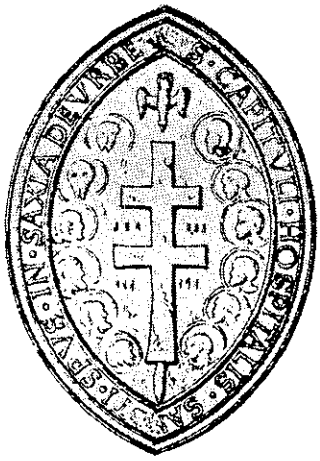
The crucial point

With appreciation and agreement we welcome the Constitution of the Pontifical Commission for the Apostolate of Health Care Workers.

I have been requested to write down some general remarks on Dolentium Hominum. After me Mr. Janssen will explain and clear up a few points of interest particularly concerned with the situation in the Netherlands. In the discussion thereafter we shall try to indicate what, in our opinion, could be possibilities for cooperation on each of the duties of the Pontifical Commission.

In the two pages of the Motu proprio, the Holy Father has unfolded a large vision upon the deep interest which the Church has always demonstrated for the world of the sick and the suffering. This vision is not confined to the physical diseases. In the second paragraph of the Motu proprio we read an important sentence: "Illness and suffering are phenomena which, if examined in depth, always pose questions, which go beyond medicine itself, to touch the essence of the human condition in this world". The point at issue is the total, integral image of man.

From a medical point of view the big problems in which both the Church as well as the medical world



Above: Neufchateau — The Holy Spirit Hospital

One hundred thousand nurses

As International President of C.I.C.I.A.M.S. I wish to express my thanks for the kind invitation to be present here today and to have the distinguished honour to address you.

C.I.C.I.A.M.S., which celebrated the 50th anniversary of its foundation, two years ago in 1983, is an international organization of Catholic Nurses (I.C.O.) having 69 Associations in all continents with a membership in excess of 100,000. It is significant that Nurses and Mid-wives, in terms of numbers, form the greatest proportion of health care workers in most world countries.

As an International Catholic Organization, C.I.C.I.A.M.S. seeks to:

— promote a vision of health which encompasses a global approach to the human person in his individual and social dimension;

— to have a conception of nursing consistant with helping the person to become aware of his own health, and to become more responsible for it;

— see the need to participate in the development of people;

— to make its members aware of the fundamental rights of man corresponding to the evangelical values of the present time;

— and to encourage its members to collaborate with governments and with health agencies for the effective implementation of health for all.

The establishment of the "Pontifical Commission for the Apostolate of Health Care Workers" by Pope John Paul II is perceived by C.I.C.I.A.M.S. as a positive development.

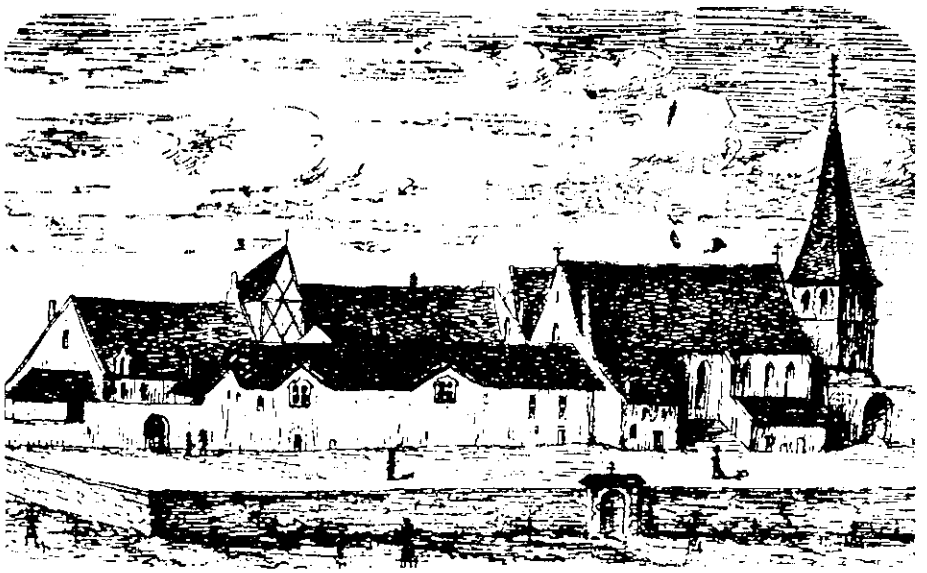
— It will serve as a coordinating body for all Catholic institutions, religious and lay, committed to the apostolate of the sick. Many individual organizations, while functioning effectively as separate organizations, need, in today's world of high technology and scientific progress in the field of health, a coordinating Commission for more effectiveness. It is the view of C.I.C.I.A.M.S. that International Commitees will be in a strong position by the nature of their activities for cooperation, while, at the same time maintaining independence as a professional organization.

— C.I.C.I.A.M.S. further sees the formation of the Commission as a positive step in taking a lead in the promotion of Christian values of an ethical-religious nature, out of which problems of conscience arise.

By promoting and intensifying the necessary study of these ethical-religious problems, which the Church and Christians must safeguard, it will enable rights connected with the dignity of the human person to be safeguarded.

C.I.C.I.A.M.S. therefore welcomes the establishment of the Pontifical Commission as another major contribution on the part of the Church for the good of society.

KATHLEEN KEANE
Ireland
International President of CICIAMS



Dijon:
the Holy Spirit Hospital

For the human person in its entirety

First Vice-president of C.I.C.I.A.M.S. (International Catholic Committee of Nurses and Socio-medical Assistants)

I would like to second the vote of thanks of the President of C.I.C.I.A.M.S.; we are highly honoured to be invited to this gathering, which is yet another demonstration of the importance the Church attaches to the world of medicine. She is always concerned with the relief of human suffering. Our Lord Jesus Christ was always ready to meet the sick; he healed them and sometimes even restored them to life.

C.I.C.I.A.M.S. is both a professional and an apostolic body, and for this reason it greeted the constitution of this Pontifical Commission for the Apostolate of Health Care Workers with joy. We hope the new Commission will coordinate and stimulate National Episcopal Conferences and will encourage them to devote more attention and be more active in the sphere of health and medicine. This is a really important area and must not make us lose sight of the fact that it is the whole human person we are dealing with. Because of our work, we are in constant contact with people of all races and creeds, and we can therefore take an active part in pastoral work, both in medical institutions and in society and the family. We would love to be followed and supported in our work by our bishops, to be encouraged as professional people, as medical workers, but that is not always the case everywhere.

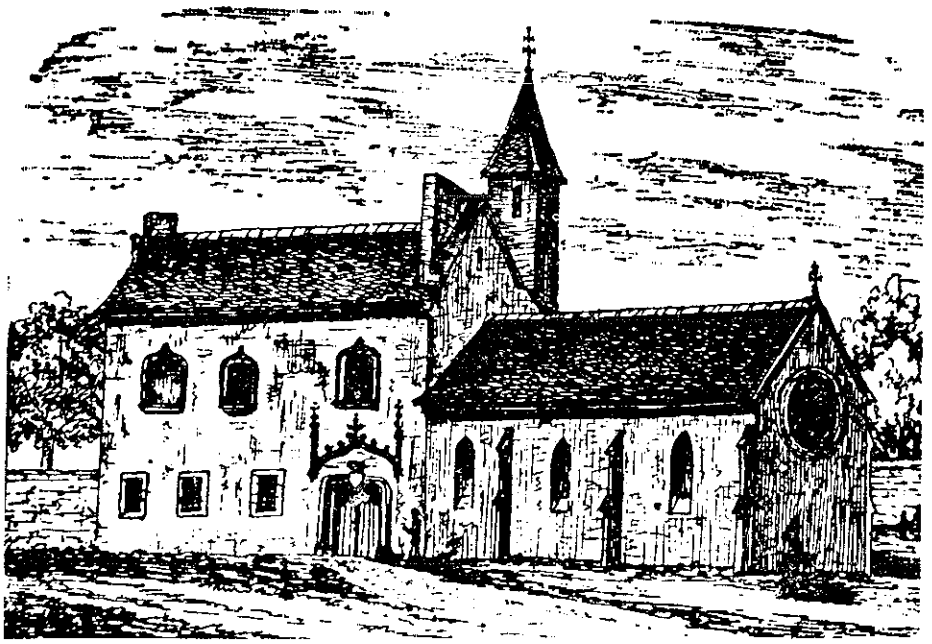
We trust, and indeed are convinced, that the new Commission will bring us doctrinal clarifications for the many problems that confront us in the excercise of our profession. Our Associations ask for recognition for what they are — groups of professional medical people who are in close contact with people and who can make a direct and specific contribution towards the promotion of human life and towards a better quality of life too.

We are confronted daily by the problems that rapid evolution of people, families and entire populations can provoke, such as artificial methods of birth control, abortions, artificial insemination, etc.

Our Associations have to educate Catholic obstetricians so that they are well-equipped to respond to these various situations and to preserve the right of the person to health and all peoples' rights to life and dignity according to the design of the Creator.

Mme. EUGÉNIE BAHINTCHIE

Ivory Coast
First Vice-President of CICIAMS



Dole:
the Holy Spirit Hospital

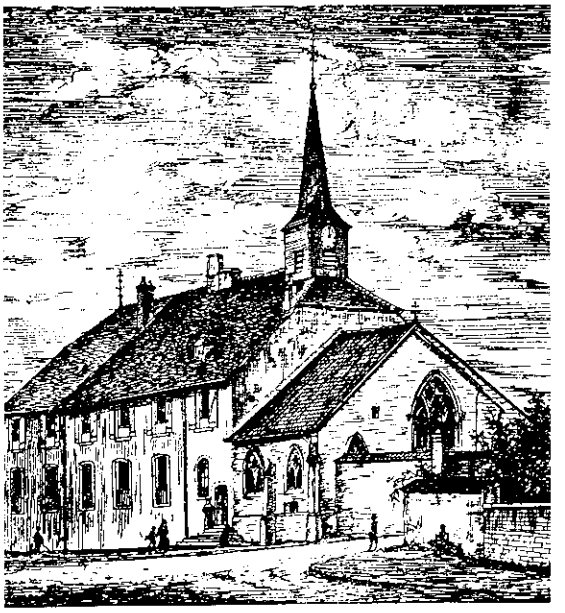
Among the anonymous alcoholics

Eminent members of the Pontifical Commission for Health Care Workers and distinguished guests May the Lord bless our work! My thanks to Archbishop Angelini for inviting me to participate in today's meeting. Thank you for letting me share my experience, strength and hope in this testimonial

I am the pastor of St. Charles Borromeo Parish in the Diocese of Rockford, Illinois. June 2nd, I will have been a priest for 23 years. Just a few years after by ordination, however, I became an alcoholic. For 10 years, my life became more and more unmanageable. Alcoholism affected me physically, mentally, emotionally and spiritually. It affected my relationship with God, my family, my friends. Alcoholism was destroying my priestly ministry.

Finally, in 1975, my Bishop sent me to Guest House Sanitarium. Guest House is a lay-directed apostolate founded in 1956 by Austin Ripley, a Catholic layman and recovered alcoholic. They have treated over 3.000 priests, brothers and seminarians from 126 dioceses and fifty religious congregations in the United States and seventeen other countries throughout the world. The health care workers of Guest House taught me that alcoholism is a complex and powerful illness. The doctors, nurses and counselors used the best medical techniques available to aid my recovery. They introduced me to Alcoholics Anonymous which uses simple spiritual principles to lead an alcoholic to sobriety. They also introduced me to the National Clergy Council on Alcoholism founded in 1949 by the first priest to recover from alcoholism through the program of Alcoholics Anonymous, Father Ralph Pfau. This Catholic Conference of Clergy, Laity and religious promotes *education* in the field of alcoholism and drug-related problems as well as *recovery* through the Sacraments of the Church and Alcoholics Anonymous.

This symposium on the Holy Father's motu proprio *Dolentium Hominum* is an occasion to reflect on the importance of health care workers in the treatment of alcoholism and drug addiction. Thanks to the grace of God, devoted health care workers and a simple spiritual program, I am a sober alcoholic today and have been for the past ten years. I can assure you of the cooperation of sober alcoholics like myself in your health care work, because helping others to recover keeps us alive and sober ourselves



Neufchateau: the Holy Spirit Hospital

Rev. WILLIAM CLAUSEN
Pastor (United States of America)

Among the Institutes of care and cure

A possible realization of the duties of the Pontifical Commission has to be considered in relation to some actual situations in the Netherlands.

1. Care and Cure

To help suffering, ill, infirm and handicapped people is not only the duty of health-*care*-workers in hospitals, but will also be done to a considerable degree in other institutes by health-*care*-workers.

In nursing-homes for somatic, psychogeriatric and mentally deficient patients as in homes for elderly-aged people, there are a high number of patients, who need help. To take care of and to get about with ill and handicapped patients requires a permanent and integral effort of the health care workers in the institutes, as mentioned above.

2. The Institutes

In the Netherlands a relatively high number of patients are cared for and treated in such institutes. These institutes have seen a lot of changes in structure and functions during the last twenty five years.

— The institutes are juridically independent and nowadays not under administration of church or congregation.

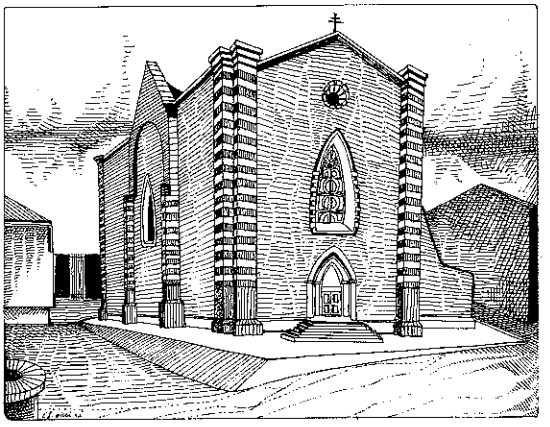
— A number of them discarded the catholic signature either formally or actually, although often the board and the health care workers are still catholic.

— Within the institutes a pluriformity of confessions is recorded at patients as well as at health care workers.

— In the institutes a great distance often exists, but also a tension between management and daily reality.

Promoting confessional identity in care and treatment by health care workers is considered as an important and difficult item.

They are convinced that in a pluriform society — recognizing everybody's fundamental social rights — mutual respect and discussion are necessary. Only in a society like this can they take account of personal values.



Orvieto.
Portal of the ancient Church of the Holy Spirit Hospital

3. Renewal of formation and changes of mentality

During the last few years the formation program has been thoroughly altered.

— There are new professions, and existing professions have undergone substantial changes.

— Structure and management of the formation-institutes have broken away from the traditional pattern, away from the Church and the Congregations.

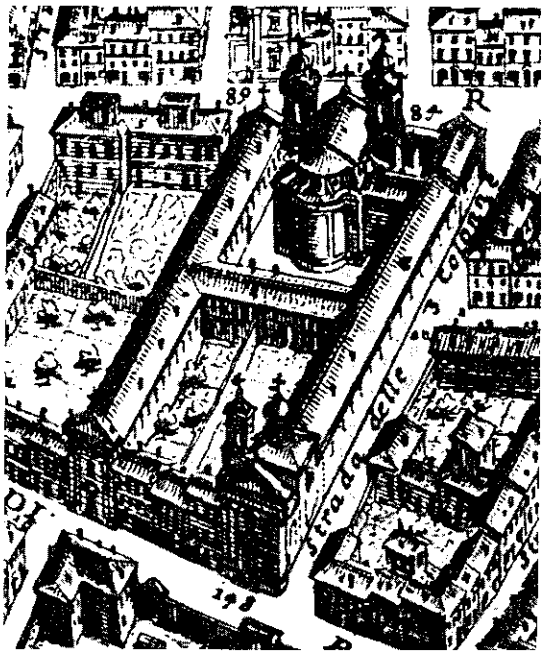
— In the formations the confessional identity has changed: fixed religious certainties against looking for values and rules of Christian humanity.

4. In spite of negative developments, many health care workers are *promoting Christian values* in care and treatment on the level of the workers themselves, on the level of the management of the institutes and on the level of the national organisation. All these groups want to improve the dialogue with our Church and our Bishops.

Dr. A. JANSENN
President of the Association of Catholic Hospitals of the Netherlands


Porta Castri
Castrum S. Angeli
Pons S. Angeli

meetings



Conference de Madrid Contadora Conference of Archbishop Fiorenzo Angelini, representative of the Holy See

The Conference of Madrid, 25-27 November 1985, was the first official evaluation of a programme begun in 1983 by the foreign ministers of the Contadora group (formed in 1980 to mediate conflicts in Central America and composed of Colombia, Panama, Venezuela and Mexico) and those of Belize, Guatemala, Costa Rica, El Salvador, Honduras and Nicaragua.

The programme, "Health for Peace", which was developed by the health ministers of the area in cooperation with the Pan American Health Organization/WHO (PAHO), includes 300 individual projects (40 on the regional level and 256 complementary national projects). Seven health care needs are emphasized: increasing health services; development of human resources; food and nutritional problems; essential medicines; control of malaria and other tropical diseases; infant mortality; water and health services.

Archbishop Fiorenzo Angelini participated in the conference as the representative of the Holy See.

We present, here, the text of his talk given at the conference.

I am delighted to take part in this Conference, the aim of which is to gain support for the Plan worked out by the Health Ministers of the Central American region who are members of the Contadora group.

The Plan's aim is to establish the priorities in Central America and Panama as regards health and is justly seen to be a way towards and a source of peace, solidarity and understanding between the peoples of this vitally important part of the New World.

As Pope John Paul II said on November 27, 1984, receiving the Central American Ministers of Health, the Church shares "your concern to serve mankind, to raise the standards of life, to eliminate or reduce as far as possible the causes of mortality and sickness in various sectors of the population".

The primary aim of your Plan, which is concerned with grave and urgent health problems, also fits in well with the no less urgent need to encourage peace and cooperation among the Central American states and, with the support of the international community, to extend the feeling of solidarity between all the people on this earth.

As you all openly recognize, medicine and health are universally held to be priorities and constitute a matter to be discussed by you all irrespective of ideological differences or political disputes; indeed, cooperation which stems from joint attention to medical problems is a sure basis on which to build up solidarity.

It also seems to me to be worth noting that this Plan was set up only two years ago but has rapidly been translated into a concrete programme with areas of prime concern worked out and some three hundred projects drawn up, forty of which are for the entire area and two hundred and sixty-seven for different countries.

All the areas concern the defence, safeguarding and promotion of life, of its quality, understood as attention to the human person in his spiritual, psychic and bodily aspects or values.

The Church always has a particular concern for these problems, and the recent establishment of a Pontifical Commission for the Apostolate of Health Care Workers, for which I am responsible, wants precisely to develop the commitment of Christians to the service of those who suffer or whose lives are at risk because of a lack or insufficiency of medical structures.

Our own age is aware of a contradiction that the development of the mass media of communications has made all the more paradoxical. While on the one hand the rapid conquests made by medical science make social medicine a real possibility, on the other there is a growing imbalance in the distribution of resources and their employment. The diffidence and divisions between peoples involve not just huge costs but also eat up resources with which, in a relatively short span of time, the grave medical needs of many parts of the world could be met. There is not a country in the world that does not recognize the urgent necessity to resolve this situation and history teaches that, by coming together to serve mankind, the human race is on the road to peace and definite harmony.

Your Plan is a concrete example of how to opt for this service in an efficient and speedy way, in an age when there is no alternative to peace.

The good wishes, the cooperation and the support of the Church are with you in this, never forgetting that action in the medical field means serving man, the whole man, in his spiritual and corporeal dimensions. It is serving all mankind, because it is serving and defending life from the moment of conception and in all its expressions; at birth, during growth, at its natural departure, in its reflection of the life of God.

The sectors which your Plan has identified for attention, with the support too of the international community, are really of primary importance and are the premises for a general improvement of the standard of life for the populations concerned. Therefore the Church is with you and intends to support your efforts; at the same time the Church asks for help in giving you a dimension, a vision, of man that defends to the full his dignity. The Universal Declaration of Human Rights, recognized by all peoples and governments, places the right to health alongside the right to life. Medical problems are hence a request for life made by the weaker to the more fortunate. To reply to this request is to move towards a real, sure and wished-for meeting between men, all men.

Serving life is serving peace, which is not possible and cannot last where the prime needs of man are not ensured and safeguarded by adequate concrete initiatives.

✠ FIORENZO ANGELINI

Pro-President,
of the Pontifical Commission
for the Apostolate of Health Care Workers

Marcello Candia was born in Naples in 1916. His parents were from Milan, and his father was for ten years the proprietor of a firm that manufactured carbon dioxide. His youth was therefore spent in comfortable circumstances, although his mother always took care to instill in him care and charity towards the poor. While studying at the University Faculty of Chemistry (where he gained a brilliant degree and shortly afterwards two others, in Biology and Pharmacy), he helped his father run the business and travelled widely in foreign countries. He visited Brazil at the age of twenty-one, and was deeply struck by the wretched conditions people were living in.

At the same time as he was learning his father's business, he was also in contact with the Capuchin Friars in Milan and was involved in their ministry to the poor, abandoned and homeless.

In 1946, he took over the running of the firm from his father; now his gifts of intelligence and courage began to come to light. Although his work was steadily increasing, he never left off his charitable activities. That same year he founded ALAM (The Association of Laypeople for the Assistance of the Missions) to find financial support for the Missions in poor countries. His contacts with PIME (the Pontifical Institute for the Foreign Missions) led him to learn of the tragic situation of the Amazonia region of Brazil.

The success of his business ventures presented him with a stimulus for new and more far-ranging humanitarian initiatives. Thus he arrived at 1957, the year he considered crucial for his definitive choice of life. At the invitation of Mgr. Aristide Pirovano, the bishop of Macapà, he undertook a journey in Brazil in order to become personally aware of the seriousness of the situation there. "There I felt the time had come for me to throw myself into missionary and charitable work". Thus, he worked out with the bishop a plan to build a "completely Brazilian" hospital in Macapà.

He took his time and, using a businessman's experience, carefully laid the foundations so that the work could come to success. At length, in 1961, land was obtained from the Brazilian government and the foundation stone was laid for the teaching hospital dedicated to Saints Camillus and Aloysius (his parents' names, for he always attributed to them the merit for all his work). The hospital, along with the nurses' school he got built there as well, quickly became the model of efficiency and modern techniques for the entire region.

At the same time, he reached the decision, with mature and well-balanced generosity, to dedicate himself entirely to missionary work. In 1965, he got rid of all his property and left for Brazil. Speaking of this later, he was to say: "I left everything and followed Him, the Lord of the world. So I came to Macapà. To the question which I heard within me: 'Lord, where do You live?' I now had an answer: 'I live here, among the poor.' Thus began for me the adventure of the hospital in Macapà"

It is difficult to enumerate, from this time on, all the many courageous projects that he founded. In 1966, he set up a Social Centre for the patients at the government leprosarium. In 1972, a new department was built at the hospital for the specialized care of leprosy sufferers; this was the beginning of the end of the inhuman segregation of hundreds of sick people. Two years later, he founded another Social Centre at Sant'Antonio del Prata. In 1976, an Institute of Dermatology was set up in Macapà. The following year saw the birth of the "Our Lady of Peace" House of prayer

and the little Carmel of the Baby Jesus, where four cloistered sisters lead a life of prayer and assistance to lepers In 1982, the network of care for people in their homes was further extended by the purchase of a boat capable of crossing the delta of the Amazon

Thus we arrive at the last six months of the life of Marcello Candia He had been suffering from heart trouble for some time and fears for his health had been growing daily Then he was suddenly struck down by the onset of cancer of the liver, while still in Brazil He returned to Italy immediately for treatment, but died on 31st August 1983, leaving the continuation of his work to two foundations, in Milan and Lugano, named for him, "Dottor Marcello Candia".

There is a big temptation to label him "the entrepreneur for charity" in order to define his work His unusual intelligence and sense of efficiency do indeed owe much to his experience in the management of a business for many years, but this aspect of his personality must not be allowed to blind us to the real source of his efforts. In responding to these needs with his managerial experience, Marcello Candia was in fact placing his own real person at the service of a vocation he deeply felt, in a way that was open, making use of his skills and without any mysteriousness. Instead of making the facile comparison between an industrial entrepreneur who became a charitable one, it would be more correct to speak of him as a person who allowed God so much space in his life so that he became the docile instrument of his love He himself can help us understand this better when we read what he wrote about his experience in Amazonia:

As soon as I began to live with them and among them, I realized that what mattered to them was not that I was a rich industrialist or an efficient organizer of their affairs What mattered to them was that the person I was and am loved them and would be with them to the end of my days, without any pretences or thought of self-agrandisement

If we insist on describing him as "the charity entrepreneur" we have to realise that his way of going about this was rather strange — the industrial manager who did not look for the global solutions of problems of efficiency but who was content to live alongside the poor, the sick and the outcasts of society, all those without hope, and not just to offer them charity but rather to tell them that a new meaning to life was possible, that there was a meaning to every sort of suffering beyond the desperation it caused, that the dignity of the human being could never be obscured by the misfortunes of life. He was to describe it as "kneeling beside those in danger of death, while scientists, regimes, economists and sociologists were busy discussing endlessly the 'overall systems' of justice".

From this derived his deep-rooted sense of being unequal to the situations with which he was confronted and in which he personally immersed himself. In a person so trained in business efficency and prudent foresight, such a feeling is surprising, especially if we do not take account of his Christian faith. It was the same person who said: "I am nothing, I am a nobody" who was also able to make this ardent statement of belief, so clearly containing the deepest roots of all his efforts:

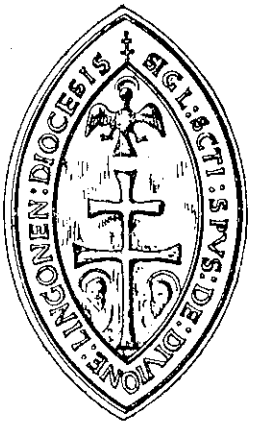
"It is the Spirit that renews all things; it is the Spirit who shows us Christ living in the poorest and most needy of our brothers struggling forward in the hope of the resurrection; it is the Spirit who renews the face of Christ in man immersed in the Paschal mystery. It is this Christ that we wish to serve, adore and love; it is this Christ that Mary offers to the Father on the cross and whom with Her we adore and serve, begging the Father for peace for everybody: peace through development, through justice, through pain and suffering, peace, above all, through love".

Perhaps this is the most profound meaning to Medical Science — a Medical Science, of course, that goes beyond the mere cure of the physical body in order to reach the whole person as such and to see in human suffering, in its dramatic way of revealing the fragility of human existence, its possibility of becoming the means of redemption, the way to a rediscovery of the value and meaning of life A type of Medical Science that can be practised by those who, like Marcello Candia, are not doctors.

Among his most memorable words on this subject, we can here quote some of the last things he wrote before his death, knowing full well that his end was near. When every aspect of human life and activity was slowly draining away from him, and the ultimate meaning of his life was gradually being revealed to him, his last message to us is full of faith and humanity:

"Today I was seen by two doctors, both very competent and great human beings. They were here in front of me.. I found them very dedicated and concerned for my health I thought: after all, this too, whether we realize it or not, is the love which comes from God — and that is what really counts"

After that, any other comment is superfluous



Born in Kaiserberg, Alsace, in 1875, Albert Schweitzer studied Theology and Philosophy in Strasbourg, Berlin and Paris. His great intellectual gifts and propensity for the study of the humanities were rewarded by a doctorate in Philosophy (1899) and another in Theology (1900). Two years later, he had a teaching post in the Faculty of Theology in Strasbourg, specializing particularly in the life and teaching of Jesus and Paul. At the same time, he was studying Music, and became well-known as an expert on Bach and an accomplished performer of his works.

This intense intellectual activity was soon to be coupled with the discovery of his unique apostolic vocation. In 1896, while already doing some catechetical work, he vowed to himself that at the age of thirty he would devote his entire life to the service of his brothers. This idea was given shape in 1904 by his reading about a French Missionary Congregation and their work among the poor in Gabon; he decided that he would go there.

A year later, while continuing his studies on Bach and while still engaged in his activities as a renowned organist, he enrolled in the Faculty of Medicine and, after six years of laborious studies, he obtained his degree as a doctor. In 1912, accompanied by his wife, he set off for tropical Africa in order to serve the poorest of the people there. In a short time, and after much hard work, he had succeeded in setting up a medical centre in Lambaréné, and this quickly became an important place in the eyes of the people amongst whom he was working to instill a new faith in life.

The First World War forced him to interrupt his work as a doctor and to undergo imprisonment in a French concentration camp. As he reflected on this experience and on the absurdity of war, he began to elaborate the idea that was thence forth to be with him always — the "respect for life". After the war he struggled to obtain funds so as to continue his work in Lambaréné; his earnings from lectures in Philosophy and concerts allowed him to pay off his debts and set off again, in 1924, for Africa. He was forced to begin again from scratch, but after three long and hard years of resolute work, he was able to see his work flourish once more.

By now he was something of a celebrity, and on his return to Europe, he was awarded the Goethe Prize in 1928. He embarked on making his humanitarian ideals known to the public. The outbreak of the Second World War was to be a tragic confirmation of the idea of "respect of life". While the honours continued to be heaped upon him (the Legion of Honour in 1948, the Nobel Peace Prize in 1952) he nevertheless went on working away in Lambaréné, as he had long ago vowed, "to his dying breath". He died, in Lambaréné, in 1965.

It is not easy to determine the unifying principle of Albert Schweitzer's life. To label him "a philanthropist" would mean reduc-

ing his work to just the application of sheer humanitarian principles Perhaps the best thing is to go back to his earliest education.

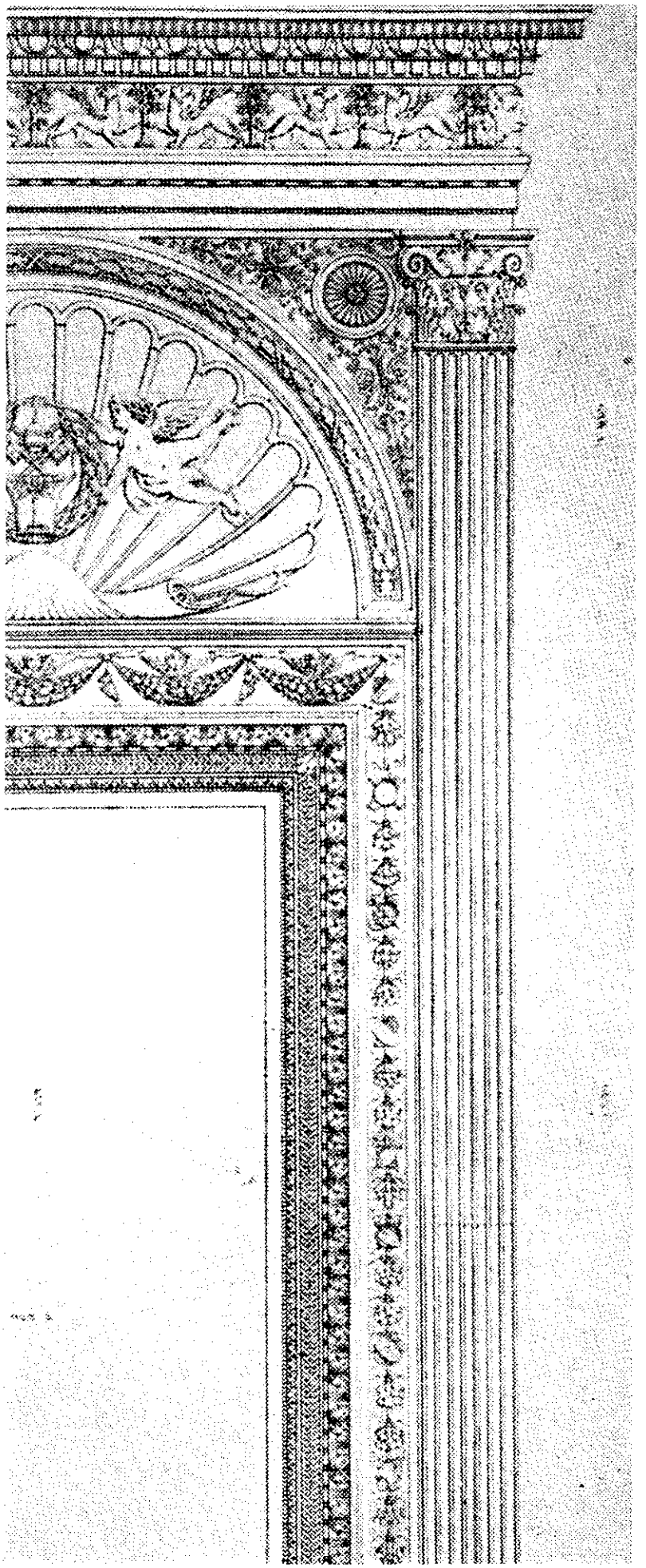
Theology was the first thing Schweitzer studied, as we have seen. He was led by his theological studies to a rigorous, dispassionate examination of the person and message of Jesus. Sometimes his conclusions were not easily evidenced by contemporary religious practice He remained convinced, however, that "the search for the truth makes one stronger" even if not always pleasing to all He was to write:

"Does no-one understand that the aspiration to serve the love proclaimed by Jesus can drive a man right off his path? And yet, when they read this in the New Testament, they find it all right"

Perhaps it is in this attitude that we can see something of the provocative nature of Albert Schweitzer's life and work: not grandiose initiatives, not the mobilisation of the masses, not original philosophical thinking (indeed, looked at critically, Schweitzer's "Philosophy" seems quite ordinary), but simply to allow oneself to be influenced to the very depths of one's being by the moral imperatives that are the spiritual heritage of all mankind; in other words, to be a real person of one's own time, and to be it passionately

So Schweitzer's decision to carry out his ministry among the sick in Lambaréné has its own logic. It was not just compassion, but rather the intuition that right there where life seems most violated and neglected, where the affirmation of human dignity has to come to terms with the poorest, materially and spiritually, conditions in which there appears to be no hope, is the place where the possibility of a more responsible way of life, a more human existence, is to be announced There is an experience of life to be transmitted even to those who have no longer the strength to wait for a message of salvation

Someone has said that Albert Schweitzer was the last universal man in an age of greater and greater specialization Even more important, however, is the moral aspect of his universality: this simple idea of "respect for life" he showed to be truly the way to give a new and more human aspect to the world



Activities of the Pontifical Commission

SPAIN
Meeting with the bishop in charge of the health care apostolate

On May 21st, 1985, the Pro-President, Mgr. F. Angelini, and Professor Gianluigi Gigli went to Barcelona to meet with Mgr. Javier Osés, Bishop of Huesca, who is in charge of the apostolate of health care workers on behalf of the Episcopal Conference. The meeting was held at the St. John of God Brothers' Pediatric Hospital.

The Superior Provincial of the St. John of God Brothers and other health care workers were present. The Pro-President gave a presentation of the Motu Proprio *"Dolentium Hominum"* and discussed the Church's presence in the world of health care in Spain. One proposal that emerged was for a Meeting of health care workers in 1986.

The Pro-President also met with the Archbishop of Barcelona, Cardinal Narciso Jubany Arnau.

VATICAN CITY
Conference on the Motu Proprio

On May 28th, 1985, the Pontifical Commission held a Conference on the Motu Proprio *"Dolentium Hominum"* in the hall of the Synod in Vatican City.

Conferences were delivered by the President of the Pontifical Commission, Cardianl Eduardo Pironio, the Pro-President, Mgr. Fiorenzo Angelini, and by the Prior General of the St. John of God Brothers, Fr. Pier Luigi Marchesi. Short addresses were then given by Sig. Giulio Andreotti, the Minister for Foreign Affairs of Italy, Professor June Bergströem, Nobel Prize for Physiology and President of the Committee of Directors of the World Health Organization (Copenhagen), Professor Gottfried Roth, Professor of Pastoral Medicine and President of the Austrian Catholic Doctors' Association, Dr. Amores Fusco da Silva, a doctor from the "Marcello Candia" Foundation at the Sts. Comillus and Aloysius Hospital in Macapà (Amazonia), Miss Kathleen Keane, President of the Comité International Catholique des Infirmières et Assistantes Medico-sociales (CICIAMS) and a professional nurse in Ireland, Madame Eugénie Bahiutchie, the Vice-president of CICIAMS and Chief Obstetrician (Ivory Coast). Mother Teresa of Calcutta brought the proceedings to a close with her talk.

BURKINA FASO
&
IVORY COAST

The Pro-president, Mgr. Fiorenzo Angelini, was in Burkina Faso and the Ivory Coast from July 16th to 20th, 1985.

In Ougadougou he attended the *Burkina Faso & Niger Bishops Conference* to discuss the Pontifical Commission recently established by the Holy Father and to work out ways of cooperation between the two bodies.

He also met with the diocesan clergy who were holding meetings on the mass media. All were given a copy of the Motu Proprio edited by the Pontifical Commission in seven languages.

As a guest of Cardinal Paul Zoungrana, the Archbishop of the capital city, the Pro-president also visited the flourishing Mission of St. Camillus and the various medical centres in the capital staffed by the Camillians. This religious order has been involved in medical work in Rome for many years.

The fight for life in this developing African country is a primary concern of everyday life. This was the reason for the first official visit of the Pro-president to meet pastors and the local Churches on the spot.

In the Ivory Coast, Cardinal Bernard Yago, Archbishop of Abidjan, organized and led a meeting with health-care workers, among whom figured the Minister of Health and several well-known professors.

The Pro-president gave a presentation of the Motu Proprio and had interesting discussions with the participants; various ideas were presented on ways of reinforcing the Catholic presence in the medical field and for initiating cooperation with the Pontifical Commission.

The Pro-president also visited the large hospital in the capital and the Mission run by the order of Blessed Don Orione where he visited the Medical Centre for handicapped children; there he blessed and laid the foundation stone of a new and better laid-out complex.

There was cordial and delightful

hospitality wherever he went, thanks to the work of the Chargé d'Affaires of the Apostolic Nunciature in Abidjan, Mgr. Timothy Broglio The fraternal assistance offered by the representative of the Holy See made the travels and the stay of the Pro-president of our Pontifical Commission easy and pleasant.

EUROPE

The Pro-President of our Pontifical Commission visited and met with bishops and health care workers in Austria, Poland, Germany and Holland during the period 5th to 21st August 1985

Austria

In Vienna, he met with Mgr. Helmut Krätzl, tha Administrator of the Diocese, and a group of health care workers.

Drs Roth and Plechel helped in the organization of meetings with doctors and personalities, ecclesiastic and lay, involved in the medical field in Austria

The Press and Radio in Vienna gave wide coverage to Mgr. Angelini's visit He met a group of Catholic journalists at the diocesan cultural and charitable centre, as well as the Medical Rector of the University of Vienna.

Poland

The first meeting was with Cardinal Franciszek Macharski, Archbishop of Cracow; the apostolate of the field of health care, both national and on a world level, was discussed, with special reference to the Holy Father's contribution from the very beginning of his episcopal ministry in Cracow.

The Pro-President, who was accompanied by a group of Italian Catholic doctors, then went to Czestochowa, to meet with the bishop, Mgr. Stanislaw Nowak, and to preside at a solemn concelebrated Eucharist at the altar of the Blessed Virgin in the famous shrine

In Warsaw, meetings began with a Mass celebrated in St Maximilian Kolbe's cell.

There was a meeting with Archbishop Bronislaw Dabrowski, Auxiliary in Warsaw and President of the Episcopal Conference, and with Bishop Jerzy Dabrowski, Auxiliary in Gniezno, along with Don Edward Sobieraj and some clergy, as well as with doctors and the priest in charge of the health care apostolate, Fr Jerzy Popielusko. A modern incubator was presented to the Secretary of the Episcopal Conference, the gift of Italian Catholic Doctors for a hospital

The meeting between Polish and Italian doctors was lengthy; the new Pontifical Commission, its aims and its immediate plans for service to the sick were all discussed at length.

The visit to Poland was from August 9th to 13th, 1985.

Germany

Mgr. F. Angelini met with the Representative of Cardinal Meisner (who was away from Germany), Mgr. Haendly, Prefect of the Cathedral Chapter and with Dr Scichs Heinz, Director and Coordinator of Caritas and of the Catholic Hospitals of the city, in West Berlin. He also had a meeting with the Minister of Health, senator Ulf Fink

He also visited some hospitals to meet the sick, medical workers, religious staff and chaplains.

He met with leading health care workers at the central offices of Caritas and visited a special community housing scheme for handicapped adults.

The delegates of Cardinal Meisner were present at all the meetings during the visit, which lasted from August 14th to 17th, 1985

Holland

On August 21st, 1985, the Pro-President met with the Auxiliary Bishop, Mgr. Johannes A. de Kok, at the curial offices of the Cathedral of Utrecht. Also present was the President of the Dutch Catholic Doctors and the Secretary of the Secretariat of the Roman Catholic Church; the pastoral role of the new Pontifical Commission and the possibilities of reciprocal cooperation were at the centre of the discussions.

* * *

All these meetings and discussions were conducted in an atmosphere of great cordiality, mutual esteem and great attentiveness to the new Commission and the development of its activities.

Everywhere there were assurances of cooperation with the Pontifical Commission. The Pro-President's proposal to each country to hold a National Convention on the *"Humanization of Medicine"* met with much favour and enthusiasm by all, of whatever religious faith or political persuasion.

The text of the Motu Proprio, edited in seven languages by our Pontifical Commission, was given to everyone.

BELGIUM

International Congress of Catholic Pharmacists

The XVIIIth International Congress of Catholic Pharmacists (FIPC) was held in Bruges, September 7th to 9th, 1985. The theme of the Congress was: «*The Pharmacist and Bio-ethics*»

The Pro-president of our Pontifical Commission, Archbishop Fiorenzo Angelini, took part in the Congress and gave an address on «Drugs and Bio-ethics»

He was also the bearer of the Message of the Holy Father.

ROME

International Catholic Hospitals Congress

The «*International Catholic Hospitals Congress*» was held in the Paul VI Hall in the Vatican, October 29th to 31st, 1985. The theme was: «The urgent need for greater communication and cooperation between Catholic hospitals and health services ... so as to help all Catholic health-care services achieve their aims».

The Congress was opened by Cardinal Eduardo Pironio, President of our Pontifical Commission. Archbishop Fiorenzo Angelini, the Pro-president, presided for part of the meeting and on the closing day. In his addresses, he emphasized the importance of the Motu Proprio that established the «Pontifical Commission for the Apostolate of Health Care Workers».

The Holy Father gave an audience to the participants, and this is an extract from his address:

«I am pleased to be able to show my appreciation for this initiative; I consider it to be an important meeting because it allows qualified workers in the delicate field of health care to hold discussions in an atmosphere of acquaintance, friendship and dialogue, thereby encouraging them in the fulfilment of their often exhausting and unknown activities. I am certain that your meetings, designed to promote an ever growing exchange of information and technical and scientific collaboration, will be to the benefit of your profession and for the improvement of your service of those who have recourse to your medical skills It is precisely to build up this cooperation that I set up, last

February 11th, a special Pontifical Commission, and in the Motu Proprio «*Dolentium Hominum*» I said that I hoped this would encourage cooperation between all the Catholic bodies at work in the sphere of medicine and health-care (cf. Dolentium Hominum, n. 4)».

The Congress was not organised by the Pontifical Commission, because this was not yet in existence when a special Committee under the chairmanship of Mgr. James Cassidy and with Doctor Marcello Sacchetti at the General Secretariate proposed this initiative.

At the end of the Congress, the following were appointed to the Executive Committee:

For EUROPE: Sr. Attracta Shields RSM, Ireland - Fr. Leonhard Gregotsch MI, Austria - Fr. Umberto Rizzi MI, Italy. For AFRICA: Sr. Mary Joseph, Nigeria - Mr. John W. Kweri, Kenya. For ASIA: Fr. John Mattamattom SVD, India - Dr. Yong Whee Bahk, Korea. For AUSTRALASIA: Dr. John Pavone For SOUTH AMERICA: Sr. Martha J. Rea CCUI, Mexico - Dr. Guillermo Gairdara, Mexico - Rev. Cherubin MI, Brazil. For NORTH AMERICA: Sr. Marie Boni, Canada - Dr. John E. Curly Jr., United States.

GHANA
1st Panafrican Catholic Doctors Congress

The «First Panafrican Catholic Doctors Congress» was held in Accra, February 2nd to 6th. The theme: «*The Catholic Doctor in Africa*»

«An initiative of historic importance, it was aimed at encouraging Catholic doctors on this continent to meet in national associations so as to give collegial affirmation to the principles of Catholic doctrine in their professional medical life,» as the Apostolic Nuncio, Mgr. Dias Ivan, described it.

The Pro-president took part in the Congress, bringing with him a Message and the Blessing of the Holy Father, and speaking on: «*The doctor in the promotion and defence of human life*»

CANADA
The Annual Assembly of CHAC

The Catholic Health Association of Canada (CHAC) will hold its annual meeting at Château Halifax, Nova Scotia, May 20th to 23rd. This year's theme is: «*The creation of alternatives in health care*» Items on the agenda cover the decade of the 1980s.

There is much reconsideration of the traditional models in the field of health care; new administrative structures are being developed and new professional roles being proposed. These will be discussed in the light of a Church which is emphasizing the participation of lay people, social justice, voluntary bodies, the community and the function of health care workers.

POLAND
Monthly Meeting of Catholic Healthcare Workers

The Pro-president, Archbishop Fiorenzo Angelini, will be in Poland, May 22nd to 25th, to meet with Catholic health-care workers at their monthly spiritual retreat.

Invited by the Polish Bishops Conference, the Pro-president will visit hospitals and meet operators in Warsaw, Breslaw and Czestochowa

DENMARK
International Conference on Injuries in the Workplace

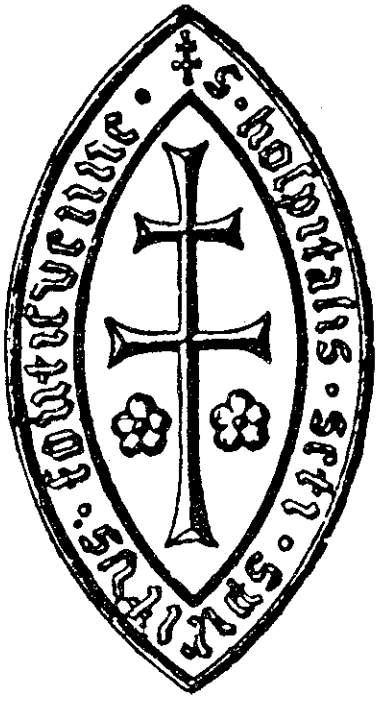
The Pro-president has been invited by the *World Rehabilitation Foundation* of New York to attend the *International Conference on Injuries in the Workplace*. in Copenhagen, May 27th to 29th He will give a conference on: «*Ethics and the safeguarding of the health of the worker*».

IRELAND
Meeting of the Major Religious Superiors

A Meeting is being prepared with religious bodies working in the health care apostolate in Ireland; the *Conference of Major Religious Superiors* there has recently set up a Secretariate for this sector

A Federation of these is also being studied. The Pro-president, it has been announced, will be attending this meeting

News from around the world



The recent publication of the Yearbook of World Health Statistics, edited by the World Health Organization, gives food for thought for the elaboration of health policies Besides the usual data about mortality rates and hopes for survival in infants, there is also a great deal of new information about the principal diseases that afflict children around the world Above all, there is an obvious shift in the causes of mortality towards these typical of developed countries, while infectious or parasitical types have decreased A fundamental point is that, in developing countries deaths occur chiefly in the under-15 age group, while in the advanced ones, they are mainly in the over-65 group

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Dr J.E Aswall, European Regional Director of the World Health Organization, met with Pope John Paul II and Archbishop Fiorenzo Angelini, Pro-president of the Pontifical Commission for the Apostolate of Health Care Workers, on April 27th, to explore the possibilities of direct cooperation between the Pontifical Commission and the WHO The meeting was judged as very positive by all present, and numerous points of agreement were discovered concerning the vision of man, social commitment, the importance of the technical and spiritual training of health care operatives

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Illnesses related to tobacco-smoking are on the increase in the developing countries Over a hundred states are now witnessing the spread of diseases at one time unknown to them, but definitely related to tobacco: tumors, heart and lung diseases Growing death rates from these have not yet, however, convinced the authorities to promote schemes to check the smoking habit, the risks of which are for the most part completely unknown to the consumers in these countries. Even more worrying is the fact that huge resources are invested in the cultivation of tobacco, even by countries that cannot guarantee basic nutrition for all their inhabitants, in order to have merchandise for exchange with foreign countries

* * *

Cancer-related deaths have increased by some 50% in the last twenty years A recent study by the WHO has revealed this; it has also localized types of cancer in different places In first place is lung cancer, especially in the industrialised countries, where the incidence of this form compared with all others has increased by 116% in men and by 200% in women More has been achieved with cancer of the stomach, now steadily decreasing, thanks especially to improved living conditions

* * *

For the first time, a programme of research and cooperation in pediatrics has been promoted by a pharmaceutical industry, the French house of Rhône-Poulenc-Santé, in the French-speaking countries of Africa The first seminars were held in Morocco, Mali, Tunisia and the Ivory Coast In these, there was recognized the primary need of establishing priorities in children's medicine and of collaboration between the different health-care agencies and departments Among the basic requirements emerging from these were the professional definition of the pediatrician's status, the organization of periodic meetings, the promotion of child care programmes and preventive medicine schemes

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The «peace ship» which left Italy with twenty-billion-lire worth of medical and other aid for Africa returned on October 15th Organized by the Red Cross, it travelled all around Africa, on a voyage lasting two and a half months, distributing aid directly to governments, refugee centres, hospitals and missions. All Red Cross and Red Crescent bases on the way took part in the programme in order to speed up the distribution of foodstuffs, medicines, tools and farming implements

* * *

In December, the WHO campaign against onchocercosis (river blindness) is ten years old The balance-sheet is naturally extremely positive: 90% of the delta of the Volta has now been disinfected and reclaimed for repopulation and farming; according to WHO statistics, the sight of three million children has been saved The programme cost 160 million dollars and is funded by various countries and bodies Starting this year, the programme will be extended to Guinea, Guinea-Bisseau, Senegal and Sierra Leone

* * *

Tobacco and alcohol have only secondary roles in the formation of some forms of cancer, for example cancer of the oesophagus; experiments are going on in China to see if this is really so and to determine whether there is a causal connection in the absence, or superabundance, of certain vitamins in the diet Research is going on in close collaboration with the International Cancer Research

Centre in Lyons, and if successful, could demonstrate the curative properties of vitamins for this disease.

* * *

The programme for the prevention and cure of diarrhoea and dehydratation begun in Nicaragua in 1979 continues to yield positive results. The number of units for oral re-hydration treatment has gradually grown until now there is, on average, one for every two thousand infants under six years of age; it has been possible to detect a net drop in the number of acute cases of diarrhoea for which hospitalization is necessary. The programme; which has been supported by WHO and is part of a larger plan of assistance to mothers and babies, has been successful to a great extent because of the combined efforts of the various medical units.

* * *

Recent research has shown the seriousness of American Trypanosomiasis, better known as «Chagas' disease» Found in a vast area which stretches from Mexico to Chile and Argentina, principally in rural areas, the disease spreads in poor housing conditions and is nearly always found associated to areas of high poverty. Prevention of this disease is based on the employment of insecticides to disinfect the dwellings of carriers, but high costs and the difficulties of getting to the rural areas where the disease is rife make the operation difficult and complex. Only by reducing the poverty rate and through health education can this disease be eradicated

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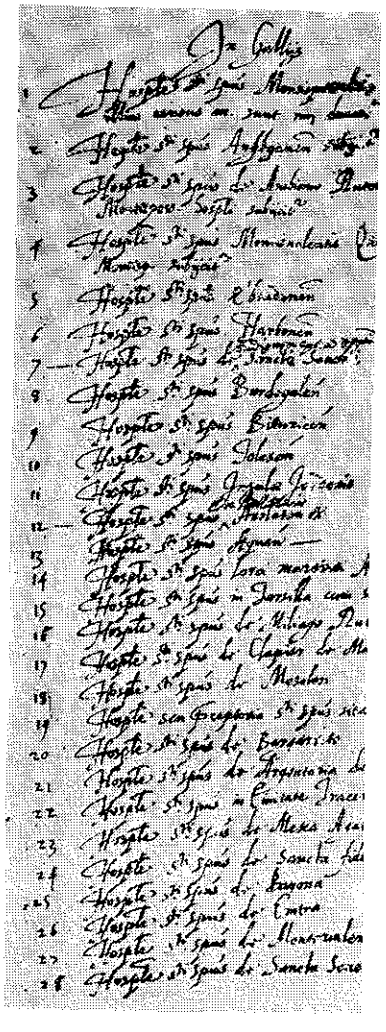
From 1981 to 1983 the number of declared malaria cases has dropped from 7.8 million to 5.5 million. This is one of the facts that comes out of the recent set of statistics published by WHO. But this positive fact needs careful analysing: alongside regions which show a clear drop in the incidence of malaria, there are others where no movement at all has been registered. There are innumerable difficulties on the way to the definitive conquest of this illness, not last of which are some of a technical nature connected with the resistance shown by various strains to the better known insecticides Besides, over 400 million people still live in areas where no specific programme has ever been put into operation and where there is consequently a high risk factor.



From the list of Priors of the Order of the Holy Spirit in Saxia, 1431

Letter of Madrid gynecologists protesting against abortion practices

Three well-known gynecologists in Madrid, Dr. Rafael Boton, Dr. Vazquez and Dr. Muelas, were recently transferred by the Director of the «I Ottobre» Hospital because they had refused to cooperate in an abortion. This fact sparked numerous protests by the majority of the Madrid gynecologists who sent a letter to the President of the Government, Felipe Gonzalez, the Minister of Health Ernesto Lluch and the Public Defender Joaquin Ruiz-Gimenez The complete text of the letter published in the Madrid magazine *ABC* on 26 November 1985 follows:

The undersigned university professors and heads of departments or teams of gynecology and obstetrics in Madrid, members of the medical profession, express their concern arising from the implementation of the decriminalization of abortion and declare the following:

1. As was to be expected, the application of the law of 5 July decriminalizing abortion in particular cases is creating serious pro-

blems due to the vagueness of the law which is almost identical to the one which only a few months before the Constitutional Court declared to be «not in conformity with the Constitution»

2 Moreover, neither the directives nor the instructions subsequently circulated by the Minister of Health to ensure the application of the law have clarified the various situations which have been created

3 The Constitutional Court itself has stated that the right of conscientious objection contained in article 16.1 of the Constitution «exists and can be exercised whether or not specific norms have been issued». This right must protect a doctor in any act relating to abortion when he refuses to participate.

4 Reference to the fact that doctors in hospitals have always treated the consequences of abortions, even when they were illegal, as a pretext for making doctors responsible for treatment that normally follows a legal abortion is a fraud meant to involve conscientious objectors in an act which they find repugnant Doctors never refuse at any time to treat persons seriously in need of help, whether because of abortion or any other cause What does not make sense is the fact that in hospitals which claim to have personnel able and willing to perform abortions, these same persons do not accept the responsibility for follow-up care and leave it to others who are morally opposed to the situation

5 No person who acts honestly and in accord with his personal ethical principles should try to hide his own convictions and actions for fear of accusations of being either pro- or anti-abortion.

6 A few days after the Constitutional court ruling of 15 April 1985, almost all of the heads of hospital departments of obstetrics and gynecology in Madrid published a letter which noted their concern regarding the possible lack of respect for the rights of those doctors who might choose to be conscientious objectors. That those fears were justified was immediately demonstrated by the suspension of three gynecologists at «I Ottobre» Hospital. What makes the situation even more deplorable is the fact that this was done by an administrative decision and, thus, seriously trespasses the rights of heads of departments.

7 If the law is correctly enforced according to its letter and spirit, a very small number of abortions will be performed In those hospitals where gynecologists, anesthesiologists and nursing staff are willing to perform abortions, there must be special units that not only perform the abortions but also assist with follow-up treatment until the patient is discharged. This is to be done without prejudice to the life or health of the patient who is always protected by the services of the entire hospital

8 It must remain clear that performing abortions in those hospitals that have special units must not disturb other health services or professional relationships among health care staff, neither can it lead to doubting anyone's professional skills For this reason it is necessary to inform the public that abortions, especially those performed late in pregnancy, are not routine operations. Without paying too much attention to stories of some particular cases, it should be known that certain situations can lead to catastrophic results that are much worse than those which abortions are believed to avoid.