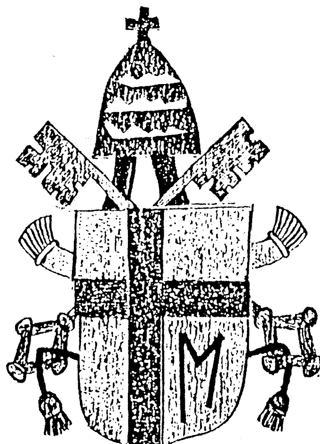

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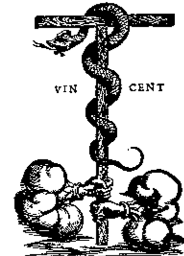
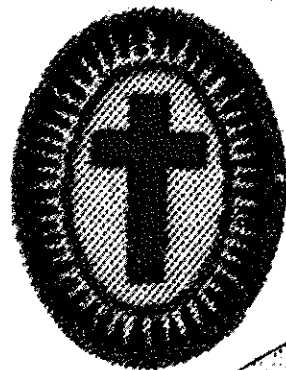
SANESE MEDICO CESAREO
ET DEL SERENISSIMO PRINCIPE
FERDINANDO ARCHIDVCA D'AVSTRIA &.
Nelli sei Libri
Di Pedacio Dioscoride Anazarbeo della materia Medicinale
DAI SVO ISTESSO AVTORE RICORRETTI
ET IN PIV DI MILLE LVOGHI AVMENTATI
Con le Figure tirate dalle naturali & viue Piante, & Animali & in numero molto maggiore che le altre per auanti stampate
Con due Tauole copiosissime l'vna à ciò, che in tutta l'opera si contiene & l'altra alla cura di tutte le infirmità del corpo humano.
CON PRIVILEGIO DEL SOMMO PONTEFICE della Illustrissima Signoria di Venetia, & d'altri Principi.

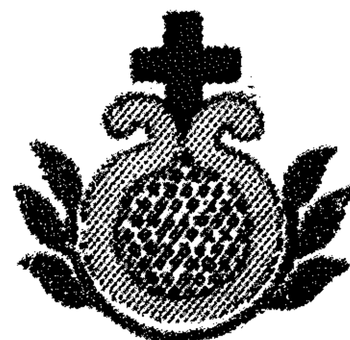


IN VENETIA, M D LXXXI
Appresso gli Heredi di Vincenzo Valgrisi.

Pietro Andrea Gregorio Mattioli's *Discourses* from which we have taken the illustrations for this issue of *Dolentium Hominum*, was one of the most widely distributed books in the sixteeenth century. This edition, which appeared in 1581, reached 32,000 copies. The first edition came out in Venice in 1554 in order to print one of the leading medical manuals of antiquity, the six books on medicine by Dioscorides Anarzabeus, which circulated in manuscript form. The fame of Mattioli's *Discourses* was so great that descriptions of new medicinal plants and methods of treatment reached the Siena doctor from all over the world. In several successive editions up to 1581, Mattioli's publication included thousands of variations and additions, thus constituting an *ante litteram* up-to-date scientific journal. In its 1,300 pages, the thick volume contains hundreds of illustrations of medicinal botany.

1886-1986 PROCLAMAZIONE A SANTI
PATRONI DEGLI OSPEDALI E DEGLI INFERMI





2000
POSTE VATICANE

I.P.Z.S.-ROMA-1986 A. CIABURRO

The Vatican Post Office has commemorated the centennial (1886-1986) of the proclamation of St. Camillus De Lellis and St. John of God as "patrons of hospitals and of the sick" respectively by issuing three stamps. The stamp showing Pope Wojtyla alongside the bed of a patient reproduces the emblems of the Camillians and the Hospital Order, founded by these two saints.

TEREBINTHO

The Gospel of Suffering

The Church at all times faithfully announces the salvific message of Jesus. Yet, in the different periods of history, she occasionally gives priority to certain aspects of the message in responding to the needs and expectations of men.

When the Roman Empire declined, it was the Church that saved the patrimony of classical culture, and the first schools and universities of the middle ages later arose alongside the cathedrals. The examples could be multiplied.

There is, however, one aspect of the Church's attention to man which accompanies her entire history: specifically, the aspect John Paul II, in his *motu proprio Dolentium Hominum*, described as an "integral part of the Church's mission," i.e., her concern for all who suffer (*DH*, 1).

An extensive section of John Paul II's Apostolic Letter *Salvifici Doloris* bears the title "The Gospel of Suffering." The definition of this Gospel is clearly formulated in the following words: "The witnesses to Christ's Cross and Resurrection have passed on to the Church and humanity a specific Gospel of suffering. The Redeemer has himself written this Gospel first of all in his own suffering taken on out of love, so that man should not die, but possess eternal life (Cf. *Jn* 3:16). This suffering, together with the living word of his teaching, has become an abundant fount for all who have taken part in the sufferings of Jesus in the first generation of his disciples and confessors and in successive generations in the course of the centuries" (*DS*, 25)

In saying "Gospel of suffering," we are saying that suffering, when accepted as a design of God acting in the Incarnation of the Son of God, our Brother, may be transformed into a factor of sanctification, a true hymn to life.

Throughout her history, while filling considerable gaps in civil society and making up for legislative oversights, the Church has striven to care for the sick and the suffering not only spiritually, but also medically. Such care, however, has never been an end in itself or an occasion for nourishing the delusions of those placing hope exclusively in cures. The Holy Father explains it in *Salvifici Doloris* as follows: "The Gospel of suffering means not only the presence of suffering in the Gospel, as one of the themes of the Good News, but also the revelation of the *salvific force and the salvific meaning of suffering* in the Messianic mission of Christ and, consequently, in the mission and the vocation of the Church" (*SD*, 25).

John Paul II has become an exceptional witness to this Gospel in our time. There is not a single address, beginning with his first allocution, in which he fails to make mention of the sick and of the need, in ministering to them, for the support which derives from offering suffering to God for the salvation of the world.

The insight of a Shepherd, but also proof of a deep-seated human sensibility. To such a degree that John Paul II's first "exit" from the Vatican, just twenty-four hours after being elected Pontiff, was not opened by a procession or escorted by bright uniforms — he went out dressed in white amidst white-clad doctors and health workers at the Gemelli Polyclinic to visit the patients hospitalized there. He did not ascend, but descended and drew near, like the Good Samaritan.

The Holy Father's personal experience, by the providential design of God, has led him to become a protagonist of sanctified suffering following the extremely serious assassination attempt of which he was the victim. Pontifical audiences and pilgrimages to various countries around the world constitute continued occasions for the Pope to encounter the sick, to become the bearer of support and hope for their sake.

John Paul II is the first pontiff in the history of the Church to devote the broadest and most authoritative of the documents of the papal

magisterium to the subject of suffering; the Apostolic Letter *Salvifici Doloris* (February 11, 1984) is an exhaustive treatment, in the form of pontifical teaching, of the problem of human suffering and its Christian meaning.

A year after the promulgation of this document, the Pope instituted the Pontifical Commission for the Apostolate of Health Care Workers.

A careful reading of the document instituting this postconciliar pontifical office, *Dolentium Hominum*, demonstrates that the Commission is not simply a bureaucratic organism nor is it reducible to an ulterior structure, even if necessary, within the Church's commitment to the field of health and health care. In the *motu proprio Dolentium Hominum*, the Pope is concerned with recalling the doctrinal — biblical, theological, and traditional — presuppositions of the Church's solicitude for the sick. He thus takes note of the historical datum of the presence of innumerable Catholic health care institutions around the world. But, the Pope admonishes, the progress of science and technology in medicine, the socialization of health care, and the new problems posed in connection with defending and promoting life call for the immediate, effective testimony of our faith. The Commission has a great many specific tasks assigned by the Pontiff and backed up by the expertise, efficiency, and generosity of the members of this body.

All health policies pose problems involving general ethics and Christian morality in particular. The Church, sacrament of salvation, is the depository, spokesman, and witness of values capable of responding constructively to these problems. The timely publication of the Catalogue of Catholic health care institutions functioning throughout the world produces an edifying surprise: the Church is massively present in the health field. Her preaching is often preceded by contact with those who suffer, in imitation of Jesus, who, in bending over the sick, predisposed the crowds to hear and receive his teaching.

The institution of a body to coordinate, stimulate, promote, and diffuse the essential principles of Christian ethics in the enormous domain of health and health care represents a historic event. And it is certainly a "sign of the times" that the promoter of all these initiatives should be a pope who, through personal experience and the historical vicissitudes of his land, has thus come into close contact with suffering, trials, and the value of sanctifying pain.

In the most concrete way, our time threatens to lead mankind — or huge segments of it — to experience even collective forms of unspeakable suffering. The calamity of hunger, malnutrition, endemic social diseases, local wars exterminating populations every day, the threat of atomic devastation reformulate in universal terms the original, perennial question concerning the meaning of human pain. Either suffering has a constructive meaning or it is absurd and intrinsically oriented towards generating despair. Christianity is the only religion which has indicated the source of liberation and salvation in the sanctification of pain, for the world's salvation descends from the Passion and Death of Christ. This is the Gospel, and it is a Gospel of suffering. Not because it teaches man to accept pain stoically, to regard it as a fatality or an obscure enemy, but because it teaches us to derive reasons for love from the cosmic and human condition of suffering.

The Holy Father has recently reminded us of it in the new encyclical on the Holy Spirit: "Whereas sin, by rejecting love, has caused the 'suffering' of man, which in some way has affected the whole of creation, *the Holy Spirit* will enter into human and cosmic suffering with a new outpouring of love which will redeem the world" (*Dominum et Vivificantem*, 39).

This vision and proposal in the Gospel is the alternative to paganism in every age — a paganism embodied today in materialism, which delineates a horizon of values and ends closely linked to interpreting all reality as "matter." This conception regards the Gos-

ROSE

pel of suffering as a kind of "idealistic illusion," but later, as the new fears and nightmares of humanity demonstrate, materialism is impotent in the face of the need for justified hope springing from the heart of every man and especially of those who suffer.

All materialistic visions of man paint us a picture of death. The Christian vision and proposal provide us with a picture of life which the Holy Spirit translates into certainty in those who welcome the impulse (*Dominum et Vivificantem*, 57). We call this certainty "Gospel," i.e., Good News, liberating announcement.

CARD. ANDREA DESKUR
Member of the Pontifical Commission for the Apostolate of Health Care Workers

ARMENIACO

CNEORO DEL MATTHIOLI

Medical Cooperation with Developing Countries

I think today we live in a very cold world. If you go back to the economic crisis of the thirties, and if you study the political records in the countries affected by the economic crisis, with unemployment, with people being forced to leave their homes, with people sleeping in the streets, with people not having anything to eat, with people being sick because of this economic crisis, there is one thing you will find in these political records, in many governments. No matter whether you belonged to the left or to the right or to the center, *individual people did care*; they were worried about the people suffering from this economic crisis.

Today we have yet again a severe economic crisis that may not be hitting a country like Italy, or a country like mine, prosperous little Denmark, as much as it is hitting the developing countries. Mr. Andreotti referred to it as a vicious circle of underdevelopment, of ill health, of poverty, of illiteracy, of social apathy resulting from all these. And the stresses situation are transplanted from one sick generation to the next.

I believe that when society is cold, when there are no social and spiritual values to which we all can subscribe as being fundamental for our social norms, when there is no such value system, then society becomes very sick. And I believe that society is very sick today, a society with only very materialistic values, where everybody is asking only for more wealth, more cars, more food, more sex, or whatever, and where the media are promoting more and more of all these goods.

Indeed, I was with Minister Degan in London the day before yesterday, discussing the drama of the youngsters in their addiction to drugs. Why are they fleeing from society? I believe that this is because they do not feel that society cares about them...

And drug addiction is just *one* indicator of the coldness of the society in which we live.

Today one is inclined to reflect — not because Minister Andreotti is here — on the East-West confrontation, and its consequences for us. However, I think more of the North-South confrontation. Clearly when one looks at the East-West geopolitical

confrontation, one is tempted to quote Kipling when he said, in a different context, "Oh! East is East, and West is West and never the twain shall meet."

Indeed, we live today under the real threat of nuclear missiles colliding somewhere over our heads, and that obviously will be the end of civilization, and then nobody will have to care about "health for all by the year 2000."

But I think we are today in a situation which is as dangerous as all the nuclear bombs, and which is a fundamental expression of our cold society, that is: the human injustice that lies between the "haves" and the "have nots." And I do not say that in any political, ideological manner. So please do not get me wrong.

As there has been for many years talk about the dialogue between the North and the South, between the "haves" and the "have nots," I am sorry to say that today we have no dialogue; at the very best, we have two parallel monologues.

So one is tempted to paraphrase Kipling, and to say: "Oh! North is North, and South is South, and never the twain shall meet." Fortunately, at least in your World Health Organization, there has been a dialogue between North and South, East and West. And member states have been able unanimously to agree on what I humbly submit is one of the more noble social goals of this century, namely "health for all by the year 2000."

In order to understand this goal, you have to understand this courageous definition of health in WHO's constitution, which says that health is a state of complete physical, social and spiritual well-being and not merely the absence of disease or infirmity.

Now, "health for all by the year 2000," obviously does not mean that nobody will be sick or disabled, or that there will be doctors and nurses for everyone, for every disease, every ailment. But it *does* mean that whatever resources we have will be distributed with more social equity and in a more humane way than they are at present. It *does* mean that there will be much better ways of growing up, of growing old and of dying in dignity.

It *does* mean that health begins at home, in the schools, in the working place, because it is in those places that health is made, or power to influence their own health.

And of course it is our obligation to support people to assume that power of understanding so that they know they can promote their own health, and how they can avoid the negative influences that may affect their health.

Now, I think that it is tremendously important that today we have the honor of having representatives of the highest foreign policy level, and of the Church as well as of the technical level in Minister Degan, the Minister of Health and in Minister Salleo for the important field of Technical Cooperation.

I think you all are very much part of this movement of "health for all." Everyone needs to cooperate in order to give individuals, families, and communities a chance to realize their potential. Because that is what health is all about: to achieve a quality of life that allows everyone to realize one's physical, one's intellectual, one's social, one's spiritual potential. "Health for All" is a value system. A value system from which you can draw energies, because you believe that this is our sacred task, as health professionals, to give people that chance to develop their full potential.

I think all of us realize that up to now we, who are privileged to work in the medical profession, have to a very large extent only been concerned about repairing people when they are sick or injured, sometimes as a result of their own behavior. And of course this is a very important function for us: to repair people even when they have been misbehaving.

But I think that it is equally important for us to understand that today we have virtually only two groups of important diseases when looking at our friends suffering in the developing countries. There is one group which is fighting for food — human beings fighting for food, but being in competition with all kinds of parasites, whether they be worms, bacteria, viruses, or whatever. And there of course we have a tremendous opportunity to try and fight the parasites which are in the battle with man, woman, and child, in the search for food. And that is protecting children against many diseases, thereby making them able to use whatever food is available in a very different way.

And of course food is, in this context, primarily material food. But it is also, as we know, the spiritual food of life that is in danger. Children that arrive at school, after having suffered every year dozens of episodes of diarrhoea, several times malaria

and other diseases, are not very well equipped to be educated. They will not absorb that part of vital training in their lives which will develop their intellectual potential. Nor, with due respect to Mgr. Angelini, is it easy for God to address an empty stomach and a diseased body. At least I find it more difficult than it is when one is healthy.

And, therefore, we need to help our friends in the developing countries in this battle between the hostile environment and the building up of strength and capacity of everybody to develop their potential.

But, coming back to what I said about the fact that we the physicians are primarily trained to repair. We know when we go back to Africa, for instance to Kenya, where we have very good statistics from the beginning of the century, that they had no cancer, no heart diseases and no other vascular diseases, they had virtually no diabetes. All the important pathologies of today's world did not exist, because at that time they were not misbehaving in relation to their environment.

And this is the other second great category of diseases, which has entirely to do with the misbehaviour of the human species with its environment. And I think that in striving at health for all, we realise that it is not only that we want to repair people, once they have been misbehaving with their environment, we would like to support them not to misbehave.

And this is where it becomes so important to support individuals, families, and communities to understand how at least they can try to reduce that misbehavior. And I think it is absolutely clear already from some of the very impressive statistics we have from the United States that with a little bit of moderation in behavior one can see a big difference within a short time in, for example, the extent of heart diseases.

One of the very important parts of health for all is therefore to start with health promotion; it does not start with repairing after the damage has been done. I think that for the developing countries too health promotion is equally important.

This is why the first thing in primary health care, the kay to moving towards health for all, is to educate, people to take their own health destiny into their own hands.

And if I may make a digression, since we have a very distinguished audience sitting up here, and I address myself humbly to Minister Andreotti and Minister Salleo — until now action for health has been seen purely as something costing money. A nuisance value to most politicians. A consumption of resources. Rarely has it been seen as part of development.

I do invite anybody to go with me today to Africa, or to Asia, or to many Latin-American countries, and then ask, "Do you think you can have development when half the village is down with some kind of disease or another? Do you think that people can identify dynamically with their own economic development when half of them are diseased all the time?"

I think, therefore, it is very important that in the health for all concept all the other sectors are brought together; health is part and parcel of overall social and economic development.

And I don't have to repeat the need for spiritual development. I think it is absolutely clear that people's energies are still the most important thing. Energies do not come from inanimate things. Oil energy may be important, but people, human energy, remain still by far the most important part of the development equation. Without human energy, you can pour as much money as you want, throw the money at development, and still it will not work.

So, unless we can mobilize people's physical, social and spiritual energies, in favor of their own development, there will be no development.

So I humbly submit that this concept of health within development is a crucial perspective. Health is certainly a contributor to development,

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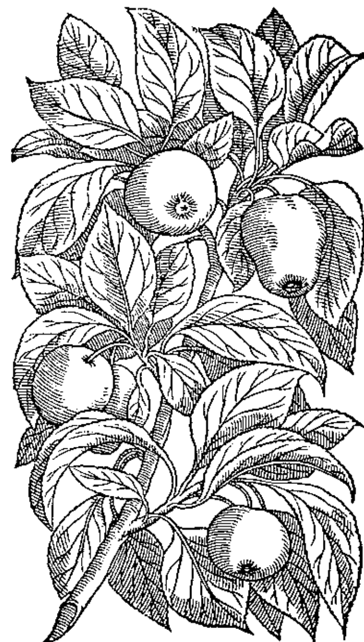

and clearly also a beneficiary from development.

It may sound strange to come from a doctor that we should have put as first priority education and food and nutrition as the second priority and water and sanitation as the third priority.

So you have the three first priorities hardly close to our medical hearts, but three factors which are fundamental and vital if we want to give people a chance to survive. And survive not in misery. Because today, unfortunately, there is a lot of self-righteous sentimentality around in the world. "Oh! We will go and do something dramatic in Africa." Christ is in Africa. Of course we can save children. But do we want to save children to live in misery? Is that all that we want to do? Is that our Christian guilt? To save children to survive in misery?

I don't think so. And I therefore think that the very concept of health for all is precisely that children and families and communities should be able to survive not in misery, but in such a way as to develop their potential, and get out of the misery.

And that, I think, is of great relevance in the present development dialogue: that we should not go back forty years in development history, and start taking short-lived spectacular action that leaves nothing behind. We want action that can be sustained; action that can give rise to self-sustaining development.

I believe, therefore, that if we are serious about health development, we must start with that health promotion. We must then move on from health promotion to disease prevention. And from there we move on — when it is too late — to healing, to repairing, to rehabilitation.

I think that we have to rethink our priorities, and not start with the repairing, but really shift our resource orientation towards health promotion and disease prevention. And then only fall back on our repairing and rehabilitating action.

I believe that you may have in this room many skeptics, many cynics. I find it difficult to believe that Rome should be, or Italy should be, different from many other industrialized countries, where they say health for all is utopia, utopia, utopia. We know what people are like! There is nothing we can do!

Well, if you have that kind of cynicism, that human beings are beyond retrieval, then obviously very little can be done. Because the whole of health for all is a people-centered approach to health.

But I would believe that if anybody here were to take the aeroplane today, or the helicopter — and he or she decided where we shall land in the world: Africa, Asia, South America, wherever you want — and if we were to tell each other that we wish to change the situation there, the health situation, the development situation, change it dramatically within the next five years, do you mean to say that we could not do that?

Some of us have been working under impossible conditions, and we know that if the human energy, the human spiritual, intellectual energy is there, then we can create together miracles everywhere.

It is the motivation that is lacking, and that is why again with the health for all movement we have put so much stress on the importance of having national political will, expressed in such a way as to make it clear that member states, when they go back home from having said the big beautiful words in the World Health Assembly, should also practise what they preach in WHO.

And this is where it hurts: because it is so easy to preach in WHO in Geneva, and so much harder to go back to the political realities back home. This is, nevertheless, where all of us, whether in governmental, non-governmental, or international efforts, have to be the conscience of everybody. We have to support people, when they are back home and are struggling with the translation of their collective policies into national realities.

And as a digression I would like, in the presence of

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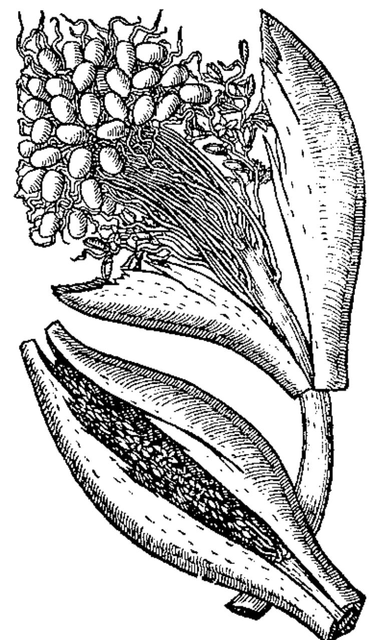


Mgr. Angelini, to say that I really meant it when i mentioned miracles a moment ago. I think you can go to any church organization, whatever your background may be — some of us come from Nordic countries, so our background is Protestant; others come from different countries, so their background may be Catholic — but I think all of us who come from one background or another will realize that these churches and their health workers have worked miracles by the tens of thousands of examples all over the world, working under the most impossible conditions, with very little money. They have shown that if you have the motivation, then the miracle can be done.

And I would like to pay credit to these health efforts having been made by the church related organizations, because they inspired the very concept of primary health care. I think anybody who cares to read the doctrines of primary health care will realize how close they are to many of the efforts which have been made by the church related organizations.

And indeed, as pointed out, we are very happy that an Italian couple, working under very difficult conditions in Uganda, will be honored with the Sasakawa health prize this year at the World Health Assembly.

So, I do believe that if we can keep our faith in human beings, the worthwhileness of not becoming cynical, and indifferent, skeptical, in this very cold world in which we live, then you, I, everybody, we all know that it is possible to mobilize the energy required to change the world.

I would just end by saying that I had the very great honor to work in Rome twenty-five years ago to start with friends in the Forlanini Institute one of the first international training courses in tuberculosis, and I feel very honored to be back in Rome. And I believe that between the Government of Italy, between the nongovernmental organizations, and indeed I hope with the new Pontifical Commission for the Apostolate of Health Workers, that we will really have new possibilities for trying to work together to mobilize energies, intellectual energies, that abound in Italy, that we will have really again and again the immagination support each other in order to support our friends in the developing countries.

And in that I think there is one thing we must avoid. Development can never be done by proxy. We must always support our friends in the developing countries by helping them to acquire self-reliance, so that they themselves can take into their hands their own development. There is no short-cut to development.

I think many of us — and I confess to being one of them — have made very bad mistakes in believing that we could do the development for them, instead of supporting them to do their own development. I think that with the approach, with the outlook, that I believe exists in Italy with regard to international development in the health sector, we share common attitudes on this point.

I am therefore quite convinced that we have many possibilities for moving forward. We are trying slowly, and sometimes perhaps even somewhat timidly, to discover

how best we can support each other. WHO is *your* organization; and you have to feel how you can best make use of your WHO.

I think there is no doubt that within the European regional strategy for health for all there is a lot that Italy can get out of *your* WHO. Anybody who is interested in health I think should read the "holy book" of "health for all" in Europe, with its targets, with its strategies, how really one could see a major difference in the health in Europe in the coming years[1].

I think there should be no problem for Italy. And I think that as Mgr. Angelini has emphasized and re-emphasized, both when I had the honor of being with him last evening and today, a part of that strategy is to make medicine a human affair, not a cold, ice-cold, technological affair alone. Technology is important, but medicine is

both science and art, and I think it will continue to be both science and art.

And therefore getting a humanitarian approach back into medicine and expanding the concept of medicine to health — that I think is the challenge for any European country, including Italy.

I would hope that by the year 2000 we would have more faculties of health than there are faculties of medicine. The first have started to come up in a number of European countries — not a number really, in two! Let me not exaggerate... — but there are faculties of health where you have enlightened professors who have begun to understand that medicine is not the only thing in health.

But when we look at Italy and the developing world I think there again we have had very positive experiences in recent years where we have worked together in a number of programs. One of these is essential drugs — and I need not tell you that the concept of essential drugs is very revolutionary for any doctor, including myself — and I would hope that all of you would try to read the reports of expert committees of your WHO when it comes to the concept of essential drugs.

And if you disagree, once more tell your WHO why you disagree, because we now do know that we can cope with more than 95% of all health problems in the developing countries with just a couple of hundred or so drugs. And we know that we can get the essential drugs for primary health care — about thirty to forty of them are usually needed — for something as little as one dollar per head of the population.

So there we have a beginning of an excellent cooperation. In nutrition we are also developing good cooperation; in tropical disease research and training we are really moving forward; in the field of respiratory infections — I think in all of these areas we are moving forward.

I want to make use of this opportunity to express my profound gratitude because Italy is increasingly moving forward in its cooperation with WHO, both at government level and through nongovernment organizations.

So, let me end expressing my deep conviction that health for all is not a utopia. Health for all is a reality that can manifest itself within a surprisingly short time if we work together.

Thank you very much.

DR. H.T MAHLER
Director-General of the World Health Organization

[1] Target for Health for All — WHO publication from EURO Regional Office

Jesus present among the Sick... and the Church?

The Gospel offers very rich testimony on Jesus' presence among the sick. In addition to being efficacious, the Lord's actions are emblematic of what the Church is called to do in fulfilling her mission. It suffices to note three aspects: the attitude of Jesus, the sign-meaning of the healings performed by Him, and His presence among the poor and the ill.

It is common in the Gospel to see Jesus surrounded by sick people: the lame, the deaf, the blind, paralytics, lepers, mutes, the insane (*Mt*

11:5, 12:22, 9:33; *Mk* 7:32, 9:14-29). The Gospel specifies that Christ traveled throughout Galilee, teaching and healing all illness and suffering. The multitude was amazed and exclaimed, "He has done everything well: He has given hearing to the deaf and speech to the mute" (*Mk* 7:37).

The healings performed by Jesus always possess the value of a "sign" — healing is a Messianic sign associated with the announcement of the Kingdom. This character as a "sign" is constant in the Gospel: when Jesus casts out demons, the sign is that of His victory over Satan (*Mk* 1:23, 5:1; *Lk* 8:2); when He multiples the bread (*Jn* 6), He does so to anticipate the idea of the true bread: "I am the bread come from heaven"; when He heals the blind, it is to indicate that He is the light that illuminates (*Jn* 9:1, 1:9); in raising up Lazarus (*Jn* 11), He declares Himself to be the resurrection and the life.

Jesus' presence among the sick is, in short, an example to be imitated: "Whatever you do to the least of my brothers, you do to me" (*Mt* 25:40); "Not even a glass of water will go unrewarded" (*Mt* 10:42); "Come, blessed of my Father, for I was hungry...." (*Mt* 25:34).

The Church's presence among the sick

Several concrete aspects may be underscored in this regard: the explicit mandate received from Christ, the apologetic value of the Church's charitable activity, the historical fact of the Church's concern for the suffering, the attitude of the Church today, the Church's mission, and certain significant events in our time.

The Church has received an explicit mandate from Christ. The Church is Christ's sacrament, the continuator of His salvific work; she has received from the Lord a universal mission. "Go, teach all nations...." (*Mt* 28:19-20). This mandate took shape in the field of health in the following terms: He called together the Twelve and gave them power and authority over demons and to cure illness. He sent them to preach the Kingdom and to restore health to the sick (*Mt* 10:1; *Lk* 9:1). The Twelve departed and preached the Gospel everywhere, performing cures (*Lk* 9:6); they cast out many demons, anointed a great number of sick people with oil, and healed them (*Mk* 6:13).

This is the spirit which should animate the Church's communities, especially those directly in contact with the places of suffering and treatment.

The Church's charitable activity has an apologetic function. To those sent by John the Baptist, Christ replied by way of His works: "Tell John what you have seen and heard: the blind see, the lame walk...." (*Lk* 7:22). When speaking of Him, the multitude observed His actions: "He has done all things well."

The testimony of the primitive Church also issues from works: "See how they love one another."

The historical fact confirms that the Church has stood at the forefront in being present among the needy. We owe the first health care organization to the Church, with the creation of hospitals, hospices, centers to provide treatment and assistance to the sick and orphans.

Councils and Synods, like those at Carthage (309 A.D.) and Tours (567 A.D.), ordered that charitable refuges be constructed near the churches to attend the needy, the sick, and widows.

St. Basil, the Bishop of Caesarea in Cappadocia, in about 370 A.D. created a complex known as "Basiliade," a genuine hospital institution with an infirmary, a refugees' ward, a hospital proper, and a leprosarium. Different types of hospitals arose at that time: the *xenodochium*, a hospice designed to receive pilgrims, wayfarers, and exiles; the *nosocomium*, or hospital; the *orphanotrophium*, or orphanage; and the *gerontocomium*, or hospice for the elderly. In the fourth century this hospital system was already functioning. St. Benedict, in Chapter 53 of his Rule, prescribes, "Let greater care be taken in receiving the poor, for in them Christ is received more particularly than in the rich and the powerful."

In this period, the monastery infirmaries and the "bell for the lost," aimed at calling the pilgrims wandering through the forests, are worthy of note.

Saints like Ferdinand, King

SANGVINO.

Louis of France, Charles Borromeo, John of God, Camillo of Lellis, Vincent de Paul, instituzions serving the ill, such as the Hospital Ministers of St. John of God, the Sisters of the Sacred Heart of Jesus, and many others represent a living testimony within the Church.

What greater merit, what more convincing initiative can human history offer than these which, following Christ's example, continue in the Church? No other religion is capable of presenting facts which speak so clearly and persuasively.

What is the attitude of the Church today? Someone might ask, "Can the Church, which has performed functions as a substitute so well when the State was not capable of satisfying them, possibly run the risk of offering a less spiritually rich, less dynamic, and less attractive presence now that such functions have been assumed by civil society? Can it still make forceful proposals? How is this presence felt in the world of work, of young people, of education? What pastoral problems are on the horizon in the health field which may produce bewildermet, anxiety, insecurity, and even a lack of confidence in institutions?"

One of the pastoral tasks of the Church is to shed light upon the major questions posed by contemporary man in the diverse areas of community life. In the health field, who can overlook the scope of technology, its increasingly rapid development and influence on people? Where is the Church to be found? Where is its influence felt? Where is its light visible? We should not allow it to stop being what it is by nature — a special domain of vast, profound, and fruitful evangelization.

According to its *mission*, the Church, while serving and continuing Christ's work among the sick, must be faithful to this service: aiding the sick person to seek and assimilate the meaning of his life; it must accept responsibility ("Is there anyone among you who is sick?" — *James* 5). It must create conditions which help men to live; it must denounce every assault against life and give priority to the values of understanding, listening, service, love.

A Church which attempts to be the presence of Jesus must bear witness to His love, to life, to salvific action, while remaining faithful to the Spirit and the heart of the message and attentive to the signs of the times. And because it is faithful, it illuminates realities, integrates values, and is humble, standing alongside the poor.

Light along the way

In spite of the questions we raise and the numerous gaps we observe in the increasingly updated presence of the Church in the field of health, we should stress the efforts made in this area over recent years both within religious institutes and health care associations and in the creation of national and diocesan organizations for the health ministry, along with an abundant bibliography on the subject.

The presence of the Pope himself has taken on special significance in recent times, particularly in the case of John Paul II, who has so closely lived through an experience of pain and suffering since the assassination attempt, which has drawn him near to all who undergo such circumstances. He himself has given the Church a true meditation on pain in the Letter *Salvifici Doloris*; he has sensed that the Church ought to multiply and "modernize" its presence in the field of health and to this end has created the Pontifical Commission for the Apostolate of Health Care Workers. Precisely because the Church must imitate Christ, so close to suffering man, she must be involved with the great questions posed by medicine for contemporary mankind. An enlivening, coordinating presence, for individual action, the Pope states, is not sufficient: we need teamwork — intelligent, programed, constant, and generous — to announce the Gospel more effectively.

JOSÉ L. REDRADO

Secretary of the Pontifical Commission for the Apostolate of Health Care Workers

TILIA MASCHIO.

The Mission of the Church in the World of Health

(pastoral, ethical and political aspects)

Mission of the Church

In the first place, it must be clear that it is the right and the duty of the Church to be present in the world of health, to be faithful to the mission received from Christ: "Preach the Gospel, cure the sick".

Christ came so that man could have life and live in fullness (*Jn* 10:10). That this mission must not be limited to spiritual spheres is evident in the pages of the Gospel, where he always appeared surrounded by a circle of sick people of all kinds. "Jesus went around all the cities and villages.... proclaiming the good news of God's reign and curing every sickness and desease" (*Mt* 9:35). In that way, curing the ill was a sign that he was the Messiah (*Mt* 11:3-5).

For that reason, even if it did not always know how to exploit the force of salvation contained in its mission, the Church has always taken service to the ill as its particular duty and inalienable right (*AA* 8c).

New Challenges

In the world of suffering the Church has always wanted to be the light of Christ that lights and the expression of the love of God that opens hearts to hope.

Today the Chuch finds itself facing a profoundly changed reality that has become large and complex, that well deserves the name of world. If the world of health was always the mirror of society, today more than ever it continues to give the Church new challenges that it absolutely cannot confront with antiquated methods.

With scientific and technological progress man became aware of his power over both life and death. That which was once left to Providence, to destiny and to religion, today is assumed by society as its primordial task. To live and exploit all the opportunity that a healthy life can offer seems to be the supreme aspiration of the man of today. All is aimed at curing himself and keeping himself fit, to be active and to enjoy his well being. The discoveries in various fields of knowledge and huge economic resources are put to the service of health. Places of care have become advanced posts of science and technology. A little bit everywhere the state is assuming, as its right and its duty, the health care of its citizens, with limits that all of us know.

In that way the Church has lost its role of protagonist of health and also risks losing its evangelical mission if it does not adopt a new form of presence in this broad sector of society, more in harmony with the new reality.

To Be Present

In its specifc role of announcer of the Word of God and bearer of Christ's salvation to all of society, the Church must extend its presence beyond the traditional role of assisting its own and proclaim, and possibly build, the Kingdom of God within and from inside the entire large and complex world of health.

To reach the conscience of the people who develop such activity, sporadic intervention as an "outsider" is not sufficient. In this world in which experimental methods are used, it will be difficult to accept a direction that comes from the outside, dictated by philosophical and religious principles. It is only by starting from the reality in which they live and knowledge of the socio-cultural context and the great trends shaping progress and influencing ethics in

the health world that one can insert the evangelical message that illuminates and transforms, that enlightens the conscience, that questions and converts.

It is only in this way that the Church, in its evangelizing mission, can be the critical conscience of the health community, can make itself protector of man and upholder of human values and the quality of life.

Lay Social Commitment

All that is not possible without a social and political commitment of lay Catholics. An evil denounced by the Vatican Council is the divorce between religious practice and life, or rather the "privatization" of Christianity, which in certain countries culminates in permitting dictators to eliminate the innocent, and at the same time devotedly recite the rosary, believing they are rendering service to God.

Hence the urgency of an application of true Christianity that goes to the bottom of man's heart, that opens it not only to God but also to one's neighbour, that never detaches religion from life, from human values, from solidarity with the people, that leads to undertaking all the social and political implications of faith.

A church that alienates itself from the problems of society will lose its role of guidance. Its battles for life will be lost at the start, opposed by Catholics themselves.

Only the presence of clear and coherent Christians can prevent the world from becoming a "social laboratory" where narcissism, the search for prestige and pleasure, dominates, and where the person who does not produce and does not consume is left on the fringe.

Ethical Dimension

The field of health is the place where decisive events for man's life take place, where one is born and one dies, where experiences are lived that strongly affect the body and the spirit and determine profound changes in the type of life in society and frequently in the psychological and spiritual attitudes of the people. It is also the place where ethical and moral problems are posed most acutely, always new and urgent, from the moment that the progress of science and technology puts at man's disposal a new possibility, be it for living, be it for dying, be it for prolonging a life with therapeutic obstinacy, be it for interrupting its birth, be it for preventing conception, be it for obtaining it at whatever cost.

A difficult temptation to overcome is that of dictating standards from principles which are only apparent to him who has a vision of faith. A building is not built from the third floor up. There is a whole excavation to reach to the bottom of the heart, to the solid rock of the "I" inside where man finds himself alone with his Creator and where he must decide his destiny.

Only when a man has a true vision and a free, responsible attitude in his rapport with God and others, is a discourse on particular points of professional ethics possible.

On the other hand, one cannot do without the contribution of human science, of culture and above all of the ethos of the world of health, of the truth of man (not only of the truth about man).

In a pluralistic society that one meets and faces at the crossroads of health, the interdisciplinary dialogue that encompasses diverse conceptions of man and of his destiny is the best way to cast the light of Christ on all human questioning that arises concerning life and health.

But it is the vision and the attitude of society in its daily life that prepares man to confront problems that are posed in dramatic form when life is in danger. Hence a need for evangelization not limited to hospital walls. Man must learn to live and to die in a human, Christian way even before crossing the threshhold of the place of care.

Political Implications

As a consequence of the development of medicine and of the consciousness of the right of the citizen to health care, the world of health has become an essential part of the politics of a nation, with all the advantages and all the disadvantages that that can mean.

If the civility of a people is measured by its attitude towards the weakest, we can say that the politics of health is the most adequate standard to measure such attitudes. Infant mortality, care for the handicapped and the elderly, the average life expectancy are all indications that speak more forcefully than all the dictators in the world.

Without world politics inspired by human values, sporadic achievements serve no purpose, even if in and of themselves they are excellent. In a third world country in which the dictatorial government professed to be of Christian faith but did not allow political adversaries to exist, there was — financed by the regime — an institution for the disabled that was among the most successful in the world, that left visitors and specialists from other nations dumb-founded. It was a per-

manent display of the contradiction that existed in the nation.

A policy inspired by human, Christian values propounds in the first place health for all. What we generally see is the application of resources contrary to how they are needed.

Above all in the third world countries, needs with respect to health can be shown this way:
80% for primary care (ambulatory and dispensary)
15% for secondary care (the fields of general care)
5% for third level care (the highly specialized fields of care).

Resources on the contrary are applied this way: 80% for third-level care and 5% for primary care, inverting in this way the pyramid of necessity of the people.

needs		
	5	*80*
	15	*15*
	80	*5*
		destination of the resources

One can also say that in many countries doctors are more numerous (maybe also Catholics) where there is money than where there are sick people.

It is a shame that in many parts of the world there is continuing suffering and death from deseases defeated by science; that suffering and death continue due to lack of food and medicine, when huge economic resources are spent to make instruments of death, arms of every type, which arrive in abundance in countries of hunger.

A country enters upon the road leading to human and Christian underdevelopment when partisan politics replaces the policy of common well being in the world of health. Then place of care for the ill become places of profit and political favouritism for the healthy. The notion of the purpose of health service is lost if there are health care workers with no vocation for this eminently human service that requires intelligence and requires heart. In consequence there occurs in hospitals that which is seen, and other things that are not seen.

Certainly there are other ways of degrading service in the world of health, not the least of which is the meanness with which ambitious governments reward hospital personnel and hospital administration, above all in charitable hospitals.

These are several political aspects that make the mission of the Church and its health care institutions difficult; aspects which are enormously aggravated when political regimes are hostile to the Christian religion, when laws are imposed which the health care worker in conscience cannot obey.

Sacramental Dimension

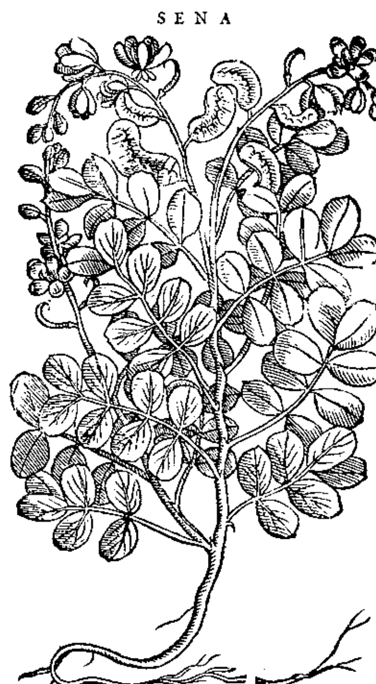
Evangelization is only complete when the life of faith, seen in love and in hope, is celebrated in the liturgy. This is like the summit toward which all pastoral action is directed and at the same time constitutes its rising fount of light and force.

A frequent temptation in the hospital field is to treat the ill as the faithful who frequent our Church are treated. If those constitute 20% of the population, 80% of the sick are among those who do not practice religion know what the sacraments are and what purpose they serve. Given the psychological situation of the ill, to offer is, in a certain way, to impose. Respect for the freedom of the ill is the first attitude that opens their hearts to the action of God.

In the celebration of the liturgy, then, two extremes must be avoided: wishing to carry out a liturgy thought of for the healthy, as if the sickroom were a cathedral; or else trivializing the sacramental gesture, emptying it of its community dimension.

And in addition, keep in mind that places of care require a specialized preparation on the part of health care workers so that they may be capable of understanding the situation, of comprehending the sick, and acting creatively.

FR. CALISTO VENDRAME
Sup. Gen. Servants of the Sick (Camillians)



Polish Health Professionals in Defense of Human Dignity

John Paul II affirms, "The suffering of our neighbor, of another man like us, generally arouses in one who does not suffer a feeling of uneasiness. A question spontaneously arises: Why him and not me? This question must not be evaded, for it is a fundamental expression of human solidarity. I think the origin and development of medicine and the idea of health service down to our day are due precisely to this feeling of solidarity".

The Holy Father continues, "We should situate ourselves before the man who suffers to recognize in his presence, and possibly along with him, all the dignity — and I would even say all the majesty — of suffering".

What is the role of health professionals, then, in affirming the dignity of suffering? Evidently, no other situation in life demands a safeguarding of the human person's dignity as does illness, along with death itself. Yet the successful fulfillment of this task requires a measure of freedom for the health professional and at the same time society's aid so that the service provided may avail itself of efficient organization and ample resources. A man who is weakened, handicapped, frequently unable to control his main physiological functions, has a special need for the help of others. It is the task of health professionals to assist him in conserving his own dignity, even at the most difficult stages up to the point of death. The patient should grasp that we regard it as a privilege to accompany him in his suffering. He should feel loved and respected. This does not always occur in our hospitals and clinics. We health professionals are also a product of the outlook generated by current society. It may happen that our own dignity is suffocated by the rigors of the system, by bureaucracy, by those over us, by the profit motive, or personal inadequacy.

Wearied like others by day-to-day mechanisms afflicting all citizens (lines in shops, insufficient transportation, slowness in administrative offices where everyone is a number), we are already tired on arriving at work and tend to project upon others the frustations we feel. Not respected ourselves, we tend not to respect others. And thus it happens that at our clinics we treat patients as we have been treated, not out of malice, but weariness, lack of confidence, and a paralyzing sense of impotence. It is clear that there may also be persons among us who are not suited to this kind of work. We are referring to those who show people no affection and experience repugnance towards the ill. It is quite hard to teach someone sympathy or love for others, but everyone *can* be required to respect his neighbor, with a proper attitude towards the human person. In this regard, the example provided by the head physician, nursing sisters, and our colleagues can prove decisive in our surroundings.

To the above-mentioned problems we must add the inadequacy of facilities, equipment, instruments, medical supplies, and laundries. The hospital bed shortage often provokes tragedies, painful controversies, and even moral dilemmas. A patient forced to remain at the hospital longer than strictly necessary frequently blocks the entry of emergency cases. The patients who become disoriented in the clinics, those placed upon precariously joined beds, those eating under questionable sanitary conditions because of a lack of adequate cleaning personnel are commonplace and degrading phenomena. Health professionals thus acquire the habit of indifference, which later turns into aggressiveness, manifested not towards those responsible for this situation, but towards the patients.

Indifference towards the patients

Daily events confirm these observations: the nurse who administers medicine without addressing the patient, the employee at admissions or the

doctor rejecting a request because the patient is from another area or because be does not feel such attention is his responsibility. The patients who, in search of accurate information, wander from one office to another, increasingly irritated, tired, and alarmed, without arousing interest on the part of anyone. Every day we encounter the elderly in hospital laberynths or at clinics vainly looking for an office. They are rarely shown the way or accompanied to the appropriate door. Patients' queries frequently meet with a shrug or routine dismissal.

The Pope has recalled, "Contemporary man is threatened by spiritual insensitivity and even by the death of the conscience. The death of the conscience is deeper than sin; it is the murder of the awareness of sin."

General insensitivity is frequently accompanied by a lack of respect for professional secrecy. The concept of the medical secret, known since the time of Hippocrates and an essential component of the Christian conception of the inviolable rights of the human person, is often compromised by superficiality and lack of consideration. Administrative dispositions themselves sometimes contrast with the law guaranteeing secrecy: excessive facilities to decode the statistical numbers indicated on medical certificates; handing over certificates in response to mere administrative requests; information concerning the patient given without the consent of health professionals, and so on. Secrecy is also violated when staff members comment on a patient's state in the presence of outsiders, withnesses, or, when drafting case-histories, ask intimate questions with no concern for who is listening.

Death and dignity of the human person

Family and social conditions, excessive confidence in the possibility of a cure, a certain "denial" of death lead to most people's dying outside their own family environment, not surrounded by beloved persons, but rather in anonymous hospital rooms or even corridors. The ineffectiveness of therapy commonly induces the physician and health professionals to seek to flee from the patient at life's end, to avoid him, under the pretext that their presence is needed and useful at the side of those who may still be cured. The patient feels abandoned and experiences a most painful solitude.

Doctors who have studied the psychology of the dying well know that many of them wish to be told the real condition they are in. On becoming aware of the inevitability of death, their only relief lies in being surrounded by kind people. What is important is the presence of a physician with a bit of free time, of an affectionate nurse, of an aid with tact and delicacy, of a priest to provide religious assistance and arouse hope. All too often moving a patient from his familiar room or placing a folding screen amounts to reading a death sentence, to which he may already be resigned or would be if it were not accompanied by being condemned to abandonment, solitude, lack of concern on the part of others, and the interruption of assistance and the alleviation of suffering.

While even heroic attempts to save organs are being made, we cannot forget the totality of the human being, his body and his soul. Those who consent to virtually unrestricted contact by patients with their families certainly recall this truth. And it must be acknowledged that this practice is increasingly common.

Rights of the doctor and rights of the patient

Doctors sometimes seek to exercise hegemonic domination over patients to the point of depriving them of the right to decide for themselves. This represents a complex problem, but understimating the fundamental right of the human person to decide may open the way to ambiguous, dangerous experiments with the ill. In industrialized coun-

tries with advanced technology, there is growing concern over the dehumanization of medicine; the doctor's relationship to the patient is being transferred to the computer and other devices. Even the most sophisticated equipment is only a means in the physician's hands and has no awareness of the patient's soul or dignity.

It might be thought that, among us, in Poland, the absence of a high degree of technology would enable the doctor's insight and skill to formulate a diagnosis and establish treatment while taking into account the real physical and psychological condition of the patient. In other words, by granting priority to direct physician-patient contact, we would obtain more humane medicine. The concrete situation described above leaves no room for illusions; energetic action is needed to modify it.

If human dignity is being trampled upon around us, who have been entrusted with the care of the sick, their health, life, and death, we must defend and safeguard this dignity. The man who turns to us, aside from receiving what may be the most expert attention possible, should feel surrounded by affection, sympathy, and respect.

Testimony for the patient

On leaving us, the patient should sense waht he truly is — a human person created in the image and likeness of God.

What approaches do we believe might lead to improvement? What is most pressing and important is to train the less sensitive people and all studying to become health professionals in the meaning of human dignity and the behavior needed to respect that dignity.

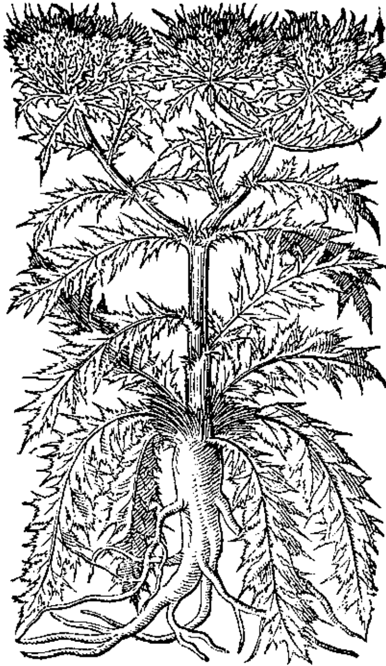
A day-to-day behavior model is necessary. Exemples to be admired are those doctors and nurses with great professional authority and moral prestige who often form a genuine school of medical deontology. We know that where the head physician or clinic director is a person of exemplary conduct, the patient's dignity and respect for essential ethical principles are safeguarded, independently of objective conditions. In such places the patient's welfare is given priority; his best interest is always regarded as more important than the doctor's, that of science, and even of society. The good of the human being cannot be subordinated to anything, much less to interest groups, political pressures, or any other similar factors.

It is precisely the involvement of persons and groups prepared for this mission which gives patients confidence in doctors and health professionals, in spite of the decline in moral values.

Unfortunately, reasonable doubt remains as to whether these people will decide the future orientation of our health service, largely because of political considerations.

An admirable instance of model health care has also been provided by women religious. All who have been devoted to serving the sick have succeeded in imposing a style of behavior and creating an atmosphere that are most beneficial for the young people taking up nursing. Where women religious are present, doctors and health personnel take pains not to adopt incorrect attitudes. When the religious were forced to withdraw, the changes described took place. A new involvement of men and women religious in treatment centers, in clinics, in the midst of lay personnel, could once again provide the basis for better health care tending to safeguard and promote human dignity.

Finally, we must stress the need for personal effort. There may perhaps be few people associated with the Movement for a Civilization of Love who could influence curriculum proposals for training doctors and nurses, the drafting of laws and administrative norms. Each one of us, however, can act in the microcosm of his own section, institute, or office. What is needed is to adopt clear guidelines and commit oneself to putting them into practice correctly. Only a straightforward and credible personal example will in fact incite others to question their own behavior and see the need to improve it in the light of unrenounceable principles of ethics and medical deontology.


CHAMELEON NERO

The Health Professions: War and Peace

Reflection on the health professional's responsibility in questions of war and peace is recent, but forms part of a tradition in Catholic theology concerning the limitation of violence and personal pain. The responsibility of health personnel in times of war and peace can be considered at this moment from three points of view: the legal protection of health in periods of war, the participation of the health professions in military activities, and the safeguarding of health as a peacetime policy.

I. The legal protection of health during wartime

a) *Historical antecedents*. Catholic theology, from St. Augustine to the Middle Ages, has always endeavored to spread the idea that we must avoid all useless pain, during war operations, inflicted upon either civilian populations or combatants. The reason is simple: if the purpose of a legitimate war is to reestablish harmony among human beings — wars are made for the sole purpose of restoring peace[1] — causing pain runs counter to the proposed aim; it would only amount to creating hostility, instigating the victims to defend themselves, and entering into the mechanism of violence.

This fundamental position early inspired provincial Councils, like the one held at Charroux in 989, which issued an anathema against those cheating the poor out of their property. The Lateran Council later condemned new death-dealing weapons such as catapults in 1139.

This initial humanitarian propensity of the Christian communities was integrated into the theory of the just war, which forbids any action on the battlefield (*ius in bello*) against noncombatants, along with all violence that is out of proportion to strategic necessities.

These basic rules were imposed in the name of morality as part of the general conception of man championed by Christianity, but had not yet been expressed in international law.

b) *A new way to regard violence*. The situation completely changed with the appearance of nationalistic conceptions of the State in the wake of the French Revolution and the Napoleonic Wars. The lay mentality spreading through Europe reduced the moral constraints upon which classical theology had been grounded at the same time as new weapons broadened the scope of fatal violence. The pacifist current was, however, developing as a reaction; the first peace societies in the modern era were founded in Boston and London in 1816, and the first congress took place in Paris in 1849. Pius IX welcomed this trend in opinion, having earlier expressed the entreaty, "May Jesus Christ make war cease all over the world," and also declaring, "It is necessary for war to vanish from the face of the earth."[3]

These observations are needed to recall the backdrop against which the first significant intergovernmental step towards humanizing war took place. Napoleon II, forming an alliance with Piedmont to safeguard the independence of Italy, threatened by Austria, went to war in 1859. Austria met defeat at Solferino. A Swiss, Henry Dumant, who was traveling through this region, found himself in the midst of the battles as a result of his relationships with French staff officers. "Anyone who traverses this immense battlefield after a day of strife," he wrote, "will find at every step, alongside unequaled confusion, incredible despair and every kind of pain." He added, "I felt seized by the sudden wish to act without delay, to do everything in my power to assist in any way that mass of wounded men in such great need."[4] He obtained

the following concession from the Emperor: the doctors or surgeons of the Austrian Army taken prisoner would be unconditionally freed so as to nurse the wounded as they saw fit; in addition, the seriously wounded would be restored to the enemy without any exchange of hostages.[5]

Dunant was thus the point of departure for the diplomatic Conference of Geneva that decided to establish the International Red Cross Committee and adopted the first international convention on humanitarian law (1864).

It also included the protection of health personnel and civilians devoted to treating the wounded, the concession of safeconduct to seriously wounded soldiers, and the use of distinguishing emblems for health officers and clerks as in the case of ambulances and hospitals.

The text of the 1864 convention was updated and amplified at the end of World War II, during the International Conference on humanitarian law which took place in Geneva in 1949; two protocols were added in 1971.

The adoption of the 1864 Geneva convention was possible only because of the preexistence of a humanitarian legal tradition in Europe. The the need appeared to provide the most precise legal formulation possible of the duties of States guided exclusively by the general principles of humanity. The St. Petersburg Declaration of 1868 is particularly significant in this regard. It effectively established the principle that, if we determine that the only legitimate aim of a war is to debilitate the enemy's military power, the use of weapons intensifying the pain of the

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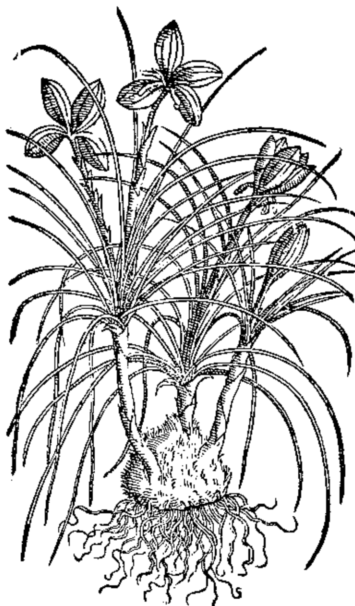


wounded uselessly or provoking wounds which inevitably lead to death must be prescribed; for this reason, some types of bullets were prohibited.[6] Some years later, the Hague Conference took up this principle and supplied new applications (1899 and 1907).

The nineteenth century opened up new directions for health protection during wartime. Governments certainly showed increasing concern over limiting the inhuman consequences of the weapons they were inventing — all the more so as these became ever more lethal. Agreements and negotiations succeeded one another in this field, dealing with chemical, biological, incendiary, nuclear, and space weapons, among others.

II. Participation of the health professions in war operations.

The 1864 convention ensured the protection of health personnel bringing aid to the wounded during battle. It might thus be thought that something substantial has been achieved in this respect.

The appearance of total war has, however, posed some new problems for medical staff members as regards their involvement in the use of new weapons or in the abuse of prisoners.

Pius XII dealt with the new responsibilities of health professionals in an address to military doctors on November 19, 1953 and in remarks before the World Medical Congress on September 30, 1954.

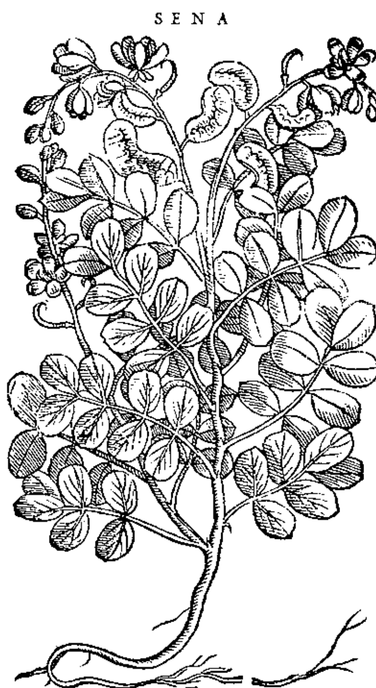
a) *ABC war.* The Pope reflects on the degree to which a doctor may offer his science and effort on behalf of ABC war. Recalling that we cannot cooperate in an injustice, not even to save our own country, he concludes that "the doctor cannot collaborate, when this kind of war constitutes an injustice." He does not specify the concrete conditions — the interpretive keys — which allow us to decide; we are in fact dealing with complicated situations where conscience must in the end decide in accordance with its own formation, the data at its disposal, and the indications of authorities.

b) The 1954 address takes up this question again. On this occasion, Pius XII relates ABC war to the magnitude of the consequences it produces. His view perfectly concords with the Church's current teachings on dissuasion: it excludes, on the one hand, *a priori* that anyone should in-

tend to use such means and stresses, on the other, that if "putting into practice this means will cause such a notable expansion of evil that it completely escapes from man's control, its use must be rejected as immoral."[7] As a result of these principles, Pius XII does not exclude that a doctor, within the appointed limits, may lawfully contribute to the preparation of an ABC war, but he does not conceal his repugnance in the face of such a possibility: "We should prefer not to see the doctor engaged in this type of work; the contrast with his primary duty is too great — and this duty is to aid and to nurse, not to kill and to hurt."

c) *Torture*. Many nations make use of torture at present and ask health professionals to collaborate in some ways. The Church's position in this regard is deducible from the principles expressed above. John Paul II, in his address to the U.N. in 1979, categorically rejected practices in concentration camps and anything related to them: "any form of torture or oppression, physical or moral, practiced by any system and in any place." The cooperation of health personnel in such actions, applied to prisoners among others, is absolutely contrary to Christian ethics.

This stance is in keeping with what is gradually becoming a common rule for mankind. In 1984, the U.N. adopted a *Convention* against torture and other forms of inflicting pain or inhuman and degrading treatment. Its aim is to eliminate such practices from the normal behavior of societies. Its tenth article requires that instruction and information on torture be an integral part of the training of health personnel and clearly



offers a sign of the evolution we are faced with: we have moved from the protection of the health professional when carrying out his specific function to an articulation of his direct responsibility in promoting health during wartime; this promotion has also become a peacetime condition.

III. The promotion of health as a peacetime policy

We are now dealing with a new situation: the active responsibility of professionals has become imperative for the harmonious development of industrial society.

This new approach among those with technical training first arose when scientific researchers discovered to their dismay how political and military authorities were applying their findings. Their main concern was centered on the fact that "the orientation of scientific development towards satisfying military needs continues to be a serious obstacle to harmonious relations between science and man"[11] — i.e., science does not contribute to unity, but to division. Members of the Pontifical Academy of Sciences reached the conclusion that science is not being used for peaceful purposes and declared that scientists now have the duty to impede the perverse application of their discoveries and affirm that the future of humanity depends on the acceptance by all nations of the moral principles which are beyond any other consideration.[12]

In this sense, a new form of professional responsibility for the evolution of society has appeared. The professional's obligation to evaluate how his technical collaboration may affect human relations leads to a new vision; there is no longer just a contract wherein individuals establish mutual obligations, but an organic reality in which all the members are bound by solidarity to help one another.

The health professions are directly involved in this evolution. The primary form assumed by the imperative of solidarity was partially expressed by Pius XII in his 1954 address when he stated, "It would be an aberration of judgment and of the heart to decide to refuse the enemy medical assistance and let him perish." Putting this principle into practice in the present context strikes us as requiring that those being trained to work in health care devote attention to the current dimensions of this traditional duty.

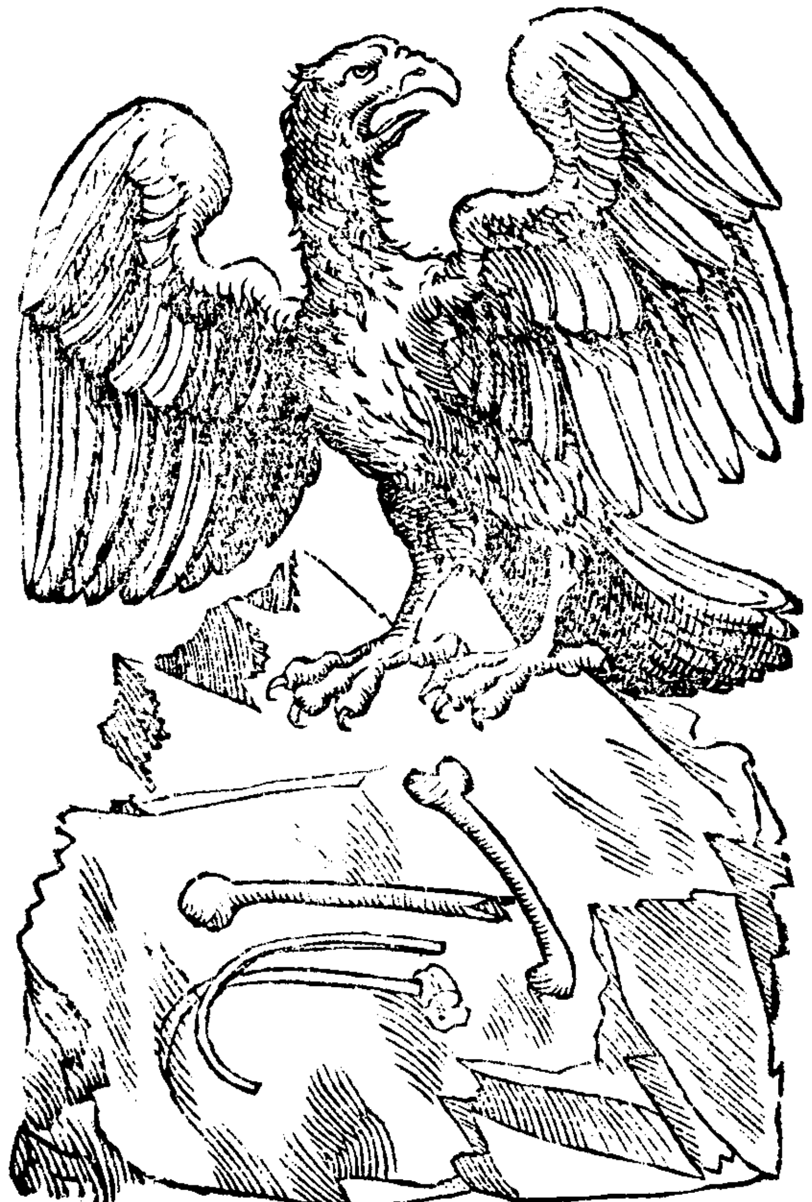
To this end, emphasis should also be placed on the aspect of responsibility in keeping with the stipulations of the convention on torture. Health personnel should, moreover, be urged to assimilate this view of reality to the maximum degree, for it renders the promotion of health for all a priority concern in government policy-making and a factor in peace.

These brief remarks have attempted to show, during this *Year of Peace* proclaimed by the United Nations, that peace initially concerns the health professions and offers their members the occasion to renew their mode of participating in social life.

J. JOBLIN, S.J.
Ecclesiastic Adviser of CICIAMS

NOTES

1. St Augustine, *De Civitate Dei*, XIX, 12.
2. Pius IX, *Cum Sancta Mater* (Encyclical, 1859).
3. Cited by F. Passy in a talk at the Paris Medical School in 1867 and reproduced in F. Passy, *La paix et l'enseignement pacifiste* (Paris: Alcan, 1904), p. 245.
4. H. Dunant, *Mémoires* (Lausanna: L'Age d'Homme, 1971), pp. 35-36
5. *Ibid.*, p. 37.
6. J. Goldblat, *Agreements for Arms Control. A Critical Survey*, SIPRI (London: Taylor and Francis, 1982), p. 120.
7. Address to the World Medical Congress (September 30, 1954)
8. *Ibid.*
9. Pius XII, address to the Sixth International Congress on Penal Law (October 3, 1953); John Paul II, address to the U.N. (1979). Among John Paul II's most significant remarks on this subject, we may also mention his address to the Italian Catholic jurists (December 6, 1980), the observations distributed to the Christian-Democratic parties (January, 1982), and his homily in Guatemala City (March 7, 1983).
10. Cf. Peter Pringle and James Spigelman, *The Nuclear Barons* (Diskus Book, Avon, 1983), p. 578. This work shows how the scientists, such as Einstein, who created the bomb immediately sought to put a stop to the process they had contributed to initiating; see also pp. 254, 255, 418
11. F. Russo, in *Informations CCIC* (International Catholic Center for Cooperation with UNESCO, 1985/30), p. 2



Terapeutic Effect of Psychological and Spiritual Assistance

There is always a moment, at least one, in the story of every human being when man discovers the immensity of his dimensions or, rather, his own spiritual dimension.

The moment is that of illness, especially if it is painful and disabling. The vision of existence becomes distorted. The feverish pace of practical, overactive life gives way to utter repose, silence, solitude, the ideal conditions for rediscovering oneself, recovering a forcedly neglected authenticity, perceiving the voice of one's own spirit.

The patient seems to be dozing off, and, therefore, no one disturb him, but he is in fact undergoing an unaccustomed, fascinating experience: as if in a dream, he follows his own spirit, rediscovered at last, freeing himself in an infinite, unreal space where memories and projects, good and evil, past and future become confused.

The parenthesis may last an instant or hours. Several patients have recounted this experience to me as undergone sometimes with feelings of ecstasy and sometimes with anguish, this new awareness of their own spirituality, this perception that they are particles of the infinite.

I am describing it to you so that you as well may take it as a subject for meditation which will certainly prove useful to your profession and the people you treat.

I have been asked to state my own reflections on the therapeutic effects of spiritual and psychological assistance. I have thought it appropriate to introduce the topic by specifying that to speak of spirituality at the present time, imbued though it is with materialism, is not a complete utopia. Spirituality, even if apparently suffocated by the exigencies of everyday life, spontaneously blossoms anew at the moment of pain, though it be in a bed in the most dreary of hospitals.

Spiritual assistance is, therefore, just the opposite of coercion: it is only the response, the most reasonable one possible, to a specific need of the patients, the real help required in practice.

Let us examine how and why spirituality can present itself as a moment in therapy.

Spirituality and psychotherapy

The fragility of our emotional life comes out in the impact of all negative events. A disappointment, a defeat, bereavement, a loss of role or prestige, a "no", an illness (especially if painful and disabling) are pathogenic moments; i.e., they incite a pathology which may remain on the psychological level of depression or become somatized into more or less serious psychosomatic disturbances.

But emotional balance does not only worsen. Unfortunately, negative emotions are the most frequent; for this reason we speak of them more often. Luckily, there are, however, positive emotions as well, equally capable of influencing the psychophysical state by increasing the sense of well-being or even curing possible disturbances. In the experience of every family doctor, there are scores of clinical cases brought on by sorrow, but also scores of cases cured by joy.

It is not surprising: if there is a steep road leading from pain to illness, it is only natural that there should be another descending from pleasure to health. The biochemical basis for this connection has recently been identified: there is a "P-substance" ("P" stands for "pain") that produces and transmits pain in the very same synaptic stations of the nerve cells through which the pleasure-carriers, the endorphines, also pass.

For nonbelieving researchers, certain miracles observed at several sanctuaries may be explained in purely psychobiological terms. These words are not completely reductive: the miracles may also be explained as the result of an extraordinary emotional charge, but this does not exclude — quite the contrary — the extraordinariness of the emotion and, therefore, a supernatural intervention which is manifest to believers.

We occasionally hear of people who take their lives after learning or realizing they

have an incurable illness. They have all our pity. But it is not so much pity for a desperate brother as it is pity for the desperation of a brother. Desperation is an inhuman term in the sense that a true man — among all the animals, the only one ennobled by the fact that he has been created in the likeness of God — possesses hope and thus optimism as deeply connatural to his personality. The cancer suicide is a downgrading, an abdication of the king of creation.

We are not speaking of religiosity here, but of spirituality. It is not the same thing. Spirituality comprehends religiosity, constituting a kind of rule or structure for it. Religiosity represents being affiliated with a religion; spirituality is only the belief in a human destiny transcending human life, i.e., a continuation of life.

In what way does man surpass the animals? Many animals are more powerful than he. For instance, man lacks the wings of a bird, the venom of a cobra, the strength of an elephant, and the swiftness of a gazelle. But he has a spirit.

To deny the spirit means to have a great sum of money at one's disposal and set fire to it. This is really a case of suicide, if not madness, properly speaking.

And, on the other hand, spirituality is the cornerstone of existence. All psychiatrists can testify how often they have heard those seriously depressed — people in whom suicide is a constant, grievous threat — say, "I would have put an end to it all some time ago if I had no faith." At a congress on suicide the Swede Otto told me that at this point we know everything about suicide except for one thing: why the person takes his life. We might add that another thing we know with certainty is that the only sure antidote for suicide is faith as an expression of spirituality.

In the field of psychotherapy, the concept of spirituality has been extensively developed.

Jung began by setting a religious dimension against Freud's pansexual materialism.

Frankl has continued with his logotherapy, which considers man to be made of body, psyche, and soul as well.

Some American schools go on in this direction, upholding and putting into practice the psychotherapeutic role of religion (transcendental meditation, following in the footsteps of millenary oriental doctrines like Zen and yoga, nowadays revisited and updated).

Not to be overlooked is German phenomenological existentialism, for which neurosis is an expression of "bewilderment" and the cure may be obtained through the discovery and acceptance of a new meaning to be given one's own existence, a meaning transcending the present and projecting itself into a future that goes beyond earthly existence.

Spirituality, as an emotion, is a therapeutic moment of great value in all the manifestations of human pathology.

Under the influence of spirituality, all pain, both physical and moral, takes on bearable dimensions.

Psychology of pain

Pain is the most frequent reason for medical consultation. It is thus the maximum problem for anyone working in health care on either a diagnostic or therapeutic level.

In general, diagnosis is easy; the pain when located almost automatically prompts all the investigation permitted by modern advanced technology; the diagnosis nearly always emerges from instrumental data. The doctor no longer has any need of the classical "clinical eye" — it suffices for him to be a zealous "health accountant" and read the collection of medical reports with attention.

The real problem lies in therapy. Certain cases are simple, though serious: the doctor indicates the specific medication or the surgeon's scalpel to resolve the case, and frequently all is resolved in the best possible fashion.

But there are many other cases which may not be clinically serious but are extremely complex, where pain is dominant but not comprehensible or eliminable. It is the illness-pain, quite different from the symptom-pain. I am referring to chronic pain, curable but incurable. A terrible traveling companion.

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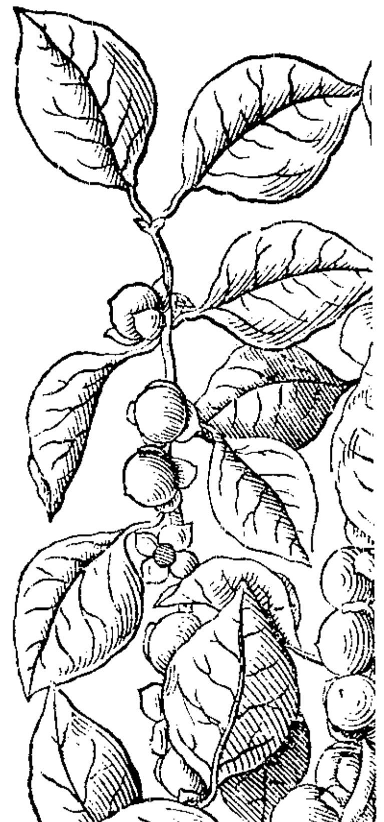

Let us avoid the useless acrobatics of distinguishing pain from suffering or dividing pain into physical and moral varieties.

In its psychological profile, pain is a constant, ponderous reality, whatever its literary variables may be, an event unsettling life, annulling the present, conditioning the future.

The remote causes are always of secondary importance. A thigh-bone may be fractured while skiing or falling down the stairs or in some other way — what difference does it make? The immobility, the plaster cast, and the annoyance are the same. Pain always presents itself in the same way, regardless of the causes, whether these are pathological or existential.

The problem of pain has a planet-wide scope: we may well speak of a "planetary pain." But clinical reality always forces us to refer the individual's pain back to his personal condition. The doctor, along with the circle of relatives and friends, can sometimes do little in the face of pain, but he can do a great deal for the one who suffers.

It is easy to dissert on pain. There are some who define it as a perfect misery (Milton), and others, as a purifying catharsis (Strauss).

Someone might maintain that the only truly bearable pain is that of others or, like Manzoni, state that "unendurable pain does not exist," for there is another dimension enabling us to accept any eventuality by always looking towards the future with optimism, whether or not that future be earthly.

If there exists an "illness pain", it is necessary to think up instruments to cure it. The "painologists" continually do so, proposing both analgesics and delicate operations. And the psychologists?

The psychological component in the therapy of pain is so predominant that anyone devoted to this treatment acts as a psychologist, whatever his professional training may be.

To speak of pain is to speak of man. Pain is one of the experiences which assimilate men into a non-Utopian equality, like being born or dying. All the living have experienced pain, and all know how it may be borne better or worse according to one's state of mind, circumstances, and personal character structure. This means that pain can be administered, interpreted, purposefully channeled. Blessed is he who has the gift of faith and can thus accept the will of God and remain serene, for, as the Bible states, "The Lord is at my right hand, and I shall not waver."

As for the others, it is the healing doctor's job to alternate prescriptions and words of comfort and hope.

Certain pains have no reason or purpose; they seem to be an undeserved torture. It is useless to pass them off as means of redemption and sanctification: very few patients are so advanced in the life of faith as to be able to grasp this language.

Leriche is right when he says, "We must renounce the idea that pain is useful; that is always a poisoned gift; it degrades man and makes him even sicker: it is the doctor's duty to prevent it by every means possible."

But among these "means," there is also the psychotherapeutic discussion, the invitation to subscribe to an intelligent optimism and a reasonable resignation, the openness to a universal vision of one's own existence.

And that involves spirituality, a sense of being particles of the infinite.

The patient's receptiveness

At this point, the skeptical but spontaneous question arises as to whether the patient is willing to accept an exchange on a psychological and spiritual plane.

He is, whatever his ideological creed may be, whatever his life may have been up to the moment in which illness has brusquely or delicately brought him back into contact with his own spirituality.

The experience of illness, hospitalization, and danger is a wide-open door to the void. The verb "to die," for example, re-enters the lexicon of someone who has excluded it; it re-enters the confines of the reality of one who has expelled it as unlucky.

In the phase of illness, the yielding of an organ produces crisis in the entire organism: the disturbance in a single apparatus turns into general malaise. The illness may be exclusively organic, but it cannot fail to involve the psychological as well. Psyche and soma are always linked, in good times and bad.

Let us not waste time dusting off the definitions of the psyche at this stage. We here understand psyche to be the spirit, the soul, the self, that marvelous patrimony of feelings and energies which everyone regards with pride and solicitude.

Solicitude to the point of fearing somewhat psychiatrists and psychologists (and, therefore, keeping them at a distance as long as possible), for they are credited with sufficient insight to be able to discover probable lapses. The psychologist is feared as is the tax inspector — both have

lived as potential desecrators of "privacy."

But disease, all disease, leads the patient into a certain regression; i.e., it takes him back to the level of childhood, of weakness and dependency and, therefore, of the need for assistance. Prejudices fall, habitual attitudes change. Things suddenly become different. It suffices to think of people regarded as prototypical wielders of power — a general, an executive, a patriarch, or a gruff secondary school teacher, for instance — and imagine them on a stretcher awaiting their turn in a radiology ward or in pyjamas, pale and worn-out, lying in a hospital bed. Unrecognizable. Nothing demythicizes more than a hospital stay. There is nothing that can overturn an "image" in a more perturbing and unexpected way.

Fortunately, there is, of course, the possibility that all may turn out well, that the patient, once cured, may go back to his role, that the ugly adventure may come to an end, as does a terrible nightmare when one awakens, but we are dealing with the future here, with hope.

Let us stop the film at the frame of the hospital stay: the "great" man in the clothing — though only temporarily — of a bewildered, needy little fellow.

The bewilderment may be only grasped and pitifully overlooked. The need can and should be satisfied.

Here is the moment when psychological aid and spiritual aid reach the high point of human solidarity and provide a benefit at least equal to that of the traditional therapeutic instruments.

We are, of course, dealing with a patient who has always been reluctant to deal with psychologists and priests. Now, in the hospital ward, he no longer is. On the contrary, he displays an unexpected willingness. He is attuned to a different wavelenght.

Will he die? There are so many ways to die — trembling with dread, imprecating, cursing, but also "living", i.e., accepting, with melancholy trepidation, to be sure, but with confident hope as well, that moment so often referred to in the Sunday creed: "I await the life of the world to come."

Will he survive? Doctors and family members hope so with all their heart, along with psychologists and chaplains. Life is a passage, but also a gift to be safeguarded as long as is humanly possible.

The patient who survives after a serious pathological experience in which he has had the good fortune to encounter adequate psychological and spiritual assistance will survive in a more serene, mature, and healthy fashion, enriched by the spirituality he has neglected, precisely in pursuing another kind of wealth which has suddenly revealed itself to be evanescent.

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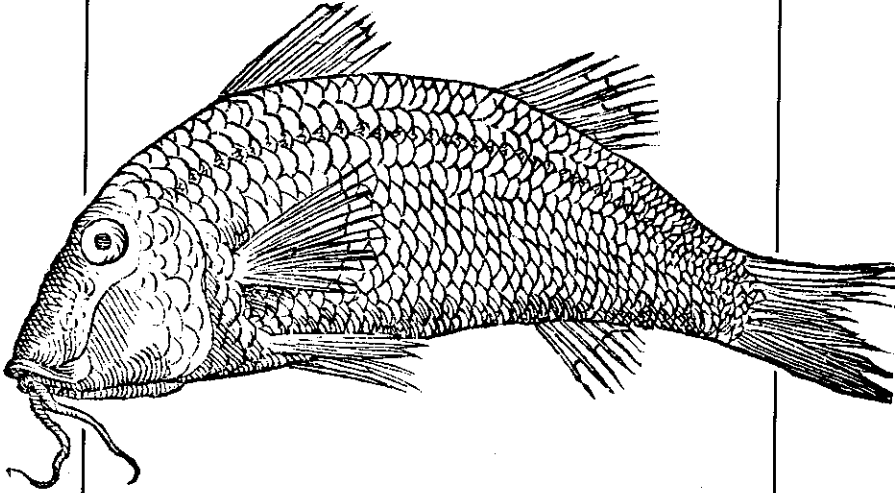
magisterium of the Church



EUTHANASIA IS A CRIME ONE MUST IN NO WAY COOPERATE WITH OR EVEN CONSENT TO

(To Working Groups of the Pontifical Academy of Sciences, October 21, 1985)

Scientists and physicians are called to place their skill and energy at the service of life. They can never, for any reason or in any case, suppress it. For all who have a keen sense of the supreme value of the human person, believers and non-believers alike, euthanasia is a crime with which one must in no way cooperate or even consent to. Scientists and physicians must not regard themselves as the lords of life, but as its skilled and generous servants. Only God, who created the human person with an immortal soul and saved the human body with the gift of the Resurrection, is the Lord of life.

It is the task of doctors and medical workers to give the sick the treatment which will help to cure them and which will aid them to bear their sufferings with dignity. Even when the sick are incurable, they are never untreatable: whatever their condition, appropriate care should be provided for them.

Among the useful and licit forms of treatment is the use of painkillers. Although some people may be able to accept suffering without alleviation, for the majority pain diminishes their moral strength. Nevertheless, when considering the use of these, it is necessary to observe the teaching contained in the Declaration issued on 4 June 1980 by the Congregation for the Doctrine of the Faith: "Painkillers that cause unconsciousness need special consideration. For a person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ."

The physician is not the lord of life, but neither is he the conqueror of death. Death is an inevitable fact of human life, and the use of means for avoiding it must take into account the human condition. With regard to the use of ordinary and extraordinary means, the Church expressed herself in the following terms in the Declaration which I have just mentioned: "If there are no other sufficient remedies, it is permitted, with the patient's consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk..... It is also permitted, with the patient's consent, to interrupt these means, where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient and the patient's family, as also of the advice of the doctors who are specially competent in the matter..... It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome..... When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted."

The right to receive good treatment and the right to be able to die with dignity demand human and material resources, at home and in hospital, which ensure the comfort and dignity of the sick. Those who are sick and above all, the dying must not lack the affection of their families, the care of doctors and nurses and the support of their friends.

Over and above all human conforts, no one can fail to see the enormous help given to the dying and their families by faith in God and by hope in eternal life. I would therefore ask hospitals, doctors and above all relatives, expecially in the present climate of secularization, to make it easy for the sick to come to God, since in their illness they experience new questions and anxieties which only in God can find an answer.

THE STATE WHICH FINANCES ABORTION CONCURS IN THE EXECUTION OF A DEATH SENTENCE

(Audience granted the members of the Italian Pro-Life Movement, January 25, 1986)

Life is one of those basic values for whose care and promotion society itself exists, and this is expressed in its structures. No one can appreciate this value as much as a Christian who believes in a God who reveals himself in this way: "Now he is not God of the dead, but of the living; for all live to him" (Lk 20:38); a God who, in order to renew mankind's countenance and heart, sent to earth his own Son in whom is the very source of life (cf. Jn 1:4; 16:6, etc.).

....Elimination of the unborn child's life today, sadly, is a very widespread phenomenon in the world, even in nations with ancient Christian traditions, such as Italy. Financced by public funds, it is facilitated by human laws together with a series of arguments whose flimsiness and defects are easily recognized.

In reality, abortion is a serious defeat for man and civil society. With it the life of a human being is sacrificed for the sake of much lesser values, often due to motives based on lack of courage and confidence in life, and at times on the desire for a false well-being. The state, instead of intervening — which is its mission — to defend the endangered innocent beings by preventing their suppression and guaranteeing their existence and growth with adequate means, authorizes and even concurs in executing a death sentence.

This is one of the most troubling consequences of theoretical and practical materialism which, by rejecting God, ends up rejecting evèn man in his essential, transcendent dimension; it is a result of consumerist hedonism which puts immediate interests as the goal of human activity.

The Church has not failed to intervene clearly and vigorously in denouncing abbortion both as a serious offence against the law of God, the sole Lord of life, and as a violation of the primary and inalienable right of the human person to exist. She will continue to intervene in order to convince man to restore fundamental moral values at the basis of society without which a truly civil social life cannot be built. Civilization, in fact, is measured first of all by its respect and promotion of life throughout all the stages of human existence.

HUMAN LIFE, EVEN IF WEAK AND SUFFERING, IS ALWAYS A SPLENDID GIFT OF GOD'S GOODNESS

(For the participants in the Pro Vita International Seminar, March 1, 1986)

*In numerous places around the world, the pro-life movement runs directly contrary to certain current trends in society. In such a context, the advice of Saint Paul in his Letter to the Romans seems particularly relevant for you. He writes: "Do not be conformed to this world but be transformed by the renewal of your mind, that you many prove what is good and acceptable and perfect" (*Rom *12:2).*

What is needed is the courage to speak the truth clearly, candidly and boldly, but never with hatred or disrespect for persons. We must be firmly convinced that the truth sets people free (cf. Jn *8:32). It is not our own persuasive arrgumentation or personal eloquence, however helpful these may be, but the truth itself, which is the primary source of freedom and justice. To be pro-life, then, to defend the right to life, means to stand up for the truth, expecially the truth about the God-given dignity and worth of every human being. It is very encouraging to see how many people of good will throughout the world embrace the truth wholeheartedly when they are presented with facts and with convincing scientific and moral reasons.*

I commend you in your desire to promote collaboration among all individuals and groups who are involved in the right to life movement. For it is only through cooperative efforts and effective solidarity that the desired objectives will be achieved.

Your organization is rightly concerned with a broad range of issues related to human life. At the same time, you know the necessity of focusing on specific problems which demand urgent attention and action, such as the evils of abortion, infanticide, euthanasia and contraception, all of which are intimately connected with the Church's teaching. Whatever endeavours you undertake should be a consistent expression of an integral philosophy of life based on the belief that God is the Lord and Giver of all life.

You know that the Church shares your concerns. She considers it an important part of her mission to work for the protection and dignity of human life and oppose the anti-life mentality which threatens the cause of all human rights. As I stated in my Apostolic Exhortation on the Role of the Christian Family in the Modern World: "The Church

firmly believes that human life, even if weak and suffering, is always a splendid gift of God's goodness. Against the pessimism and selfishness which cast a shadow over the world, the Church stands for life: in each human life she sees the splendour of that 'Yes,', that "Amen", who is Christ himself. To the 'No' which assails and afflicts the world, she replies with this living 'Yes,' thus defending the human person and the world from all who plot against and harm life" (No. 30).

HAVE CONFIDENCE IN CHRIST'S LOVE FOR THE SUFFERING

(Pastoral visit to San Carlo Hospital in Rome, March 16, 1986)

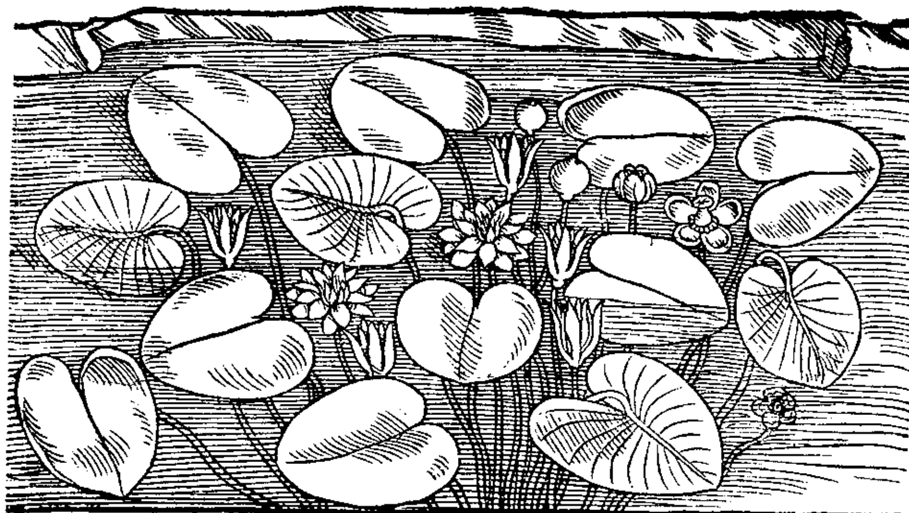
*I also invite you to have confidence in the great love of Christ for the suffering. "This life I live in the flesh I live in faith in the Son of God, who loved me and gave himself up for me" (*Gal *2:20). God "loved me" and, since he is rich in mercy, wished to establish a more intimate communion with us precisely there where our human nature encounters its limits and its fragility, in suffering. He did this through his crucified Son. God thus loves whoever is poor and sick. Although one might be tempted to consider only that life worthy to be lived which is productive, which transforms the world, which is efficient, he teaches me through his Son about love towards the suffering. In this way, he helps us to consider that in suffering one shows himself more capable of expressing the human values of the spirit, such as friendship, affection, cooperation in love; all those qualities, that is, which are more highly emphasized and more profoundly understood in suffering and in need. I therefore desire to ask you to consider the moments of your suffering as a mysterious vocation. "Suffering is likewise a call to manifest the moral greatness of man, his spiritual maturity" (cf.* Salvifici Doloris, *n. 22). However, it is at the same time an invitation of Providence to draw nearer to the Crucified, to understand him, to share his mystery. Consider yourselves near to God in your crosses and know how to offer them with Christ to God the Father so that the real contribution of your sacrifice may generate precious moments of grace for humanity and for the Church. With meditation on the Passion of Christ, you will discover the strength to transform the temporary burden of illness into a sanctifying oblation.*

THE HUMAN PERSON IS THE MAIN FORM OF WEALTH

(To the Workers of Prato, Italy, March 19, 1986)

The priority of the human person is the hinge on which the entire organization of labour turns.

NIMPHEA I. ET II.



Labour is a great thing. Man, however, is incomparably greater.

Man is sacred. This sacredness needs to be recognized and professed in every circumstance, even when the individual subject has made himself unworthy of it. The sacredness of the human person is inviolable and irrevocable.

This sacredness is the root from which all human prerogatives are born; those which form the mystery of the individual personality, and those which make man a constitutive member of the social fabric......

Consistency demands that the value of life be proclaimed as an absolute, without interruption, from its conception in the mother's womb until its natural end. The first moments are as precious as the last breath. Both require the greatest respect and protection.....

The human person is always the primary form of wealth, from his first stages to his last. A nation's level of civilization is measured by the attitude it assumes towards those who personify the two parabolas of life, the ascending and the descending.

THE TRAGIC SITUATION OF MILLIONS OF STARVING HUMAN BEINGS OBLIGES US ALL TO A MISSION OF SERVICE

(To an Ecumenical Delegation from Ethiopia — March 24, 1986)

The terrible experience of famine, which your country has undergone for several years, has touched the consciences of many people and led them to help the people of Ethiopia. The Catholic Church, by various means and at various different levels, has been part, and will continue to be part, of this generous endeavour. It is an endeavour which is vital not only for your own country, which is not yet completely free from this scourge of famine, but also for Ethiopia's neighbour countries, and other countries of the world.

I hope that your Delegation's mission, here and in the different countries you are visiting, may help to reassure those people who have been moved to share with their brothers and sisters in need and may elicit from them an ever deeper degree of generosity.

*You have made this visit in the name of the Christians of Ethiopia. Your Delegation is an ecumenical one. This is living proof that "cooperation among all Christians vividly expresses that bond which already unites them, and it sets in clearer relief the features of Christ the Servant" (*Unitatis Redintegratio, *12). We know that right from the earliest days of the Church mutual support and sharing with those in need were vital concerns of the Apostle Paul, who saw these things as a sign and a criterion of unity among Christian communities. Today Christians are searching together for paths that will lead to greater unity among them. They do this in a spirit of respect and mutual confidence, and in obedience to the words of Christ, who at the Last Supper prayed for the unity of all his followers (cf.* Jn *17:21).*

The tragic situation of millions of starving human beings obliges us all to a mission of service. By serving the poor and by sharing with them we also come to a fuller understanding of one another, deepen our mutual respect and thus prepare the way that leads to Christian Unity (cf. Unitatis Redintengratio, *12).*

CONTRIBUTE TO THE FORMATION OF MORAL CONDUCT

(To participants in the Congress of the Italian Federation of Pharmacist, April 26, 1986)

*For these reasons the Church, which places the mystery of the greatness and the misery of man at the centre of her concerns and pastoral care, understands and duly appreciates the contribution of your particular work to the common effort. From the dawn of her foundation she has considered assistance to the sick an integral part of her mission. If today, following the directives of the Second Vatican Council, she invites Christians and all men and women to collaborate with the sectors of culture and science, she does so in order that full and integral human development might be assured (*Gaudium et Spes, *61).*

For these reasons I myself, in response to a widely-felt need, decided to create on February 11, 1985, a special "Pontifical Commission for the Apostolate of Health Care Workers", in order to stimulate and coordinate the activities of the various forces at work in the Church, to be attentive to the programmed orientations and the concrete initiatives of various nations, grasping their implications for the apostolate.

During my various apostolic journeys, especially to developing nations, I never tire of repeating that the world of health care is a place of struggle for man, where technology tends to take up ever greater space, not always safeguading the rights of the person.

Suffering, illness and death are fundamental "human" events, and everyone's primary concern must be to collaborate together so as to resolve the problems created by these events in a human way.

Assistance to the sick person in overcoming his trial with dignity is certainly the service which humanity expects of science, technology and pharmacology. But this will not be possible without a clear vision of absolute respect for the human person, who alone transcends the value of all material realities.

This is the constant point of reference which we must never lose sight of if we wish to avoid consequences that degenerate into the tragedy of the great social ills, the object of your study.

According to the Christian concept, the person, created in the image of God, is the highest expression of the life of the universe. He is ordered to God, and the universe is ordered to him. As the Creator of all things has infused hidden forces in nature to be discovered in order to draw out means for the protection and the development of life, so also has he written in human nature itself the principles of the universal norms of conduct, which are not left to the interpretation of the subjective will, nor to the variations of current mentality.

There are essential values and rights connected with the dignity and supreme destiny of the human person, beginning with the basic right to life, which must be defended throughout the range of its existence. Today more than ever it is threatened from the moment of its conception to its last declining hours. To respect these norms is to make oneself a collaborator with life; otherwise one becomes a worker of death.

SCIENCE AND FAITH ARE NOT OPPOSED

(To the participants in the Twenty-Fifth International Ophthalmology Congress, May 5, 1986)

Science and faith are not opposed; I need not insist in your presence. Both the Second Vatican Council, in the Constitution Gaudium et Spes, *and the Magisterium have repeatedly affirmed it. The experience of scientists and of believers — and I would say of the very scientist-believers — manifests it every day in our modern world. Science and faith, each with its objective and specific methods, are at the service of man. The two converge for their mutual benefit. I shall pause, rather, to consider the need facing medicine today to remain closely centered upon man himself, upon the human person.*

It is, in fact, a question of avoiding two obstacles. On the one hand, medicine has had to accept increasingly marked and widespread specialization — this has been legitimate, a condition for its progress, as is the case with ophthalmology.

But the specialist should never overlook an integral vision of the person, who is a complex whole, corporal and spiritual.

On the other hand, the current organization of medical activity often threatens to compromise the personal relationship with the patient, turning into anonymous, bureaucratic attention based on dossiers. I have already had occasion to comment upon these dangers, inviting doctors not to forget the unity of the person and to humanize the exer-

cise of their professional service to a greater degree (see, for exemple, the address to the members of the World Medical Association).

.... In the symbolism of the glance, Christ reveveals the mystery of the full salvation of man. The faculty of "seeing" does not concern the body alone, but also, and above all, the spirit. Christ often reproached the Pharisees for their spiritual blindness; he complained about what was in their eyes which they utterly failed to see. He himself is the true light that enlightens the world and does not hesitate to say, "Whoever follows me shall not walk in darkness".

.... In this sense, the task of the ophthalmologists surpasses the purely human framework; in their way, they collaborate in building a new world. With the Christ, we believe that this new world, brought down here below by physical and spiritual healings, will find its full realization in the beyond, by means of the glory of God.

Then man will finally encounter his liberation and integral salvation; all sufferings will disappear; he will no longer need the light of the sun, for everyone will be enveloped by the light of God and will see him face to face.

Yes, all progress in vision corresponds to man's deepest desire: to see the marvelous world of creation and finally to see the author of it all.

No one can ignore the children who are dying today

(UNICEF — World Children's Day, Monday, May 19, 1986)

Today is World Children's Day — your day, dear children listening to me.

It is a great pleasure for me to greet you, seeing and greeting in you the children of the whole world as well.

The Pope loves you. But Jesus loves you even more. He said to those trying to keep the children a bit removed from him so as to avoid the possible nuisance of their playfulness, "Let the little ones come to me!" Always go to Jesus, then, with complete trust.

I am grateful to your parents and educators, and to the organizers of this celebration in the name of UNICEF, for they have provided me with the occasion for an encounter which gives me great joy.

This joyful encounter is a fitting occasion for me to recall once again that it is an important and pressing duty for everyone to receive, respect, and love children, ensuring that their lives will flourish in full health. For the lives of children should bring joy to all the countries in the world; for we cannot celebrate a children's day when the ravages of hunger, illness, and death are close at hand.

I have been given the message brought by the young African marathon runner who is now in your midst. It is an important message. The urgency of immediate aid to those most in need, the populations and particularly the children of the African countries, should be felt by all.

No one can ignore the children who are suffering today, who are dying today. The Church is with them and is for them. To them goes my tender embrace. And to all an imploring cry: it is a precious part of mankind that is suffering and dying!

Christ's word remains valid for all time: "Whatever you do to the least of these you do to me" (Mt *25:40).*

May every child be able to be born and live, flourishing in all his dimensions: physical, moral, spiritual.

Children of Rome, children of Italy, children of all the world: may the Lord bless you!

All who are so meritoriously concerned with the welfare of children: may the Lord bless you!

COLOMBIAN MOTHERS, ALWAYS DEFEND LIFE

(At the Mass celebrated on Friday, July 4, 1986 at Cali Stadium, Colombia)

When the Aspostle says, "May the word of Christ reign in your hearts", we should apply these words with the same doctrinal forcefulness to the heart, the nucleus of every association, movement, or institution, and, in short, to society as such.

But let us not forget that all of these personal domains are nourished by the family community where the civilization of love emerges, thrives, and becomes consolidated. When the institution of the family wavers or weakens, the bonds of solidarity diminish, and separation is fostered, while harmony and peace are the most propitious climate for the common good, and in the end the fundamental cells of society will spread their pathological state to the entire social organism.

If the peace of Christ does not reign in the very heart of the family and of society, peoples will not only lose strength and vigor, but respect for life and human dignity will be lost as well. I wanted to recall this in my recent encyclical Dominum et Vivificantem: *"Everyone has become more and more aware of the grave situation of vast areas of our planet.... It is a question of problems that are not only economic but also and above all ethical. But on the horizon of our era there are gathering ever darker 'signs of death': a custom has become widely established... of taking the lives of human beings even before they are born, or before they reach the natural point of death" (no. 57).*

Colombian mothers! Responsible wives. Always defend life. Remember how Jesus wanted to be recognized by John the Baptist when he was still in his mother's womb; he was glad and leapt for joy in the virginal womb of Mary.

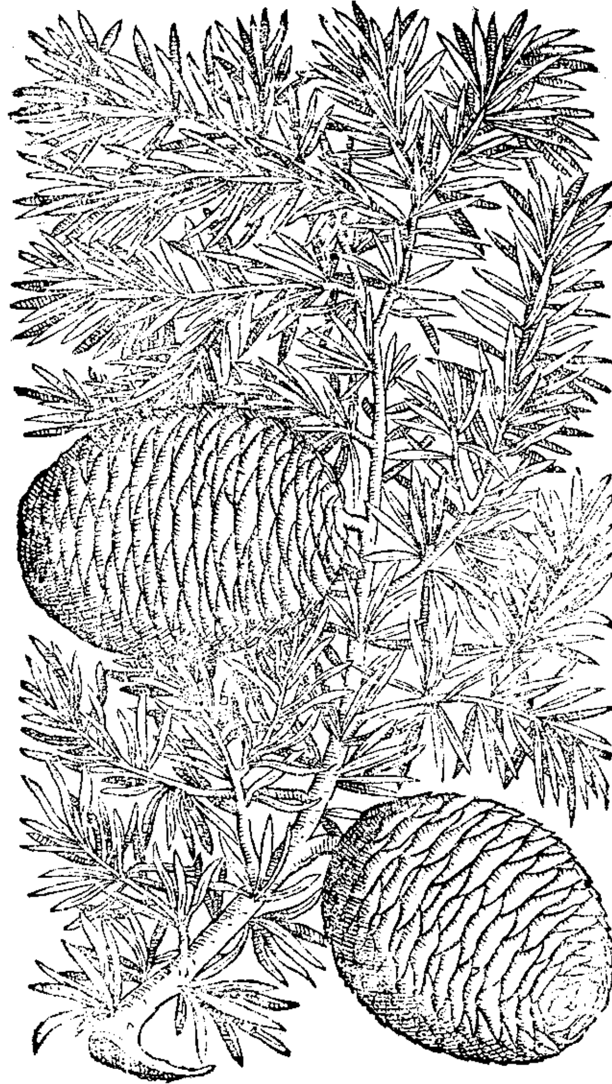
Husbands and heads of families, to defend the dignity of love is to defend society. The family is threatened by the ideologies and institutions which on a psychological level or through any other form of coercion stimulate the couple and induce persons to obstruct the sources of life and refuse to welcome a new existence with love.

Responsible fatherhood and motherhood are proof of love and service to peace and life.

Dearly beloved Colombians, if we do not decide to root out of our hearts these piercing thorns which choke off the dynamism of life, culture, and civilization in its very germination, our society, all mankind, will arrive at a progressive atrophying of the conscience of all its members and institutions, blinded by erroneous modernisms leading to false progress which negates the truth concerning man and tends to see in God an obstacle and not the source of liberation, the fullness of good. This is the false freedom which instead of building peace and the civilization of love generates only bitterness and desolation (see ibid., *37-38).*

Arguments

CEDRO MAGG. DEL MONTE LIBANO.



Defense of Life and Defense of the Person

Defense of Life and Defense of the Person

Discussion on the subjects of euthanasia and organ transplants have brought to the attention of doctors and moralists a subtle distinction between "human life"and "human person" as a matter of marked current interest. This distinction must be subjected to a coherent examination.

The point at issue is whether it is possible to specify a moment of the person's death as distinct from that of the cessation of biological life in one who is dying. To this end, the person is identified with the capacity for relating to the external world in such a way that, if the capacity for relationship has been definitively compromised in general terms as a result of a traumatic occurrence in the brain, the person should be regarded as dead, even if there is still biological life in the human organism, more or less sustained by the means of support and resuscitation. It order to explant an organ, it would be sufficient to verify the death of the "person"; in general, beyond the confines of the transplant, to prolong care in such cases would be regarded as the useless treatment of a corpse.

The conclusions do not stop here, for some go even further and deduce an additional consequence: if the person no longer exists when his life of relationship to the external world is compromised, this fact means that the persons does not yet exist when the life of relation is not yet present; the embryo should thus not be defined as a person in act, but as a "potential personality."

The scientific and biological countercheck would lie in the fact that the life of relation directly depends upon the integrity of the brain cortex and the encephalitic lobes: when these have been compromised, the life of relation is over and falls into a kind of "persistent vegetative life" deemed equivalent to the death of the person; in the embryo, these centers have obviously not been formed yet, and it is thus asserted that this fact would constitute a reason to define the embryo simply as a "potential person." Not all the defenders of this distinction between human life and life of the person reach the point of legitimizing abortion and suppressing the embryo, but they are forced to make an effort which does not always prove convincing.

A neurophysiological datum — i.e., the function of the upper encephalon — conditions the life of relation; the latter would in turn condition the concept of person: human life would precede this "not-yet-a-person" and could also continue after the appearance of what was "now-a-person." In this way, patients defined as being in an irreversible coma should be declared clinically dead; embryoes, when the central nervous system has not yet been formed, would not be men for all intents and purposes.

We must bring to bear certain reflections on these assertions both to respect human life and to honor the person, but also to clarify the scientific datum.

Let us leave aside the fact of the "irreversible coma," the irreversibility of which requires trustworthy, objective evidence that is possible for current science but demands a great deal of precision, particularly in certain pathologies.

What must be clarified first of all is that it is not accurate to define the person simply as a "capacity for relationship": *personal being* certainly tends to express itself in social and environmental relations and in turn receives stimulus and growth from the socioenvironmental relationship; it is not however, the relation which constitues being a person, but, on the contrary, it is personal being which constitutes the relation in the measure in which the physical organism allows it to. In the "relational" theory of the person, known as the theory of the "constitutive relation," there is concealed a phenomenological philosophy of reality and a negation of the ontological reality of the person. This theory's proposal was previously formulated in connection with abortion. It is necessary to reassert that the dignity of being and its value precede the expression of relation: the human being possesses his full value in the cases of both the embryo or fetus and one who is dying and, even more evidently, of the mentally ill.

The jeopardizing of the encephalon as a result of disease or encephalic traumas of the cerebral cortex may remove the capacity for perception, and the temporary interruption of the blood flow to the brain may irreversibly impede the functioning of the relation centers, but this fact alone does not suffice to define the death of the human person.

A further observation should be made regarding this same distinction between "human life" and "human person," a distinction which covers over certain misunderstandings and, in our opinion, does not hold from an anthropological standpoint. In the human individual, as in every living being, different "existential acts" cannot coexist — in man, a plant-man, an animal-man, and a rational man do not exist as three lodgers in a single house. The source of energy and information is uniform and unifying. A single existential act activates and informs all the vital forces — biological, psychological, and spiritual — directing them towards the unity of the individual man; nutrition respiration, and sensitivity are respiration, and sensitivity are activated and directed towards a single end and a single project, the individual project of a specific person. The developmental stages which have not yet been reached or compromises as a result of disease may impede one or another of the functions, but as long as there is life in act, in a unitary and unifying sense, that life belongs to a single subject, the human person. The first phase following the fertilization of the embryo is already the life of an individual, of a unique, unrepeatable being, a human subject who activates himself by mobilizing every kind of vitality both within himself and with a view towards an end. Ontogeny does not exactly repeat phylogeny — everything which is life in man is oriented towards the life of the single man, of the human person in his individuality.

Reflection on the concept of life as well thus imposes itself and, consequently, on the definition of death.

Biologists define life as nonenthropy — i.e., the opposite of the law of enthropy: the living being's energies, instead of being degraded or dispersed, are concentrated, unified, and raised up from a lower, physical-chemical level towards a higher biological one. In philosophical terms, reflection starting from this fact proceeds further, and life is defined as an "immanent capacity for action": the living being is the source and term of its own activity, constitutes itself, and acts by deriving from within itself both the origin of its strength and the project for its own action.

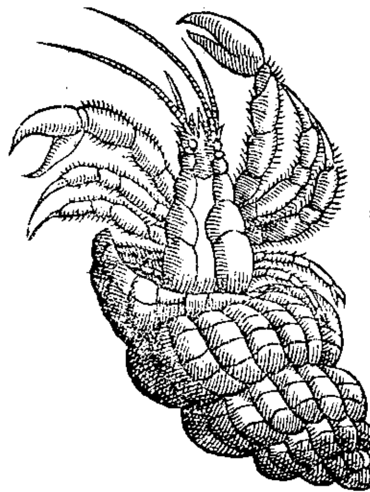
According to the level of autonomy and breadth-superiority in this activity, the various forms of life are distinguished. The vegetable possesses immanent activity restricted to carrying out the project and reproducing it; the animal has greater autonomy and attains a higher level, for, in addition to growing and reproducing, it possesses perceptive-sensorial activity enabling it to be determined in its own actions in relation to variations in the forms perceived; man transcendentally surpasses this level by drawing upon a source of self-awareness, intelligence, and freedom which is and remains immaterial, even when it unifies and mobilizes all the forces available in the biological organism — this source is the created spirit.

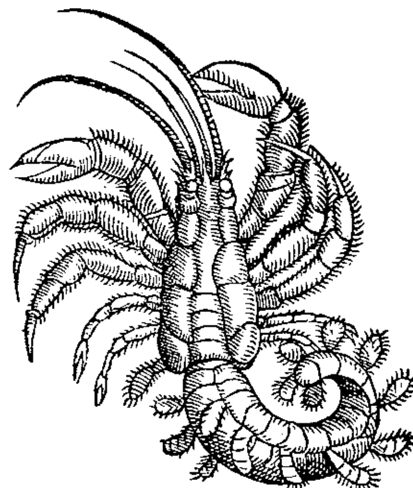
Properly speaking — this fact shoul be carefully noted

— life does not exist; rather, the living being exists, for life does not exist except as an effect and function of an organized, hierarchical unity: living individuals exist. It is for this reason that biological laws are not exactly the same as physical ones; in all living beings, the law is subject to individual variants which are all the more conspicuous the higher the form of life is. In medicine, it is said that sick people exist, but not sicknesses; in the same way, living individuals exist, and in each the vital forces are unified in the unrepeatable individuality conferred by the existential act of each one. In the case of human life, the individual man exists, the individual human person, the summit and source of all vitality.

A clear consequence emerges from these considerations: the living being is *alive* because and as long as there exists an active vital unity pervading the living organism and its parts. The embryo is a living subject because it possesses a convergent, projective unity oriented towards the individual's realization; as science tells us, the unifying function avails itself of the genetic code in the embryonic life and the innermost encephalon's centers (bulb and trunk) in the adult; as the physiologists affirm, what is essential in order for a given living being to exist is that a unitary orientation of its life functions be determined.

A limb may perhaps become separated and thus lose its life while the individual maintains his unitary vitality; the individual may possibly be dead as a unity, but a residue of diffuse, decentralized vitality may continue for some time in specific organs. In the former case, the limb is dead, but the subject is alive; in the latter, the subject is dead, but the organ is still in some measure alive. It is up to science, not philosophy, to define the life and integrity of the organism; similarly, it is the role of medical science to establish when the unitary organization of life has ceased and what signs and parameters can determine this observation. The fact that in this latter life state, which may be defined by the concept of clinical death, there remains a certain vitality in the organs and cells composing them which is slowly spent in a diffuse manner constitutes a condition for a certain residual integrity of organs and tissues capable of being extracted for transplants; this integrity does not contradict the definition of individual death when the individual as such is no longer capable of a personal organic and unitary vitality that is coordinated and immanent.





The conclusions we way may draw from the foregoing are as follows:

a) The life of the individual and the life of the person in the human individual initiate the life cycle together and together pass through the crisis of death, beyond which the life proper to the spirit remains and, according to what we are told by Revelation, the gift of the Resurrection. Properly speaking, it is the spirit, created by God, which animates and vivifies the body, from the first instant of conception to the moment of death, rendering it a "human body," at the service of the person and for the expression of the person. It is from this source of energy which is the spirit that the body draws the vitality expressed in a biological and integrally human sen-

Non è gran tempo, che si sono incominciate à ritrouare le vere Vipere in Italia per li manifesti segnali, che si son veduti ne i parti loro. Imperoche consigliandosi alcuni medici, che sono stati vaghi di rintracciarle, per hauere il vero modo di comporre la tanto desiata theriaca, con questi ciurmadori di banca, che fanno le professioni delle serpi, n'hanno prese delle pregne: le quali poscia loro hanno partorito i viperini nelle scatole, doue ...

se: as long as there is biological life, the spirit is present, the life of the person is present. The Holy Father's words when addressing the International Congress of Moralists on April 10, 1986 are apropos: "It is thus necessary for ethical reflection to be ever more deeply grounded and rooted in a true anthropology, and the latter, finally, in that metaphysics of the creation which is at the core of all Christian thinking" (*L'Osservatore Romano*, April 11, 1986, p. 4).

b) In order for the person to be defined as dead, it is not enough that the life of relation should be irrecoverable, but it is likewise necessary that the life of the organism in its unitary, centralized coordination should have ceased. This occurs, according to the current criteria of medical science, only when there is a structural and functional compromise not just of the brain cortex and lobes, but also of the encephalic trunk and bulb. It may therefore be asserted that the individual life of the person in its unity ends when the structure and function of the encephalon as a whole hasbeen *totally* compromised.

c) The fact that after this event, ascertained through suitable parameters, there remains a certain integrity of the executive organs, like the heart, which are endowed with a relative, provisional energy reserve, particularly when such energies are sustained by respiratory equipment and forced circulation and no longer modulated and unified in the encephalon, does enable us to withdraw organs appropriate for transplants, once their cells have been compromised, but it no longer constitutes the sign of a true, specific life in either an organic or a personal sense.

d) The parameters for clinical death, according to what science affirms concerning the conditions for biological life, should ascertain the definitive structural and functional compromise of the encephalon in the totality of its parts (cortex, lobes, trunk, bulbs) and should not be limited to verifying the impossibility of the life of relation.

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The Rights of the Nasciturus

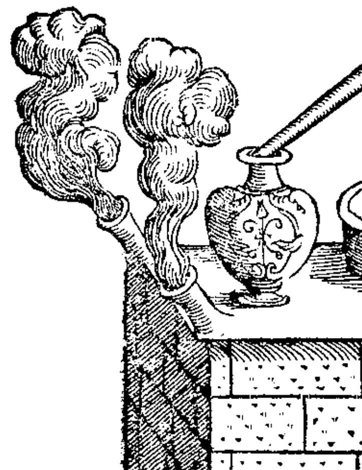
The cluster of reflections linked together here aims to provoke a vigilant awareness capable of defending the rights of the human being in the initial period of life, from fecundation to birth. Starting from the current state of the problem and having recourse to certain orientative principles, we may formulate some basic rights which should be recognized and protected by the law.

Nasciturus is a necessary neologism. It is a term taken from the Latin to designate the conceived and as yet unborn human being. Nasciturus is the human being on the way to being born. In its meaning it not only includes the future, but also implies a certain obligation to be born like other men. Since the usage is still not common, there are some who continue to employ it in Latin. The need for a new word is imposed by the reality designated. We increasingly perceive the importance of paying attention to and getting in-depth knowledge of the principles and initial process of human life. We are concerned with the principles of the individual life. By natural inclination, human intelligence tends towards the principles in any of the orders of reality. All its knowledge finds support in the principles. And it now has abundant experience of the fact that a small error in the principle becomes large in the end.[1] Modern science has been progressively discovering the origin of the human individual. We are somewhat more familiar with the admirable itinerary of the early stages of life, though many open questions still remain. Perhaps as a result of a lack of precision in knowledge, the names designating this phase abound: "child" and "infant" are more generic terms; "zygote", "blastocyst", "morula", "embryo", and "fetus" have a more precise meaning. "Nasciturus" encompasses them all with sufficient breadth, unifies all the stages, and refers to the human being, with whom we are really concerned.

It may seem pretentious to deal with the *human rights* of the still unborn being. We are accustomed to seeing birth as the point of departure in order for the human being to become the subject of rights. The *Universal Declaration* of the rights of man in 1948 may still be termed recent. In truth it must be said that it is largely reduced to a mere statemen and has not been carried over into the reality of human life. And yet we do not consider it absurd to pose the question of the human rights of the nasciturus, but rather a duty which must be urgently attended to. Human rights, as a partial expression of the natural law inscribed in all men, do not, in themselves, allow for exceptions. They extend to all men, not because they have been born in a city like Athens or Rome, as happened in antiquity, but by the very fact that they are men. And they should encompass the entire sphere of human existence. Moreover, human rights, which are a conquest and expression of the humanization of a given culture — and, therefore, the touchstone of the maturity of conscience and the spearhead of human development — are today put to the test in the attention show the weakest, those who need the protection and shelter of the law simply because they are human and cannot make their presence felt in social conflict. Such is the case with women, the sick, invalids, children. The foregoing invites us to pay attention to the nasciturus, who is the most tender and delicate human being, entrusted by nature to the care of parents and society. Concern for the young, the weak, and the sick is the special sign of the maturity of human conscience. In those who cannot help themselves we encounter the most fitting way to honor man's humanity and acknowledge his lofty dignity. The Gospel words requesting preferential concern for children and the young ring out in the Christian conscience, for Jesus Christ has wished to identify Himself with them in a special manner: "Whatever you do to these little ones you do to Me" (*Mt* 25:45). Today we possess the certainty that the human individual is constituted as such not through birth, but through fecundation. The time has thus come to shift human rights from birth back to the very beginning of life and apply them to this initial period of the *homo viator*. It thereby takes on full meaning to speak of the *rights of the nasciturus*.

1. The first steps

The current state of this question is disconcerting at the very least, distressing to an upright conscience that seriously esteems human dignity. There are two facts typical of our time which have exasperated conscience to an unbearable limit. One is the disdain for the nasciturus



manifested in directly provoked abortion This phenomenon presents two inhuman aspects aggravating the fact itself: the abortionist outlook and mentality which have spread like a plague, and the legalization of abortion, no matter how many attenuating circumstances may be sought or found for it We simply cannot believe that in our day so many millions of human beings who are the purest expression of innocence are immolated by way of abortion.[2] The other factor typical of the present hour is due to the power of the science and technology as applied to the nasciturus Like all that is human, it is an ambivalent power. It is admirable when used for the upright promotion of human life, to master all the dangerous situations existence passes through. But it is terrible when this power exalts itself above ethical norms and renders the human being a mere object of experimentation At the present time our conscience is in the air. To many, the power of so-called science has no limit. They regard everything possible as licit. Sexuality and procreation have been separated. Human manipulation has reached the initial phases of life. *Genetic engineering* can be effected. We are moving from generation to "procreation", towards "a society where children come from science."[3] Man is constantly tempted to emulate Prometheus, to overcome all barriers, to take possession of the very secret of life For this reason, if we experience fear and trembling in the field of physics because man is now able to unchain the demons of a nuclear catastrophe, in the biological order we suffer the anguish of manipulation of the sources of life. To the man of upright conscience, human life has always been sacred. In our time we harbor the suspicion that conscience is asleep and proves ineffective.[4]

The upheavals of conscience favor the awakening of human rights. Mankind's crises are like an earthquake opening the bowels of the orb and uncovering the foundations of things. There is a *natural law* in us, a reflection of the eternal law and a participation in it within the rational creature, who feels affected in the very root of his human nature and reacts, especially in the case of the most valiant, who do not allow themselves to be bedazzled either by custom or by the new idols constantly being invented by man. Science and its power may be regarded as such. There is thus a cry for help, an S.O.S., in vigilant consciences faced by this situation requiring attention to the violated rights of the nasciturus, who is innocent and exposed to danger. And the nasciturus is the humanity of the future. We are even now surrounded by a chorus of voices crying out for a new awareness and human acknowledgement of the rights of the innocent. They are the first heroes on the long road to humanization.

Though not wishing to enumerate them all, I do want to state that there are several kinds. There have been some essays presented in *international organisms* calling for the rights of the nasciturus and requesting protection. In the nineteen-seventies, the first draft of a *Declaration of the Rights of the Still Unborn Child* — which was never completed — appeared at the U.N.[6] It was conceived analogously to the *Universal Declaration* and the *Declaration of the Rights of the Child*. A *European Letter on the Rights of the Child*[7] and a simple *Recommendation of the European Parliament* (no. 934) calling for efforts to avoid the abuses of genetic manipulations have been obtained [8] Since the March, 1985 Conference of Ministers held in Vienna there has been a new interest in attending to this problematic field, and a new Committee has been created to study it.[9] On this level of secular conscience, the conflict presents itself as between the progress of science — which no one wishes to combat — and the value of the life of the nasciturus, which has not yet come to be recognized as *human life*.

The Christian conscience, on the other hand, has had magnificent heralds in recent years If it took time for the question of human rights to penetrate into this sphere, we may say that beginning with John XXIII's *Pacem in Terris* in 1963 its profound connection with the Gospel has successfully been encountered In the field of the defense of life, no voice has been so clear and valiant as that of the Church. John Paul II has been recognized as the champion of human rights in our time. In the documents emanating from his pontificate we find the voice of human conscience asking for the express recognition of the nasciturus' rights. It suffices to quote here the fourth article of the *Letter on the Rights of the Family*: "Human life should be absolutely respected and protected from the moment of conception."[10] The Episcopal Conferences have joined their voice to his. In the face of the legalization of abortion in Spain, the Episcopal Conference spoke out to demand recognition of the nasciturus' rights.[11] In 1984, the Bishops of Victoria (Australia) called for acknowledgement of the fetus as a human being and recalled R. Edwars' significant words: "The embryo is a microscopic human being at a highly precocious stage in his development " For this reason, all human life possesses dignity and rights, objective, intrinsic value. It possesses them as human, whether "microscopic or macroscopic; infant, adult, or elderly; Caucasian, Negroid, or Asiatic "[12] The German Bishops meeting in Fulda in September, 1985 made a declaration calling for the prenatal protection of the child, for "he is a human being growing in his mother's womb and continuing to grow after birth."[13]

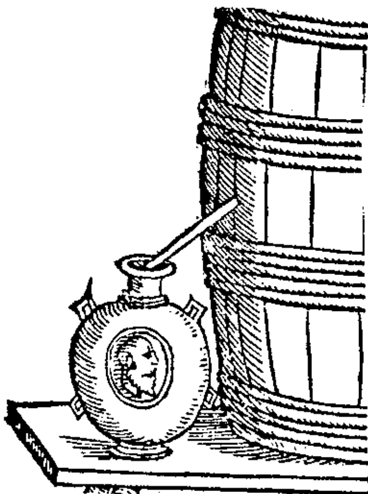
The same attitude of protest against an intolerable situation and calling for recognition of the nasciturus' rights comes to the fore in a host of personal testimonies. Two theologians testified before a Congressional Committee in the U.S in 1984, Fr. Richard A McCormick, S.J. and Fr Donald McCarthy For the latter, the embryo is a distinct individual with a human nature, and his dignity and rights thus require that he be treated as if he might one day become President.[14] In this same direction, S. Leone has worked out a decalogue of the "embryo's rights" as an appropriate response to the state of this delicate question, which tests our capacity for human behavior.[15]

These voices signify the new awareness, but they remain stifled by the outcry of a multitude with the opposite opinion or fall into the void as a result of the deafness to the voice of conscience afflicting contemporary man [16] These voices are more symbolic than effective. They require greater support.

2. First steps

The solution to the question concerning the nasciturus' rights depends on a root principle: *his really being a person*. Only the human person is the subject of rights The very concept of *person* may be understood on several levels and in various ways. It should be remebered that we are dealing with a philosophical concept of metaphysical depth from which its projections into the moral and juridical

domains proceed. It is necessary to go back through the recesses of personal reality on its most profound level, far removed from the current mentality that lives on the surface without delving into the foundations. Thomas Aquinas aids us in comprehending the person adequately with his conceptual clarity: "Person signifies a certain nature having a certain mode of existence The nature which includes the person in its meaning is the one possessing greatest dignity among all natures, i.e., the intellectual nature according to its genus Similarly, the mode of existence which implies the person is the worthiest, i.e., something which exists by itself."[17] As applied to the human being, person indicates the singular being existing with the autonomy which belongs to it and the human nature it receives. Because the person is a singular totality, it humanly requires the possession of all that constitutes man. There is no man without a body. There is no man without a soul. There is no man except in the substantial unity of both and an existence which is exercised only in the singular. When is all of this really present in man? The question concerning the moment the soul is infused into the body has been significant The soul is created immediately by God — it is God Who creates and infuses it.[18] That moment is beyond human observation and may never be grasped by experience. It has therefore been possible to maintain two opinions regarding this point: Aristotle's, taken up by Thomas Aquinas, for whom the soul requires organized matter and is thus infused when the embryo is already sufficiently developed to exercise the operations of the brain and heart,[19] and the view shared by Gregory of Nyssa, Albertus Magnus, and others, for whom it is infused from the outset.[20] The scanty knowledge concerning the beginnings of human life in antiquity did not allow them to go any further. Today we have other elements providing a solution. We know that the human being acquires his character as a distinct individual from the moment of fecundation; he possesses a certain autonomy and his own operations as a living being of the human species. We have reached the point of assuring that the nasciturus, from the moment of fecundation, is a *human individual*; he is not a thing, but a person and thus has the rights of the person. The ontology of the personal being grounds the ethical and juridical orders. Such should be the path to attributing human rights to the nasciturus



In the *order of being*, it is appropriate to recall three principles: that of *individuation* by matter, that of *change* and becoming in successive stages of temporal development, and that of the *totality* always implied by a human subject. It is evident for science nowadays that, as Lejeune asserts, the individual acquires his genetic and biological singularity from the moment of fecundation or the fusion of the two nuclei of the cells of the ovum and the sperm The human soul becomes individualized with respect to concrete matter, as Thomas Aquinas maintains, and is created when infused into this matter, and from the outset contains the body rather than being contained by it.[21] The unfolding of the human being is foreign to leaps, but involves stages that are clearly programed into the elements of the genetic code. The stages are quite diverse, but in all of them, from the first to the last moment of existence, the identity of the singular persists. And that affects each one of his cells as it does the entire individual: markedly compact in himself, markedly different from everything else.[22] Man, like all living beings, is and becomes. He unfolds his powers in a constant passing from potency to act, from reality to possibility, from nature to freedom and history And he always does so as a *totality*, as an autonomous subject that is independent in his being and acting, no matter how much he is seen to be a being in relation. Neither chronology nor functions give the human being his dignity and value, but the *personal ontology* he possesses from the beginning. At every instant he is a subject, and never, during his life trajectory, can he be a mere object [23]

In the ethical order, everything starts from personal being. In the human being, we encounter first the acts of man, the action of nature, then human acts, the sphere of freedom. And at all times his human dignity demands respect and humane treatment. We owe this attitude to all man, to everything human, including the corporeal.[24] Such dignity increases from the standpoint of faith, which knows with certainty that man, every man, is an image of God and that every human being definitely reflects a project of God for each singular human being, unique and unrepeatable.[25]

In the juridical order, positive law is called to order human life in such a way that the common good consisting of the promotion of persons will be obtained. And if it cannot avoid all evils or correct all abuses, it must avoid the greatest ones, those which attack what is human, especially life itself And this should be done both on the level of universal human community, with its *international law*, or the law of human coexistence, and in the domain of the national community, with its legal statute, particularly in the modern states grounded upon law, which find their strength and underpinning in the rights of the persons forming such a community with a nationwide scope.[26] Every law which attacks the rights belonging to man by nature indeed lacks the force of the law; it is not a "rational ordering promulgated by one having the care of the community."[27]

All of these principles are involved in the solution to the rights of the nasciturus. The juridical is an exigency of the ethical order characterizing everything human, and this order results from the ontic foundation of the personal being who is each one of the human subjects, from the first moment of their existence till the last. Singular human existence becomes present in the world and is exercised in the corporeal and the temporal.

3. Primary rights

In the proclamations and declarations of human rights by Christian thought — specifically, in the Catholic Church, which has become their leading defender in recent

years — there are two notes that stand out over against other statements: on the one hand, the *grounding* in personal being, as in John XXIII's *Pacem in Terris*, and, on the other, a *hierarchy* of rights since not all can claim the same degree of inclusion in the natural law they arise from and in the human conscience wherein they are manifested. For this reason, some may never be violated, like the right to life, and others leave room for a certain delay in their application, for they require prior conditions which have not yet been satisfied, as with a specific country's right to higher education for all citizens. It is clear that the nasciturus' right to life is the primordial right, for all the others derive from it, and, under these circumstances, it is the most endangered. But it is not the only one. A declaration of the nasciturus' rights at this time — guided by the ethical norm of the legislator who promotes the common good, the welfare of all the persons in the community, and avoids the most serious evils and risks which are really present in that situation — must go much farther. The *Warnock Report* in England, worked out as a response to make possible legal regulation, creates as many problems as it solves. And the Christian conscience has been unable to remain silent in the face of it.[28] I am not attempting here a detailed list of rights, but rather seek to offer suggestions and create an awareness concerning them — all within the mandatory briefness of notes.

I believe we may divide the nasciturus' rights into three complementary groups; all of them tend to respect, conserve, and protect the *singular life* which is in itself sacred and inviolable. It is life at no one's disposal. It comes from God and is destined towards God from the first moment of earthly existence. The first criterion deals with the *origin* of the nasciturus, which should be fully human; the second, with the *development* of the life received, which should be favored in its dimension as singular; and the third, with the nasciturus' *relationships* involving dependence upon other persons.

The nasciturus subject's rights in relation to his *origin* consist of *coming into existence by a natural process in the family*, maintaining his *genetic patrimony free from adulteration or manipulation*, and *recognition of his human individuality*. Man should be the natural fruit of the union of male and female in matrimony, for he has the right to have parents, to be received into a family, to be promoted by means of education within it until reaching human fullness.[29] This right excludes all experimentation with FIV and FIVET artifical fecundation. The other two rights exclude all experimentation with embryoes and all operations not tending to aid and protect an individual life already in progress. Science must be at the service of life, and not the opposite.[30]

The nasciturus' rights *in relation to development* of his personality at the most delicate stae in his existence are those which protect him in his own life and help him to carry out nature's project. He has the *right to life*, and a *human life*, from the first moment. No one may condemn him to die, either for the sake of experimental requirements or because he is a burden for other persons. He has the right to *health*, understood in the broad sense of preventing illness, which in this period has greater range, and healing the defects he may possess. It is here that scientific advances may be placed at the service of the silent rights of the nasciturus — in short, of man. And the *right to protection* against the dangers threatening him in this hedonistic civilization. The right to integral advancement should begin from the beginning.[31]

The rights arising from *his relationship to others*, given that from the outset he is a human being among human beings, first of all involve the mother, the persons who for some reason come into relation with him in a singular way, and society. The nasciturus has the right to *have a mother*, from whom he receives aid in his life and maternal love, so important for the psychic balance of every person. Therefore, the right *to be accepted* and cared for. For the sake of the nasciturus' rights, the mother should be looked after in everything she may need in relation to her child. The nasciturus has the right to demand of all the persons who come into relation with him that he be *treated with dignity*, as a human being, in all manifestations and circumstances, without ever being lowered to the status of an *object*, *thing*, or piece of merchandise. Finally, he has the right to be offered by society *guarantees of human life* in its legislation and protection against any practice attacking his rights.[32]

The *rights of the nasciturus* require an urgent *proclamation* in our time as an expression of maturity of conscience and call for effective tutelage so that no one will dare to assault the lives of those who, by a special intervention of God the Creator and a creative force in man, are personally called into existence.

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NOTES

1. Aristotle, *De Coelo*, 1, 5 a271.
2. Lino Ciccone, *Non uccidere* (Milan: Ares, 1984), p. 54 and following. It is estimated that from thirty to forty million die each year through abortion.
3. This is the subject and the title of the journal *Projet* (Sept./Oct., 1985).
4. C. Caprile, *Il Papa e il diritto alla vita* (Rome: La Parola, 1981). John Paul II has valiantly denounced the abortionist mentality and attempted to arouse a new awareness affirming the right to life.
5. St. Thomas, *ST*, I-II, 91, 2.
6. The text is found in the anthology of documents *Mamma sono qui* (Rome: La Parola, 1978), pp. 118-121.
7. "The rights of every child to life from the moment of conception should be recognized, and governments should accept the obligation to provide for the realization of these rights." Cf. F. Mantovani, « Le manipolazioni genetiche: profili penali », *Iustitia* (1985), p. 300.
8. *Assemblée Parlamentaire du Conseil de l'Europe, 33 session ordinaire: Recommandation 934 (1982)*. Cf. the text in the journal *Medicina e Morale* (1984), pp. 93-96.
9. *Council of Europe. Vienna Conference of Ministers (1985). Resolution no. 3 "sur les droits de l'homme et le progrès scientifique dans les domaines de la biologie, de la médicine et de la biochimie"* Text in *H/Inf.* (1985), 1. pp. 133-134. Minister Badinter was responsible for presenting this recommendation; he defended the possibility of going as far in practice as science permits. On March 4, 1986, there was a parliamentary hearing of the Council of Europe dealing with "The Use of Human Embryoes for Therapeutic, Scientific, Industrial, or Commercial Purposes."
10. *Letter on the Rights of the Family* (October 22, 1983), presented by the Holy See to all persons, institutions, and authorities interested in the mission of the family in the contemporary world. Among the sources of this article no. 4 are *Gaudium et Spes*, 51; *Familiaris Consortio*, 26; *Humanae Vitae*, 14; and *John Paul II's Address to the Pontifical Academy of Sciences* (October 23, 1982).
11. *Derecho a la vida del nasciturus*, declaration by the Permanent Commission of the Spanish Episcopate. Text in *Vida nueva*, no. 1479 (May 18, 1985).

12 Text in *L'Osservatore Romano* of May 19, 1984
13 Text in *Anime e corpi*, no. 123 (January-February, 1986), pp. 103-106
14 Text in *La Documentation Catholique*, no. 1883 (November 4, 1984)
15 Salvino Leone, "I diritti dell'embrione", *Medicina e Morale* (1985), pp. 583-603
16 Luigi Lombardi Vallauri, "Manipolazioni genetiche e diritto", *Justitia* (1985), pp. 1-32.
17 St Thomas, *De Potentia*, q 9a, 3
18 St. Thomas, *ST*, I 90,2.
19 St. Thomas, *ST*, I, 118, 2 ad 2: "Sic igitur dicendum est quod anima intellectiva creatur a Deo in fine generationis humanae, quae simul est et sensitiva et nutritiva, corruptis formis praeexistentibus."
20 A. Chollet, "Animation", in *DTC* M.H. Congourdeau, *Communio* (1984), pp. 103-116. X. Thévenot, "La statut de l'embryon humain", *Projet* (1985), pp. 45-56. H. Seidl, "Zur Geistseele in menschlichen Embryo nach Aristoteles, Albert d. Gr. und Thomas v. Aquin. Ein Diskussionbeitrag", *Atti del II Congresso della SITA* (Rome, in press, 1986).
21 St. Thomas, *In De Anima*, I, lect XIV, no. 206.
22 Jérôme Lejeune, "Genetica, etica e manipolazioni", *Medicina e Morale* (1985), pp. 565-576.
23 Dionigi Tettamanzi, "Problemi morali circa alcuni interventi sui feti/embrioni umani", *Medicina e Morale* (1985), pp. 23-43.
24 Elio Sgreccia, "La bioetica: gli orizzonti e i principi fondamentali", *Anime e corpi*, no. 121 (1985), pp. 451-470.
25 John Paul II, *Redemptor Hominis*, 13 and 14. L F. Ladaria, "La concepción del hombre como imagen de Dios y su reinterpratación en Cristo", *Miscelánea Comillas* (1985), pp. 383-399 A. Plé, "Chaque homme est singulier", *Le Supplement*, 379, 391.
26 Santiago Ramírez, O.P., *Deberes morales con la comunidad nacional y con el Estado* (Madrid, 1962)
27 St. Thomas, *ST*, I-II, 90, 4. J. Maritain, *Nove lezioni sulla legge naturale* (Jaca Book, 1984)
28 The Joint Committee of the Catholic Episcopate of England drafted a statement: "Comments on the Warnock Report. On Human Fertilization and Embryology." Text in *Medicina e Morale* (1985), pp. 138-180
29 St. Thomas, *In IV Sent.*, dist. 26, q. 1, art. 1 "Non enim intendit natura solum generationem eius [prolis], sed traductionem et promotionem usque ad perfectum statum hominis, inquantum homo est, qui est virtutis status."
30 John Paul II, Address to the members of the World Medical Association Text in *L'Osservatore Romano* of October 30, 1983.
31 A Serra, "Fondamenti biologici del diritto alla vita del neoconcepito", *Jus* (1975), pp. 343-365.
32 John Paul II, Address to the doctors participating in a Conference on "Tutela della salute della gestante e del concepito". Text in *L'Osservatore Romano* of October 13, 1985.

Some Aspects of Euthanasia

I. Introduction

Human life is the basis for all goods, the source and condition for all man's activity and for every kind of social coexistence (7) Death is the end of man's biological existence, presenting itself in a different way for each person who confronts this problem existentially. Some await death patiently, with tranquillity and confidence; others, with fear and uncertainty still others rebel against the "ultimate absurdity" For both the doctor and the patient it is important to consider the problem of death with courage and honestly ask oneself about its meaning (3, 6).

In this article, I wish to focus my attention upon the close of man's biological life and the doctor's role in relation to the sick person's life.

In working out this text, I have drawn upon my own medical experience, inas much as, before studying theology, I worked for twenty-five years in the surgery, neurotraumatology, chest surgery, and oncology wards

II. The Christian concept of life

The Christian conception of life acknowledges that man is a being created in the image of God, redeemed by Christ, and called to immortality. He is a psycho-physical being and constitutes a unity of body and soul (9). Man should consider his body to be good and worthy of respect as created by God and destined to resurrection on the Last Day Only God the Creator is the Lord of man's life and its integrity. "Whether we live or whether we die, then, we belong to the Lord" (*Rom* 14:8).

The duty of medicine is to be at the service of the human person and his dignity, bearing in mind that man is unique and transcendent. It must remember the integral vision of man, which, as a result of the development of the various sciences, can be readily supplanted by partial conceptions. On the basis of the partial truths concerning man, some schools recommend their own solutions and provide practical instructions regarding the course of behavior to be followed or the procedure to be adopted. Such conceptions fundamentally diverge from the Christian vision of life Through these nonintegral conceptions of man, he himself becomes more the object of certain techniques than the responsible subject of his action (3).

III. Medicine in the face of life

Medicine serves to safeguard human life, from conception to the end of the earthly pilgrimage, the end of the organism's biological function. All doctors take an oath: "I will show the utmost respect for human life from the moment of its conception and even if threatened will not allow my medical science to be used against the rights of humanity" (from the Hippocratic oath approved in Geneva by the General Assembly of the World Medical Societies in 1948) (3) Catholic doctors see the patient in the light of the Christian conception of life, and many non-Catholic doctors also accept some of the truths contained in this conception.

IV. Medicine in the face of death

It is not possible to separate the question of the body from that of the spirit, for man constitutes a body-soul unity (3, 4, 9), and must, therefore, be so considered at the moment of death The doctor cannot view only the biological, biochemical, or pathophysiological aspects of the processes, but must remember the soul's needs as well and thus regard the sick person entrusted to his care (3, 6)

IV. 1 Euthanasia

Practicing euthanasia consists of performing an action or refraining from it and thereby causing death — action taken with the intention of causing death in order to eliminate all suffering. Euthanasia is therefore situated on the leve of intentions and applications of methods (1, 6, 7, 8, 19). In the concept of euthanasia, we encounter action aimed at man's death. To determine more precisely the doctor's role in the face of the patient's death, we pose the question "What is death for contemporary medicine?" The

Work Group instituted by the Pontifical Academy of Sciences in October, 1985, has established that, on the basis of contemporary science, a person is considered to be dead when he has irreversibly lost all the faculties comprising and coordinating his physical and mental functions (5). All action aimed at achieving such a state, whether undertaken for the sake of compassion or in response to the patient's wish or by a group of men with social motives, represents euthanasia. In the Work Group's definition, a certain difficulty may arise in verifying the irreversibility of the changes taking place in the central nervous system On the basis of contemporary medical science, it is recognized that the electroencephalographic recording of functional brain currents (EEG) is the examination by means of which the irreversibility of alterations in the brain may be verified It is necessary to make two electroencephalographic recordings separated by six hours. The diagram showing a lack of electrical activity in the brain indicates that a man's death has occurred (5).

IV 1a. Resuscitation efforts and euthanasia

In the light of the foregoing definition of death, the question as to whether or not it represents euthanasia to interrupt the functioning of resuscitation equipment takes on new meaning. The decisive element which can determine such an interruption is the death of the brain; i.e., irreversible brain alterations and these alone can be a decisive indication to switch off resuscitation equipment — consequently, after the patient's death has been verified. It is not euthanasia to turn off the resuscitation equipment maintaining the vegetative functions of the dead man, from whom the organs necessary to make a transplant, for example, can be removed. For, if to obtain an internal organ suitable for the demands of transplant surgery, an operation is performed after a man's death, there is no interruption of biological human life.

IV. 2. The selection of patients

In connection with the development of medical technology and the use of new methods of therapy, a new problem appears regarding euthanasia: whether or not the order of succession in treatment and the selection of patients is a form of euthanasia. It is now a question of defining the criterion for establishing such an order. Aside from the judgment involved in a doctor's experience as seen from a lofty ethical plane, it seems that all criteria must contain an estimate of life. Whether it be age, economy, eugenics, authority, or social position, there will always be an element of evaluating human life, which no man is capable of judging. Such an appraisal would mean entering into the Creator's jurisdiction. The doctor, in establishing an order of preference in treatment, does not judge life as such, but only the degree to which it is possible to save given patients.

IV. 2a. Medical experience

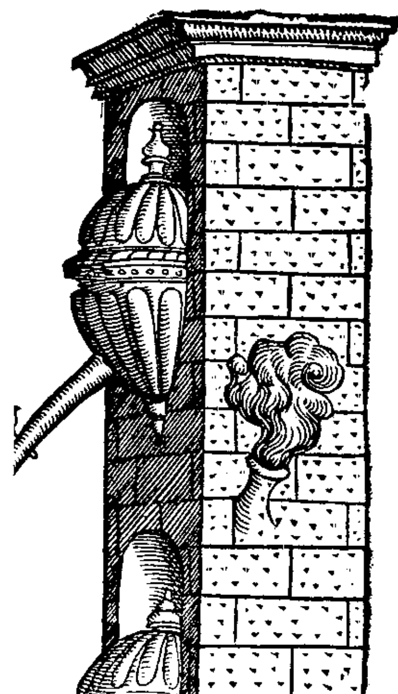
The Catholic doctor understands the concept of medical experience in the light of the Christian conception of life. Pope John Paul II, in an address to doctors, has stated, " The researcher belongs to the divine plan for creation God has wanted man to be the king of creation. To you, surgeons, specialists, laboratory workers, and internists, God has granted this honor by enabling all the forces of your intelligence to cooperate in the work of creation begun on the first day of the world's existence" (3).

IV 2b Medical ethics

Along with experience, an elevated ethical standard is required of the Catholic doctor. The doctor must come into contact with ethics, and, above all, with professional ethics, in the course of his studies. Unfortunately, medical schools do not always devote sufficient attention to this field Moreover, the principles on which the formulation of ethics is based are sometimes far removed from Catholic ethics as understood to be that which takes the Christian conception of life into account. The young doctor or researcher learns professional ethics from his more expert colleagues and is fortunate if he works in an environment where ethical values are properly taken into consideration. The problem of providing doctors with instruction in professional ethics must be a major concern of the Health Care Apostolate (2)

IV. 3 Proportionate and disproportionate means

The doctor's duty is to aid the patient by using all his knowledge, the modern technical means at the service of medicine, and everything at



his disposal in a given environment for the purposes of health care. There now arises the problem as to whether or not, and to what extent, it is necessary, at any cost, with disproportionate exertion, and with the involvement of many people, to insist when medical experience sees little likelihood of positive results In conformity with Catholic ethics, we are obliged to provide aid by using the ordinary and best-proportioned means (7), and we are morally dispensed from employing disproportionate means We must concentrate on the fact that the concept of extraordinary, disproportionate means is a relative concept depending upon the degree of medical progress in each specific environment. There might, for instance, be an environment where even the administration of a drug intravenously would represent an extraordinary means while being normal in many others (6, 7, 10)

V. Conclusion

The extraordinary, impetuous advance of medical science entails a need for new ethical reflections. On the one hand, the development of

technology at the service of medicine, more exact knowledge of the physiopathology of biological phenomena, and the new pharmacological means at our disposal, and, on the other, advances in transplant surgery and immunology more often place us in new and at times complicated ethical situations. To orient ourselves amidst current problems, it is continually necessary to follow the progress of medicine and, bearing in mind the Christian conception of life, appraise the ethical contexts in which man finds himself (3).

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3. JOHN PAUL II, *Address to the World Medical Association*, October 29, 1983, in *L'Osservatore Romano*, no. 10 (October, 1983).

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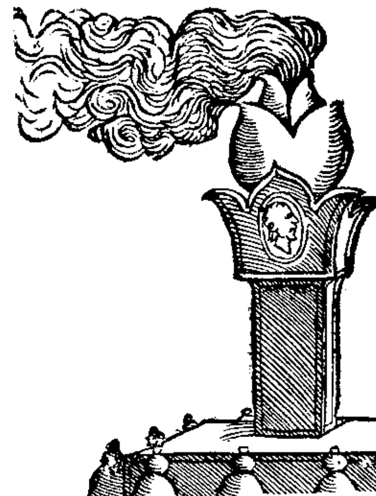

Therapeutical Obstinacy: Ethical Consideration

Among the medical-moral problems which have arisen in recent years, we must include that of so-called "therapeutical obstinacy." It is, first of all, scientific-technical development itself which poses it: with the enormous progress of medicine today, it is possible to postpone death considerably, for increasingly long periods, by resorting to both resuscitation and the artifical preservation of life. We may thus treat a patient "obstinately" in either a terminal phase or an, irreversible condition. Now, if such a possibility is linked to technological progress, its application today falls within the domain of discussions on euthanasia: hence the immediate danger that serious confusion and insidious misunderstandings will develop. In fact, some love to associate euthanasia with therapeutical obstinacy, discerning a profound "cultural" bond in the sense of interpretating them both as "signs" of a common, or rather identical, "will to power" on the prat of man: in both euthanasia and therapeutical obstinacy man seeks to assert his "power" over death by either accelerating/anticipating it (euthanasia) o delaying/postponing it (therapeutical obstinacy).

Without denying that there are relations between euthanasia and therapeutical obstinacy, it must also be stressed with the utmost clarity that, at least from an objective standpoint, they correspond to two different logics — so different that they prove to be contrasting, antithetical. Euthanasia is governed by the logic of a death sought after; therapeutical obstinacy, by the logic of life, life at all costs. Precisely because of this substantial qualitative difference, we cannot even partially admit the rejection of therapeutical obstinacy based upon the "right to die with dignity," understood in the sense adopted by the advocates of euthanasia. Indeed, it is equally meaningless to speak of "dignity" when death provoked in oneself or others radically contradicts the "value" of every human existence, even the most trying and unhappy

one. In this context, the term "dignity" is false and falsifies, for it conceals the raw, disturbing truth of a man who makes himself the judce and executioner of a death sentence As may be seen, we are dealing with euthanasia "masked" by noble words — but it is certainly still euthanasia in a true and specific sense.

Dying with human and Christian dignity

Having clarifies the distinction between euthanasia and therapeutical obstinacy, let us directly and explicitly consider the latter. First of all, the context in which ethical reflection on therapeutical obstinacy can and should be carried out strikes us as basic and decisive — it is the context of "human" dying.

This is precisely the perspective adopted in the Congregation for the Doctrine of the Faith's well-know document: "It is very important today to protect, at the moment of death, the dignity of the human person and the Christian conception of life against a technology which threatens to become abusive. Some in fact speak of a 'right to death', a phrase which does not designate the right to seek or procure death as one wills, but the right to die with the utmost serenity, with human and Christian dignity. From this standpoint, the use of therapeutic means can sometimes raise problems" ("Statement on Euthanasia," May 5, 1980).

The point at issue is "human" dying. Death is, of course, an "inevitable event" for man; he is "mortal" by definition, and under this aspect is completely assimilable to every other living being destined to die, as are plants and animals. But man is "man" even when facing death and in death itself: this death as an "inevitable event" is called to become a "personal fact" for man, a fact to be taken up and "lived" (to live death!) by man — i.e., consciously, freely, and, therefore, responsibly. In this sense, to die "with human dignity" means to face death with serenity and courage as an integral, indispensable part of man's existence, as a moment recapitulating and perfecting the whole of human life; death thus needs to be "lived", embraced and participated in with awareness and responsible freedom. The Congregation's document rightly prepares to complete the sentence: with human "and Christian" dignity. In reality, the believer discovers in death his particiption in the Paschal mystery of Jesus Christ crucified and risen, the passage from earthly to eternal life, the transfer from the house of men to the home of the Father — this is a faith which asks to be lived with a consistent acceptance of death

The legitimacy of — and, indeed, the need for — attending the dying is derived from this fact. Its fundamental ethical principle is reduced to *favoring the specifically human dimension of death*. To attend one who is dying thus means to help him to die with human and Christian dignity. But this attention must, in turn, be "human". We further read in the aforementioned document: "Everyone has the duty of seeking and applying treatment. Those who treat the sick should offer their services with the utmost diligence and administer the remedies they judge necessary or useful. Under all circumstances, however, should we have recourse to all possible remedies?"

As we see, the document indicates the two moral problems coming into play: on the one hand, that of alleviating the sufferings of the seriously ill or dying person by employing analgesics and narcotics, even if they entail the danger of shortening his life; they are administered not to hasten his end, but to mitigate suffering, although it is foreseeable that, as a side effect, they will lead to a more rapid death. As is well known, Pius XII's teaching has already provided a both broad and precise reply to the differing ethical questions posed by the use of analgesics. We shall limit ourselves to stressing that it is completely unacceptable to reduce the seiously ill to *unconsciousness* by systematic recourse to drugs — frequently, no doubt, out of compassion, but often as well to enable, more or less deliberately, all who approach the patient — be they doctors, nurses, or relatives — to avoid the commonly difficult, fatiguing relationship to one who is close to death. It is no longer the welfare of the sick person which is sought after in this case, but, on the contrary, the mistaken protection of the healthy within a society that is afraid and flees death.

The clarification of the second problem is, however, more delicate and, moreover, unavoidable — what we have noted regarding therapeutical obstinacy.

A precarious, painful prolongation of life

Once again the basic criteria for an ethical judgment are clearly indicated in the aforementioned document: "It is licit to interrupt the application of such means (means made available by the most advanced medicine, even if still at an experimental stage and not free from risk) when the results do not live up to our expectations. But in making a decision of this kind the legitimate desire of the sick person and the members of his family must be taken into account, in addition to the opinions of truly expert doctors; these will no doubt be able to judge better than all other whether the investment in equipment and personnel is disproportionate to the results foreseeable and whether the techniques applied impose upon the patient sufferings and discomforts greater than the benefits which may be obtained from them. And it is always licit to be satisfied with the normal means that medicine can offer. We cannot, therefore, impose on anyone the obligation to have recourse to a type of treatment which, though already in use, is still not exempt from dangers or is excessively burdensome. The refusal to do so does not amount to suicide: it rather involves either simple acceptance of the human condition or the desire to avoid applying

a medical apparatus disproportionate to the results which might be expected or the will not to impose excessively weighty burdens upon the family or the community. In the face of inevitable death in spite of the means employed, it is licit in conscience to make the decision to renounce treatments seeking only to prolong life precariously and painfully, without, however, interrupting the normal treatment generally applied to the ill in such cases. The doctor thus has no reason to be distressed, as if he has not provided assistance to a person in danger."

The text strikes us as especially precise, for it aids us in both defining so-called therapeutical obstinacy with objective criteria and applying it correctly.

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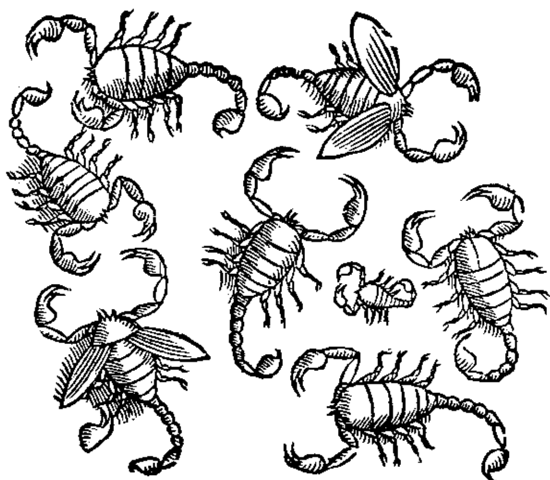

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Among these *objective criteria* by which it may be defined, we feel we should recall the following:

1. *Uselessness* or ineffectiveness from a therapeutic standpoint (in terms of content, the criterion of irreversibility or death of the brain leads back to this notion). In the light of this initial criterion, the very phrase "therapeutical obstinacy" proves contradictory, precisely because it does not involve therapy

2. *Painfulness* or burdensomeness from the patient's standpoint when he runs the risk of being placed in conditions of further suffering or even of profound humiliation. In the light of this criterion, the term "therapeutical obstinacy" discloses the sad reality of entailing obstinacy not with disease, but with the patient. In this sense, some speak of "therapeutical violence"

3 The *exceptionalness* of the operations and/or therapeutic means — the means which moralists in the past termed "extraordinary" and which we today prefer to call "disproportionate". It is evident that this third criterion is in fact subject to evolution in terms of time and space: means which at a certain time and in certain countries are "disproportionate" are for us today in the developed countries "proportionate" means. In any event, this third criterion more closely depends upon that of uselessness: the treatment proves useless in spite of its exceptional nature

Having definited so-called "therapeutical obstinacy," we must now apply the abovementioned objective criteria to the concrete case. This application is not always easy, but should nonetheless be made according to science and conscience by the attending physicians: "It is hard to say when a therapeutic action is useful or useless and when a 'medical act' is transformed into one representing therapeutical obstinacy. For the doctor, it is certainly a big problem, and I feel he should truly act in accordance with science and conscience when he must decide upon the usefulness or uselessness of a medical act and determine whether or not to continue therapy" (Professor Paolo Mantegazza, in *Corriere Medico*, Italy, November, 1984, p. 9).

In the far from easy task of applying these objective criteria to the individual patient, the doctor should proceed under banner of professional competence and human wisdom, having recourse, if need be, to the opinion and judgment of his colleagues, without forgetting the possibility of error as regards both diagnosis and prognosis. It is obvious that the possible decision to suspend useless, painful treatments cannot and must not ever mean abandoning the patient — the ordinary therapies should be administered and, moreover, he should be assured of a human presence sharing in his agony and death

We cannot overlook the temptation to indulge in therapeutical obstinacy to which the doctor may succumb in some cases. If the typically political instance appears exceptional — the cases of Franco and Tito are generally brought to bear — the examples linked to the request of relatives or the desire for experimentation may prove less exceptional. But neither instance legitimates therapeutical obstinacy in a proper sense; the former is profoundly unjust as regards the relatives (who would be deluded), other patients (who would be

deprived of means and useful or necessary treatments), and themselves (the tru physiognomy of the medical profession would be disfigured), without mentioning the first, fundamental injustice, that affecting the patient himself; the latter case does not legitimate it either, for scientific research — including that conducted for therapeutic purposes — is by no means the supreme value, but just *one* value only if, and in the measure in which, it is placed at the service of the person, each individual person

Ars moriendi et vivendi

We would like to conclude these brief ethical considerations on so-

is asked to intervene with the most adequate, effective scientific and technological assistance. It comes into play even more in the doctor's being asked to interviene with human, spiritual presence and sharing, above and beyond technical aid. This point should be reasserted in the face of the danger of a "flight" — more psychological than spatial — by which the doctor may feel tempted when dealing with a patient declared to be "incurable," for whom, it is said, "nothing can now be done"!

The adequate cultural context is provided for everyone by the wisdom and humilty of a re-education in the meaning of death. What is involved is to rediscover and relaunch the *ars moriendi*, a

we live for the Lord; if we die, we die for the Lord. Whether we live or whether we die, we are, then, the Lord's (*Rom*, 14:7-8).

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IL MELE.

LATTE, CASCIO, ET BOTVRO.

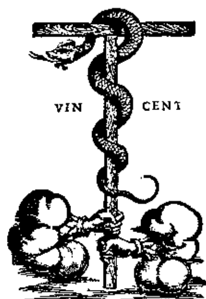
called "therapeutical obstinacy" with a reference which is specifically cultural. To approach and solve this particular problem as well as others, the general cultural outlook adopted by man in the face of life and death, health and illness becomes decisive.

In this sense, the doctor well knows that he is always called to "treat" but not always to "heal." The incurably ill appear under this aspect, not the untreatably ill. Now, in treatment, as a basic, all-encompassing content of the doctor's mission, the moment of the patient's agony and death also comes into play. It might even be said that this moment "above all" is included, inasmuch as the doctor

pedagogy which thus makes room for death and its human significance. The *ars moriendi* in turn constitutes a fundamental, indispensable chapter of the *ars vivendi*, a pedagogy taking up all of life, from the first instant to the last, under all circumstances, as a gift and task which God entrusts to man so that man may accept and fulfill it as an expression and realization of love for God and one's brothers. It this sense, both living and dying reveal their ultimate meaning to be a "pathway to love." It is the simple and wonderful conviction manifested by the Apostle Paul when writing to the Christians in Rome: "None of us lives for himself and none dies for himself, for, if we live,

DEL MODO DI DISTILLARE LE ACQVE DA TVTTE LE PIANTE

Et come vi si posſino conſeruare i loro veri odori & ſapori



Testimony

Women Religious Devoted to Health Care in Spain

(Who they are, how they are organized, what they do)

A need. A desire

The women religious devoted to health care in Spain felt the need in the early nineteen-fifties to form an Association to unify efforts and criteria. Ninety-eight percent of the hospitals in the country were in our hands.

In addition, the Holy See was urging us to create an organism similar to the one already existing in Italy (FIRO) at the same time as it was inviting us to participate in the Congress of Catholic Nurses which was going to be held in Rome

And in this way ARAS (Association of Women Religious Nurses) appeared and was approved in 1952.

Two events and a single reality

The Spanish Conference of Women Religious appeared in December, 1953, and, as a result, the newly-created ARAS became the FERS (Spanish Federation of Women Religious Devoted to Health Care), which, on account of administrative delays, was not definitively approved by Rome until 1970.

Nature and purpose of the FERS

The Statutes define it as an "organism under pontifical authority, with its own legal status, made up of the principal Superiors of the women's Religious Institutes and societies of apostolic life which in Spain are partially or completely devoted to any kind of health care activity while representing the aforementioned persons" (Statutes, FERS, Art. 1).

In respecting the spirit, autonomy, and forms proper to each Institute, its *ends* mainly involve promoting and continually renewing the religious life in the health care field according to the thought of the Church and in the service of the People of God (see PC 23).

Membership

Sixty-four Congregations freely and spontaneously belong to it. This means that there are close to 13,000 women religious in all, represented by 112 Superiors. The data are as follows:

- 1,090 health care centers in all.
- 64 Congregations
- 626 health care communities
- 700 geriatric communities
- 1,271 geriatric centers in all.

(These data were compiled in 1984 and are now being revised.)

It may be regarded as significant that women's religious Congregations own fewer than 50 health care centers and more than 200 homes for the elderly.

Main activities

A good deal of our activity is aimed at training and informing our members both professionally and pastorally. For years the FERS has made every effort to insure that the competence of the religious can meet the demands of the health care field in our country. For a long time these Religious were the only "professionals" in Nursing and, consequently, pioneers in shaping and developing this type of work.

For this purpose, Nursing Schools were created at the same time as units devoted to elementary studies for those sisters in need of them, along with schools for Nursing Aids intended for those who could not study Nursing as such. The FERS also created the Holy Mary School for Complementary Training, the leading source of supervisory personnel in the country, as well as other schools for infant care, analysis, and additional specialties.

The changes occuring in our country have also affected the religious life as associated with health care; its presence has diminished and particularly its influence in certain posts. This was one of the exigencies of the Council. There are, nevertheless, close to 8,000 women religious working with the ill at present, basically in hospitals and home visits. And more than 5,000 work with the elderly.

It may truthfully be stated that there are almost no religious who have not been trained for the work they perform. In establishing the needed contracts and agreements, the FERS has devoted a great deal of effort as well to legalizing the working conditions of religious.

Since 1982 the FERS has intensified its attention to the pastoral training of its members, creating, among other things, a *School for the Health Care Apostolate* to this effect, under the auspices of the Advanced Institute for Religious Sciences and Catechetics. There the main subjects needed to improve the performance of the evangelical task in the health field are studied. Though it is true that this work has always been ours, the exigencies of *Evangelii Nuntiandi* in particular have made necessary specific training in this area as well. Though limited in scope, it is the first school of its kind in the country

Aware of the new advances and discoveries touching upon the field of bioethics, for the past five years the FERS has been making an enormous effort to train its members in this regard. Courses and seminars are being taught in cycles throughout Spain by the leading experts in this field.

The organization of the FERS

Like all the organizations of Religious in Spain, the FERS has always stood out for both structure and functioning. Its Assembly of Major Superiors meets every two years in ordinary session to review the life of the Federation and also decide upon future action while reaching agreement on the most important matters. These determinations are then put into effect by the

Council of Major Superiors, elected by the Assembly

The Federation's daily work is carried out by a Permanent Secretariat headed by the General Secretary and other Religious or lay people.

The regional and provincial structures of the FERS have been considerably reinforced since 1982. Execution has been decentralized on the basis of more uniform criteria.

The presidents of the regional delegations also belong to the Council of Government, and the National President of the FERS has the right to membership in the Union of Major Superiors in Spain.

Within the Permanent Secretariat there are specialized commissions which study concrete aspects of the world of health care and the elderly.

Relations with other national and international bodies

The FERS, with all its structures, is a member of the Secretariat for the Health Care Apostolate

It works closely with all the civil organisms requesting collaboration as well as ecclesiastical bodies.

A Joint Commission was recently created with the newly constituted Federation of Men Religious Devoted to Health Care.

It forms part of all the collective health organizations to which its members belong and to the associations connected with teaching nursing in Spain. It belongs to the Association for Hospital Development and to TECNOCLINIC.

The FERS is a member of Spanish CHARITAS.

Internationally, it belongs to the CICIAMS, with which it works very closely, participating in the European and world conferences and contributing the Federation's rich experience.

In 1982, as decreed in the Spanish government's Official Bulletin, it was incorporated into the National Commission for the World Assembly on Aging and later attended the Vienna session as an active member.

The FERS provides assistance to the Third World, with 37 religious now working in Equatorial Guinea (The Spanish government expressly requested our aid to this country after the fall of Macías).

A view towards the future

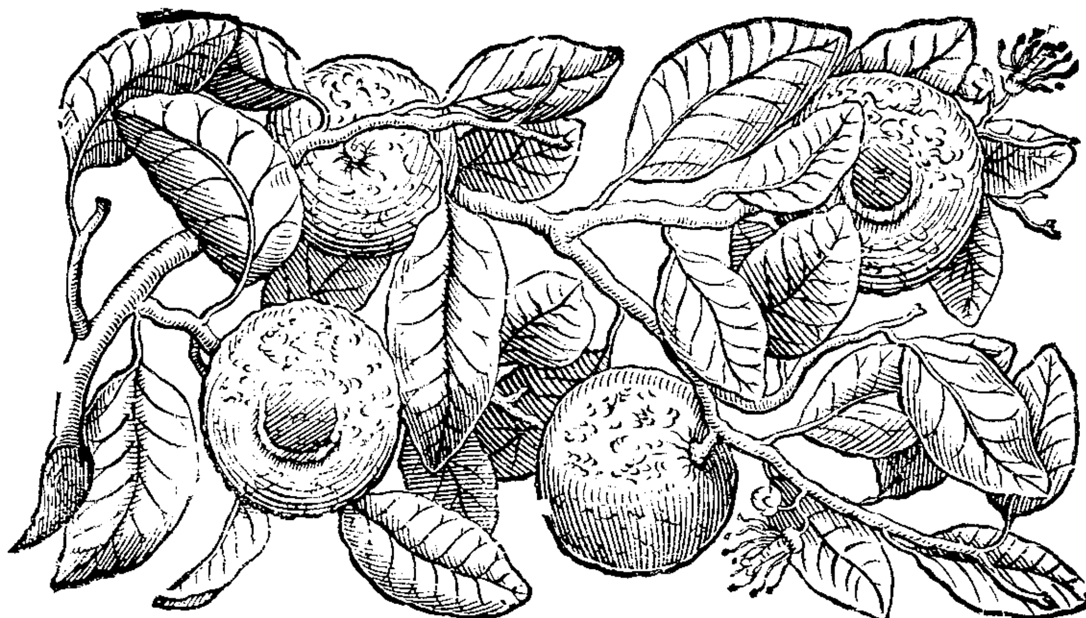
The FERS has conducted conscientious studies on the health-related religious life in Spain. The average age of religious in general — and thus of our members as well — has gone up. But this fact has not blocked our efforts to continue to meet the challenges society offers us as a group.

Present in more than half the health care centers and in close to 70% of the geriatric facilities, it works to maintain this presence, which is frequently combatted by various governmental sectors.

One of our leading — and most difficult — tasks in recent years has thus been to maintain our presence in the world of health by the means existing in labor legislation (other channels are not easy) and at the same time gradually open up new fields, such as Primary Attention, recommended by the W.H.O. for all countries. Many women Religious are now carrying out this work in rural areas.

The woman Religious devoted to health care is aware of the fact that this profession is a much sought-after platform to power. All she seeks is to assist patients as persons and insure that their rights will be respected. She wants the elderly to be able to end their days "festively." From this standpoint and this alone, the FERS accepts any challenge, from whatever direction it may come, and will always respond, "May we be allowed to serve. May we be expected to serve."

SISTER
ENCARNACIÓN ORDEN, H.C
General Secretary



ST. JOHN OF GOD AND ST. CAMILLUS DE LELLIS: A CONSTANT REQUIREMENT

Three stamps issued by the Vatican Post Office to commemorate the centennial of the proclamation of St Camillus De Lellis and St. John of God as patrons of hospitals and of the sick.

In spite of the coldness, dates can perhaps sometimes tell us something important. It is a curious coincidence that the date of death of one of the really outstanding figures in the field of the care of the sick, St John of God, corresponds with the date of birth of another, St Camillus De Lellis (Bucchianico, Chieti, 1550 - Rome, 1614). This is almost a warning sign that the complete care of the sick, spiritual as well as physical, this commitment undertaken for the kingdom of God and the testimony of a real humanism, is something that needs constantly to be emphazied, by someone who, even in the situation of extreme poverty, can vigorously champion it.

The life of St Camillus De Lellis, beyond the particular way of life that is incarnated in the Order of "Ministers of the Sick" that was founded by him and which still exists today, has a great value as a witness: he too, like St. John of God before him, was a restless soldier of fortune He led a dissipated life, but his heart kept turning back to the thought of God and the interior peace which his mother had taught him to seek. And that which might have remained a vague aspiration became a dramatic and concrete experience: the soldier of fortune turned into a suffering sick person.

This was surely the basic moment for evaluating and recasting his life, of discovering his vocation as a Christian all over again, of finding the courage to change from being just a soldier under orders to being a leader, not of men of arms, but of those whose only weapons are charity, compassion and the awareness of what it costs to be a true Christian.

The story of St. John of God (Montmoro Novo, Portugal, 1495 -Granada, 1550) is one of those that demonstrates complete logicality is its linearity. A soldier of fortune, a shepherd, a tramp, a travelling salesman: the obvious signs of a chaotic life, meaningless and deeply restless. And then, all of a sudden, a day when he hears a great preacher, John of Avila, and the moment of conversion; suddenly everything appears clear, in a new light, and that which is to be kept and what is to be thrown out as useless is obvious

In this light, the choice of St. John of God to dedicate himself to the apostolate of the sick has a profound meaning for today; it is the eloquent sign of a complete change of horizon, a choice to accept entirely the condition of poverty and suffering which incarnates the challenge of the different values of the beatitudes. Whoever suffers is made joyful by God; whoever weeps is consoled by God; whoever hungers is filled by God; whoever is poor is given by Him the treasure that never tarnishes, and St John is "of God" precisely because it is God who takes to heart the life of the one who shows himself to be a docile instrument of His will.

Finally, after years wasted in trying to hide inside himself what was of real value, a definitive word is heard and accepted: do good, brothers This is the phrase he will shout through the streets of Granada, this is the programme which will be undertaken by one of the most illustrious Orders of Hospitallers. The challenge of the beatitudes lives on today in the Order founded by him, the "Do-good-brothers".

Holy Doctors-The *Anárghiroi*

The Byzantine liturgy includes a number of different, but very precise categories of Saints: Angels, Prophets, Apostles, great Hierarchs and Ecumenical Doctors, Martyrs, Monks, and thaumaturgical *anárghiroi*. The most notable and illustrious among the latter are Cosmas and Damian, Cyrus and a John, Panteleimon and Hermolaus.

The Greek word *anárghiros* means "penniless", one who does not receive money, who gratuitously practices an art or a profession. In the Byzantine Church, the *anárghiroi* are those who, according to the hagiographic texts, practice medicine without compensation. In the Byzantine rite for preparing oblates, the "holy and thaumaturgical *anárghiroi* Cosmas and Damian, Cyrus and John, and all the holy *anárghiroi*" are recalled. But in practice the title is reserved for the saints Cosmas and Damian, who are the *anárghiroi par excellence*: they suffered martyrdom in Cyrus, the episcopal city of Theodoretos (458), which remembers them as "illustrious athletes and generous martyrs" The basilica devoted to them is located there, famous in ancient times, from whence their cult spread throughout the world — in many places so broadly that they came to be regarded as local saints

Among Eastern Christians, the notion of this group's uniqueness was gradually lost, and fictitious "groups" were recognized, each with its own feast In the *Hieronymus Martyrology*, they are commemorated as martyrs on different days and in different places, but the reference remains the same. For the Latins, the feast day is September 27th; this date is based on the Roman sacramentals and appears to have originally been the date commemorating the dedication of the basilica hearing their names at the Roman Forum The elogy included in the *Roman Martyrology* was authored by Usuardus They are regarded as protectors of doctors. According to the *Passio*, Cosmas and Damian, born in Arabia, traveled to Syria to study science, especially medicine. Once established in Aegea, in the city of Cilicia, they practiced the art of medicine, revealing themselves to be active Christians and using their profession to make proselytes. During the persecution under Diocletian in 303, they were arrested by Lysias, governor of Cilicia, who, after subjecting them to various torments, had them beheaded. Their bodies were taken to Syria and buried in Cyrus. The emperor Justinian, cured of a dangerous illness through the intercession of the two martyrs, ordered the city of Cyrus to be expanded and fortified.

Rome's intense trade with the East made these two saints well known, and this familiarity probably spread as a result of the simultaneous transfer of relics Pope Symmachus dedicated an oratory to them near the Basilica of Santa Maria Maggiore Pope Felix IV (527-530), under the government of Amalasunta, queen of the Goths, received two buildings as a donation which she had requested to turn them into a sanctuary dedicated to the two saints The larger building was known as the *Templum Sacrae Urbis*, the seat of the cadastre, where the marble model of Rome was located. The other was the temple built by Maxentius in honor of Romulus, his son, who died in 307. The magnificent sixth century mosaic shows Christ in the midst of rosaceous clouds, with a solemm, majestic, almost judge-like appearance The holy martyrs, depicted with a flowing movement of bodies and clothing, approach Him The Apostoles Peter and Paul, of larger dimensions, lead them to the Savior Alongside them are St Theodore and Pope Felix IV The inscription, which has been comserved, testifies that the hall of God is dedicated to the two martyrs, Eastern doctors who had come to the people bearing the hope of health Their names were introduced into the canon of the Roman Mass — the last saints to receive such an honor At their side, in the place assigned by the canon, in addition to the Apostles and the Roman martyrs, is Cyprian of Carthage. The former represent the Eastern Church; Cyprian, that of Africa.

In Rome, other churches and monasteries were dedicated to the two saints: it suffices to recall the celebrated Monastery of St. Cosmas at Mica in Trastevere and the other *Ad Praesepe*. Their cult also spread through Latium: we may mention the Monastery of St. Clement, founded by St. Benedict in Subiaco, on the ruins of Nero's villa, to the right of the Aniene, which was named after the two martyrs at the time of Abbot Honoratus.

In the first half of the fifth century, two churches arose in Constantinople in their honor; a third and fourth were added by Emperor Justine. In Cappadocia, Pamphylia, Jerusalem, and Edessa, there are churches consecrated to them. A later witness to the cult offered them is found in the frequency with which Christians were given their names, beginning in the fifth century The basilica of Constantinople was a national sanctuary to which the ill had recourse in search of cures. Here the rite of incubation took place as well: the sick would spend the night in the church, falling asleep; the saints would then come to heal them, by either performing an operation (whose effects became noticeable the next day), applying a compress with oil and wax, or suggesting different remedies providing a cure.

To speak of the holy *anárghiroi* means to speak of the miracle of generosity. These saints well understood what is perhaps the most radical truth of Christianity: God saves us out of love. There is no longer a trace of that religion which spiritually traverses beaten paths to accumulate merits resembling those of worldly society. The Christian no longer attempts to reach the summit of God's holy mount to steal the fire of happiness, like Prometheus It is not, then, a question of conquering Paradise or of refined soteriological alchemy capable of obtaining the desired result or of spiritual accountancy wherein God is the compensation in a commercial transaction. Rather, on the contrary, it is the awareness of the gift received, the admiring doxology of the saved who acknowledge as their primary moral obligation giving thanks for the gift, the "Eucharist", the feast of generosity.

Only from this joyful awareness of salvation as a nuptial gift of the Bridegroom to His Bride, the Church, the community of those invited to the banquet, where wine

OLIVO DI BOHEMIA.

and milk are offered in fulfillment of the vision of Isaiah, without money's providing a right — not even, much less so, in fact, the right to eternal happiness; only from such an awareness does there insuppressibly arise a need for transitivity: the overflowing cup of enrapturing wine offers its nectar, communicates it in a single feast of joy, shares it in conviviality — a preferred image, as is clearly seen, in Christian eschatology and its great Eucharistic "pledge". The certainty of the gift received becomes the demand to share it with all who experience the same human adventure.

And Baptism, "womb and tomb", death and life, sheds its own waters of salvation upon the brothers and sisters waiting, like the disciples at Emmaus, for a pilgrim to find them on a solitary road at nightfall to break the bread of the Word and of fraternity, the bread of meaning, of life's value.

In this same generosity, bodies, utterly abandoned to sleep, were healed, as we have seen, in the Constantinople basilica by the wakeful anargyrs, instruments of that single, sovereign giving which views the healing of the body, as with the Gospel paralytic, as the sacrament of a cured heart, and the stretcher finally borne off in the face of restored physical vitality as the new enthusiasm of a life starting over again, of a hope becoming the audacious utopia of a world sealed each day with the inexhaustible creativity of the Spirit.

Following in these footsteps, monks, like the angels "ignorant of sleep", have also become ministers in the history of this salvation received and given: from the great pilgrimages to the hermitages of Scete in search of themselves, to the city of Basilius, where tradition, contemplating the heavenly Jerusalem, in the liturgical mystery becomes the tangible project for a healed humanity, to the unquenchable thirst for the Absolute, inexhaustibly satiated by attentive silence and by a few words of Wisdom in the Russian *starez*, the *anárghiroi* message, an icon of generosity, has continued to be heard down to our day, an eternally living symbol of the indivisible bond joining grace and healing, gift and salvation. And so it is that in Ethiopia the deserts of hunger and thirst flourish, in the measure in which this is granted to human effort, through the unending work of a limitless succession of *anarghiroi*; and in the desolate regions of India, thronging with life and hope, other *anárghiroi* in hospitals, leprosarium, and ashrams of death offer their lives to sick brothers and sisters: irrefutable proof, obstinate in the face of all adversity, that today as well the Lord's sweet, most demanding invitation can be accepted: "Give freely what you have freely received".

✠ MIROSLAV S. MARUSYN
Archbishop Secretary of the Congregation for the Oriental Chruches

The Rogationists

The religious Congregations of the Rogationist Fathers and the Daughters of Divine Fervor have recently completed a century of life. On September 8, 1882 and November 4, 1983, Father Hannibal Di Francia, whose beatification cause is now in progress, opened his first two orphanages, masculine and feminine, in Messina. They arose in the worst-reputed quarter of the Sicilian city. Their creator was a man who, born a marquis, after having left everything to consecrate him self entirely to God, was beginning a work which today situates his sons and daughters on all five continents and in eight countries (Italy, Spain, the United States, Brazil, Argentina, the Philippines, Rwanda, and Australia), with vocation and spirituality centers, educational-charitable institutes, institutions for deaf-mutes, centers for professional training, parishes, seminaries, primary and secondary schools, social centers, and initiatives in culture and publishing.

A charism of service.

The specific element of the Rogationists, as their very name indicates, is provided by the commitment to act out the Gospel invitation "to ask" — i.e., to pray for vocations. But from its inception the vital core of this mission was embodied, so to speak, by the founder in a social work which in his own time never failed to provoke "scandal," directed towards an aspect of human advancement involving the most needy, taken in and assisted in the most wretched and ghettoized district of a city.

The very close link between prayer for vocations and attention to the world of suffering and isolation has led some to speak of two souls in this *asking* — prayer and society. In fact, we are faced with two sides of a single ideal. In reality, the sphere of the *Rogate* is not restricted to prayer for priestly and religious vocations — though this remains evident — but includes prayer to the Father that He send to the harvest, which is His Kingdom, workers devoted to it, whatever their condition, state, or task may be within the Church community and society. Nor is human advancement just a commitment to free man from material needs and diseases — it is an integral liberation embracing every kind of privation, limitation, offense, and disavowal of basic human rights and their concrete exercise.

There are now more than 15,000 young people of both sexes assisted by the Rogationists and the Daughters of Divine Fervor all over the world. And in this service priority is given to those who suffer, for there can be no advancement unless we start from suffering man.

To recognize the value of suffering

Di Francia, who died in 1927, had the providential good fortune as a founder of religious institutes to accompany the growth and development of his work for nearly half a century. Yet from the very first drafts of his rules for his spiritual sons and daughters, he indicated the need to regard suffering not just as an evil to be healed, but as an opportunity to be taken advantage of, as a test from which one must emerge with greater human and spiritual maturity. This positive slant impressed upon his works has made possible their constant adaption to the needs of the times, their intrinsic capacity to spring up and develop all over the world in response to the specific local exigencies. A list of them all would prove excessively long. Let a brief, representative sample suffice

It should not be forgotten, however, that Di Francia, while inaugurating certain concrete initiatives, was attentive to the most general problems of suffering. The assistance provided by him and his spiritual children during the 1908

earthquake in Messina and Reggio Calabria indeed proved decisive, as was the care offered the wounded in the First World War

Alongside the "least ones"

The great institute for deaf-mutes rising above the ancient hill of Rocca Guelfonia alongside the monumental shrine of Christ the King in Messina is completing 35 years of existence. Since its foundation up to the present day it has accomodated mutitudes of children who are deaf-mutes, giving them language and a place in society. About 120 students currently live there, and it provides a kindergarten, an elementary school, a secondary school, and professional typing courses for their benefit. At the same institute, there is a specialized two-year program for teachers of the deaf, with an enrollment of nearly 100. A similar institute, for those with hearing impairments, was opened and continues in Palermo. The latter, though more recent than the one in Messina, is no less important and active. To the specific activities designed for those with damaged hearing there is added particular care in maintaining contact with them outside the Institute as well by way of an effective alumni association.

A great deal could also be said about Brazil, where the Rogationist presence runs from Passos to Porto Alegre, from Bauru to Sao Paulo, from Criciuma to Brazilia, Curitiba, Para, with energetic action including the slums.

In the Philippines, on the outskirts of Manila, the Rogationists have been present for some years, and their pastoral activity is accompanied by direct, forceful action in the human advancement of the densely populated districts of the Asian metropolis, torn by tragic conflicts.

The Mugombwa Health Care Center, opened on October 7, 1985 in Rwanda, may be regarded as the most recent initiative on behalf of "the least ones." It joins the ranks of two other centers already in existence. Since its inauguration, the well-equipped Center has attended on the average between 200 and 230 patients each day. It has arisen in response to an urgent need, given the very high number of people, especially children, stricken with malaria, endemic dysentery, bronchial pneumonias, and diverse infections.

For a number of years now the Father Hannibal Di Francia Nutrition Center has also been functioning in Rwanda; it is visited each month by about 1,500 mothers who, in addition to food assistance, receive essential education on hygiene and health during gestation and the early years of the child's life. In this way, the Center seeks to check the vast plague of infant mortality afflicting so many Third World countries, particularly in Africa

The Rogationist commitment to the field of caring for the sick, the poor, and the marginalized is not casual, but attempts to respond to the action of the original charism impressed by Di Francia upon his institution. The very preparation for the priesthood and the religious life of the candidates for Rogationist life joins the spirituality of the *Rogate* as prayer for vocations to training in sensitivity to the problems posed by the duty of human advancement. It is not a current response to a current problem, but one which has continued to accompany the Rogationists' history for a century now. Wherever they are present, they strive to associate prayer for vocations with social commitment, especially in relation to the "least ones." And where man suffers, not only in spirit, but in body as well, he is truly one of these least.

VITO MAGNO
Director
of the Rogate Vocation Center
Rome

Encounters

CARPINO.

Let Us Live in a Healthy Way: All of Us Will Benefit

A statement
by H.E. Mgr. F. ANGELINI

The motto chosen for the observance of the World Health Day this year states an evident truth. It is, however, an evidence which, when interpreted in the context of the real health situation around the world, suggests more than one timely reflection. The Church, which — as the Holy Father as well recently recalled — has always considered the health-care apostolate to be an integral part of its mission, can only subscribe to the desire inherent in the motto for this Day.

I wish to confine myself to two basic considerations which I feel should be regarded as indispensable presuppositions for a truly constructive improvement of the world health situation.

The realization of an effective health policy on both a national and international scale is unthinkable unless there are conditions of social peace and peace among peoples. Health is at once the cause and result of peace among men.

While participating recently in the Madrid Conference where the leading health officials of the countries belonging to the Contadora Group were meeting, I observed that the commitment to health problems could also lead countries inspired by differing and even opposing politics, regimes, and ideologies to work together. On account of their absolute priority, the problems of health care and health, if jointly dealt with, can become factors drawing peoples together and, consequently, factors promoting peace.

The aspiration to ever improving health conditions is directly inscribed in that universal faith in life which is the maximum and most effective element for association and participation, precisely because it is concerned with problems common to all mankind.

The most serious and significant fact is, however, constituted by the urgency of the health problems the world's peoples are faced with. We are not, in fact, dealing with a world health situation which simply requires a step forward, starting from an acceptable state of affairs. In reality, entire geographical areas and entire populations have until now been deprived of the health care which represents a basic human right. For this reason, the expression "all will benefit" included in the motto for this Day does not refer to a state of affairs which may be regarded as sufficient, even to a minimum degree, but to a situation marked by enormous deficiencies and needs that cannot be deferred.

A second consideration is suggested to me by the words "Let us live in a healthy way".

The definition of health formulated by the World Health Organization is well known. But I feel that, today more than ever, it is important to view the problems of health and health care within the framework of a more complete definition.

John Paul II, while addressing a conference of doctors, has recalled that "the Church well knows that physical infirmity imprisons the spirit just as the infirmity of the spirit enslaves the body".

If we should dispense with a notion of health which regards well-being, being well, as a full balance and mature development of man in his physical, psychological, and spiritual prerogatives, the world's health care problems will not be adequately confronted. Our discourse must necessarily come to the defense of the values which form the basis for any genuine and effective health policy. First among all the values is the defense, promotion, celebration of life — of all life and of the lives of all, from conception to natural decline.

Even in the face of the most serious problems created by the complexity of the circumstances, the lack of balance between demographic increase and the availability of resources for the very hierarchy of priorities in the field of health policy, an instrumentalization of man, discrimination within society, programming which implies detriment to the fundamental right to life can never be accepted.

The unrest the world is experiencing, the phenomena of violence, the spread of drugs, certain cruel laws of economic development demonstrate that faith in given values, the safe-guarding of which is the guarantee of health, must be at the heart of an authentic, effective, and constructive health policy.

Being well is, therefore, a goal encompassing both physical health and that which is more integral as regards the whole man, his development, his growth, and his maturation in an environment that is also healthy. Any notion of progress entailing offenses against nature, degradation of the environment, increased risks for individuals and communities thus diminishes and damages the notion of health.

In other words, it is not possible to plan or work effectively to improve the health conditions of mankind without taking up and defending certain moral values which Christianity not only embraces, but promotes, enriches, and validly upholds. We are referring to the values of brotherhood, availability, service, participation, sharing. No one works for man's health without loving man. And no one loves man unless he recognizes his neighbor as a brother who, like us and together with us, has the right to health and to the living conditions which can guarantee it.

The "benefit" to which the motto for this Day makes reference is, in fact, a benefit involving humaneness, the conquest of universal human values. In this commitment, today as in the past, the Church seeks to be close to all who work for health and health care. She does so on account of her founding mandate, out of faithfulness to her permanent mission.

✠ FIORENZO ANGELINI
Pro-President

FIRST PAN AFRICAN CONGRESS OF CATHOLIC DOCTORS

(Accra, February 2 - 6, 1986)

The Catholic Doctors in Africa

I am especially pleased to be able to be present at this first Pan African Congress of Catholic Doctors, and I would like to express my heartfelt appreciation that this meeting is taking place and is discussing matters of such great importance.

Appreciation is particularly due to the organising body, the young Catholic Doctors Guild of Ghana, which became a member of the International Federation of Catholic Doctors just three years ago, when the Fifteenth International Congress of the Federation was being held in Rome.

The theme of the Congress and the matters you have on your agenda go right to the heart of the objectives of a Catholic Doctors' Association and are indeed exactly the same objectives that are the basis of the Pontifical Commission for the Apostolate of Health Care Workers, which I have the honour to represent. Catholic doctors are in the forefront of the movement to promote and defend human life and they know full well that the effectiveness of their efforts depends to a large extent on the degree of unity and cohesiveness they can demonstrate. Only through sharing and coordinating their efforts can they hope to influence public opinion as to the priority value of human life in the defence and development of medicine and health care.

The Catholic doctor or health care worker does not try to defend a notion of life that is tied to the principles of this particular religion; to profess oneself a Catholic and to be guided by the directives of the Church's magisterium reinforces and consolidates the natural right and duty of defending and promoting life. It is certainly no mere coincidence that, in the very age of greatest scientific and technological progress in the history of mankind, the need has become urgent to rediscover that natural requirement of cultivating human life as opposed to the risks imposed by the cult of instruments of death.

The Christian and Catholic vision of life and its promotion and defence not only acknowledges the natural law but enriches it by its unification of the body, which becomes incorruptible and the, demption signifies the assumption of what is human by the divine, the transfiguration of the body which becomes incorruptible and the making visible of the Spirit in the sanctified body.

Therefore, to serve life and to work for health means accepting the most universal part of our faith, for everyone seeks life by means of health. Without faith in life, every creed is meaningless and without foundation because the first, most universal and hence most accessible revelation of God reveals him as the Author of life.

Catholic doctors and health care workers, in carrying out this urgent service, do not oppose or cut themselves off from their colleagues who do not share the same Christian faith; they work alongside them, knowing that they are all motivated by the same principle of defending and promoting human life.

The Catholic Doctors Guild of Ghana has had the insight to realise that the first step to take is to coordinate and harmonise the efforts of Catholic doctors and health care workers throughout the whole continent of Africa.

I know from personal experience what it means in terms of work and effort to organise an international congress; this is all the more true in this case, when we consider that here in Africa national associations of Catholic doctors are few and far between. So our gratitude and appreciation to you for having taken this initiative are all the greater. Recognition will surely not be lacking.

We realise that, especially in countries where the Christian faith and ecclesial communities are young and often represent only a minority of the population, the practice of our faith through working in a particular profession requires special attention to the local cultural heritage and to the order of priority of the problems to be tackled. There can be no doubt that the huge and complex problems that are found in the world of health care are a constant reminder of the need to unite our efforts and combine our forces. Doctors and health care workers can and must, above all, become active in creating public awareness that true progress can only be made by promoting the value of life.

May I say that you are in a privileged position in this regard because it is the urgent request for life and health, for the immediate improvement of methods of prevention and care that cry out the need to coordinate efforts

and pool resources. You are called to be protagonists in the promotion of life by the very situations you have to face day after day.

I always like to say that, for the Church, the establishment of the Pontifical Commission for the Apostolate of Health Care Workers is a historic event, and I can assure you that the response to its foundation has gone far beyond all expectations. The Pontifical Commission wants above all to be an instrument of service on a world-wide level, to all those involved in the vast field of medicine and health. The publication, in a few days' time, of the first Catalogue of Catholic health care institutions in the world will, perhaps, be an unexpected benefit for the many people at work in the sphere of medicine and the apostolate of the care of the sick. We are hoping to be able to achieve greater coordination between all these bodies and we fully intend to do everything possible to further this, and a first step to working together is to be able to know each other. My presence at this congress is intended to be an assurance to you that the work you do here will be of advantage to all, even beyond the bounds of the continent of Africa.

The goals of your Congress are the same ones that we have. You are intending to establish guidelines for the study of Christian thought among Catholic doctors, to enable them to explain to their non-Catholic colleagues and the public at large the Christian ethical principles that guide your work and, finally, to use the Congress to promote the formation of National Catholic Medical Associations here in Africa.

This list of aims of your Congress is an evident demonstration that you have taken to heart with enthusiasm the invitation of the Holy Father to study and develop the tasks he has assigned to the Pontifical Commission for the Apostolate of Health Care Workers. I shall be happy to be a spokesman for you and to use this Congress as an example for others.

My most sincere wish for you is that you do not give up in the face of the difficulties that will inevitably arise, and that you will be able to surmount any divergences of opinion, even when they are well grounded, for the sake of the primary values you are seeking to promote - in other words, that promotion of the dignity and value of human life will always be the unifying motive of your work together, for the most we can do on our own is always much less than what we can achieve together. Our very name of Catholics is a reminder of the universality of the faith and the ethical principles that we profess. Those who, while not sharing our religion, do share in the defence of human life will see in our unity a motive for reassurance and hope.

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

Message to the Brothers of St. John of God in Spain

Brothers of St. John of God
Chapter Fathers of the Spanish Provinces
Ciempozuelos, Madrid, Spain

April 28, 1986

Beloved Chapter Fathers:

With great joy we have received the news of your Provincial Chapters in Spain.

This fortunate event represents an invitation for the new Pontifical Commission for the Apostolate of Health Care Workers to be present in some way and offer a few words of congratulation.

A Chapter is an extraordinary occurence for your Provinces, particularly for you who are holding it in a special manner on this occasion as an interprovincial event. We hope you will work enthusiastically and responsibly; your task as Brothers of St. John of God is extremely rich and significant for the Church and the world.

Conscious of the responsibility you are faced with, you are going to reflect together on a subject of the greatest importance and current interest — strengthening the presence of your communities in existing health care activities and searching for new forms of presence. Better than anyone else, you know how much hospitals and medicine in general have changed and how many things are in the process of changing. All of this has an effect upon life, not just in the case of professionals, but among religious, in your communities, in your lifestyle. Our desire, then, is that you work in a serious and balanced fashion, with a view towards the future, so as to stress the great values of life to which, through such a lofty vocation, you are consecrated.

These desires are shared as well by Pope John Paul II, who is so close to the man who suffers and to Health Care Institutions; he has offered us a wonderful reflection in the Letters *Salvifici Doloris* and *Dolentium Hominum* and in initiating the new Pontifical Commission, all of which is the fruit of his experience of pain accompanied by the encouragement of many people, among whom you are also included.

In addition, I wish to convey my fraternal greeting to the Father General, Pierluigi Marchesi, present in your midst, to whom I am bound with special affection for his tireless dedication to serving and stimulating health work; he also forms part of our recently created Pontifical Commission and knows how enthusiastically we have prayed and labored to make it a reality.

This greeting which I wish to express as Pro-President of the Pontifical Commission is backed up and supported by my dedication over more than thirty years to the pastoral care of the sick and to health professionals and, above all, by my status as a Brother of St. John of God, linked to you by the Letter of Brotherhood the Order granted me: I am thus a brother greeting his brothers.

I seek to convey to you these and other desires by way of dearly beloved Father Redrado, named by the Pope Secretary of our Pontifical Commission, to which he has committed himself joyfully and actively; I would like to stress that this appointment is an act of courtesy by the Holy Father towards the Hospital Order of St. John of God, which has always been a pioneer in serving the sick and has now received this new charge in the person of one of its members. Father Redrado, who will attend the Chapter sessions, can explain to you in detail the spirit pervading our Pontifical Commission, the objectives we pursue, the work begun, and the relations we wish to maintain with the persons and Institutions that, like you, are devoted to the world of health care.

We entrust all of these tasks to the Lord and ask that His Spirit stimulate your work.

Fraternally,

✠ FIORENZO ANGELINI

A Fact-Finding Trip to the United States

(June 18-27, 1986)

"A trip, direct contact with the people and institutions of a country, is worth more than a thousand letters." Msgr. Angelini has repeated these words hundreds of times, and I have had the opportunity to verify their accuracy.

The purpose of our visit to the United States — specifically to Chicago, New York, and Washington — was to become familiar with this nation's health care and pastoral situation.

Msgr. Angelini and I, as Pro-President and Secretary respectively of the Pontifical Commission for the Apostolate of Health Care Workers, set out together and were later joined by Professors Manni and Splendori, Consultors of our Commission.

These days were quite intense, enriched by contacts with people and institutions devoted to health care.

We established communication with the Church in the United States, particularly through the Cardinal Archbishops of Chicago and New York, Joseph Bernardin and John O'Connor, and the Apostolic Nuncio Msgr. Pio Laghi, along with numerous priests responsible for the health ministry in both the pastoral and bioethical areas.

With this aim, our dialogue was open and sincere, making known the role of the Pontifical Commission, the manner in which it has functioned up to the present, and its prospects for the future.

Our contacts with groups and institutions were abundant, and I

shall comment upon some of the most significant ones.

1. Chicago

In Chicago, we participated in the NCCA (National Clergy Council on Alcoholism) Symposium as guests of the Cardinal Archbishop, especially sensitive to the problems of the health care apostolate

This symposium is held every year and is organized by a Federation of ex-alcoholic priests; priests, religious and some lay members take part. Msgr. Angelini delivered a lecture which was received with great interest

We also participated in the Eucharistic celebration and the solemn closing ceremony presided over by Cardinal Joseph Bernardin.

While in Chicago, we visited three large Catholic hospitals as well: Loyola University, Holy Mary of Nazareth, and Holy Family.

In addition to the visits properly speaking, we made inquiries concerning pastoral organization and current health policy, taking special note of the broad development of studies dealing with bioethics — Professor David C. Thomasma of Loyola Univesity provided us with excellent explanations in this regard.

2. New York

On Sunday, June 22nd, we met with Cardinal O'Connor at St Patrick's Cathedral.

We took part in the 10 a.m. concelebration. The Cathedral was full, and participation, fervent — in North America people pay close attention to the homily of "their" pastor.

After Mass, we formally greeted the Cardinal Archbishop and programed an afternoon visit. He took an interest in our trip and the unfolding of the Pontifical Commission, of which he himself is an outstanding member.

We visited two Catholic hospitals in New York, St. Vincent's and St. Clare's.

At the former, we were supplied with significant data and took careful note. We were also offered a work lunch where some fifteen people representing the hospital's administration took part and were informed by us concerning the function of the Pontifical Commission

At St. Clare's Hospital, our attention was focused upon thirty victims of AIDS. We were able to observe the efforts being made in this unit, which opened its doors in November, 1985 and has already served more than 1,000 patients. We asked about the techniques employed and the human, religious, and moral aspects involved.

We also visited the center founded for terminal AIDS patients in New York by Mother Theresa of Calcutta. A small, but very active center with fourteen beds and four religious. The sisters help the AIDS victims humanly and religiously to spend their final days of earthly existence. There is an atmosphere of serenity and peace.

3. Washington

At the last stage of our journey, in the capital of the United States, four important encounters awaited us.

During our visit to the National Institute of Health (NIH), which includes sixty centers (devoted to cancer, diabetes, arthritis, infections, and so on), we were given broad general information and paused to examine the cancer division.

We spent most of June 26th at the Kennedy Institute of Ethics, accompanied by its Director, Dr. Pellegrini, and other professors. We asked about the major problems being studied there, cooperation with government, teaching methods related to the different subjects, and so forth. For our part, we informed the faculty regarding the Pontifical Commission's interest in all these problems and contribution by way of appropriate publications.

As a corollary to the trip, we must mention the Humanity in Medicine Award ceremony organized for Msgr. Angelini by prestigious Gerogetown University in Washington. This award is granted to persons or institutions that have contributed to humanizing medical care. The ceremony took place in an intimate, serious atmosphere and was attended by about forty-five leading representative of medicine, education, and diplomacy. The program had been carefully prepared.

While in Washington, we visited Archbishop Pio Laghi, the Apostolic Pro-Nuncio. The encounter was most helpful in view of his broad pastoral awareness, fraternal kindness, exemplary attention, and thoroughgoing familiarity with this great country where he so worthily represents the Pope.

We cannot overlook the Italian Ambassador to the United States, Dr. Rinaldo Petrignani, and his wife, whose guests we were on the last day of our North American stay.

Finally, I wish to thank Professor Emanuele Mannarino for the unfailing assistance he offered us. He organized the entire trip down to the smallest details and remained with us throughout the visits and exchanges-dynamic, well-informed, sure-handed, punctual, and cordial.

This commentary could be concluded simply by saying that we reached the goal we had proposed for ourselves before setting out: to make known the aims and activities of the Pontifical Commission and expand our own awareness through contact with persons and institutions in the health field. We have received assurance of their close cooperation with our Office.

JOSÉ L. REDRADO
O.H.
Secretary

The Pharmacist and Bioethics

The International Federation of Cattolic Pharmacists held its Eighteenth Congress at Bruges (Belgium) on September 7th, 8th, and 9th, 1985, devoted to the topic "The Pharmacist and Bioethics".

In the course of its sessions, the Congress took note of the significance of new situations and the serious ethical problems posed in the field of "medication", above all, for the progress of science and the evolution of society.

As a result, the FIPC's Executive Committee, meeting in Paris on January 25, 1986, deemed it necessary to make public the following recommendations, based on natural morality and the teachings of the Bible in general and the Gospels in particular.

In this text, the FIPC recalls the essential idea that medication is conceived, manufactured, and dispensed as a remedy for illness and suffering at the service of man and must never be used to harm or destroy life

After stating certain general principles, the text examines four cases in which the pharmacist may be directly involved:

— drug experimentation with healthy or sick individuals;

— distributing "contragestive" products;

— the use of foetal tissues in therapy;

— the role of the pharmacist in assisting the dying and his attitude towards euthanasia.

In this regard, the FIPC recalls that no one can oblige pharmacists — or anyone else, for that matter — to act against conscience in questions of life and death and thus demands the right to a conscience clause, recognized in a general way for medical and paramedical personnel

FIPC Congress — September 7th, 8th, and 9th, 1985 — Recommendations of Bruges

1) The International Federation of Catholic Pharmacists:

— deems it indispensable to recall the definitions of medication worked out by the E.E.C. and the European health codes;

— reasserts that the essential mission of the Pharmacist in health is to guarantee the quality and effectiveness of medicines, along with safe conditions for patients, particularly as regards seeing to it that medication be used only to benefit life and the progressive recovery of the suffering individual;

— observes that medication, fundamentally conceived as a remedy, may be used to do harm, as a poison or, when diverted from its normal use, either inadvertently or deliberately, as a drug, as a means of escape, of domination, and so on;

— takes note of the fact that the current evolution of attitudes in societies often dominated exclusively by the concept of individual well-being, originates new demands (an extensive interpretation of the right to receive care, especially as advocated by the Christian tradition).

Among the rights called for are:

• the right to free use of the body;

• the right to procreation;

• the right to take one's life or order that it be taken.

These demands, which seek to attribute to Man power over life and death, over himself and others, allow us to glimpse behind apparent affirmations an attitude denying the person, the relationship to others, to God, and, for us as Christians, to Jesus Christ.

II) In the same way, the FIPC recommends that all pharmacists concerned about professional ethics and faced with new situations at present:

— practice their art in seeking full respect for man's dignity and for his decisions, regarded with an attitude of love, independently of his physical, moral, or social poverty, whether or not it is a result of his illness, handicap, or marginalization;

— do nothing which might endanger life or health and especially consider that they have the duty to refuse to supply medicine when it is requested for purposes other than therapy;

— regard it as a strict duty to maintain and develop their expertise by participating in the different modalities of ongoing education and scrupulously watch over the exercise of their profession, granting priority to the ethical aspect as opposed to the economic one;

— be alert and watchful in all that involves the use of new therapies, particularly those which may act by modifying physiological functions or psycho-somatic behavior;

— assume the permanent role of a public helper of the sick, in both the place of work and the environment as a whole, above all in controlling self-medication and drug use, with a view towards providing honest, readily available information on medicines, without concealing risks or possible consequences for users;

— participate in the work of the different ethics committees related to medication (creating them, if need be) and closely observing, in an adequate framework, the products being tested by the pharmaceutical industry to stimulate research whose aims are not exclusively connected with profit;

— take steps towards creating a conscience clause if, as an extreme case, medicine is used for purposes contrary to its finality, to take life, possibly under the pretext of remedying "anguishing situations"

Only collective action on their part can ensure that such a clause will be recognized by public authorities

III) The FIPC especially addresses those Christians who are engaged in the pharmaceutical professions, urging

— that, along with other Christian health professionals, they meet to share and contrast their individual experiences, exchange information, support convictions, and constitute centers for ethical reflection capable of working out decision-making criteria for difficult situations involving biotechnology which endanger the dignity of the person;

— that they make known their opinions within the profession so that its representatives can, in turn, inform government leaders;

— that they help to create an at-

titude of concern for Man in a society which in great measure has lost its moral and religious values, so that the position of the Church and Christians on bioethical questions will be understood.

IV) In applying these general principles, the Executive Committee of the FIPC proposes the following orientations for the Associations of Catholic Pharmacists constituting it and for all pharmacists concerned about the serious problems in ethics at present:

1. *As regards experiments on man with medication*, the FIPC

— recognizes the scientific, social, and economic need for such experiments in research for therapeutical purposes, with the express condition that it be conducted openly and with complete respect for the rights of the human person and morality;

— asks all pharmacists and those working in education, industry, medicine and research who engage in these experiments either directly or indirectly to apply the ten prescriptions of the Nuremberg Code (1947, published as an annex), along with the recommendations of the Conferences of Helsinki, Tokyo, and Manila.

The FIPC proposes that they recall and adopt the words of His Holiness John Paul II: "The sick person is a responsible person who should be required to collaborate in improving his own health and achieving a cure; he should be placed in a position to choose personally and not undergo the choice of others."

The FIPC insists upon the importance of ethics committees, to which the test protocols to be taken into account will be submitted

• on prior guarantees for *in vitro* and *in vivo* experimentation;

• on the scientific value of the project;

• on the balance-sheet of risks and advantages for the sick treated in this way;

• on the free and open consent of patients and healthy volunteers; "placebo" and "double-blind" tests should continue to be exceptions.

The FIPC reminds

• the pharmaceutical industry that the products tested in this way require the same quality and safety controls as other medicines;

• hospital pharmacists of the need to keep informed on experiments in the field in which they are working;

• laboratory pharmacists that, with respect to drug surveillance, experiments on human beings affect them as well, demanding appropriate training on their part.

2 *As regards contragestion*, the FIPC

— observes that, along with substances with contraceptive effects, there are new products known as "next-day pills" which act upon nesting, whereas others possess openly abortive qualities and are used as such.

In this sense, it recalls

• that the mission of the couple, essentially of "responsible fatherhood and motherhood," is exercised either through a conscious, generous decision to expand a numerous family or in the decision, made for serious reasons and with respect for the moral law, to avoid a new birth temporarily or even for an undetermined period (cf the Encyclical *Humanae Vitae*);

• that it is the pharmacist's duty, while always respecting the person's freedom of decision, to establish dialogue whenever possible, without there being a risk that it will be seen as an abuse of power and a counter-witness. It is, in fact, his responsibility to point out to users the fundamental difference between the action of products blocking ovulation (contraceptives) and the products or objects impeding nesting (contragestives), which, in the current state of our knowledge, may be categorized as abortive substances.

The FIPC

— hopes,

in particular, that the information provided to doctors and patients (the prospectus on each drug) will specify each product's made of action;

— believes

that, in the face of such serious consequences, every pharmacist is responsible for adopting the position he regards as offering greatest hope for the people involved;

and that, nevertheless, the pharmacists affected (in whatever capacity they practice their profession) have the right not to stock such products or objects and to refuse to sell them, having recourse to the conscience clause in the event that these agents should be used for the purposes of abortion.

3) *As regards the use of foetal tissues for therapeutic ends*,

their application in treating immunodeficiency illnesses allows us to achieve solid results, but this fact must not make the pharmacist indifferent, even when he is not directly involved, though he should play a role in informing the public and helping people to make judgments. If foetal tissues are not medication in the juridical sense of the term, they act as a treatment in the manner of medication.

The way in which they are currently produced does not, however, permit us to avoid posing serious moral questions which it is the FIPC's duty to recall.

After becoming familiar with the ten rules formulated by the Ethics Committee of Claude Bernard University and the civil Hospices of Lyon (France) — document of March 29, 1983 cited in our annex — in the course of this Congress, the FIPC approves the set of rules clearly distinguishing between the use of foetal tissues and their production by interrupting pregnancy

In any event, though the use of foetal tissues from spontaneous abortions does not pose problems different from those associated with transplanting organs taken from cadavers, when we are faced with provoked abortions, the problem appears in a much different light.

It is frequently maintained that such abortions would have taken place in any case, with no benefit to anyone, but the supposedly good conscience behind some abortions does not in any way diminish their inherent perversity and cannot be justified.

Evidently, the FIPC formally condemns any use of human foetal tissues as raw material for cosmetic products motivated solely by commercial interests

4) *As regards euthanasia,*

The FIPC reasserts its unwavering adherence to the value of every human life, even when diminished.

Having listened to the testimony of experts from various health professions and in response to concrete subjects, the FIPC recommends that pharmacists

— show sympathy for the persons who accompany the dying, thereby helping the latter to prepare themselves psychologically, together with their families, to face the final test;

— diligently provide for all the medicines designed to alleviate terminal suffering so that the patient may die with dignity;

— supply the technical information needed to use the medication prescribed correctly and with facility;

— activate the above-mentioned conscience clause so as to reject procedures which are manifestly lethal or even murderous.

Annex to the Nuremberg Code, august 19, 1947

The Nuremberg Code prescribes respect for the following rules during human experiments:

1) The patient's voluntary consent is absolutely essential.

2) The test involved must be capable of providing significant results for the good of society which would otherwise not be possible.

3) The test must be conducted in the light of animal experiments and the latest findings concerning the illness being studied.

4) The test must be designed so as to avoid all physical and moral suffering.

5) No test may be conducted which entails the risk of death or illness, unless, perhaps, the doctors themselves participate in it

6) The risk level accepted must never surpass the humanitarian importance of the problem posed.

7) All means shall be used to avoid any long-range side effects when the test is over.

8) The test must be directed by competent professionals. At all stages of the test, the maximum degree of care and expertise shall be required.

9) Throughout the test period, the voluntary patient shall have the freedom to decide to stop the test if it provokes physical or mental discomfort or if for any other reason he regards the continuation of the test as unacceptable.

10) The experimenter must prepare to interrupt the test at any time if he has reason to believe in good faith, and after having engaged in consultation, that the continuance of the test entails the risk of producing death or illness.

Ethics Committee of the Claude Bernard University and of the civil Hospices of Lyon

The Ethics Committee of Claude Bernard University and the Civil Hospices of Lyon, meeting on March 29, 1983, has examined the problems posed by the transplanting of foetal tissues. These transplants are ethical in the measure in which:

1) There is moral collaboration to prolong treatment through transplanting foetal tissues, above all in children, whom society cannot deprive of a real chance for a cure.

2) The following rules are respected:

— Use of foetal tissues (extracted from foetuses that are no longer alive or viable) only for scientific and therapeutic purposes.

— Independence established between the teams responsible for interrupting pregnancy and those using foetal tissues

— the absence of incitations to interrupt pregnancy.

— The absence of any justification for interrupting pregnancy, on the part of either the doctor or the woman involved, based on the possibility of using foetal tissues.

— The prohibition of *in vivo* treatment to study the effect upon the foetus after interrupting pregnancy.

— The absence of artificial maintenance of life in foetuses for the purposes of extraction.

— The absence of *in vitro* fertilization aimed at obtaining usable foetal tissues.

— Prohibition of the use of tissues if the woman is opposed to it after the interruption of pregnancy.

— Creation of supervisory organisms to gather and distribute foetal tisseus in accordance with needs and of an Ethics Committee

DR. PH. JEAN DREANO
President
International Federation of Catholic Pharmacists

News

Activity of the Commission Pontifical

INVITATION TO POLAND FROM THE CONFERENCE OF BISHOPS

From the 22nd to the 26th of May, 1986, the Pro-President of the Pontifical Commission for the Apostolate of Health Care Workers, accompanied by Professor Franco Splendori, one of the Commission's Consultors, visited Poland in response to an invitation from the Polish Conference of Bishops.

The purpose of the visit was to explain the aims of the Commission itself, present the journal *Dolentium Hominum* and the INDEX entitled *Ecclesiae Instituta Valitudini Fovendae Toto Orbe Terrarum*, and participate in the Fiftieth Anniversary celebration of the spiritual exercises for health professionals (priests, doctors, nurses, technicians, and others) conducted in Poland, which was being held at the Marian Sanctuary of Czestokova.

An initial meeting took place on Thursday, May 22nd at the headquarters of the Conference of Bishops with the Secretary of the Conference, Archbishop Dabrowski, Bishop Adam Dyczkowski, Auxiliary of the Diocese of Wroclaw (Breslavia) and responsible for the National Health Apostolate, and other participants.

On the following day, Friday the 23rd, at a meeting held at the residence of Cardinal Primate Glemp, concrete steps and dates for implementing an effective health ministry were later presented and examined.

Among other things, the Cardinal Primate once more recalled how the present Pontiff, John Paul II, has always devoted special attention to the health care apostolate, as a priest, as a bishop, and as a cardinal, regarding it as a basic foundation for this overall activity

On the afternoon of Friday, May 23rd, the visit continued on to the city of Wroclaw (Breslavia), where, at the residence of Cardinal Gulbinowicz, specific proposals for mutual assistance were broadly examined in the presence of three Auxiliary Bishops and leading representatives of the local clergy.

After the exchange, the Pro-President granted an interview to the Catholic archdiocesan newspaper *Mnove Zycie* (*The New Life*), appearing twice weekly, which was immediately followed by a visit in the company of the Cardinal to the Municipal Hospital of Breslavia, where he presented a broncoendoscope as a gift.

The visit then took him to the municipal hospital of Trzenbica, where an Italian physician, Dr. Santini of Florence, also works. Dr. Santini provided the guests with a detailed explanation of a highly specialized activity being carried out there consisting of both the reconstruction of members damaged by serious mishaps and the transplanting of parts of the fingers, especially of the thumb.

In the evening, there was a discussion-debate with about forty Catholic doctors from local hospitals dealing with the correct realization of a Christianly-inspired health ministry in general and the problems of abortion and euthanasia in particular.

At the conclusion, they were presented with a modern SINCRON apparatus for microsurgery of the eye which was greatly appreciated by all present.

On Saturday, May 24th, in the continuing company of Msgr. Dyczkowski, the Pro-President visited Czestokova to take part in the meeting to renew the apostolate of Polish health professionals (both doctors and others) which had been held there for over fifty years.

In the afternoon, at the Sanctuary where the Black Virgin of Czestokova is venerated, Pro-President Fiorenzo Angelini delivered a homily to those attending the Conference.

At 9 p.m. there took place the pious exercise of the Way of the Cross, in which more than 5,000 people participated in spite of torrential rain, with exemplary devotion on the part of all. The day ended with Mass at the Sanctuary.

On Sunday, May 25th, during the Mass celebrated at this same Sanctuary, the Pro-President placed particular emphasis on certain aspects of pastoral spirituality for health professionals in the course of a homily.

At 10:30 a.m., before several thousand Congress participants who had gathered in the John Paul II papal hall, Msgr. Angelini amply explained the aims and efforts of the Ponticial Commission for the Apostolate of Health Care Workers, dealing with some of the

leading bioethical questions at present. The event concluded with the presentation of both the first volume of the INDEX containing a "census of the health care facilities around the world where Catholics work" and the first issue of the journal *Dolentium Hominium*.

These same points were later touched upon by Professor Franco Splendori, who accompanied the Pro-President on this trip.

After a solemn pontifical ceremony held at the upper basilica before 5,000 health professionals, the Conference closed with a final encounter in the Sanctuary at the painting of the miraculous Virgin. All present committed themselves to make the Pope's will their own — that is, to achieve a more decisive, sharply defined presence in the Church's health ministry in Poland.

CONTACTS WITH WHO LEADERSHIP

The Pro-President of our Commission, invited by the Italian Minister of Foreign Affairs, took part in the Meeting organized by the Ministry on the subject "Italian Health Cooperation with the Developing Countries". The meeting was held on March 20, 1986 at the Advanced Institute for Health in Rome.

In addition to its usefulness in providing a clear vision of the health situation and most pressing needs in many areas of the world, the encounter involving study and planning also supplied the occasion to meet Dr. H Mahler, General Director of the World Health Organization, whose talk has been integrally reproduced elsewhere in this issue Another result of this meeting was Dr Mahler's inviting Msgr. Angelini to visit officially the WHO headquarters in Geneva in early October of this year The visit is being prepared in conjunction with the Permanent Mission of the Holy See to the United Nations and the Specialized Institutions in Geneva.

GREEK ORTHODOX CHURCH

Accompanied by Rev Dimitri Salachas, Consultor of the Secretariat for the Union of Christians, Iannis Michail Hadjiphotis, Director of *Ecclesiastici Alithia*, the newspaper of the Orthodox Church of Greece and chief of the Holy Synod Press Office, visited the Pro-President of the Pontifical Commission on Satruday, April 5th.

The exchange was cordial and fraternal, with particular stress placed upon the health sector. Some ideas for joint action in the near future were examined, though deeper study and more systematic articulation will of course be needed.

There was a complete convergence of views on all the subjects discussed, and it was agreed that to work together for the *defense of life* and respect for the *dignity of the patient* is an excellent way to get to know one another better and favor the unity of Christians. Dr. Hadjiphotis asked our Office for broad documentation concerning the Pope's Magisterium on the unacceptableness of abortion in order to refer to it in his country, and we were able to funirsh him with a representative selection of the Holy Father's allusions to this serious problem.

The first issue of our journal *Dolentium Hominum* was greatly appreciated.

THE PRESIDENT OF THE CATHOLIC HOSPITALS OF INDIA

During his stay in Rome in April, Rev Dr Ferdinand Kayavil of the Infant Jesus High School (Quilon, India) and President of the Catholic Hospitals of India, paid us a visit.

The Church's presence in the health sector in this vast country is considerable and well organized The exchange of news and ideas was quite useful in becoming familiar with emergent problems for the Catholic health structures in India as well and delineating possible joint action.

One hundred subscriptions to our journal have been placed at Fr. Kayavil's disposal to be sent to persons and centers concerned with the Indian Church's pastoral activity in the health field.

THE HEAD OF THE ST. PAUL AUDIO-VISUAL IN TOKYO

Rev. Paul M Makiyama of the Society of St Paul, in charge of the St. Paul Audio-Visual and the Catholic Press Center in Tokyo, came to visit us at the end of April. This Pauline religious, now in close and cordial contact with His Excellency, the Pro-President, wished to get a first-hand idea of the field of action of this young Pontifical Office, along with its goals and operativeness

The exchange opened the way to the beginnings of useful collaboration to distribute the Commission's publications in Japan by way of the St. Paul Audio-Visual, thus providing broader, more detailed knowledge of the Catholic Church's health commitments

This collaboration was eventually focused upon the diffusion and distribution of our journal published three times a year and the INDEX of Catholic health care facilities around the world. Our warmest, heartfelt thanks to the Pauline Religious of Japan for this outstanding fraternal coopertion

FROM IRELAND THE ECCLESIASTICAL ASSISTANT FOR CICIAMS

The National Ecclesiastical Assistant for CICIAMS in Ireland, Rev. Henry Devlin, paid a visit to the Pontifical Commission to initiate direct personal contact. The meeting, marked by a cordial and fraternal exchange of ideas and proposals, served to provide immediate awareness of the most urgent problems facing Catholic health professionals in Ireland in their daily work.

U.S.A. — ECUMENICAL MEETING ON HEALTH

Professor Emanuele Mannarino, the Commission's official representative for the occasion, joined the

delegation of the Holy See participating in the meeting held in Atlanta, Georgia (April 20-26, 1986) organized by the Christian Medical Commission of the Council of Churches.

This important and concrete meeting, whose underlying theme was the *health of man*, also provided an excellent opportunity to deepen ecumenical dialogue. The Church's constitutional interlocutor was the Secretariat for the Unity of Christians, which asked our Commission to send its own representative in fulfillment of the orientations contained in the *motu proprio* constituting it, *Dolentium Hominum*. We are most grateful to them for doing so and wish to express our sincere thanks to His Eminence Cardinal G Willebrands, President, and to the Most Reverend Pierre Duprey, P A , Secretary

JERUSALEM — INTERNATIONAL CONGRESS ON EPILEPSY

From the 10th to the 13th of April, 1987, the Seventeenth Internationl Congress on Epilepsy — also of an ecumenical nature — will be held in Jerusalem At the invitation of the Secretariat for the Unity of Christians, our Commission designated Professor Gian Luigi Gigli, young doctor and scientific researcher at Rome's Tor Vergata University, as its representative, and he has already taken part in the preparatory meetings.

PRESENTATION OF THE INDEX TO THE HOLY FATHER

On April 18, 1986, the Holy Father received His Excellency Pro-President Fiorenzo Angelini in audience for the presentation of the first copy of the first volume of the catalogue of the Church's health facilities around the world, *Ecclesiae Instituta Valetudini Fovendae Toto Orbe Terrarum INDEX*

The Pope expressed his appreciation and esteem and said he had been happily surprised on seeing the realization of a published work which had been neither simple nor easy, involving the collection and assemblage of information referring to approximately 13,000 health institutions on five continents

The Archbishop was accompanied by the young doctors who had successfully compiled the thousands of pieces of information reaching the Commission on a daily basis, coordinated by the engineer Franco Placidi.

The Holy Father greated each of the young doctors personally, showing interest in their concerns and their lives.

VATICAN PRESS HALL — PRESENTATION OF THE INDEX

On Thursday, April 24, 1986, the INDEX of health facilities was presented at the international Press Hall. We reproduce Vatican Radio's remarks on the occasion broadcast that same afternoon:

Scarcely fourteen months after being instituted, the Holy See's youngest organism, the Pontifical Commission for the Apostolate of Health Care Workers, is enthusiastically fulfilling the purposes for which it was created and dynamically projected towards outstanding initiatives.

A balance sheet of this first year of life and a glance at the horizon of future prospects were offered this morning at the Holy See's Press Hall by the Pro-President of the Commission, Archbishop Fiorenzo Angelini, accompanied by the Secretary, Father José Luis Redrado of the St. John of God Brothers, and the Sub-Secretary, Father Felice Ruffini of the Camillians, in addition to Professor Franco Placidi, who teaches Health Organization at the Catholic University and has directed the team of young doctors responsible for the *Catalogue* which has just appeared of the Church's health facilities around the world

First of all, the *motu proprio Dolentium Hominum* instituting the Commission was made known by way of the episcopal conferences, translated into six languages. There followed the initiation of the highly significant, indispensable work of surveying on a worldwide scale all the Church components active in the health sector, of which the *Catalogue* presented to the Holy Father on Friday is the result, a truly historic initiative, for such a task has never before been undertaken. Even though not yet complete and in need of future updating, it makes known the colossal presence of the Church since its inception in the world of suffering. Moreover, contacts have been made with the maximum bodies working in the health field internationally, in the first place, with the World Health Organization.

As regards prospects, Msgr. Angelini mentioned "a great good will, a great passion, a great enthusiasm for continuing such an important enterprise", and he announced a coming conference of Catholic medical schools around the world, and, for October, instead of the customary course on "Medicine and Morality", an international Conference on "Pharmaceuticalss at the Service of the Person", with the participation of three Nobel Prize winners and various pontifical academies.

After over thirty years' experience in this field, Msgr Angelini said he had reached the conclusion that the truly universal faith, that which joins together all men, above and beyond all ideologies and even all religions, is faith in life, in health. Concerning this faith there is absolute agreement. From the pastoral standpoint, Msgr. Angelini repeated an idea particulartly dear to him — that the true temple of mankind, much more than churches and basilicas, is the hospital; it is there that the Church can await souls, which open themselves with great facility, not out of fear or self-interest, but because they are forced to reflect, perhaps for the first time, outside of the whirl of everyday life.

PRESENTANTION OF THE INDEX TO THE GENERAL PUBLIC

The presentation of the journal *Dolentium Hominum* and of the INDEX to the general public, especially to those interested in the health field, took place on the afternoon of May 16, 1986 at the National Research Center's Auditorium in Rome.

Before a large audience Foreign Affairs Minister Giulio Andreotti and Health Minister Costante Degan spoke, placing parrticular stress on the INDEX's usefulness for the lay world as well. It in fact provides a rapid breakdown of the most widespread diseases and needs, especially in developing countries, constituting an excellent reference work for those governments which for some time have been operating offices for international cooperation to defend and restore health in such countries.

The ceremony concluded with touching words of gratitude to the Holy Father for having established this Pontifical Commission. The event proved to be a great success.

COPENHAGEN — AT THE W.H.O. IN EUROPE

On May 27, 1986, His Excellency Msgr. Angelini met with representatives of W.H.O. in Europe, exchanging views with the Director of the Regional Office, Dr. Avall, and with the heads of several Departments.

The communiqué issued by the press office of the W.H.O.'s European Region reads as follows:

Humanization of Medicine:
Closer Collaboration between the Pontifical Commission and WHO/EURO

The WHO Regional Office for Europe has received the visit of H.E. Archbishop F. Angelini, Pro-President of the Pontifical Commission for the Apostolate of Health Care Workers. This is a follow-up to the visit which Dr. J.E. Asvall, Regional Director, made to H.H. Pope John Paul II in April last year.

In his welcome address, Dr. Asvall stressed the fact that WHO and the Pontifical Commission have a common approach towards the questions of health, especially in the field of medical care. Dr. Asvall said that medical technology cannot be the only way to take care of patients, and that a more humane and pyshological approach is important, now more than ever before.

Archbishop Angelini emphasized this necessity to humanize medicine, and said that health is one of the most important areas, where people can work together, irrespective of country, culture, ideology, and religion.

As a result of this meeting, it has been decided to investigate future ways of collaboration between the Pontifical Commission and WHO to involve different organizations, institutions, and experts in proposing basic principles for the humanization of medicine.

The Apostolic Delegate in Denmark, Msgr. Henri Lemaître, also participated in a friendship luncheon at W.H.O. headquarters. The day concluded with a visit to two modern health care institutions, the Herley County Hospital and the Hvidovre Hospital.

BURKINA FASO AND NIGERIA: VISIT BY THE CONFERENCE OF BISHOPS

Having come to Rome for an *ad limina* visit, the Bishops of Burkina Faso and Nigeria paid us a visit as well on Tuesday, June 10th.

With Cardinal Paul Zoungrana, Archbishop of Ouagadougou, and the President of the Episcopal Conference, His Excellency Msgr. A. Titianma Sanon, Bishop of Bobo-Dioulasso, all the bishops of that episcopal region were present, the Secretary of the Conference, and the head of the John Paul II Foundation.

The encounter, divided into three distinct moments — exchange of ideas, prayer, fraternal *agape* — was very cordial and useful in deepening awareness of the problems of the African Church and providing orientations for future collaboration.

Through joint analysis of the numerous difficulties facing the young Church of Africa, we have observed a deep concern for the health ministry on the part of these bishops. We were most pleased to see that the Pontifical Commission can always count on their fraternal, active cooperation in carrying out the service entrusted to it by the Holy Father.

The Secretary, Father José Luis Redrado, OH, and the Sub-Secretary, Father Felice Ruffini, MI, also took part in the encounter.

WELCOME VISIT BY CARDINAL GULBINOWICZ HENRYK

On Wednesday, July 16th, we were visited by Cardinal Gulbinowicz Henryk Roman, Archbishop of Wroclaw (Poland).

In a fraternal spirit and with exquisite courtesy, he thus wished to return the visit he received from the Pro-President this past May during the latter's trip to Poland, about which we provide more detailed information elsewhere in this issue.

The Cardinal reiterated the gratitude of the Church in Poland for the concrete demonstrations of Christian solidarity and sincere participation in their plans for the health apostolate on the part of our Pontifical Commission and addressed words of thanksgiving to the Holy Father for the timely and inspired institution he has provided for the entire Church.

Fr. José Redrado, O.H. and Fr. Felice Ruffini, M.I., Secretary and Sub-Secretary of our Office, Professors C. Manni and F. Splendori, two of our Consultors, and Mr. V. Ziantoni, Health Adviser for the Lazio Regione, were also present.

Washington: the «Humanity in Medicine» Award Granted to Msgr. Angelini

From the 18th to the 27th of June, 1986, His Excellency Msgr. Angelini and Fr. Redrado, the Pro-President and Secretary of the Ponticial Commission, visited the United States. They were accompanied by Professors C. Manni and F. Splendori, Consultors of this Office. Elsewhere in this issue we include a more detailed report on the trip, but here we wish to reproduce the statement broadcast by Vatican Radio on Friday, June 27th, in referring to the Award conferred upon the Pro-President by Georgetown University:

Washington — Increasingly specialized, faced by increasing danger of bureaucratic sclerosis, medicine around the world threatens in some measure to become dehumanized, not to rspect the patient's condition as a human being; starting from this cry of alarm, one of the oldest and most prestigious universities in the United States, Georgetown in Washington, has instituted a new biennial award for «Humanity in Medicine» which was solemnly conferred upon Archbishop Fiorenzo Angelini yesterday in the United States capital. Pro-President is seventy years old, and has been dealing with problems connected with the world of medicine for the past thirty-two years. He has played a key role in health projects initiated by the Catholic Church in developing countries and has written books, essays, and articles on medical practice and deontology in the light of the Church's magisterium. The Pontifical Commission for the Apostolate of Health Care Workers was created a year and a half ago by the Pope, and Archbishop Angelini has decided to contribute to it the complete sum of $ 20,000 accompanying the Humanity in Medicine Award of the Washington university. Among those attending the award ceremony were Archbishop Pio Laghi, Apostolic Pro-Nuncio in the United States, and the Italian Ambassador to Washington, Rinaldo Petrignani.

ecclesiae instituta valentudini povendae toto obre terrarum. index

(Rome: Pontifical Commission for the Apostolate of Health Care Workers, 1986); 1,156 pages; Ill ; 70,000 lire

This *Catalogue of Health Care Institutions* witnessing to the Church's commitment to the field of health and health care throughout the world is the first publication of its kind in the history of the Church.

Nature and purpose of the publication

Since its constitution on February 11, 1985, the Pontifical Commission for the Apostolate of Health Care Workers has deemed it urgent to take a census of the health activities and organizations directly or indirectly supported by the Church all over the world. The Episcopal Conferences, the superiors of men's and women's religious institutes, and all the other organisms connected with Catholic health work were thus immediately contacted. The examination of the material received has led us to record numerous voices that of course represent only a part of those existing

We have preferred to give priority to the publication's timeliness at the expense of its completeness, in the well-grounded conviction that the propagation and public knowledge of this working tool will favor the sending of further information by those who may have left things out and of new data from those who have not yet responded.

The Pontifical Commission's wish to make available this valuable reference work in spite of straitened circumstances for publishing reflects a twofold exigency: to make known throughout the Church and among non-Catholics as well all that is being accomplished in the health field; secondly, to favor cohesion, coordination, and collaboration among all the Catholic health care organizations at work around the world. This hope was warmly expressed by the Holy Father, John Paul II, in the *Motu Proprio* establishing the Pontifical Commission.

This initial census will be periodically updated, a process undoubtedly facilitated by the work's structure and characteristics.

Structure and characteristics of the volume

The format is 17×24 cm. The foreward and preliminary notes are in six languages: Latin, English, French, Italian, Spanish and German. Strict alphabetical order has been followed in the general subdivisions and within each section, thereby facilitating consultation.

The health care institutions included have been alphabetically subdivided by *continent* (Africa, America, Asia, Europe, Oceania); within each continent, they have been alphabetically subdivided by *nation*, and within each nation, by *city* or specific locality. The American continent, given the extremely large number of health institutions, has been subdivided into North America, Central America, and South America.

The volume, then, has been practically organized into five parts or sections corresponding to the number of continents. Each part or section is preceded by a map of the continent in question in which the nations are identified, along with the names of their capitals; colored areas indicate the countries from which census data has been received. The map is accompanied by an index-list of the cities and localities included.

Within each *national section*, there are five groups or parts:

- Listing of the cities or localities from which information has been received.
- Listing of the religious institutes present in the health institutions included.
- Listing of the cities or localities with a description of the health care institutions therein (number and type).
- Description of each health institution: type, name, address, with organizational, technical, and administrative data. (Names are generally provided in the local language.)
- Listing of the religious institutes which specifies the cities or localities where each is to be found and the type of health care structure they work within.

Content of the work

Some overall data will furnish a sufficiently complete idea of the volume's content.

The census has received information from 74% of the states (168 out of a total of 228). The number and percentage by continent are as follows: Africa, 47 countries out of 53 (89%); North America, 52 out of 52 (100%); Central America, 11 out of 22 (50%); South America, 13 out of 15 (87%); Asia, 24 out of 43 (56%); Europe, 15 out of 32 (46%); Oceania, 6 out of 12 (50%).

It should be noted that the countries with the largest number of health care institutions among those included in the census are, in decreasing order: Italy (1,656), India (824), the United States (702), Brazil (570), Zaire (369), Tanzania (289), and France (220).

In all, 7,579 *cities* or *localities* have supplied data on the presence of Catholic health care institutions.

There are approximately 500 *men's and women's religious institutes* with pontifical or diocesan authorization working in the health care structures listed

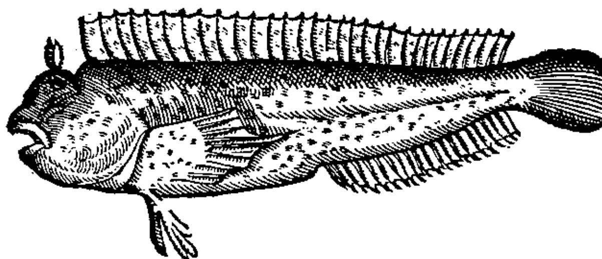
All told, 12,448 institutions and health care centers have been included, distributed as follows by continent: Africa, 1,877; North America, 1,364; Central America, 60; South America, 1,286; Asia, 2,333; Europe, 5,201; Oceania, 327.

• In the subdivision according to types, we note that the health institutions classified under the heading of "hospitals" constitute the majority (4,880) as indicated by the sources. The use of the term is not, however, univocal in all countries. The next most common type is the center for the elderly, including the nursing home (2,504), followed by out-patients' departments and clinics (2,060), general treatment centers (1,706), and institutions for physical and psychological rehabilitation (314), etc.

• The hospitals thus represent 39% of the health institutions included in the INDEX. Of the 4,880 listed, 36.15% are in Europe, 20.25% in Asia, and 17.5% in North America.

• According to the data contained in the catalogue, 59% of the hospitals included are owned by men's and women's institutes, the diocese and congregations, and religious institutions and orders (approximately 2,900). In their distribution by continent, these Church-owned hospitals represent the following percentages of the respective totals: AFRICA, 62%; THE AMERICAS, 78%; ASIA, 91%; EUROPE, 21%; OCEANIA, 71% The high percentages appearing in the continents with numerous developing nations demonstrate the Church's intense presence and missionary commitment. In Europe, the greater role of government in health services is reflected in lower ownership percentages.

GOBIO III.



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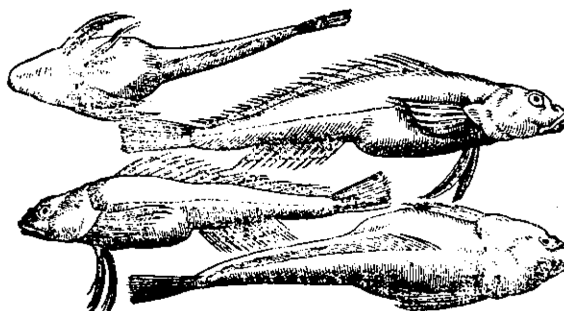
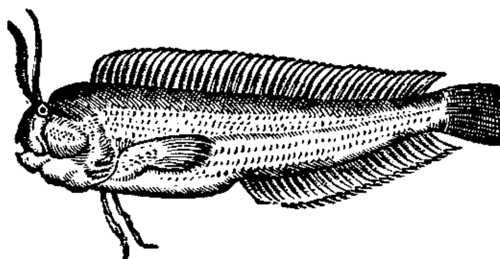


GOBIO IIII.



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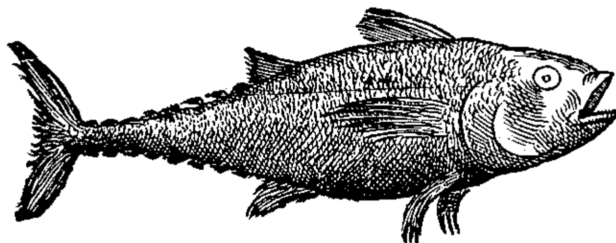
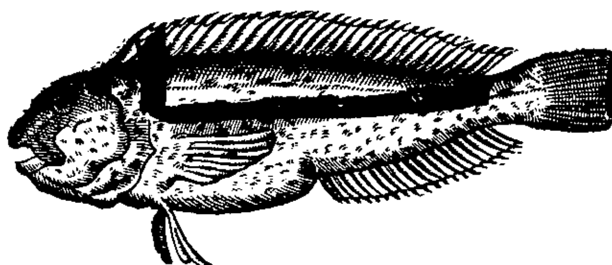


GOBIO VI.



As an appendix to the volume there is a model form (MOD A) to be used to send additional data which will complete the census or to suggest possible corrections and modifications.

How to consult the work

At the beginning of the INDEX (pp. 32-33) and on the special bookmark enclosed, the reader will find a *legenda* with abbreviations (see also pp 18, 20, 22, 24, 26 and 28) related to the types of health care centers included, in addition to certain letters, initials, and symbols connected with specific data.

The INDEX, besides offering detailed overall information, allows for rapid ascertainment of data concerning the institutions listed If you know the country where a given Catholic health center is located, you need only turn to the place name in the general index at the back of the volume (pp. 1,107-1,156) to find the page reference you are seeking.

New from around the World

SPAIN

Madrid

Patient's Day

"The Sick Evangelize Us" was the slogan for Patient's Day 1986. It was a significant occasion to carry out catechesis on the world of suffering for the benefit of the "healthy," bringing out the role of the sick in the Christian community, praying for them, and gathering their rich, evangelizing testimony. On the occasion of this Day (May 4, 1986), the Spanish Church sent a special message to Catholics, pausing to consider the place the sick hold within the Christian community. That same day the National Secretary for the Health Care Apostolate presented specific materials (leaflets, posters, texts) oriented towards an overarching objective: "That the Church may allow herself to be evangelized by the sick."

Barcelona

Commission for the Promotion of the Human Rights of the Sick

Within the diocesan delegation for the health care ministry in Barcelona, a Commission has been created to promote the Human Rights of the Sick. A group of professionals coordinated by Dr Francisco Moreno is carrying on this work.

The goals of the Commission are the following:

1. To favor the Gospel attitude of the Christian professional so that his relationship to the sick and their families will be based upon understanding, respect, and solidarity, rejecting all paternalism and manipulation.
2. To work at university centers, schools of hospital administration and professional training, parishes, and elsewhere to achieve adequate education for all those dealing with the ill.
3. To work together with associations promoting the recognition of human rights both civically and socially and having an impact particularly upon the rights of the sick. To this end the mass media and the publication put out by the regional government of Catalonia (the *Generalitat*) will be used. It is desirable that this humanization project be identified in the health care structures.
4. To stimulate men and women religious, the chaplains at diverse centers, the movements and associations of the sick and for the sick, and all the communities of the Church so that pastoral and professional activity will be focused upon the rights of the patient.

Madrid

Hospital Youth

An interesting initiative has appeared in Madrid for the encouragement of young people and the benefit of the pastoral vocation. Organized within the Granada Group association, *Juventudes Hospitalarias* is "a group of young Christians at the service of che Church through the charism of hospitality and open to mercy."

This new association has arisen with the encouragement and assistance of the Order of St John of God, the Camillians, the women religious of the Good Shepherd and of St Ann, the Missionaries of Mary Immaculate, and the Secular Institute Pro Ecclesia.

The orientation of this nationwide association clearly centers upon the world of the ill, of suffering, and of the marginalized. Its activities include periodic retreats, "family day," weekly group prayer, Missionary Easter at the hospital, summer camps for social and health care service, a week of deepening Christian experience, and so on.

COLOMBIA

Bogota

Humanization Seminars

The Camillian Center for the Health Ministry in Bogota, directed and sparked by Fr. Adriano Tarraran, remains extremely active, with previsions for the May-February period including some fifteen humanization seminars lasting three days each. These courses will be offered in a number of Colombian cities (Medellin, Acacias, Cartagena, Barranquilla, and Bogota).

Fr. Adriano was the chairman of the health ministry committee for John Paul II's apostolic visit to Colombia

AUSTRIA

Jobs at Catholic Hospitals

According to recent statistics, at Catholic hospitals in Austria, some 11,618 posts are provided by religious congregations: 2,500 are religious, and the rest are lay people who are remunerated by religious on a regular basis. These positions involve 25 hospitals with 1,400 beds and 75 homes with 2,500 elderly people.

INDIA

A Missionary with the Lepers

The Polish missionary, Fr. Ernest Schiappa, of the Society of the Divine Word, has been working almost uninterruptedly for some thirteen years in the service of lepers. He is currently living with about 200 victims of this disease in the Love of God leper colony, constructed by him at Ratlam.

He now proposes to carry out an even more arduous plan for the rehabilitation of lepers, an initiative

whose implementation is not at all easy, for lepers, even when cured, are rarely readmitted into Indian society. Fr. Schiappa has been working for about six months to open a new residence, or family house, in the city of Ratlam as well, to take in the lepers still forced into the isolation imposed upon them by the disease.

FRANCE

Paris
AIDS Vaccine: Longer and Rougher Than Anticipated

As announced at the Second International Conference on AIDS held in Paris and attended by more than 2,000 specialists from around the world, United States scientists are now conducting experiments with chimpanzees to test a vaccine for AIDS (acquired immunodeficiency syndrome).

The initial results will certainly not be available before year's end, and even if they prove positive, a long period of experimentation will still be needed

The road towards an AIDS vaccine appears to be longer and rougher than some experts thought

UNITED STATES

Washington
Home Care for Children Urged as Coverage Option

Private health insurance programs would pay for sophisticated home medical treatment for severely ill or disabled children under a bill supported by the General Secretary of the United States Catholic Conference

Msgr Daniel F. Hoye, writing to members of the House of Representatives Education and Labor Committee and the Senate Labor and Human Resources Committee, asked for support for legislation that would encourage caring for such patients under 21 at home rather than in hospitals.

The bill, S. 1793, could help families with children who are dependent on technology to stay alive Many private policies will only pay for such treatment in hospitals.

"We believe that children are best cared for by their own families when this can be accomplished through advancement in home health care techniques and enlightened public and private policies," Msgr. Royce wrote. Although all families cannot cope with the stress of home care, he said that "those who wish to do so should have our strong support and practical assistance, such as health insurance coverage for essential services provided at home."

New Camillian Health Commitments

The Camillian house at Durward's Glen, located between Milwaukee and Madison, has been transformed into a spirituality center and retreat house specializing in the treatment and rehabilitation of those with alcohol and drug dependence and in assistance to their families.

The aim is to provide a peaceful, natural environment which will stimulate their spiritual resources and sustain their recovery

Fr Richard O'Donnel, as president of the seventh region of the national association of chaplains, promoted and oganized two meetings on ethics, at St. Joseph's Hospital in Milwakee and in Chicago. The subjects dealt with were "Ethics and Spirituality" and "Withdrawing or Refusing Food and Liquids: An Ethical Dilemma." Among the speakers was Fr Richard McCormick, Jesuit and Georgetown University professor, regarded as one of the leading specialists in ethics in the United States.

ITALY

Rome
The Sick at Sea Aided by Air

661 patients attended, 450 interventions involving air transportation of the traumatized and seriously ill in the metropolitan area, 9,415 messages received and transmitted — this was the activity carried out by CIRM (International Medical Radio Center) in 1985 This organization, which appeared in Rome in 1935, provides assistance via radio to all those traveling on ships — of whatever nationality — on all seas. Its services are completely free of charge

Requests for help reach CIRM by way of a telecommunications network constituted by a radio station and a teleprinting center A whole series of radio stations collaborate in this operation, covering a territory extending from the Atlantic to the Pacific, from the U.S Coast Guard to Manila's Globe Radio.

Assistance is provided by the doctor on duty, who prescribes necessary treatment and keeps in touch with the patient until he is cured and disembarks. This procedure permits the use of probability diagnosis which is confirmed in most cases. When the need arises, the Center is in a position to avail itself of the work of a team of specialists, among whom there are many directors of university clinics and hospital chief physicians.

These figures demonstrate the value of CIRM's commitment. Since it was founded, its activity has continually increased. It has gone from 18 instances of assistance in 1935 to thousands in recent years. From 1956 to 1985 31,000 patients were attended. The telecommunications service — which regularly functions in Italian, French, and English — has received more than 280,000 messages, and there have been 2,000 aid missions conducted in collaboration with the Italian Navy and Air Force There have been 2,500 operations in the metropolitan area and the small islands of the Mediterranean.

Funding for the activities of CIRM, directed by Professor Nino Rizzo, is guaranteed by the Merchant Marine and the Postal Service. Private organizations also contribute to it. It is thanks to this support that the Center fulfills its specific objectives, justifying the recognition it has received on a national and international scale.

UGANDA

Opit
A Woman for Life

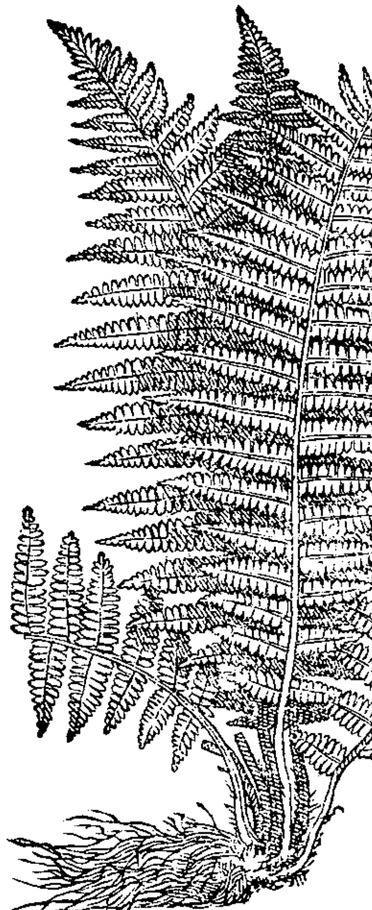
In Opit, a little village in northern Uganda, there is a rehabilitation center for handicapped children. A Ugandan nun, Korina Aceng, who works there, describes her experience:

The Polio Center in Opit was opened in 1970 through the efforts of a Combonian Missionary, Fr. A. Solda, who began by erecting a little building to take in some of the young people stricken by polio. His goal was to provide for their academic training and teach them skills like sewing so as to make them self-sufficient and capable of earning their living

I started to work with handicapped children in 1979 after returning from a three-year stay in Italy, where the Bishop of Gulu and the Mother General of my Congregation had sent me to study physiotherapy for the purpose of later organizing a fully equipped center for the care and rehabilitation of poliomyelitic children in Opit.

The roots of this specific vocation go back a long way. Since I was small, I have always felt particularly inclined towards the poorest, especially children, orphans, and the ill. When, after entering the Congregation of Mary Immaculate and becoming a professor, I started to teach in a school, I realized how serious and significant the problem of handicapped children was

The most pressing and urgent problem facing the Polio Center involves space: in 1984 I received 290 requests to accomodate children but could accept only 47 with great difficulty. Hence the need to build a new, more spacious structure endowed with a minimum of equipment: a gymnasium for physiotherapy, workshops for carpentry, sewing, and constructing orthopedic apparatuses, a bed for every child, and just possibly a small library as well. My young people and I have now set to work by beginning to prepare the bricks and stockpile stones and sand



GHANA

Koforidua
25 Years of Activity by the St. John of God Brothers

October, 1985 marked the completion of 25 years during which the Brothers of St. John of God of the Castilian Province have conducted their health care ministry at the missionary hospital in Koforidua, whose doors opened on October 7, 1960.

The name Koforidua is the syncopated form of an Ashanti proverb which might be translated as "You can't climb trees on an empty stomach." It is in fact narrated that the primitive village was settled by a tribe which arrived there exhausted after long wandering. Their chief wanted to have his people stop on top of the steeply rising hill that dominates Koforidua, but they preferred to camp where they were, insistently repeating to him the above-mentioned proverb, which suggested the name of the locality where their movement came to an end.

Koforidua is ninety kilometers away from the capital of Ghana, Accra, which has gone on growing, especially over the past twenty years, until approaching 100,000 inhabitants.

The first stone of the Koforidua Hospital, which is dedicated to St. Joseph, was placed by the St. John of God Brothers on April 14, 1959, and the official inauguration took place on January 4, 1964, but, as stated above, outpatient service had already begun in 1960 and admissions in 1961.

Created specifically for the purposes of children's orthopedics the Koforidua Hospital still preserves this specialized aspect, though its radius of action is progressively extending into other sectors. At present Pediatrics has 42 beds, 30 of which are devoted to Orthopedics and 12 to Medicine; then there are the wards for adults — with 54 beds for men and 34 for women — which are in turn divided into Orthopedics, Surgery, and Medicine. There are 130 beds in all; in 1984, there were 1,449 admissions and 47,817 days of hospital stay. In spite of the desperate condition in which patients generally arrive, accustomed to turning to our hospital only as a last resort, i.e., when they have verified the failure of the witches' empirical therapies, mortality in 1984 involved only 150

cases, 89 of which were children under five years of age. In Surgery, 744 operations were performed in Orthopedics and 328 in General Surgery in 1984. 354 people were subjected to physiotherapy in 1984, and 513 orthopedic prostheses were prepared for them.

The outpatient service was also noteworthy, with 139,685 visits in 1984, of which 51,296 were new cases. Unfortunately, the progressive deterioration of the road network in Ghana — once the most highly developed in Western Africa — makes it increasingly difficult for the population to reach the hospital's clinics, and in recent years three branch clinics have thus been put into service, functioning once a week, with a monthly flow of about 500 people in each. They are located in Akrofufu, 82 kilometers away, Banso, 35 kilometers away, and Kwabeng, 66 kilometers away.

EUROPE

EEC: Funds for AIDS Research

The European Commission recently proposed a three-part program aimed at funding research and development to prevent and treat AIDS (acquired immunodeficiency syndrome) which would be carried out over a two-year period, 1987-1989.

The first part of the program, with an estimated expenditure of 400,000 E.C.U. ($370,000), would deal with the control and prevention of the disease and involve 29 institutes distributed among the 12 Member Countries.

The second part of the project (2,375,000 E.C.U.), however, would concern basic research, involving 52 institutes in the Member Countries and the United States.

The completion of the program (third part) would consist of clinical research on AIDS. Funding would amount to 480,000 E.C.U., and 34 research institutes in the 12 Member Countries, Switzerland, and the United States would participate.

The announcement of the program, as specified, was preceded by the adoption of a resolution (March 11,1986) by the European Parliament AIDS research within the framework of the new medical research program advanced for the two-year period, 1987-1989.

In addition, the Parliament had itself formulated a request for the creation of a special European AIDS foundation for the purpose of organizing a vast campaign to combat the disease.

In anyevent, 650,000 E.C.U. have already been assigned in 1986 to finance projects related to AIDS, including the creation of a data bank and the exchange of scientific information.