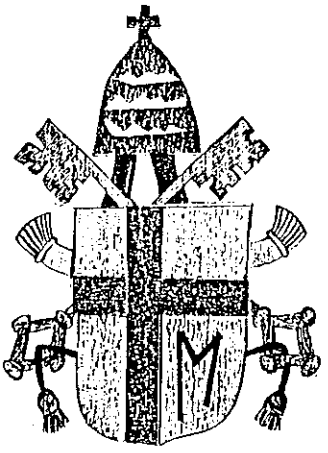

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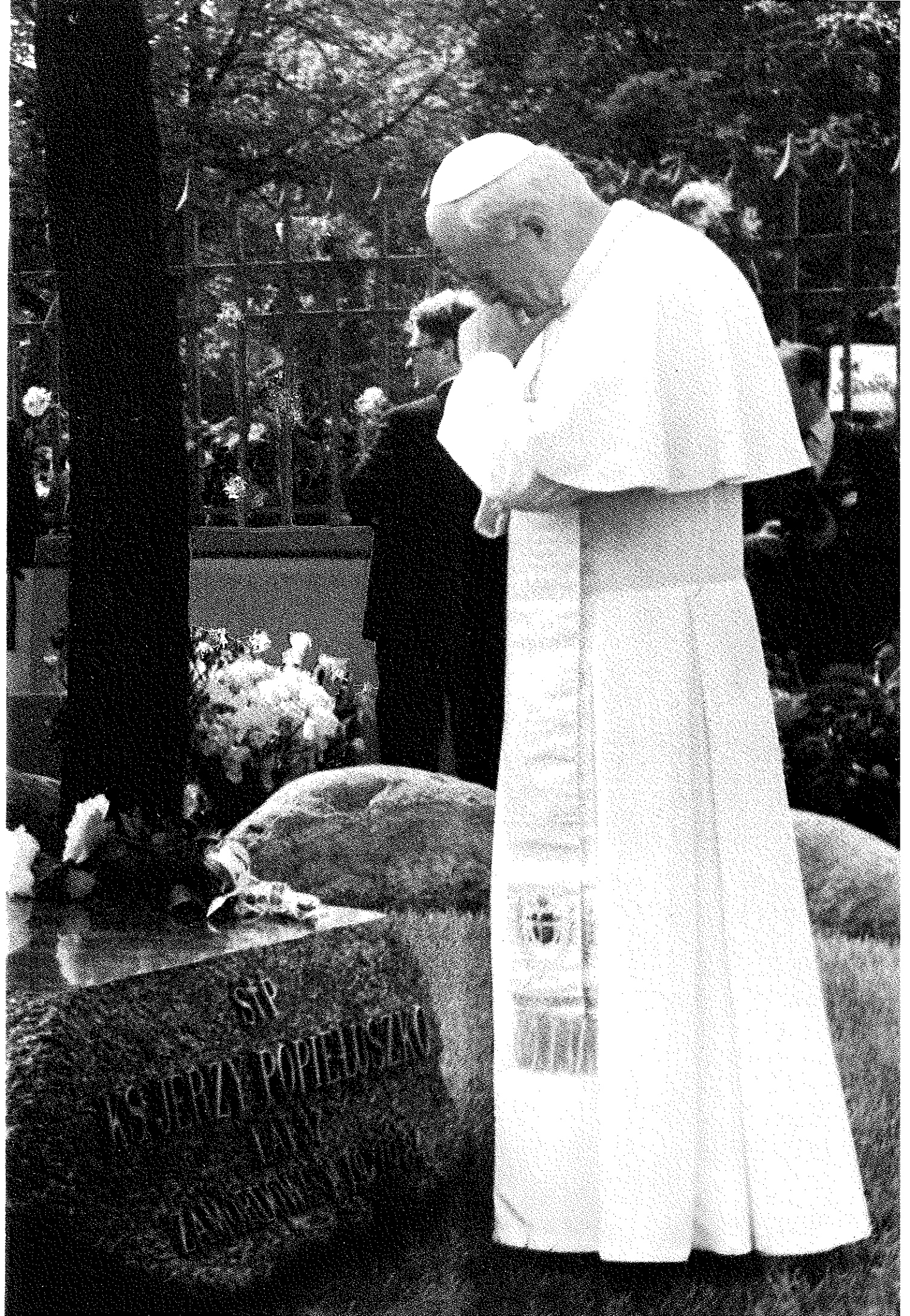
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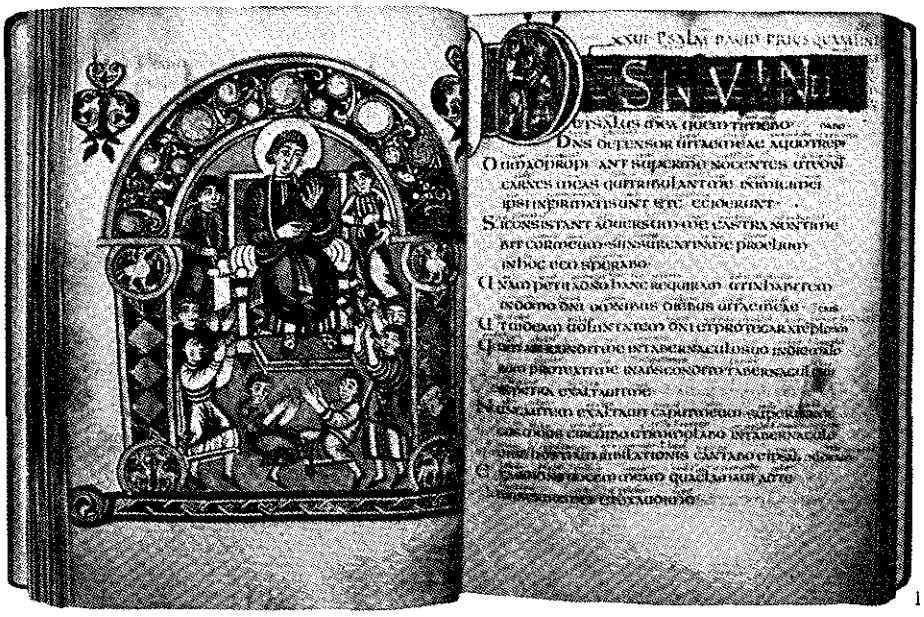
Faith and Curing



1

Introduction: All are mortal and potentially ill.

As you can see, I am the first to be surprised at finding myself in this assembly. Some time ago I had occasion to be in contact with numerous professors and researchers. I know how arid their work is and how much patience is needed for systematic investigation. I am addressing you now in the name of another kind of experience. I must, therefore, ask that you be so kind as to hear me out with an attitude different from the one governing your papers and discussions.

My talk bears the same title as the exhibit organized to accompany this international conference. This collection of objects and works from diverse periods is quite impressive and poses multiple problems for the critical reflection of the historian of science, culture, and society as well as the psychologist, sociologist, philosopher, and theologian. But this is not my intention. I shall not situate myself in the context suggested by the exhibit, as if faith were a therapy of substitution or a substitute for therapy. Some will associate it with the placebo effect; others will suspect the presence of as yet unidentified factors.

In separating myself from these two views, I shall not attempt to adopt a mixed position either. In this sense, I recall the considerations of psychosomatic medicine uniting or dividing doctors and psychologists and even neuropsychiatrists. I do not deny their legitimacy, but am not competent in the field.

What is my intention, then? I may express it with the help of a proverb: " Physician, heal thyself. " All of you are certainly familiar with it. But what you may not know is that we are dealing with a proverb current in Israel which Jesus Himself used, as St. Luke, the evangelist-physician, informs us (4:23). " Physician, heal thyself. " I am not quoting this proverb against you! I do so because it rather precisely defines the situation on behalf of which I would like to speak and into which I invite you to enter: the experience of the *human subject* tested by illness. In effect, whatever state of health one enjoys, no one can escape this experience sooner or later. A set of surveys published recently in France — I don't know how accurate they are — lead us to understand that the members of the medical profession are frequently the most negligent as

regards their own health and sometimes evidence a certain skepticism about the therapies and pharmacopoeias they prescribe for their patients with knowledge and dedication. It is as though the doctor does not manage to accept himself as the subject of illness, imposing upon himself a kind of personality split precisely as a result of his mission.

May I make a confidential remark which is almost professional? The priest, who is a kind of spiritual therapist, may be tempted not to recognize himself to be spiritually sick. Yet Christ, our Lord and Master, teaches us that we will not be good spiritual " healers " — i.e., ministers of God's forgiveness and salvation — unless we allow ourselves to be healed and forgiven by the power of God; that is, no one can be a good spiritual " therapist " if he has not first acknowledged himself to be a sinner in order to be healed.

I shall allow myself to apply this analogy to those who, by profession, devote all their energies to the search for remedies to relieve suffering and cure illness. It does not strike me as improper to propose a more global type of reflection here on the human being in his experience of sickness and healing.

We are faced with a completely basic point, for the fact that science enables us to arrive at increasingly exact therapies represents immense progress. These, ever more effective, bear the most adequate remedy to the sensitive spots where it may act with the greatest specificity. But, whether incurable or cured, illness pertains to a human *subject*. The therapeutic relationship must not abstract from this presence of a subject. Even though a therapy relates to an illness, it is always administered by one subject, the therapist, to another, the patient.

You also know that the seriousness of an illness is not measured exclusively by strictly quantifiable factors. All illness is an aggression, and the way in which an aggression is suffered is not strictly measurable, for it forms part of the history of a subject: personal, spiritual, social history, life experience, and so forth.

* * *

We shall pose three questions: first, *To die or to be cured?,* seeking to delimit what is encompassed by the concept of illness and to uncover the equivocal " being cured so as not to die "; second, *Death or the failure of the cure?,* commenting upon the demands and deviations of this specifically human dimension of our lives; finally, *Cure or victory over death?,* clarifying the conditions and consequences of " believing " in a " possible cure. " The patient thus encounters the dynamism of living, up to and including the act of certainly " having to die. "

First Part: To Die or to Be Cured?

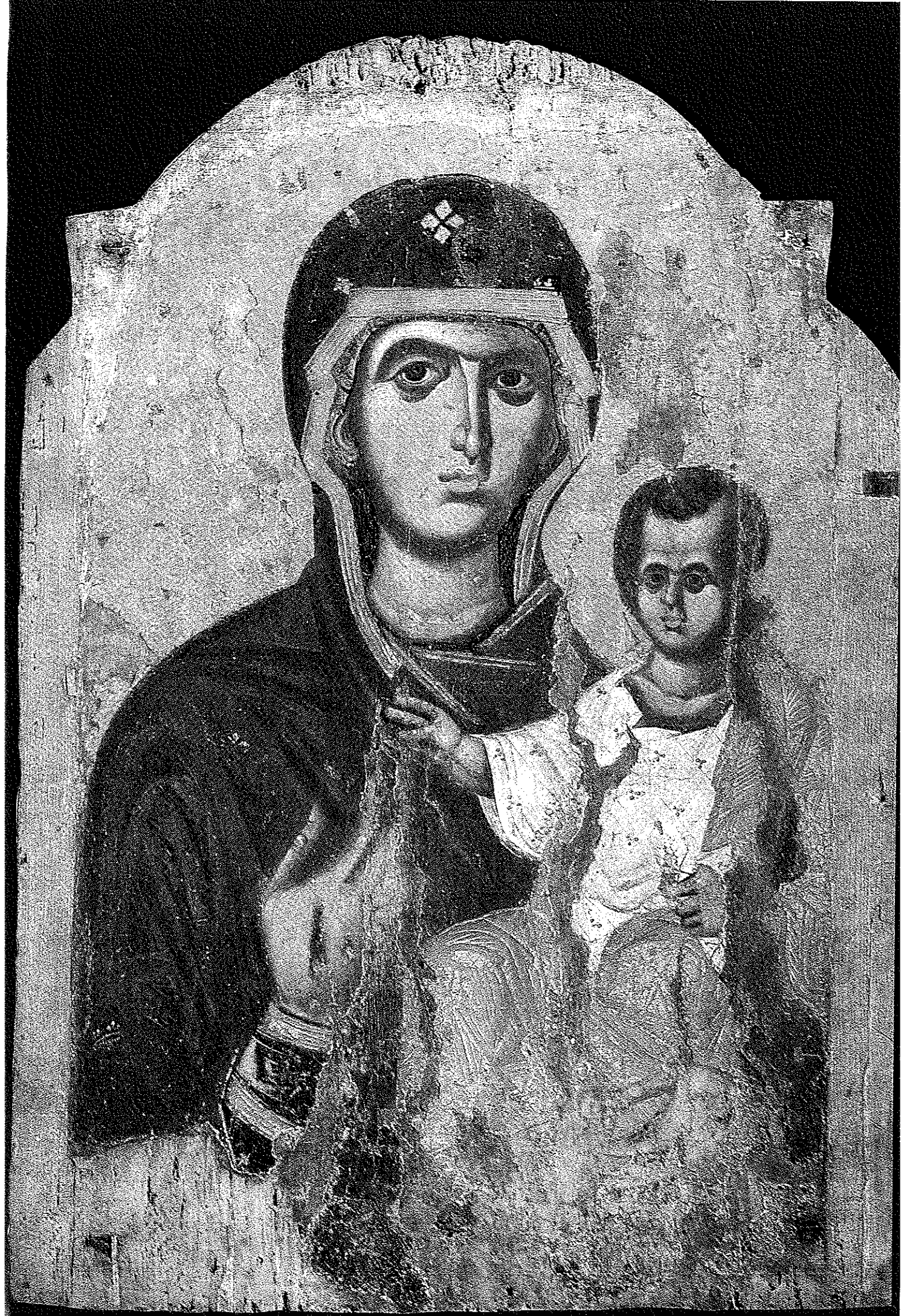
What image does the patient have of his bodily existence? What image does the healthy man have of illness?

1. The machine model

It might seem that the most commonly accepted model — at least implicitly in our technical civilizations — is that of the *machine*.

Western man is quite familiar with the machine since he manufactures it and unceasingly avails himself of it. He knows that a machine may be defective, but that — if money, spare parts, and time are available — it is generally possible to repair it. And once it is repaired, there is nothing to keep it from working again. This is evident when we are dealing with a used, amortized machine, whose cost, as economists would say, has been totally reimbursed thanks to the service it has rendered. But we may also recall how collectors restore old cars and for this purpose readily devote enormous energy, time, and money, simply for the pleasure of getting a mechanical apparatus which is inherently outmoded into working condition. Similarly, man imagines that the objects he designs are indestructible or almost limitlessly repairable as long as there are spare parts!

And one might be tempted to regard sickness — or, rather, the sick body — in the same way: a machine has a breakdown, and the mechanic's skill, which ever increases as he becomes more thoroughly familiar with the organization and functioning of the human apparatus, enables him to intervene in a more and more precise, effective manner. " All that can be done will be done, " as Garbel recalls in *The Power of Reason*. It is sufficient that the possible modifications provoked by an operation not be worse than the alternations brought about by the disease itself — viral, cerebral, of any kind whatsoever. In this case, the legitimacy of therapy would be defined according to the seriousness of the pathological aggression to be cured — a simple estimate of mechanical performance.



The physician, who has increasingly abundant, sophisticated means to impede death at his disposal, though not always to cure (I am thinking of lobotomies and chemotherapies which change reactions and reflexes, transplants, and so on), should ask, " At what point must one stop so that the patient may continue to be himself? " and " How far can one go without compromising individuals' identity, their human, personal character, under the pretext of saving them from death? "

Professor Maurice Rapin posed this question for readers of *Le Monde* (May 27, 1986) in the following way: " The conditions for ' therapeutic withdrawal ' reflect many parameters. Will they be the same tomorrow? The ethical debate on resuscitation is dominated by the flagrant contrast between the increasing facility with which technical problems are solved and the equally increasing difficulty of the questions concerning the well-groundedness of applying these procedures. The fear of prolonging life beyond the limits of each person's ' biological program ' — i.e., the concept of ' therapeutical obstinacy ' — constitutes the heart of the debate. "

Having said this, one must acknowledge that there are good reasons to conceive of illness and its cure according to the model of the " breakdown, " damage to or technical failure of a mechanical object manufactured and mastered by man. Many ills which affected man's health a few generations ago are now regarded as benign infections, either because the suffering produced by them has been greatly relieved thanks to progress in sanitary measures, improved knowledge of physiological mechanisms, or a more adequate treatment, or because the application of effective medicines allows us to stop the aggression or negative course of an illness immediately.

From this standpoint, the experience of illness is virtually erased, and the therapist's relationship to his patient may be summarized in the statement " Don't worry; we'll take care of it " — which, moreover, is the doctor's role. But, finally, the act that tranquillizes the patient has a conscious and manifest purpose: to identify an illness which the physician is capable of curing. Yet illness, even when benign — because means to cure it are available — the verifying of a " decline " in health, as we so readily say, foreshadows another fact, more or less admitted by both the patient and the therapist: human life has a limit, and every " decline " is a prelude to a break, a radical break. Every " accident " along the way, like a sign of alarm, is a reminder of the fatal outcome, the end of the road!

Illness is truly a foretaste of a fundamental datum of all existence, namely, that it has a limit which seems completely hidden, an illness from which no one recovers: death.

2. Illness, independently of its seriousness and cure, dispenses no one from death.

Someone might certainly find it useful to distinguish between illnesses which in the current state of knowledge may be treated with a high probability of success and those which are nearly impossible to treat, either because of their nature, the technical means available, and the present state of research or because of the patient's physical condition. In this case, we are dealing with what is commonly termed either a benign illness or an incurable illness. The most incurable of all is the illness of death.

But this distinction does not enter into my present intention with respect to you. In effect, the experience of illness emphasizes one of the dimensions of human existence which affect both the sick and the healthy. For man's consciousness is situated within a history, one of whose components is, as philosophers, beginning with Heidegger, have stated, " being-for-death. " Being-for-death defines every man in himself, whether healthy or ill. To consider this datum as a purely physiological or biological fact, to go so far as to determine the maximum possible lifespan for which a species is programed, in no way accounts for this contradictory experience proper to human consciousness and reason: to perceive life as a whole whose absolute negation is death.

Man is the only living species not to withstand death, but to experience it as an injustice in his consciousness. In the *Philosophical Dictionary,* Voltaire writes, " The human species is the only one which knows that it must die and does not know it except through experience. "

3. The equivocation in curing

Without further delay, it is appropriate to clarify the *equivocation in curing.*

We must, therefore, take a closer look at the inevitably ambiguous role of therapy and curing.

The cure runs the risk of concealing being-for-death. It is thus needful to praise the cure in the measure in which it frees us from phantasmagoric fears which have now

been overcome and distrust it, if you will, in the measure in which it puts human consciousness to sleep, detouring and neutralizing man's perception of his finitude in the timespan of his history, and at once blocking the questions deriving from it: Why death? How should it be apprehended?

Many replies have been given. They run from the observation of and struggle against the tragic dimension of human existence to resignation, passivity, or the denial of suffering and death. But in no case may the cutting short of this reflection and these questions be regarded as specifically human and worthy of man, who inevitably lives out this element constituting his existence. For this component consciously or unconsciously governs all action, all human behavior. And we should thank the psychoanalysts for having demonstrated the role played by this factor in every hypothesis, even in those who deny, question, or reject it.

For this reason, illness and its cure may lead to continual equivocation, to fueling a constant illusion. Claiming a right to be cured above all else may in fact mask the specifically human awareness of being-for-death. Even when cured, man remains destined to die. And it is the doctor's duty as well to say that he does not free us from death. Every " miracle of science, " every recovery of a patient, though complete and unexpected, should be perceived as not changing at all his " having to die. " All curing activity should thus allow us to face death more consciously while postponing it. Illness appears as a foreshadowing of death, a threat to life. The physician who cures drives away this immediate threat and with it the thought of death. Both the patient and the therapist, if they were to remain in this state, would be subject to the equivocal illusion I have just described.

What, then, may one be cured of? Of an illness, not of a mortal existence. And to live is to accept the integration into conosciousness of the mortal dimension of life and, in so doing, to accept that this dimension poses questions for human awareness as an experience that is unavoidable and yet ineffable, incommunicable, common to all while nonetheless enclosing each in solitude — man, in dying, is always alone. The most scientific therapy must never turn into commerce involving chimeras for the human condition which frustrate its death.

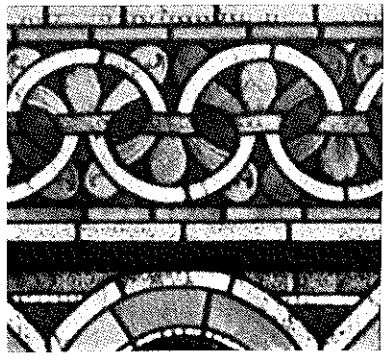
Death is " this contradiction contained in the marrow of our existence which destroys our mortality, " as the great contemporary theologian Hans Urs von Balthasar so rightly states.

Please allow me to quote a few words to orient our thought at the close of this first part:

" Man sinks his exploratory probe into every being in the world to measure its depth and he can do so. But a probe thrust into death has never touched bottom. Death continues to be the mystery surrounding the isle of human finitude, as impenetrable as the origin of man's personal being and freedom. A mystery which is the mark, inscribed upon his whole existence, of God's sovereignty over him. A rigorous and at once merciful mystery which withdraws from man both his first origin and his final end, which, together, can be nothing but an immediate relationship to the primordial mystery, God Himself. "

" We may attempt to interpret the mystery of death with a thousand illuminating names: a fall into nothingness, reincarnation, dissolution of the body, the immortality of the soul; but the ultimate solution is nothing, for the ultimate attitude which is required is to address oneself to the mystery. Not the lie whereby man arrogates to himself power over his death — i.e., suicide — but the express attitude consisting of *letting the road be taken* which leads us to this end, whether it strikes us as short or long, easy or painful. "

Cf. Hans-Urs von Balthasar, " On the Good Use of Death, " in *Communio. Revue Catholique Internationale,* no. 4, V (Sept.-Oct., 1984), pp. 71-74.



Second Part: Death or the Failure of the Cure?

1. The awareness of death is the sign of human transcendence

As the cornerstone for constructing this second part, I affirm that *the awareness of death is the sign of human transcendence*.

Few people recall the *Essay on the Experience of Death* written half a century ago by a phenomenologist, Landsberg. In an admirably composed chapter entitled " Bullfighting Intermezzo, " he describes the death of a bull in the ring to expose the feelings assaulting every man's heart. Landsberg writes, " Man believes he is a victor in becoming the ally of the invincible enemy, death. But at the bottom of his soul, he knows very well that he himself is the bull and that this struggle, whose outcome has been tragically predestined, is his own. The definitive is the inevitable. "

Man is destined to die, and he knows it. Earthly life is a mortal life. The cure may mask the unavoidableness of death. But the experience of illness situates him in the face of this possibility, which he must face as such. One cannot be a man without being certain of dying. Death is the supreme possibility realizing all others. As Heidegger states, it is " the possibility of this impossible " which we shall not be present to see.

The awareness of death — and, therefore, of its threat — goes along with human individualization. " In effect, " writes Landsberg, " I possess not only the evidence that we must die once, but also the evidence that I am immediately faced with the real possibility of death, at every instant of my life, today and always. The ignorance of my destiny is an act in which a presence is constituted as an absence of death. *Mors certa, hora incerta:* death is certain, its hour uncertain, as the Latin adage asserts.

It is not the thought of the event of death which we reject, but the possibility retroactively governing our lives in relation to which we must make a decision. If man loses the awareness that he is destined to die, he loses his openness to life.

Why does man master the world? Because he transcends it by reason of his awareness of having to die. But — I am quoting Landsberg again — " the human person in his specific essence is not existence-towards-death. This is directed towards the realization of himself and towards eternity. "

2. Flight from this idea virtually transformed into an obsession

Now then, the affirmation of this meaning given to all human life does not totally eliminate a certain *flight from the idea of being-for-death virtually transformed into an obsession*.

No one can imagine his own death. Rather, the idea is so unbearable, so hard to accept that man flees from it. Human consciousness must practically force itself to conceive of it and demonstrate it to intelligence itself. All of you remember the famous syllogism analyzed in philosophy class: " All men are mortal. Socrates is a man. Therefore, Socrates is mortal. "

It is enormously revealing that logical discourse has resorted to such an example to apply such a general truth to particular subjects. Then the fact that Socrates is mortal, like every man, affects each one of us in particular when our unique being arises in the world.

The thought of our own death — this event which we shall not see and which previously surges up in us — if we do not flee from it, may become an obsession. Let us go even further. A name must be given this obsession and the paralysis which engenders a poisoning of life. We are forced to see here a spiritual pathology of a new kind. Therapeutic possibilities allow us to foresee this event with a clearer awareness, less dominated by phantasms, less fearful. The prospect of having to die, when contemplated in a healthier, more lucid way, makes us measure the human condition. Accordingly, the art of curing and the scientific effort upon which it is grounded enable us to shift death from the role of an uncontrollable biological necessity in the face of which there is nothing to be said (" One just dies ") to a dimension of life (" I live, whether sick or cured or always in good health, and yet I shall die ").

Deviations and contradictions in terms

This fact of having to die bears with it *deviations and numerous contradictions in terms*.

In any event, death is always a test. Man should suffer it, undergo it better, without ever wanting to inflict it upon himself.

Evidently, the death I must confront is a possibility which I can neither decide nor master. But — as a possibility making possible all the rest — in relation to my death, my vision of the world is organized, and time becomes clarified for me: at once in

definite and capable of ending at the moment I am speaking.

Am I, however, the master of my death or of my life? The subject of *euthanasia* forces us to pose this question. When old age and its degradations arrive, when the hope of an autonomous corporal life disappears, euthanasia seems to stand out on the absolute horizon of death. But, doesn't he then close off even what is possible in his life? By the will to euthanasia, man closes his life and at the same time his death, affirming his mastery over both. In destroying this possibility of receiving death, he destroys not only his life, but also the possibility which constitutes him as a man. Euthanasia is the negation of being-for-death and not its fulfillment, as might be thought at first sight. Far from being a serene term of life accepted, it is the expression of the blackest abyss, of hidden despair, sometimes under the appearance of serenity: man rejects his life, the gift which makes him exist.

At the same time, *suicide* sanctions the fact that I do not want to receive any longer the possibility in which my freedom opens. As a result of the decision I make, no possibility can now open itself to me. It is not a question of an act of autonomy or freedom, but of a destructive madness seeking to make me the eternal slave of my rejection. The true dignity of man is revealed in his will to live to the limit, accepting his death, and not in his desire to die to escape from the trial of a damaged life.

As Christians, we dare to say along with Hans-Urs von Balthasar that " the awareness that we shall one day die should not lead us to be discouraged or stunned, but to offer our lives from this day forward in accordance with Christ's example in order to know how to let ourselves be taken on the last day. "

4. The scandal of death is a scandal for faith

As Christians, we dare to say that the *scandal of death is a scandal for faith*.

Man receives life from God; he is created in God's image and likeness. The act of faith which Revelation proposes to us from the threshold of the Bible, at the beginning of the Book of Genesis, places the human condition in a singular situation. Man, who discovers himself to be alive amidst living beings, inscribed in the biological continuum, cannot accept *being only this*. Even in his bodily condition as a subject, he exists as a person. Human life, that which is specifically human, cannot be defined by man's self-awareness in what he shares with other living beings, plants and animals. By hypothesis, this biological continuity is, however, the condition for the scientific comprehension of the human body, its illnesses, and its cure. But the human subject is the only one among living beings that can understand himself. He knows himself to be different — a personal subject — in the very moment in which he affirms his belonging to what Teilhard has called the biosphere. And man can know, can believe that God is sovereign, full Life and the source of life.

From this point on, the scandal of death is a scandal for faith: how can God, He Who gives life, allow death to reach man, His creature? When God Himself gives life, He does not call it solely to the biological condition. God gives man life so that man may commune with His Life. Life in its fullness is not just corporal, fleshly existence, but the capacity man receives to communicate with God, Who is the Living One.

The way of conducting our lives under God's gaze is immediately bound up with our retrocession in the face of death. It is what believers call holiness. Life, according to faith, is in fact communion with the will and love of God. In this light, death appears even more as a shadow, the shadow of the adversary, of the incomprehensible, as the contradiction which must be confronted under the pain of losing all.

3

Third Part: Cure or Victory over Death?

Though ill, the experience of not being dead should draw me, in wanting to live, to the act of dying.

1. Inverse experience of death

What does this *inverse experience of death* imply?

Just as I must not inflict death upon myself, I must never say, " I am through, " " My life is over. " If there is a phrase which no one has ever pronounced, it is " I'm dead, " whereas the experience of illness is expressed in the fact of being able to say, " I am going to get better. " The patient is often the last one to believe that he is going to get better. He has the inverse experience of death at the instant he experiences not being dead. For him, the experience of suffering — and, moreover, the possibility of dying — and at the same time the possibility of recovery are indissolubly linked.

The awareness the patient may have of the event he is living out, observing in himself, in his state of illness, the duality — and even the interference — between a possible death and the possibility of not dying, demands, on the one hand, his passivity and oblation (" He cannot do otherwise ") and, on the other, openness to the possibility of overcoming, of " reviving, " thanks to an " act of faith " which is not foreign to the Christian attitude.

2. The act of faith in being-able-to-live. This act of faith in being-able-to-live is primordial.

The sick person's situation, from a strictly anthropological standpoint, is not structurally different from the believer's. The sick person just has to " believe " that he can overcome, that all is not over, and thus struggle with all his strength so as not to dismiss the hypothesis that he can escape from illness. I recall a man of advanced age beset by a rare disease; hope for him had been abandoned, in spite of the fact that a diagnosis had been made and the mode of treatment was available. I manifested my esteem for him and that of all his relatives and added, " I need you. " In twenty-four hours, he got over the difficulty, and the therapy could take effect.

This example underlines the importance of the individual — psychologically, morally, intellectually, and spiritually — in short, what constitutes the patient's " tone " and is being increasingly acknowledged by physicians. They know that a force inhabits certain top-flight athletes and a convinced believer. Yet no parameter is capable of accounting for this capital, but nonquantifiable element entering into the experience of the man who is ill.

3. Death/resurrection

Christian meditation has rendered the correlative notions of *death* and *resurrection* familiar. In a more or less evident fashion, the death/resurrection relationship of forces dwells and acts in the fields of illness, dynamizing the patient. It is for this reason that we can observe that the " act of faith " — i.e., recognition of a coexistence and even passage or osmosis linking suffering and cure, death and life — is now operational.

Christian discourse does not involve turning the concept of death or of life into a metaphor, but the rigorous unfolding of what is already observable as latent in human experience. To a Christian, death is to fall asleep in Christ and, in union with His death, share in His Resurrection.

The acceptance of death transforms death. Even if this acceptance involves resistance and anguish, even if death remains an enigma, even when it is given us as a trail — for no one knows how he will die or what he will be when he dies — our " facing up to " biological, historical death is transformed: our hope is firm, and we are given the grace to make our death an offering, undergoing death to enter into Christ's Resurrection. Christ provides the believer with an essentially new liberation from death. He promises a birth which cannot be succeeded by any death. Christianity is the supreme, victorious affirmation by Jesus the Messiah, the Christ slain for our sins, raised up for our life.

Yes, like a trumpet of the Last Judgment, this word of the Scripture resounds in our ears, proclaiming that cry of victory addressed by St. Paul to the Christians of the port of Corinth: " Death, where is your victory? Death, where is your sting? " (1 Co 15:55).

Yes, " if there exists a life which is verily death, there exists a death which is truly Life " (Landsberg).

* * *

4. The other death

There are, then, two deaths: biological death, the death of the body, and, infinitely graver, more dangerous, the *death of the soul,* which can die in many ways.

This is the reason for the Apostle Paul's anguished cry: " It is not only the *body* which is destined to die, but *I* on account of the body. How unfortunate I am! Who will free me from this body of death? (Rm 7:24).

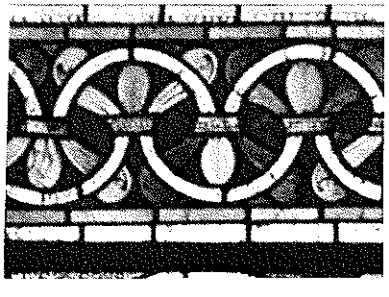
The second death allows us to measure the first one and not be afraid. We have seen that one of the aims, if not *the* aim, of medicine and related sciences consists not of dispensing us from death, but of enabling us to face it correctly, frankly.

There is death and death. The death which is to be feared is the other. The " second death, " as St. John writes in the Apocalypse, comparing it to a " pool aflame with sulphur and fire where all were thrown whose names were not found written in the book of Life. " It is " death-in-us, " spiritual death which can carry out its work of destruction long before in a biological being. It is far better to die of the first death and be in good health in the face of the second.

We are not spared the trial of death, but man receives the hope that it may be overcome. We believe it is the mandatory step — the Passover — towards the Life which never ends.

When we reinsert death into social life, viewing it on the horizon of our existence, we are not seeking something morbid, but wish to bear witness to our faith in the completeness of man beyond his biological finitude. In the Church today we live through the Risen Christ, He Who is the " First-Born from among the dead. " And, as the Apostle Paul reminds his disciple Timothy (2Tm 2:11-12), we recall that " if we suffer with Him, Jesus Christ, with Him we shall live; and if we suffer with Him, with Him we shall reign. "

At the close of this talk, on the threshold of these sessions in which, for a greater service to man and to the whole man, you will compare and contrast your discoveries — and also the difficulties and obstacles you encounter — I wish you courage and tenacity, and the confidence needed to serve man. May your competence and effectiveness lead the ill along the road to a true cure.



Conclusion: " This illness is not to end in death. "

The " death " of Lazarus

There was a sick man. It was Lazarus of Bethany. His two sisters, Martha and Mary, sent word to Jesus: " Lord, the one You love is ill. " On learning this, Jesus said to His apostles, " This illness is not to end in death. " This event, narrated only by St. John the Evangelist (11:4), is situated a few days before the Passion, and Jesus — as, of course, you know — restores His friend Lazarus to life. On " raising up " Lazarus, He gives the healings He has previously performed their total sense. For this reason, He categorizes the death of Lazarus as a simple illness. And, furthermore, He provides us with the sense of His own death.

Jesus teaches that, before death, He is the Resurrection to eternal life. In restoring Lazarus, dead in his finite life, to life on earth, Jesus introduces the resurrection into finite life and defines it as the matter of resurrection. This resurrection, which temporarily withdraws Lazarus from natural annihilation, is a sign of the resurrection to eternal life.

It is a sign of salvation in the same way the cures of illnesses were signs of the forgiveness making possible this salvation. On the one hand, we encounter the cure of illness leading to death; on the other, the cure of death itself. This means that Jesus takes death seriously since it constitutes the event by means of which the passing from finite life to the infinitude of eternal life can be effected. In relation to faith, biological death is, in one sense, nothing (Jesus says the illness is not fatal); in another sense, it is crucial, for it is necessary in order for what is finite in fleshly life to gain access to the infinite of spiritual life.

The illness of Lazarus, the one which Jesus, the Son of God made flesh, came to cure, is the mortal illness *par excellence,* the illness of death, which is the eternal separation from God, a radical break with our Creator and Father.

Cardinal JEAN-MARIE LUSTIGER
Archbishop of Paris, France

1. Cf. Philippe Cormier, " This Illness Does Not End in Death. " in *Communio*, n 9, V (sept.-Oct 1984) pp 49-70.

A Marian Encyclical for the Church o

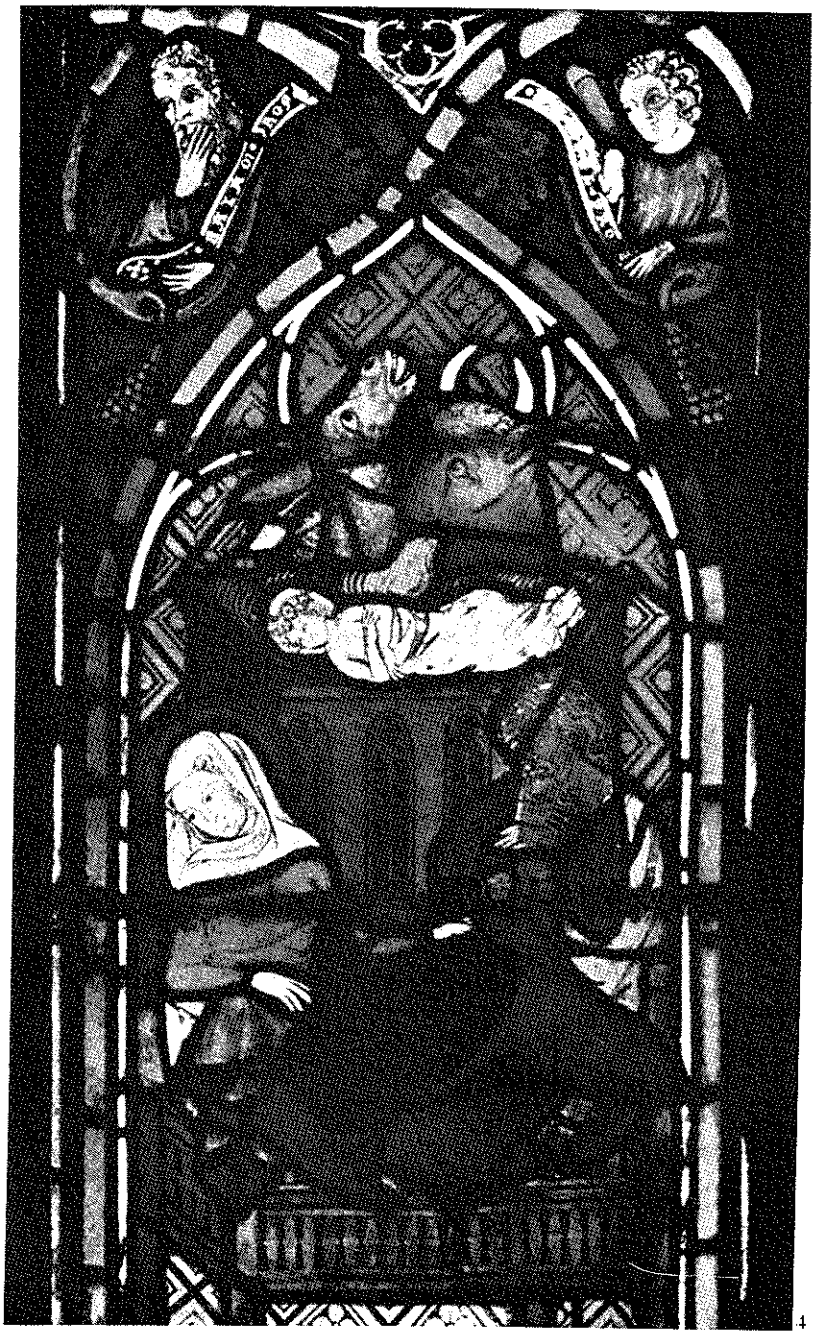
The Holy Father, John Paul II, in his address to the Church and the world delivered on January 1, 1987, announced the celebration of a Marian Year (Pentecost 1987 - Assumption 1988) and the imminent promulgation of a Marian Encyclical, closely relating the two events. In the Catholic world, where the deep and sincere Marian spirituality of the Supreme Pontiff — characterizing all his actions and documents — is well known, the news did not cause particular astonishment; il gave rise, on the contrary, to a great enthusiasm.

On March 25 of this year, Festivity of the Annunciation, during the general audience granted to believers, he officially promulgated the Encyclical *Redemptoris Mater,* on the Blessed Virgin Mary in the life of the itinerant Church, with introductory words extremely indicative of his feelings and his motivations: " In the spiritual climate of the mystery of the Annunciation and on its liturgical date, I placed the Encyclical dedicated to the Virgin Mary, which I had preannounced on January 1st, and which is today published in the context of the Marian Year. I have been thinking of it for a long time; for long I have cultivated it in my heart. Now I thank God, Who has allowed me to offer this service to the sons and daughters of the Church, thus responding to expectations of which I had received many signs " *(Osservatore Romano,* March 26, 1987).

If, therefore, this Encyclical is published in the Marian Year, its motivation and doctrinal and pastoral content go far beyond the occasion offered by the meanings of this year. It is, in fact, a document meditated on for a long time, cultivated in the heart, requested by various sectors of the Church, thoroughly and deeply concerned with the main aspects of Mary's presence in the history of salvation, that is, in the whole mystery of Jesus Christ, Savior and Redeemer, and of the Church, the sacrament of salvation, as the People of God marching in history. It is, therefore, a theological meditation on Mary which dwells on the fundamental themes regarding Her presence and Her mission in the work of the Redeemer and in the life of the Church. A great intuition connects the various themes and constitutes the doctrinal focus of the three parts of this document: the path of faith followed by Mary in the event of the Incarnation of the Word and in the redeeming work of Christ, up to Pentecost, constitutes the model, the guide, the force of the " obedience of faith " of the Church on its way towards the second millenium of the birth of Christ. This original intuition shows how attentive the present Pope is to the " signs of the time, " and how he feels the living presence of Mary in Church history as a meaningful reality for its way towards our Lord, Who is to manifest Himself.

The Encyclical *Redemptoris Mater* is divided into three parts which, in their titles, reveal the doctrinal care of John Paul II to set forth his thought on Mary within the great salvation mystery of Christ and the Church, as was done particularly by the Second Vatican Council in the Chapter VIII of the dogmatic constitution on the Church, *Lumen Gentium.* The first part (nos. 7-24) bears the title *Mary in the Mystery of Christ* and suggests deep, theological reflection on three biblical expressions: 1. The appellative " Full of grace " (Lk 1:28) with which the Angel greeted Mary. The Encyclical interprets it, thoroughly penetrating it in the context of the famous Prologue of the Letter to the Ephesians: "Blessed be God the Father of our Lord Jesus Christ, who has blessed us with all the spiritual blessings of heaven in Christ. Thus he chose us in Christ before the world was made..... " (Ep 1:3-4). 2. Elizabeth's exultant words to Mary: " And blessed She who believed " (Lk 1:45). Starting from this praise, which underlines the anthropological and spiritual element characterizing Mary's divine maternity, the Encyclical dwells on all the New Testament episodes showing Her wide and significant scope, laying stress on the fact that the life of the Mother of Jesus was all a being on the way or a " pilgrimage " of the faith and in the faith. This is the most significant insight of the document, its basis and doctrinal core. 3. The word ad-

Its Way Towards the Year 2000



dressed by the dying Jesus to His beloved disciple: " Here is your mother. " Meditating upon this word and re-reading it in the whole biblical context, the Holy Father propounds it not only in the meaning of a testament of filial piety, but also in that of a " testament " having an immense ecclesial value.

This first part of the Encyclical represents a prolonged biblical reflection on Mary's figure in her peculiar relationship with Christ, as Mother " full of grace, " generous companion in the work of Redemption, faithful disciple Who walks with Him in faith, obedience, suffering, and sorrow.

The second part (nos. 25-37) bears the title *The Mother of God at the Center of the Itinerant Church* and is also divided into three points: 1. " The Church, People of God, rooted in all the nations of the earth. " In this the Encyclical shows how Mary is for the Church the model between " the world's persecutions and God's consolation. " The metaphor of the way, of great biblical meaning, reveals itself to be particularly fruitful in illustrating the presence of Mary in the life of the Pilgrim Church: the Mother of the Lord precedes and supports, guides and consoles the People of God on its way to wards the day of the Lord. 2. " The marching of the Church and the unity of all the Christians. " This point reveals once more the particular ecumenical sensitiveness of John Paul II.

In it he indicates the various points which unite the different and disunited

Christian Churches of Occident and Orient, and expresses the hope that on Mary's figure as well a positive ecumenical dialogue may develop. In this context ample space is given to the manifold Marian testimonies of the Oriental Churches and to the commemoration of the 12th centenary of the second Council of Nicaea, and of the 10th centenary of the conversion to Christianity of the peoples of the Ukraine, Bielorussia, and Russia. In these celebrations, the believers must unite in prayer and, as in a spiritual pilgrimage, march with the believers of the Oriental Churches. 3. " The Magnificat of the itinerant Church." This third point, which rings in an up-to-date tone with the salvation meanings of the Virgin's Magnificat, is dedicated to some instances which come from the current world — such as the cries of the poor and marginalized, the rights of the oppressed and of women, the exigency of peace and justice — which must find in the Church and the Magnificat, which has now become a daily chant, a positive solution to these problems.

The third part (nos. 38-50) bears the title " Motherly Mediation " and is divided into three points. The first one, " Mary, Servant of the Lord, " and the second " Mary in the life of the Church and of every Christian, " develop the doctrine of Mary's motherly intercession in the life and work of Christ, in the life of the Church and of every Christian. In this the Encyclical propounds anew the doctrinal content promulgated by the Second Vatican Council in Chapter VIII of *Lumen Gentium,* again employing the wording *Motherly mediation of Mary,* but giving it a proper explanation. This motherly intercession is always subordinate to and dependent on the unique mediation of Christ, the only Mediator, Savior, and Lord. It consists essentially in the intercession and in the motherly function which Mary, according to God's design, performs in the history of salvation and in the life of the Church, without taking away or adding anything to the unique mediation of Christ. The third point bears the title " The Meaning of the Marian Year. " With it the Holy Father, in addition to summarizing the motivations which induced him to announce a Marian Year, already outlined in the Introduction to the Encyclical (nos. 1-6), indicates precise reference points for a suitable celebration of this Year: A study in keeping with the main doctrine of the Council, for a more thorough knowledge of Mary; a celebration, more theologically motivated, of Her festivities and of Her mystery; a greater communion in faith and in prayer with the disunited brothers, especially with those of the Oriental Churches, a particular option for the poor and the marginalized.

The Encyclical concludes with a comment on the antiphony " Alma Redemptoris Mater " which is a well conceived pastoral and doctrinal paraphrase of this antiphony.

At the closing of this quick but essential exposition of the structure as well as the doctrinal and pastoral content of the last Encyclical of the Pope on the Blessed Virgin Mary, we feel it necessary to give the readers of this journal, as a conclusion, an idea of the importance given by the Supreme Pontiff to the presence and value of sorrow in Mary's life and in the Church's. Speaking of the " obedience of the faith " of Mary at the side of Christ the Redeemer, up to the sorrowful moment of his death on the Cross, and of the same " obedience of faith " of the Church in its own sorrowful marching towards the day of the Lord, the Holy Father, though not particularly and extensively dwelling on this apsect, in various parts of the document attaches due importance to the salvation value of Mary's and the Church's experience of faith and sorrow on their human way. He has, however, already at length spoken of this subject in a specific document, the Apostolic Letter *Salvifici Doloris,* on the Christian meaning of human suffering, promulgated on February 11, 1984. In order to enable us to understand the thought of John Paul II on this aspect, I think it necessary to quote some passages of this Letter: " .... At the side of Christ in the very first and prominent position, near Him, there is always His most holy Mother, for the exemplary testimony which by *Her whole life* she gives to this particular Gospel of suffering. In Her, the numerous and intense sufferings combine in such a connection and concatenation that, if they were a proof of Her unshakable faith, they were likewise a contribution to the redemption of everybody.... It was on Calvary that the sufferings of most holy Mary, together with those of Jesus, reached a peak really diffi-

cult to be imagined in its height from the human point of view, certainly mysterious and supernaturally fecund for the purpose of universal salvation. Her ascending to Calvary, Her " staying " at the foot of the Cross, were a quite special participation in the redeeming death of Her Son..... Witness of the passion of Her Son with Her *presence,* and sharing it with her piety, Mary offered a rare contribution to the Gospel of suffering... In the light of the unattainable example of Christ, reflected with peculiar evidence in the life of His Mother, the Gospel of suffering, through the experience and the word of the Apostles, becomes an *inexhaustible source for the successive generations* in the history of the Church. The Gospel of suffering means not only the presence of suffering in the Gospel, but also the revelation of the *salvific force and the salvific meaning* of suffering in the messianic mission and vocation of the Church " *(Salvifici Doloris,* no. 25).

Another passage of this Apostolic Letter helps us to have a more complete knowledge of the Holy Father's thought on the dimension of suffering in Mary's mystery: " .....The divine Redeemer wants to penetrate into the soul of every suffering man through the heart of His Most Holy Mother, peak of all the redeemed. "

Almost as a continuation of that maternity, which by the work of the Holy Spirit had given Him life, the dying Christ bestowed on the ever Virgin Mary a *new maternity* — spiritual and universal — regarding all men so that everyone, in the pilgrimage of faith, would remain together with Her, closely united to Him up to the Cross, and by the force of the Cross, all regenerated suffering might become, from man's weakness, God's power " (no. 26).

We conclude with a last sentence which discloses to us the wholly Marian soul of the Pope and his particular sensitiveness to human sorrow: " *Together with Mary,* Mother of Christ, who stayed *alongside the Cross,* we stop at all the crosses of the man of today " (no. 31).

5

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The Spirit of God: Consolation for Those Who Suffer

6

Pope John Paul II recently bequeathed to the universal Church as an additional pearl inserted into his abundant magisterium an encyclical letter on the Holy Spirit entitled Lord and Giver of Life (May 18, 1986), using the words we proclaim in our Creed.

The Holy Spirit is the supreme gift of God, a gift giving man divine life, transforming him into a new creature, penetrating him with this love to the very core of his being, to free, purify, and orient him towards God (cf. Rm 2:23-25, 2 Co 5:17, Ga 6:15).

In this profound document, which should be read calmly and attentively, the Pope devotes a special section (nos. 39-41) to human suffering.

It is also natural that Pope John Paul II should have paid particular attention to man's suffering in this Encyclical. All the teachings of our Roman Pontiff hinge upon these two crucial facets of Revelation — God and man. God, out of love, has saved man in Christ Jesus (cf. Jn 3:16-17).

Christ's Redemption envelops man in all his dimensions, penetrating into the mysterious fibers of the enigma — suffering — causing unease in the human being.

And it is not surprising that the Pope should take up the subject of suffering in his magisterium, for, in touching man's deepest being, it falls within the teachings of the Church.

But, what is more, Pope John Paul II has provided ample evidence of his special sensitivity to suffering man. The roots of his people, the Poles, whose souls have been pierced by the stigmas of an endlessly long, dismal history of submission, suffering, and war, with the consequent trauma of a constantly frustrated longing for freedom.

To complete his personal experience of suffering, he himself was the victim of an assassination attempt in Rome at St. Peter's Square.

It is thus understandable that there is no document or teaching by John Paul II which fails to consider and address suffering man clearly and explicitly. John Paul II is the Pope of the poor, the sick, the oppressed, and the suffering.

God also suffers

In this Encyclical Letter, *Lord and Giver of Life,* as I previously indicated, the Pope devotes ample space to this subject of pain. These paragraphs are charged with content, too solid to be easily digested.

It does require a good deal to read, as human suffering itself requires much. But it is worth our while to approach its teaching, for it sheds abundant light upon this mystery which only in God, in Christ, the Suffering Servant, finds meaning (*GS,* 22).

The Pope presents human suffering as inseparably joined to sin. Taking up Jesus' words (Jn 16:8), he states that the Holy Spirit has convinced the world as regards sin, i.e., the Holy Spirit has shown us men how far the evil of sin really goes.

So deep and mysterious is the abyss of sin's evil that only from the other abyss, that of God's infinite goodness, can we fathom its seriousness, malice, and distorsion.

And from the divine vantage point, we may also view the mystery of suffering, inseparably linked to sin.

At this point, Pope John Paul II takes a valiant step in asserting that suffering has penetrated into the very heart of the Most Holy Trinity — of the Father, of the Son, and of the Holy Spirit (no. 39).

It is true and must be noted that the Pope nuances this assertion by stating that it contains traces of a certain anthropomorphism. We might well ask, however, what mode of speaking about God among men does not reveal a healthy dose of anthropomorphism.

7

In pain grace superabounded

There is quite ample testimony in the Bible concerning a God the Father who takes pity, who suffers with man and for man's sake.

From this pain of God over man's sin arose the divine project to free man from sin through the death of his Son on the cross. And from that moment on human suffering itself, a consequence of sin and a source of unhappiness for man, was assumed into the life and saving grace of God.

This grace and this life are given to us by Jesus Christ precisely through the Holy Spirit.

The Holy Spirit is the Spirit of Jesus, the Spirit who lives in him and was given to him without measure, who guided him throughout his earthly existence and led him to accept the suffering of death on the cross, who vivified him with the Easter glory of the resurrection. In this way, through the power of the Holy Spirit, suffering and the cross are transformed in Christ — they become redeeming love.

8

One of the enigmas most stubbornly assailing human consciousness throughout history is the enigma of suffering.

It is the question incessantly posed and repeated in each man and in the most varied situations of pain, and it is the question never answered by either human intelligence or the sciences.

Nor has God sought to give man a rational explanation to tranquillize his mind or assuage his anxiety over the reason for suffering and such great suffering.

But, thanks to God, man can find an answer to the enigma of suffering. And this is what the Pope recalls in his Encyclical Letter.

The answer is Jesus Christ (*GS,* 22). In Jesus of Nazareth, and in us as well, human suffering becomes salvation. And, united to Christ, through our sufferings we fulfill the redeeming work of Jesus (cf. Ph 3:7-10, Col 1:24).

Let us not waste so many sufferings

If we cast our gaze over the history of man, we contemplate the immense sea of his sufferings — in the wounds of the body and the recesses of the soul; in children, young people, adults, and the elderly; in the inhabitants of the affluent society and of continents ravaged by hunger; in those classified as healthy and the sick.

But no suffering is alien to God. In Christ, through the Holy Spirit, God has shown his solidarity towards each and every one of those who suffer — wherever there is someone in pain, whether or not he believes in God, whether or not he loves Him, accepting or rejecting Him, Christ is present there, with his Spirit, manifesting compassion and sharing in suffering.

And Christ, through the work of the Divine Spirit, goes on wanting to transform this great treasure of pain into life and love. What is for man a source of unhappiness is changed by God into a torrent of life, love, and salvation.

It would indeed be a pity if so much suffering were to flow uselessly down the world's slopes into the river of despair. It would be a great sorrow for our world each day to become increasingly a valley of tears without new hope, new life, and new love sprouting from its furrows.

Suffering is never desirable — it is always an enemy to be combated. But it is sometimes rebellious, resistant, invincible. Yet, as we proclaim on the basis of our faith, through Christ we have received assurance of victory once and for all. And this — which is clearly not the miracle of Cana of turning good water into full-bodied wine (Jn 2:1-12) — is one of the greatest miracles of Jesus.

Suffering never has been, is not now, and never will be good, but the Spirit of Jesus works the miracle of turning it into wine, for it is a source of life, love, salvation, and even joy. For this reason, to take benefit from the Pope's teaching, the prayer of suffering man as well should from now on be, " Holy Spirit, come. "

✠ JAVIER OSÉS FLAMARIQUE

Bishop of Huesca

Magisterium of the Church

9

Excerpts from Addresses by John Paul II

Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation

A CULTURE WHICH SEES MAN BECOMING THE MASTER OF MAN CONSTITUTES A THREAT TO THE FUTURE OF HUMANITY

We cannot fail to reflect on the fact that the " technological era, " while offering man enormous possibilities, is fostering a utilitarian, materialistic mentality which threatens to deprive man of the savor and joy of his own existence, of recognition and respect for the lives of others.

Secularism, which seeks to affirm and promote human values while detaching them from religion and proclaiming them to be autonomous of God, is working a change of mentality and sensibility in relation to disease, suffering, and death as well. Illness is, in fact, evaluated in terms of productivity and utility.

Hospitals, clinics, and nursing homes sometimes become places where patients are left exclusively to the resources of technology and science as the only arms of healing and salvation.

Accordingly, the patient is often relegated to anonymity and remains alone with a drama which drugs and operations prove insufficient to overcome.

A conception tending to negate the sacred rights of human life leads to these bitter fruits. According to this theory, man ceases to have an absolute meaning in himself and an inviolable value and — like everything else — becomes manipulable, or rather, an instrument of production and consumption.

It is clear that a culture built on the tacit assumption that man is the master of man can only render any foundation for human rights fragile and precarious. And if such a culture were to become dominant, the future of humanity would be seriously threatened.

Unfortunately, signs of such a future are already visible in legalized abortion, euthanasia, genetic manipulations, experimentation on human embryos, in vitro fertilization, physical violence regarded as a legitimate means of struggle.

This shows how necessary and urgent it is to re-propose the values of Christian culture, which asserts that man is a creature conceived of and willed by God; that God, not man, is the source and measure of good; that there is a moral order which transcends man.

Only in the light of Revelation and the Christian faith do the values of the human person, the aspiration to the transcendent, freedom and responsibility find their deepest and truest meaning.

In the light of Revelation, God, who is the " father, " prohibits man from becoming the " master " of man and binds him to become the brother of his brothers.

These terms, simple and peremptory, point to the human person in his natural sacredness, which every upright intelligence can acknowledge, even if prescinding from a religious faith.

The observation of this reality brings out the need for a Catholic Association of Health Professionals like your own, which wishes to reaffirm vigorously the transcendent values connected with human life so that they will be recognized in all and promoted with particular love wherever they are effaced, and become a forceful, qualified presence within institutions to modify them, to bring them into harmony with new times, to make then more humane and responsive to the demands of a more human and Christian community life.

But do not forget that the value and effectiveness of your Association, which describes itself as a Catholic Association, are bound up with the members' commitment to be, live, and act as Christians.....

It is necessary for health professionals to rediscover the importance of listening to the Word of God, of prayer, of sacramental life, of the daily struggle to be faithful to their Baptism, available for service to their brothers and sisters, and prepared to testify to their own faith in the midst of varying and often difficult existential situations.

*It is necessary for them to feel passion for announcing the Gospel so that it will resound in its simple, decisive effectiveness as a promise, offer of salvation, and definitive redemption for contemporary man. It is a deep conviction that " the more lay people there are who are permeated with a Gospel spirit, responsible for human realities and explicitly engaged in them, competent in promoting them and aware of having to develop their full Christian capacity, which is often kept hidden and stifled, the more these realities, without losing or sacrificing any of their human factor, but manifesting a transcendent dimension that is often unexplored, will find themselves at the service of the Kingdom of God and, therefore, of salvation in Jesus Christ " (*Evangelii Nuntiandi, *70).*

(To those attending the National Convention of Italian Catholic Health Professionals, October 24, 1986)

I SEE IN YOU THE FACE OF THE SUFFERING CHRIST, THE MAN OF SORROWS

With particular respect I greet the sick and the poor, those present and those who have been unable to come. I see in you the face of suffering humanity. I think of all those — young and old, of all countries — whose lives are marked by pain and indigence. I see in you the face of the suffering Christ, the " man of sorrows, " who offers the Father his suffering and his death as a " chalice of salvation. " Through your pain you have often learned to be more humane and more sensitive to the needs of others. You have thus grown in dignity. It is for this reason that Christ could say, " How blessed are you who are poor: the kingdom of God is yours. Blessed are you who are hungry now: you shall have your fill " (Lk 6:20-21). This does not mean that you should not seek authentic liberation from life's trials. Nor does it mean that society can forget its specific obligations in your regard. It means, rather, that your needs do not regard you alone — they are the very voice of God, *who is telling the world that it will be judged by the way in which it deals with these needs — by the justice, mercy, and love it shows towards you. I pray that you may truly experience the effective solidarity you require. Above all, I hope that the citizens of this country will not cease in their efforts* until the values of justice, mercy, and love prevail. *May the Most High sustain and grant strength to all of you.*

(Homily at the Ordination Mass in Ershad Stadium, Dhaka, Bangladesh, November 19, 1986)

THE ONLY SOLID BASIS FOR A CIVILIZATION: RESPECT FOR HUMAN LIFE FROM THE MOMENT OF CONCEPTION TO EVERY STAGE OF THE EARTHLY PILGRIMAGE

Ladies and gentlemen, we speak a common language of respect for the human person — whether that person be close at hand or in some remote corner of the planet — and it is my hope that, with the help of God, our words and deeds can achieve something lasting *in the* cause of human rights. *The challenge is immense: to promote at every level a just society, which in turn will be the basis of true peace; to defend the weak and vulnerable members of society; to eliminate racism and all other discrimination wherever it is found; to protect and assist the family in its needs; to help provide work for the unemployed, especially for heads of households and the young; and to assist all those in need, as they strive to lead a fully human life.*

As pastor of all Catholic Australians I urge them — and indeed I appeal to all people of good will — to cooperate with their Governments, individually and in appropriate organizations, in seeking these goals.

In accordance with the principles laid down by the framers of your Constitution, the Church claims no special institutional treatment. Nevertheless, she does not cease to insist that justified pluralism is not to be confused with neutrality on human values. *Thus it is that the Church's members wish to make use of the opportunity given by the democratic pluralism which so characterizes Australian society to proclaim insistently those values which are bound up with the dignity and rights of every human being without exception. I hope that all Catholics, and all your fellow citizens, will invite you by their voice and by their votes to ensure that nothing is done by the legislature to undermine these values. On the contrary, may these values become ever more tightly woven into the fabric of the law that shapes Australian society.*

My hope is that all your political activity will help promote a civilization characterized by sharing, solidarity, and fraternal love — the only civilization worthy of man. The only strong bases for this civilization *are reverence for human life from the moment of conception and throughout every stage of its earthly pilgrimage, respect for all fundamental rights of the human person, and true justice and equity in concern for the common good.*

(Address at Parliament House, Canberra, Australia, November 24, 1986)

BY HIS CROSS CHRIST HAS GIVEN US AN ABUNDANCE OF LIFE

All of us, as Saint Paul says, " continually carry about in our bodies the dying of Jesus " (2 Co 4:10). That is to say, none of us is exempt from suffering and death, any more than Christ himself was. But Saint Paul goes on to say that we suffer " so that in our bodies the life of Jesus may also be revealed " (ibid.). *Here we discover* the mystery of redemption. *By accepting the Cross with perfect love, Christ has overcome once and for all the power that sin, suffering, weakness, and death had over us, and he has given us an abundance of life.*

Dear brothers and sisters: the Cross of Christ has the power to transform the life of each and every one of you into a a great victory over human weakness. *The physical limitations you experience can be transformed by Christ's love into something good and beautiful, and they can make you worthy of the destiny for which you were created. The command that we find elsewhere in Saint Paul, to " glorify God in our bodies " (1 Co 6:20), does not apply only to the moral behavior of those of us who are physically well. Just as Christ glorified the Father by embracing the Cross with perfect love, you too through the power of that same love can glorify God in your bodies by not letting yourselves be overcome by difficulties and pain, and by not giving in to discouragement or any other limitations.*

In the depths of your own interior life you can die and rise each day with Christ. *And in this way you can yield a harvest of grace and goodness, not only for yourselves and those around you, but also for the Church and for the world. Every time you overcome temptations to discouragement, every time you show a cheerful, generous, and patient spirit, you bear witness to that Kingdom — which is yet to come in its fullness — in which we shall be healed of every infirmity and freed from every sorrow....*

It is with special esteem that I greet those who work with the disabled, the handicapped, and the sick, *not only here in Queensland, but throughout all Australia. Prompted by God's grace, you have chosen — either professionally or as volunteers — the life of the* Good Samaritan, *the life of one who is a neighbor to those in need. In doing so you fulfill an essential Christian mission. And the measure of your success in this mission is the love that you have for those in your care, and your concern not only for their physical needs, but also for their thoughts, feelings, and spiritual needs....*

The sacredness of life also demands that we try to improve the quality of life. *Every reasonable effort must be made to ensure that the disabled and the sick, the aged and the dying, the troubled and the abandoned, have somewhere to turn for help, that they are enabled to live with true dignity. Health care is becoming more sophisticated and costly, and yet we realize ever more clearly that* the mere providing of services is not enough. *Those being served must also truly participate in the community, and this calls for mutual respect and a willingness to listen. Handicapped and disabled people, in particular, rightly seek to be more fully integrated into the community since they too have an important contribution to make to others. Only by working together can the community hope to find solutions worthy of the respect owed to every single person, and worthy of the long history of love and service shown by people of all faiths in Australia.*

(Meeting with the sick and disabled at the Queen Elizabeth II Jubilee Sport Centre, Brisbane, Australia, November 25, 1986)

12

YOU ARE MY SPECIAL FRIENDS: OFFER YOUR SUFFERINGS FOR PEACE

You, dear religious sisters and brothers, *are* dedicated to bringing hope and healing, *in the name of Christ, to the sick and the poor, the aged and the uneducated; in fact, to any of the suffering members of society, regardless of race, creed, or social position. Through you the Church carries on the healing work of Christ. I pray that many young men and women will join your ranks and maintain undiminished in generations to come the charism of service to the sick. Your special place is in the Heart of Jesus and in the heart of the Church.*

We all recognize that the patients are the most important people in any hospital. Therefore, I speak especially to them and to all the sick and infirm in Australia.

Those who are ill *know from experience that illness is one of the basic problems of human existence. Sometimes it strikes us when we least expect it, and when in human terms we least deserve it. When Jesus traveled from place to place during his earthly life, the sick flocked to him. In him they recognized a friend who understood them. They sensed that their suffering spoke deeply to his compassionate and loving heart. It was a constant appeal to his redeeming love.*

Jesus certainly cured the bodies of many sick people, but more importantly he cured their souls too. He purified their hearts, and turned their whole personalities from self-absorption towards God and other people.

Dear patients: I hope that medical care will be able to restore you to physical health. But I hope and pray too that your time of sickness, in spite of its burdens, and with the help you receive, will bring you a a profound peace of soul.

For the person of faith, the path of suffering leads straight to Christ's redemptive Passion, Death, and Resurrection: to the Paschal Mystery. Pain is not only an enigma and a trial. For some people it is a a mysterious vocation *which they live in close union with the sufferings of Jesus. The acceptance of pain in this way takes on an extraordinary spiritual fruitfulness. Saint Paul explained that he was prepared to endure much for his people, and in fact rejoiced in this because " through my sufferings in the flesh I complete what is still lacking for his body, which is the Church " (Col 1:24).*

As Pastor of the Church I am close to you in your sufferings. *Especially if your illness is chronic, or even incurable, I urge you to think about* the deep and hidden value of your pain and helplessness. *You must freely unite your sufferings to the Cross of Jesus Christ, and be one with him in his redemptive mission. Out of that union will come a new understanding, a new hope and peace. Dear sick people: you are my special friends. I entrust you to Jesus and Mary. And I ask you to pray for me, and to offer your sufferings for the salvation of souls and the peace of the world.*

(To patients at Mercy Maternity Hospital, Melbourne, Australia, November 28, 1986).

13

I APPEAL TO THE WORLD OF MEDICINE: LET NOTHING BE DONE AGAINST LIFE

Jesus tells us that those who care for the sick are caring for him.

Dear members of the medical and administrative staff here and in similar centers: your work is a privileged form of human solidarity and Christian witness. *Your ser-*

vice is based on reverence for life, for all human life from the moment of conception until the moment of death. Through your expert and loving care of every patient, through your use and development of the best techniques available, through your research and education programs, you bear witness to the special dignity of the sick. Here in Mercy Maternity Hospital it is especially fitting to speak about the care of newborn life and to emphasize the special place children must have in any civilized community. Your work strengthens the family and supports mothers in a society where mothers and children are not always given the respect they deserve. May God bless you in this work.

Work in hospitals today is more difficult and complex than ever before. The spectacular advances in medical science and technology, *a more complicated industrial and administrative situation, financial constraints, and a more demanding public — all of these call for an ever-increasing level of competence and dedication. Medical science has brought untold benefits to mankind. For this we must be supremely grateful. We see the cures you effect and the good you bring as signs of God's love continuing among us.*

But medical science is a servant science, *not an end in itself. It is meant to serve the total well-being of everyone. It is the work of people in the service of other people. Its methods and aims must always be judged in terms of human values, of human rights and responsibilities. Like all powerful forces it can become destructive when used for wrong purposes. To speak of the autonomy of medical science as if it were independent of moral and ethical considerations is to unleash a force that cannot but cause grievous harm to man himself.*

Catholic medical spokesmen must continue to emphasize that doctors and scientists are human beings, subject to the same moral law as other people, especially when dealing with human patients, human embryos, or human tissue. You bring to your work a spirit of faith. This in no way hinders your collaboration with those who — perhaps with a different religious outlook, or with no certain opinion on religious questions — recognize the dignity and excellence of the human person as the criterion of their activity. *In the delicate field of medicine and biotechnology the Catholic Church is in no way opposed to progress. Rather, she rejoices at every victory over sickness and disability. Her concern is that nothing should be done* which is against life *in the reality of a* concrete individual existence, *no matter how weak or defenseless, no matter how undeveloped or how advanced. The Church, therefore, never ceases to proclaim the sacredness of all human life, a sacredness which no one has a right to subordinate to any other purpose, no matter how apparently lofty or beneficial.*

I appeal to all of you in the world of medicine and health care *to approach your science and your art with a respect and love for life as the first and sublime condition of all human rights and values.*

(To members of the medical and administrative staff at Mercy Maternity Hospital, Melbourne, Australia, November 28, 1986).

14

Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation

REPLIES TO CERTAIN QUESTIONS OF THE DAY

The Congregation for the Doctrine of the Faith has been approached by various Episcopal Conferences or individual Bishops, by theologians, doctors and scientists, concerning biomedical techniques which make it possible to intervene in the initial phase of the life of a human being and in the very processes of procreation and their conformity with the principles of Catholic morality. The present Instruction, which is the result of wide consultation and in particular of a careful evaluation of the declarations made by Episcopates, does not intend to repeat all the Church's teaching on the dignity of human life as it originates and on procreation, but to offer, in the light of the previous teaching of the Magisterium, some specific replies to the main questions being asked in this regard.

The exposition is arranged as follows: an introduction *will recall the fundamental principles, of an anthropological and moral character, which are necessary for a proper evaluation of the problems and for working out replies to those questions; the* first part *will have as its subject respect for the human being from the first moment of his or her existence; the* second part *will deal with the moral questions raised by technical interventions on human procreation; the* third part *will offer some orientations on the relationships between moral law and civil law in terms of the respect due to human embryos and foetuses* and as regards the legitimacy of techniques of artificial procreation.*

INTRODUCTION

1. BIOMEDICAL RESEARCH AND THE TEACHING OF THE CHURCH

The gift of life which God the Creator and Father has entrusted to man calls him to appreciate the inestimable value of what he has been given and to take responsibility for it: this fundamental principle must be placed at the center of one's reflection in order to clarify and solve the moral problems raised by artificial interventions on life as it originates and on the processes of procreation.

Thanks to the progress of the biological and medical sciences, man has at his disposal ever more effective therapeutic resources; but he can also acquire new powers, with unforeseeable consequences, over human life at its very beginning and in its first stages. Various procedures now make it possible to intervene not only in order to assist but also to dominate the processes of procreation. These techniques can enable man to " take in hand his own destiny, " but they also expose him " to the temptation to go beyond the limits of a reasonable dominion over nature. "[1] They might constitute progress in the service of man, but they also involve serious risks. Many people are therefore expressing an urgent appeal that in interventions on procreation the values and rights of the human person be safeguarded. Requests for clarification and guidance are coming not only from the faithful but also from those who recognize the Church as " an expert in humanity "[2] with a mission to serve the " civilization of love " [3] and of life.

The Church's Magisterium does not intervene on the basis of a particular competence in the area of the experimental sciences; but having taken account of the data of research and technology, it intends to put forward, by virtue of its evangelical mission and apostolic duty, the moral teaching corresponding to the dignity of the person and to his or her integral vocation. It intends to do so by expounding the criteria of moral judgment as regards the applications of scientific research and technology, especially in relation to human life and its beginnings. These criteria are the respect, defense and promotion of man, his " primary and fundamental right " to life,[4] his dignity as a person who is endowed with a spiritual soul and with moral responsibility[5] and who is called to beatific communion with God.

The Church's intervention in this field is inspired also by the love which she owes to man, helping him to recognize and respect his rights and duties. This love draws from the fount of Christ's love: as she contemplates the mystery of the Incarnate Word, the Church also comes to understand the " mystery of man ";[6] by proclaiming the Gospel of salvation, she reveals to man his dignity and invites him to discover fully the truth of his own being. Thus the Church once more puts forward the divine law in order to accomplish the work of truth and liberation.

For it is out of goodness — in order to indicate the path of life — that God gives human beings his commandments and the grace to observe them: and it is likewise out of goodness — in order to help them persevere along the same path — that God always offers to everyone his forgiveness. Christ has compassion on our weaknesses: he is our Creator and Redeemer. May his spirit open men's hearts to the gift of God's peace and to an understanding of his precepts.

2. SCIENCE AND TECHNOLOGY AT THE SERVICE OF THE HUMAN PERSON

God created man in his own image and likeness: " male and female he created them " (*Gen* 1:27), entrusting to them the task of " having dominion over the earth " (*Gen* 1:28). Basic scientific research and applied research constitute a significant expression of this dominion of man over creation. Science and technology are valuable resources for man when placed at his service and when they promote his integral development for the benefit of all; but they cannot of themselves show the meaning of existence and of human progress. Being ordered to man, who initiates and develops them, they draw from the person and his moral values the indication of their purpose and the awareness of their limits.

It would, on the one hand, be illusory to claim that scientific research and its applications are morally neutral; on the other hand, one cannot derive criteria for guidance from mere technical efficiency, from research's possible usefulness to some at the expense of others, or, worse still, from prevailing ideologies. Thus science and technology require, for their own intrinsic meaning, an unconditional respect for the fundamental criteria of the moral law: that is to say, they must be at the service of the human person, of his inalienable rights and his true and integral good according to the design and will of God.[7]

The rapid development of technological discoveries gives greater urgency to this need to respect the criteria just mentioned: science without conscience can only lead to man's ruin. " Our era needs such wisdom more than bygone ages if the discoveries made by man are to be further humanized. For the future of the world stands in peril unless wiser people are forthcoming. "[8]

3. ANTHROPOLOGY AND PROCEDURES IN THE BIOMEDICAL FIELD

Which moral criteria must be applied in order to clarify the problems posed today in the field of biomedicine? The answer to this question presupposes a proper idea of the nature of the human person in his bodily dimension.

For it is only in keeping with his true nature that the human person can achieve self-realization as a " unified totality ":[9] and this nature is at the same time corporal and spiritual. By virtue of its substantial union with a spiritual soul, the human body cannot be considered as a mere complex of tissues, organs, and functions, nor can it be evaluated apart from the person who manifests and expresses himself through it.

The natural moral law expresses and lays down the purposes, rights, and duties which are based upon the bodily and spiritual nature of the human person. Therefore this law cannot be thought of as simply a set of norms on the biological level; rather it must be defined as the rational order whereby man is called by the Creator to direct and regulate his life and actions and in particular to make use of his own body.[10]

A first consequence can be deduced from these principles: an intervention on the human body affects not only the tissues, the organs and their functions but also involves the person himself on different levels. It involves, therefore, perhaps in an implicit but nonetheless real way, a moral significance and responsibility. Pope John Paul II forcefully reaffirmed this to the World Medical Association when he said: " Each human person, in this absolutely unique singularity, is constituted not only by his spirit, but by his body as well. Thus, in the body and through the body, one touches the person himself in his concrete reality. To respect the dignity of man consequently amounts to safeguarding this identity of the man ' *corpore et anima unus* ', as the Second Vatican Council says (*Gaudium et Spes,* 14, par. 1). It is on the basis of this anthropological vision that one is to find the fundamental criteria for decision-making in the case of procedures which are not strictly therapeutic, as, for example, those aimed at the improvement of the human biological condition. "[11]

Applied biology and medicine work together for the integral good of human life when they come to the aid of a person stricken by illness and infirmity and when they respect his or her dignity as a creature of God. No biologist or doctor can reasonably claim, by virtue of his scientific competence, to be able to decide on people's origin and destiny. This norm must be applied in a particular way in the field of sexuality and procreation, in which man and woman actualize the fundamental values of love and life.

God, who is love and life, has inscribed in man and woman the vocation to share in a special way in his mystery of personal communion and in his work as Creator and Father.[12] For this reason marriage possesses specific goods and values in its union and in procreation which cannot be likened to those existing in lower forms of life. Such values and meanings are of the personal order and determine from the moral point of view the meaning and limits of artificial interventions on procreation and on the origin of human life. These interventions are not to be rejected on the grounds that they are artificial. As such, they bear witness to the possibilities of the art of medicine. But they must be given a moral evaluation in reference to the dignity of the human person, who is called to realize his vocation from God to the gift of love and the gift of life.

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4. FUNDAMENTAL CRITERIA FOR A MORAL JUDGMENT

The fundamental values connected with the techniques of artificial human procreation are two: the life of the human being called into existence and the special nature of the transmission of human life in marriage. The moral judgment on such methods of artificial procreation must therefore be formulated in reference to these values.

Physical life, with which the course of human life in the world begins, certainly does not itself contain the whole of a person's value, nor does it represent the supreme good of man who is called to eternal life. However it does constitute in a certain way the " fundamental " value of life, precisely because upon this physical life all the other values of the person are based and developed.[13] The inviolability of the innocent human being's right to life " from the moment of conception until death "[14] is a sign and requirement of the very inviolability of the person to whom the Creator has given the gift of life.

By comparison with the transmission of other forms of life in the universe, the transmission of human life has a special character of its own, which derives from the special nature of the human person. " The transmission of human life is entrusted by nature to a personal and conscious act and as such is subject to the all-holy laws of God: immutable and inviolable laws which must be recognized and observed. For this reason one cannot use means and follow methods which could be licit in the transmission of the life of plants and animals. "[15]

Advances in technology have now made it possible to procreate apart from sexual relations through the meeting *in vitro* of the germ-cells previously taken from the man and the woman. But what is technically possible is not for that very reason morally admissible. Rational reflection on the fundamental values of life and of human procreation is therefore indispensable for formulating a moral evaluation of such technological interventions on a human being from the first stages of his development.

5. TEACHINGS OF THE MAGISTERIUM

On its part, the Magisterium of the Church offers to human reason in this field too the light of Revelation: the doctrine concerning man taught by the Magisterium contains many elements which throw light on the problems being faced here.

From the moment of conception, the life of every human being is to be respected in an absolute way because man is the only creature on earth that God has " wished for himself "[16] and the spiritual soul of each man is " immediately created " by God;[17] his whole being bears the image of the Creator. Human life is sacred because from its beginning it involves " the creative action of God "[18] and it remains forever in a special relationship with the Creator, who is its sole end.[19] God alone is the Lord of life from its beginning until its end: no one can, in any circumstance, claim for himself the right to destroy directly an innocent human being.[20]

Human procreation requires on the part of the spouses responsible collaboration with the fruitful love of God;[21] the gift of human life must be actualized in marriage through the specific and exclusive acts of husband and wife, in accordance with the laws inscribed in their persons and in their union.[22]

I. RESPECT FOR HUMAN EMBRYOS

Careful reflection on this teaching of the Magisterium and on the evidence of reason, as mentioned above, enables us to respond to the numerous moral problems posed by technical intervention upon the human being in the first phases of his life and upon the processes of his conception.

1. What respect is due to the human embryo, taking into account his nature and identity?

The human being must be respected — as a person — from the very first instant of his existence.

The implementation of procedures of artificial fertilization has made possible various interventions upon embryos and human foetuses. The aims pursued are of various kinds: diagnostic and therapeutic, scientific and commercial. From all of this, serious problems arise. Can one speak of a right to experimentation upon human embryos for the purpose of scientific research? What norms or laws should be worked out with regard to this matter? The response to these problems presupposes a detailed reflection on the nature and specific identity — the word " status " is used — of the human embryo itself.

At the Second Vatican Council, the Church for her part presented once again to modern man her constant and certain doctrine according to which: " Life once conceived, must be protected with the utmost care; abortion and infanticide are abominable crimes. "[23] More recently, the *Charter of the Rights of the Family,* published by the Holy See, confirmed that " Human life must be absolutely respected and protected from the moment of conception. "[24]

This Congregation is aware of the current debates concerning the beginning of human life, concerning the individuality of the human being and concerning the identity of the human person. The Congregation recalls the teachings found in the *Declaration on Procured Abortion:* " From the time that the ovum is fertilized, a new life is begun which is neither that of the father nor of the mother; it is rather the life of a new human being with his own growth. It would never be made human if it were not human already. To this perpetual evidence ... modern genetic science brings valuable confirmation. It has demonstrated that, from the first instant, the program is fixed as to what this living being will be: a man, this individual-man with his characteristic aspects already well determined. Right from fertilization is begun the adventure of a human life, and each of its great capacities requires time... to find its place and to be in a position to act. "[25] This teaching remains valid and is further confirmed, if confirmation were needed, by recent findings of human biological science which recognize that in the zygote* resulting from fertilization the biological identity of a new human individual is already constituted.

Certainly no experimental datum can be in itself sufficient to bring us to the recognition of a spiritual soul; nevertheless, the conclusions of science regarding the human embryo provide a valuable indication for discerning by the use of reason a personal presence at the moment of this first appearance of a human life: how could a human individual not be a human person? The Magisterium has not expressly committed itself to an affirmation of a philosophical nature, but it constantly reaffirms the moral condemnation of any kind of procured abortion. This teaching has not been changed and is unchangeable.[26]

Thus the fruit of human generation, from the first moment of its existence, that is to say from the moment the zygote has formed, demands the unconditional respect that is morally due to the human being in his bodily and spiritual totality. The human being is to be respected and treated as a person from the moment of conception; and therefore from that same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life.

This doctrinal reminder provides the fundamental criterion for the solution of the various problems posed by the development of the biomedical sciences in this field: since the embryo must be treated as a person, it must also be defended in its integrity, tended and cared for, to the extent possible, in the same way as any other human being as far as medical assistance is concerned.

2. Is prenatal diagnosis morally licit?

If prenatal diagnosis respects the life and integrity of the embryo and the human foetus and is directed towards its safeguarding or healing as an individual, then the answer is affirmative.

For prenatal diagnosis makes it possible to know the condition of the embryo and of the foetus when still in the mother's womb. It permits, or makes it possible to anticipate earlier and more effectively, certain therapeutic, medical, or surgical procedures.

Such diagnosis is permissible, with the consent of the parents after they have been adequately informed, if the methods employed safeguard the life and integrity of the embryo and the mother, without subjecting them to disproportionate risks.[27] But this diagnosis is gravely opposed to the moral law when it is done with the thought of possibly inducing an abortion depending upon the results: a diagnosis which shows the existence of a malformation or a hereditary illness must not be the equivalent of a death-sentence. Thus a woman would be committing a gravely illicit act if she were to request such a diagnosis with the deliberate intention of having an abortion should the results confirm the existence of a malformation or abnormality. The spouse or relatives or anyone else would similarly be acting in a manner contrary to the moral law if they were to counsel or impose such a diagnostic procedure on the expectant mother with the same intention of possibly proceeding to an abortion. So, too, the specialist would be

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guilty of illicit collaboration if, in conducting the diagnosis and in communicating its results, he were deliberately to contribute to establishing or favoring a link between prenatal diagnosis and abortion.

In conclusion, any directive or program of the civil and health authorities or of scientific organizations which in any way were to favor a link between prenatal diagnosis and abortion, or which were to go as far as directly to induce expectant mothers to submit to prenatal diagnosis planned for the purpose of eliminating foetuses which are affected by malformations or which are carriers of hereditary illness, is to be condemned as a violation of the unborn child's right to life and as an abuse of the prior rights and duties of the spouses.

3. Are therapeutic procedures carried out on the human embryo licit?

As with all medical interventions on patients, *one must uphold as licit procedures carried out on the human embryo which respect the life and integrity of the embryo and do not involve disproportionate risks for it but are directed towards its healing, the improvement of its condition of health, or its individual survival.*

Whatever the type of medical, surgical, or other therapy, the free and informed consent of the parents is required, according to the deontological rules followed in the case of children. The application of this moral principle may call for delicate and particular precautions in the case of embryonic or foetal life.

The legitimacy and criteria of such procedures have been clearly stated by Pope John Paul II: " A strictly therapeutic intervention whose explicit objective is the healing of various maladies such as those stemming from chromosomal defects will, in principle, be considered desirable, provided it is directed to the true promotion of the personal well-being of the individual without doing harm to his integrity or worsening his conditions of life. Such an intervention would indeed fall within the logic of the Christian moral tradition. "[28]

4. How is one to evaluate morally research and experimentation* on human embryos and foetuses?

Medical research must refrain from operations on live embryos, unless there is a moral certainty of not causing harm to the life or integrity of the unborn child and the mother, and on condition that the parents have given their free and informed consent to the procedure. It follows that all research, even when limited to the simple observation of the embryo, would become illicit were it to involve risk to the embryo's physical integrity or life by reason of the methods used or the effects induced.

As regards experimentation, and presupposing the general distinction between experimentation for purposes which are not directly therapeutic and experimentation which is clearly

therapeutic for the subject himself, in the case in point one must also distinguish between experimentation carried out on embryos which are still alive and experimentation carried out on embryos which are dead. *If the embryos are living, whether viable or not, they must be respected just like any other human person; experimentation on embryos which is not directly therapeutic is illicit.*[29]

No objective, even though noble in itself, such as a foreseeable advantage to science, to other human beings or to society, can in any way justify experimentation on living human embryos or foetuses, whether viable or not, either inside or outside the mother's womb. The informed consent ordinarily required for clinical experimentation on adults cannot be granted by the parents, who may not freely dispose of the physical integrity or life of the unborn child. Moreover, experimentation on embryos and foetuses always involves risk, and indeed in most cases it involves the certain expectation of harm to their physical integrity or even their death.

To use human embryos or foetuses as the object or instrument of experimentation constitutes a crime against their dignity as human beings having a right to the same respect that is due to the child already born and to every human person.

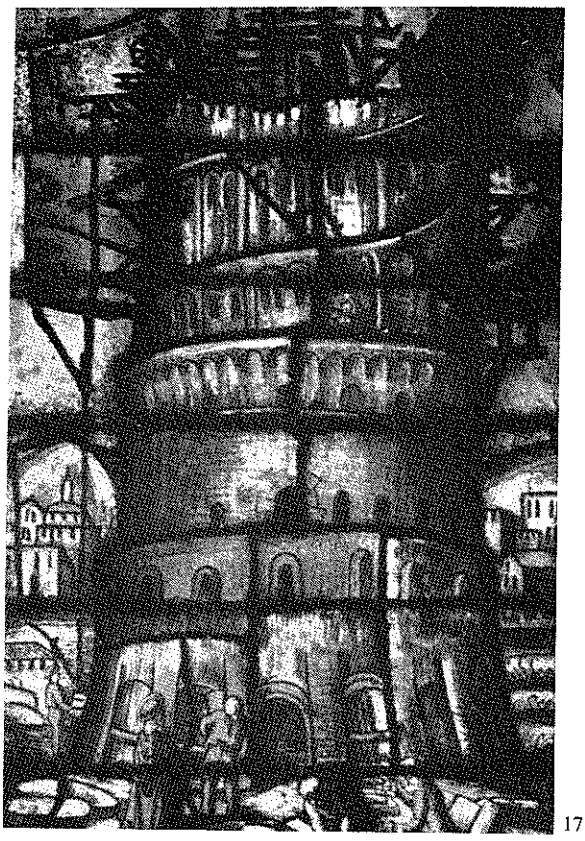
The *Charter of the Rights of the Family* published by the Holy See affirms: " Respect for the dignity of the human being excludes all experimental manipulation or exploitation of the human embryo. "[30] The practice of keeping alive human embryos *in vivo* or *in vitro* for experimental or commercial purposes is totally opposed to human dignity.

In the case of experimentation that is clearly therapeutic, namely, when it is a matter of experimental forms of therapy used for the benefit of the embryo itself in a final attempt to save its life, and in the absence of other reliable forms of therapy, recourse to drugs or procedures not yet fully tested can be licit.[31]

The corpses of human embryos and foetuses, whether they have been deliberately aborted or not, must be respected just as the remains of other human beings. In particular, they cannot be subjected to mutilation or to autopsies if their death has not yet been verified and without the consent of the parents or of the mother. Furthermore, the moral requirements must be safeguarded that there be no complicity in deliberate abortion and that the risk of scandal be avoided. Also, in the case of dead foetuses, as for the corpses of adult persons, all commercial trafficking must be considered illicit and should be prohibited.

5. How is one to evaluate morally the use for research purposes of embryos obtained by fertilization ' in vitro '?

Human embryos obtained *in vitro* are human beings and subjects with rights: their dignity and right to life must be respected from the first moment of their existence. *It is immoral to pro-*



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duce human embryos destined to be exploited as disposable " biological material. "

In the usual practice of *in vitro* fertilization, not all of the embryos are transferred to the woman's body; some are destroyed. Just as the Church condemns induced abortion, so she also forbids acts against the life of these human beings. *It is a duty to condemn the particular gravity of the voluntary destruction of human embryos obtained ' in vitro ' for the sole purpose of research, either by means of artificial insemination of by means of twin fission. "* By acting in this way the researcher usurps the place of God; and, even though he may be unaware of this, he sets himself up as the master of the destiny of others inasmuch as he arbitrarily chooses whom he will allow to live and whom he will send to death and kills defenseless human beings.

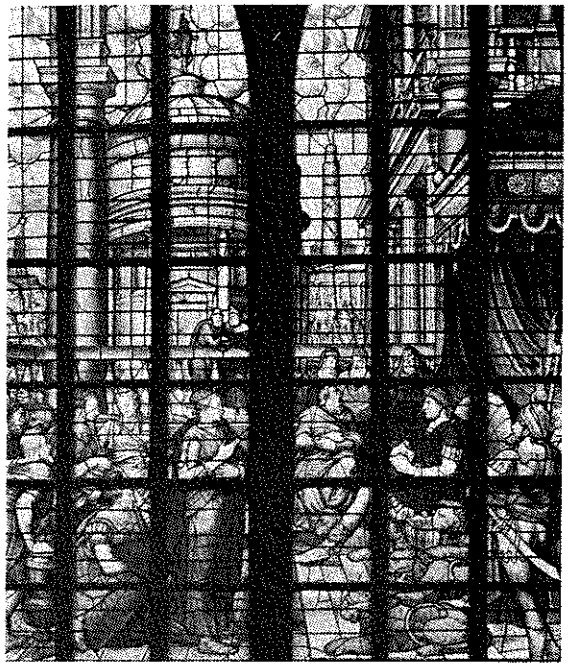
Methods of observation or experimentation which damage or impose grave and disproportionate risks upon embryos obtained *in vitro* are morally illicit for the same reasons. Every human being is to be respected for himself, and cannot be reduced in worth to a pure and simple instrument for the advantage of others. *It is therefore not in conformity with the moral law deliberately to expose to death human embryos obtained ' in vitro '.* In consequence of the fact that they have been produced *in vitro,* those embryos which are not transferred into the body of the mother and are called " spare " are exposed to an absurd fate, with no possibility of their being offered safe means of survival which can be licitly pursued.

6. What judgment should be made on other procedures of manipulating embryos connected with the " techniques of human reproduction "?

Techniques of fertilization *in vitro* open the way to other forms of biological and genetic manipulation of human embryos, such as attempts or plans for fertilization between human and animal gametes and the gestation of human embryos in the uterus of animals, or the hypothesis or project of constructing artificial uteruses for the human embryo. *These procedures are contrary to the human dignity proper to the embryo, and at the same time they are contrary to the right of every person to be conceived and to be born within marriage and from marriage.*[32] *Also, attempts or hypotheses for obtaining a human being without any connection with sexuality through " twin fission, " cloning or parthenogenesis are to be considered contrary to the moral law, since they are in opposition to the dignity both of human procreation and of the conjugal union.*

The freezing of embryos, even when carried out in order to preserve the life of an embryo — cryopreservation — *constitutes an offense against the respect due to human beings* by exposing them to grave risks of death or harm to their physical integrity and depriving them, at least temporarily, of maternal shelter and gestation, thus placing them in a situation in which further offenses and manipulation are possible.

Certain attempts to influence chromosomic or genetic inheritance are not therapeutic but are aimed at producing human beings selected according to sex or other predetermined qualities. These manipulations are contrary to the personal dignity of the human being and his or her integrity and identity. Therefore in no way can they be justified on the grounds of possible beneficial consequences for future humanity.[33] Every person must be respected for himself: in this consists the dignity and right of every human being from his or her beginning.



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II
INTERVENTIONS UPON HUMAN PROCREATION

By " artificial procreation " or " artificial fertilization " are understood here the different technical procedures directed towards obtaining a human conception in a manner other than the sexual union of man and woman. This Instruction deals with fertilization of an ovum in a test-tube (*in vitro* fertilization) and artificial insemination through transfer into the woman's genital tracts of previously collected sperm.

A preliminary point for the moral evaluation of such technical procedures is constituted by the consideration of the circumstances and consequences which those procedures involve in relation to the respect due the human embryo. Development of the practice of *in vitro* fertilization has required innumerable fertilizations and destructions of human embryos. Even today, the usual practice presupposes a hyperovulation on the part of the woman: a number of ova are withdrawn, fertilized and then cultivated *in vitro* for some days. Usually not all are transferred into the genital tracts of the woman; some embryos, generally called " spare, " are destroyed or frozen. On occasion, some of the implanted embryos are sacrificed for various eugenic, economic or psychological reasons. Such deliberate destruction of human beings or their utilization for different purposes to the detriment of their integrity and life is contrary to the doctrine on procured abortion already recalled.

The connection between *in vitro* fertilization and the voluntary destruction of human embryos occurs too often. This is significant: through these procedures, with apparently contrary purposes, life and death are subjected to the decision of man, who thus sets himself up as the giver of life and death by decree. This dynamic of violence and domination may remain unnoticed by those very individuals who, in wishing to utilize this procedure, become subject to it themselves. The facts recorded and the cold logic which links them must be taken into consideration for a moral judgment on IVF and ET (*in vitro* fertilization and embryo transfer): the abortion-mentality which has made this procedure possible thus leads, whether one wants it or not, to man's domination over the life and death of his fellow human beings and can lead to a system of radical eugenics.

Nevertheless, such abuses do not exempt one from a further and thorough ethical study of the techniques of artificial procreation considered in themselves, abstracting as far as possible from the destruction of embryos produced *in vitro*.

The present Instruction will therefore take into consideration in the first place the problems posed by heterologous artificial fertilization (II, 1-3),* and subsequently those linked with homologous artificial fertilization (II, 4-6).**

Before formulating an ethical judgment on each of these procedures, the principles and values which determine the moral evaluation of each of them will be considered.

A
HETEROLOGOUS ARTIFICIAL FERTILIZATION

1. Why must human procreation take place in marriage?

Every human being is always to be accepted as a gift and blessing of God. However, from the moral point of view a truly responsible procreation vis-à-vis the unborn child must be the fruit of marriage.

For human procreation has specific characteristics by virtue of the personal dignity of the parents and of the children: the procreation of a new person, whereby the man and the woman collaborate with the power of the Creator, must be the fruit and the sign of the mutual self-giving of the spouses, of their love and of their fidelity.[34] *The fidelity of the spouses in the unity of marriage involves reciprocal respect of their right to become a father and a mother only through each other.*

The child has the right to be conceived, carried in the womb, brought into the world and brought up within marriage: it is through the secure and recognized relationship to his own parents that the child can discover his own identity and achieve his own proper human development.

The parents find in their child a confirmation and completion of their reciprocal self-giving: the child is the living of their love, the permanent sign of their conjugal union, the living and indissoluble concrete expression of their paternity and maternity.[35]

By reason of the vocation and social responsibilities of the person, the good of the children and of the parents contributes to the good of civil society; the vitality and stability of society require that children come into the world within a family and that the family be firmly based on marriage.

The tradition of the Church and anthropological reflection recognize in marriage and in its indissoluble unity the only setting worthy of truly responsible procreation.

2. Does heterologous artificial fertilization conform to the dignity of the couple and to the truth of marriage?

Through IVF and ET and heterologous artificial insemination, human conception is achieved through the fusion of gametes of at least one donor other than the spouses who are united in marriage. *Heterologous artificial fertilization is contrary to the unity of marriage, to the dignity*

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Heterologous artificial fertilization violates the rights of the child; it deprives him of his filial relationship with his parental origins and can hinder the maturing of his personal identity. Furthermore, it offends the common vocation of the spouses who are called to fatherhood and motherhood: it objectively deprives conjugal fruitfulness of its unity and integrity; it brings about and manifests a rupture between genetic parenthood, gestational parenthood and responsibility for upbringing. Such damage to the personal relationships within the family has repercussions on civil society: what threatens the unity and stability of the family is a source of dissension, disorder and injustice in the whole of social life.

These reasons lead to a negative moral judgment concerning heterologous artificial fertilization: consequently fertilization of a married woman with the sperm of a donor different from her husband and fertilization with the husband's sperm of an ovum not coming from his wife are morally illicit. Furthermore, the artificial fertilization of a woman who is unmarried or a widow, whoever the donor may be, cannot be morally justified.

The desire to have a child and the love between spouses who long to obviate a sterility which cannot be overcome in any other way constitute understandable motivations; but subjectively good intentions do not render heterologous artificial fertilization conformable to the objective and inalienable properties of marriage or respectful of the rights of the child and of the spouses.

3. Is " surrogate "* motherhood morally licit?

No, for the same reasons which lead one to reject heterologous artificial fertilization: for it is contrary to the unity of marriage and to the dignity of the procreation of the human person.

Surrogate motherhood represents an objective failure to meet the obligations of maternal love, of conjugal fidelity, and of responsible motherhood; it offends the dignity and the right of the child to be conceived, carried in the womb, brought into the world, and brought up by his own parents; it sets up, to the detriment of families, a division between the physical, psychological, and moral elements which constitute those families.

of the spouses, to the vocation proper to parents, and to the child's right to be conceived and brought into the world in marriage and from marriage[36]

Respect for the unity of marriage and for conjugal fidelity demands that the child be conceived in marriage; the bond existing between husband and wife accords the spouses, in an objective and inalienable manner, the exclusive right to become father and mother solely through each other.[37] Recourse to the gametes of a third person, in order to have sperm or ovum available, constitutes a violation of the reciprocal commitment of the spouses and a grave lack in regard to that essential property of marriage which is its unity.

B
HOMOLOGOUS ARTIFICIAL FERTILIZATION

Since heterologous artificial fertilization has been declared unacceptable, the question arises of how to evaluate morally the process of homologous artificial fertilization: IVF and ET and artificial insemination between husband and wife. First a question of principle must be clarified.

4. What connection is required from the moral point of view between procreation and the conjugal act?

a) The Church's teaching on marriage and human procreation affirms the " inseparable connection, willed by God and unable to be broken by man on his own initiative, between the two meanings of the conjugal act: the unitive meaning and the procreative meaning. Indeed, by its intimate structure, the conjugal act, while most closely uniting husband and wife, capacitates them for the generation of new lives, according to laws inscribed in the very being of man and of woman. "[38] This principle, which is based upon the nature of marriage and the intimate connection of the goods of marriage, has well-known consequences on the level of responsible fatherhood and motherhood. " By safeguarding both these essential aspects, the unitive and the procreative, the conjugal act preserves in its fullness the sense of true mutual love and its ordination towards man's exalted vocation to parenthood. "[39]

The same doctrine concerning the link between the meanings of the conjugal act and between the goods of marriage throws light on the moral problem of homologous artificial fertilization, since " it is never permitted to separate these different aspects to such a degree as positively to exclude either the procreative intention or the conjugal relation. "[40]

Contraception deliberately deprives the conjugal act of its openness to procreation and in this way brings about a voluntary dissociation of the ends of marriage. Homologous artificial fertilization, in seeking a procreation which is not the fruit of a specific act of conjugal union, objectively effects an analogous separation between the goods and the meanings of marriage.

Thus, *fertilization is licitly sought when it is the result of a " conjugal act which is per se suitable for the generation of children to which marriage is ordered by its nature and by which the spouses become one flesh. "*[41] *But from the moral point of view procreation is deprived of its proper perfection when it is not desired as the fruit of the conjugal act, that is to say of the specific act of the spouses' union.*

b) The moral value of the intimate link between the goods of marriage and between the meanings of the conjugal act is based upon the unity of the human being, a unity involving body and spiritual soul.[42] Spouses mutually express their personal love in the " language of the body, " which clearly involves both " sponsal meanings " and parental ones.[43] The conjugal act by which the couple mutually express their self-gift at the same time expresses openness to the gift of life. It is an act that is inseparably corporal and spiritual. It is in their bodies and through their bodies that the spouses consummate their marriage and are able to become father and mother. In order to respect the language of their bodies and their natural generosity, the conjugal union must take place with respect for its openness to procreation; and the procreation of a person must be the fruit and the result of married love. The origin of the human being thus follows from a procreation that is " linked to the union, not only biological but also spiritual, of the parents, made one by the bond of marriage. "[44] Fertilization achieved outside the bodies of the couple remains by this very fact deprived of the meanings and the values which are expressed in the language of the body and in the union of human persons.

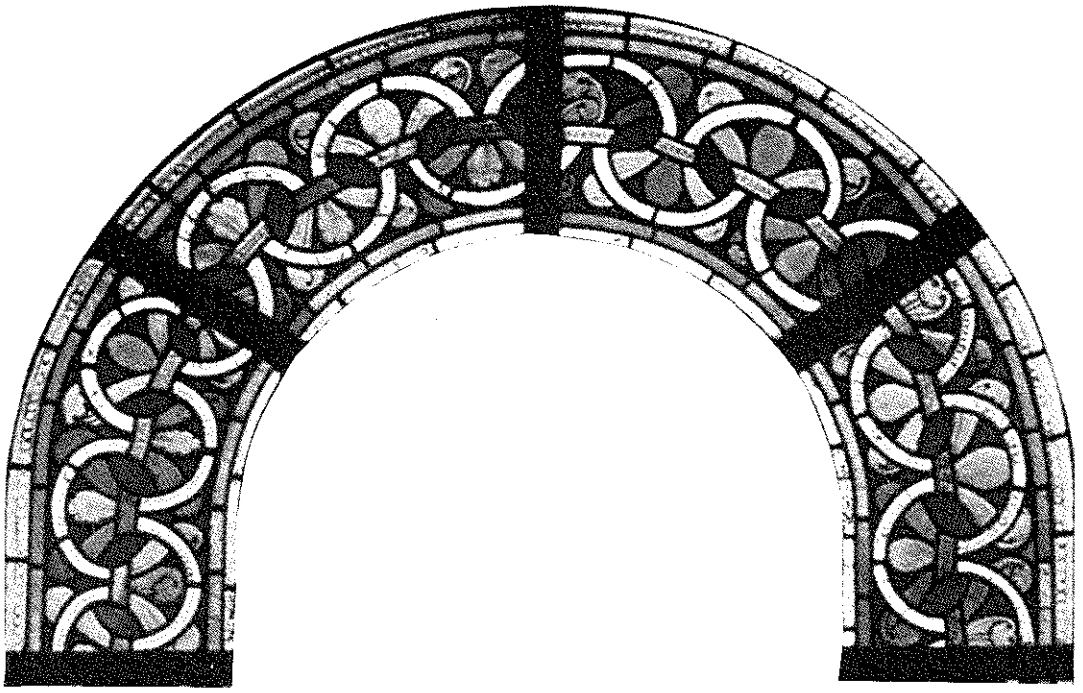
c) Only respect for the link between the meanings of the conjugal act and respect for the unity of the human being make possible procreation in conformity with the dignity of the person. In his unique and irrepeatable origin, the child must be respected and recognized as equal in personal dignity to those who give him life. The human person must be accepted in the parents' act of union and love; the generation of a child must therefore be the fruit of that mutual giving[45] which is realized in the conjugal act wherein the spouses cooperate as servants and not as masters in the work of the Creator who is Love.[46]

In reality, the origin of a human person is the result of an act of giving. The one conceived must be the fruit of his parents' love. He cannot be desired or conceived as the product of an intervention of medical or biological techniques; that would be equivalent to reducing him to an object of scientific technology. No one may subject the coming of a child into the world to conditions of technical efficiency which are to be evaluated according to standards of control and dominion.

The moral relevance of the link between the meanings of the conjugal act and between the goods of marriage, as well as the unity of the human being and the dignity of his origin, demand that the procreation of a human person be brought about as the fruit of the conjugal act specific to the love between spouses. The link between procreation and the conjugal act is thus shown to be of great importance on the anthropological and moral planes, and it throws light on the positions of the Magisterium with regard to homologous artificial fertilization.

5. Is homologous ' in vitro ' fertilization morally licit?

The answer to this question is strictly dependent on the principles just mentioned. Certainly one cannot ignore the legitimate aspirations of sterile couples. For some, recourse to homologous IVF and ET appears to be the only way of fulfilling their sincere desire for a child. The question is asked whether the totality of conjugal life in such situations is not sufficient to ensure the dignity proper to human procreation. It is acknowledged that IVF and ET certainly cannot supply for the absence of sexual relations[47] and cannot be preferred to the specific acts of conjugal union, given the risks involved for the child and the difficulties of the procedure. But it is asked whether, when there is no other way of overcoming the sterility which is a source of suffering, homologous *in vitro* fertilization may not constitute an aid, if not a form of therapy, whereby its moral licitness could be admitted.



The desire for a child — or at the very least an openness to the transmission of life — is a necessary prerequisite from the moral point of view for responsible human procreation. But this good intention is not sufficient for making a positive moral evaluation of *in vitro* fertilization between spouses. The process of IVF and ET must be judged in itself and cannot borrow its definitive moral quality from the totality of conjugal life of which it becomes part nor from the conjugal acts which may precede or follow it.[48]

It has already been recalled that, in the circumstances in which it is regularly practised, IVF and ET involves the destruction of human beings, which is something contrary to the doctrine on the illicitness of abortion previously mentioned.[49] But even in a situation in which every precaution were taken to avoid the death of human embryos, homologous IVF and ET dissociates from the conjugal act the actions which are directed to human fertilization. For this reason the very nature of homologous IVF and ET also must be taken into account, even abstracting from the link with procured abortion.

Homologous IVF and ET is brought about outside the bodies of the couple through actions of third parties whose competence and technical activity determine the success of the procedure. Such fertilization entrusts the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person.

Such a relationship of domination is in itself contrary to the dignity and equality that must be common to parents and children.

Conception *in vitro is the result of the technical action which presides over fertilization. Such fertilization is neither in fact achieved nor positively willed as the expression and fruit of a specific act of the conjugal union. In homologous IVF and ET, therefore, even if it is considered in the context of ' de facto ' existing sexual relations, the generation of the human person is objectively deprived of its proper perfection: namely, that of being the result and fruit of a conjugal act* in which the spouses can become " cooperators with God for giving life to a new person. "[50]

These reasons enable us to understand why the act of conjugal love is considered in the teaching of the Church as the only setting worthy of human procreation. For the same reasons the so-called " simple case, " i.e. a homologous IVF and ET procedure that is free of any compromise with the abortive practice of destroying embryos and with masturbation, remains a technique which is morally illicit because it deprives human procreation of the dignity which is proper and connatural to it.

Certainly, homologous IVF and ET fertilization is not marked by all that ethical negativity found in extra-conjugal procreation; the family and marriage continue to constitute the setting for the birth and upbringing of the children. Nevertheless, in conformity with the traditional doctrine relating to the goods of marriage and the dignity of the person, *the Church remains opposed from the moral point of view to homologous ' in vitro ' fertilization. Such fertilization is in itself illicit and in opposition to the dignity of procreation and of the conjugal union, even when everything is done to avoid the death of the human embryo.*

Although the manner in which human conception is achieved with IVF and ET cannot be approved, every child which comes into the world must in any case be accepted as a living gift of the divine Goodness and must be brought up with love.

6. How is homologous artificial insemination to be evaluated from the moral point of view?

Homologous artificial insemination within marriage cannot be admitted except for those cases in which the technical means is not a substitute for the conjugal act but serves to facilitate and to help so that the act attains its natural purpose.

The teaching of the Magisterium on this point has already been stated.[51] This teaching is not just an expression of particular historical circumstances but is based on the Church's doctrine concerning the connection between the conjugal union and procreation and on a consideration of the personal nature of the conjugal act and of human procreation. " In its natural structure, the conjugal act is a personal action, a simultaneous and immediate cooperation on the part of the husband and wife, which by the very nature of the agents and the proper nature of the act is the expression of the mutual gift which, according to the words of Scripture, brings about union ' in one flesh'. "[52] Thus moral conscience " does not necessarily proscribe the use of certain artificial means destined solely either to the facilitating of the natural act or to ensuring that the natural act normally performed achieves its proper end. "[53] If the technical means facilitates the conjugal act or helps it to reach its natural objectives, it can be morally acceptable. If, on the other hand, the procedure were to replace the conjugal act, it is morally illicit.

Artificial insemination as a substitute for the conjugal act is prohibited by reason of the voluntarily achieved dissociation of the two meanings of the conjugal act. Masturbation, through which the sperm is normally obtained, is another sign of this dissociation: even when it is done for the purpose of procreation, the act remains deprived of its unitive meaning: " It lacks the sexual relationship called for by the moral order, namely the relationship which realizes ' the full sense of mutual self-giving and human procreation in the context of true love'. "[54]

7. What moral criterion can be proposed with regard to medical intervention in human procreation?

The medical act must be evaluated not only with reference to its technical dimension but also and above all in relation to its goal, which is the good of persons and their bodily and psychological health. The moral criteria for medical intervention in procreation are deduced from the dignity of human persons, of their sexuality, and of their origin.

Medicine which seeks to be ordered to the integral good of the person must respect the specifically human values of sexuality.[55] *The doctor is at the service of persons and of human procreation. He does not have the authority to dispose of them or to decide their fate.* " A medical intervention respects the dignity of persons when it seeks to assist the conjugal act either in order to facilitate its performance or in order to enable it to achieve its objective once it has been normally performed. "[56]

On the other hand, it sometimes happens that a medical procedure technologically replaces the conjugal act in order to obtain a procreation which is neither its result nor its fruit. In this case the medical act is not, as it should be, at the service of conjugal union but rather appropriates to itself the procreative function and thus contradicts the dignity and the inalienable right of the spouses and of the child to be born.

The humanization of medicine, which is insisted upon today by everyone, requires respect for the integral dignity of the human person first of all in the act and at the moment in which the spouses transmit life to a new person. It is only logical therefore to address an urgent appeal to Catholic doctors and scientists that they bear exemplary witness to the respect due to the human embryo and to the dignity of procreation. The medical and nursing staff of Catholic hospitals and clinics are in a special way urged to do justice to the moral obligations which they have assumed, frequently also, as part of their contract. Those who are in charge of Catholic hospitals and clinics and who are often Religious will take special care to safeguard and promote a diligent observance of the moral norms recalled in the present Instruction.

8. The suffering caused by infertility in marriage

The suffering of spouses who cannot have children or who are afraid of bringing a handicapped child into the world is a suffering that everyone must understand and properly evaluate.

On the part of the spouses, the desire for a child is natural: it expresses the vocation to fatherhood and motherhood inscribed in conjugal love. This desire can be even stronger if the couple is affected by sterility which appears incurable. Nevertheless, marriage does not confer upon the spouses the right to have a child, but only the right to perform those natural acts which are *per se* ordered to procreation.[57]

A true and proper right to a child would be contrary to the child's dignity and nature. The child is not an object to which one has a right, nor can he be considered as an object of ownership: rather, a child is a gift, " the supreme gift " and the most gratuitous gift of marriage, and is a living testimony of the mutual giving of his parents. For this reason, the child has the right, as already mentioned, to be the fruit of the specific act of the conjugal love of his parents; and he also has the right to be respected as a person from the moment of his conception.

Nevertheless, whatever its cause or prognosis, sterility is certainly a difficult trial. The community of believers is called to shed light upon and support the suffering of those who are unable to fulfill their legitimate aspiration to motherhood and fatherhood. Spouses who find themselves in this sad situation are called to find in it an opportunity for sharing in a particular way in the Lord's Cross, the source of spiritual fruitfulness. Sterile couples must not forget that " even when procreation is not possible, conjugal life does not for this reason lose its value. Physical sterility in fact can be for spouses the occasion for other important services to the life of the human person, for example, adoption, various forms of educational work, and assistance to other families and to poor or handicapped children. "[59]

Many researchers are engaged in the fight against sterility. While fully safeguarding the dignity of human procreation, some have achieved results which previously seemed unattainable. Scientists therefore are to be encouraged to continue their research with the aim of preventing the causes of sterility and of being able to remedy them so that sterile couples will be able to procreate in full respect for their own personal dignity and that of the child to be born.

III
MORAL AND CIVIL LAW

THE VALUES AND MORAL OBLIGATIONS THAT CIVIL LEGISLATION MUST RESPECT AND SANCTION IN THIS MATTER

The inviolable right to life of every innocent human individual and the rights of the family and of the institution of marriage constitute fundamental moral values, because they concern the natural condition and integral vocation of the human person; at the same time they are constitutive elements of civil society and its order.

For this reason the new technological possibilities which have opened up in the field of biomedicine require the intervention of the political authorities and of the legislator, since an uncontrolled application of such techniques could lead to unforeseeable and damaging consequences for civil society. Recourse to the conscience of each individual and to the self-regulation of researchers cannot be sufficient for ensuring respect for personal rights and public order. If the legislator responsible for the common good were not watchful, he could be deprived of his prerogatives by researchers claiming to govern humanity in the name of the biological discoveries and the alleged " improvement " processes which they would draw from those discoveries. " Eugenism " and forms of discrimination between human beings could come to be legitimized: this would constitute an act of violence and a serious offense to the equality, dignity, and fundamental rights of the human person.

The intervention of the public authority must be inspired by the rational principles which regulate the relationships between civil law and moral law. The task of the civil law is to ensure the common good of people through the recognition of and the defense of fundamental rights and through the promotion of peace and of public morality.[60] In no sphere of life can the civil law take the place of conscience or dictate norms concerning things which are outside its competence. It must sometimes tolerate, for the sake of public order, things which it cannot forbid without a greaterevil resulting. However, the inalienable rights of the person must be recognized and respected by civil society and the political authority. These human rights depend neither on single individuals nor on parents; nor do they represent a concession made by society and the State: they pertain to human nature and are inherent in the person by virtue of the creative act from which the person took his or her origin.

Among such fundamental rights one should mention in this regard: *a)* every human being's right to life and physical integrity from the moment of conception until death; *b)* the rights of the family and of marriage as an institution and, in this area, the child's right to be conceived, brought into the world and brought up by his parents. To each of these two themes it is necessary here to give some further consideration.

In various States certain laws have authorized the direct suppression of innocents: the moment a positive law deprives a category of human beings of the protection which civil legislation must accord them, the State is denying the equality of all before the law. When the State does not place its power at the service of the rights of each citizen, and in particular of the more vulnerable, the very foundations of a State based on law are undermined. The political authority consequently cannot give approval to the calling of human beings into existence through procedures which would expose them to those very grave risks noted previously. The possible recognition by positive law and the political authorities of techniques of artificial transmission of life and the experimentation connected with it would widen the breach already opened by the legalization of abortion.

As a consequence of the respect and protection which must be ensured for the unborn child from the moment of his conception, the law must provide appropriate penal sanctions for every deliberate violation of the child's rights. The law cannot tolerate — indeed it must expressly forbid — that human beings, even at the embryonic stage, should be treated as objects of experimentation, be mutilated or destroyed with the excuse that they are superfluous or incapable of developing normally.

The political authority is bound to guarantee to the institution of the family, upon which society is based, the juridical protection to which it has a right. From the very fact that it is at the service of people, the political authority must also be at the service of the family. Civil law cannot grant approval to techniques of artificial procreation which, for the benefit of third parties (doctors, biologists, economic or governmental powers), take away what is a right inherent in the relationship between spouses; and therefore civil law cannot legalize the donation of gametes between persons who are not legitimately united in marriage.

Legislation must also prohibit, by virtue of the support which is due to the family, embryo banks, *post mortem* insemination and " surrogate motherhood. "

It is part of the duty of the public authority to ensure that the civil law is regulated according to the fundamental norms of the moral law in matters concerning human rights, human life, and the institution of the family. Politicians must commit themselves, through their interventions

upon public opinion, to securing in society the widest possible consensus on such essential points and to consolidating this consensus wherever it risks being weakened or is in danger of collapse.

In many countries, the legalization of abortion and juridical tolerance of unmarried couples makes it more difficult to secure respect for the fundamental rights recalled by this Instruction. It is to be hoped that States will not become responsible for aggravating these socially damaging situations of injustice. It is rather to be hoped that nations and States will realize all the cultural, ideological, and political implications connected with the techniques of artificial procreation and will find the wisdom and courage necessary for issuing laws which are more just and more respectful of human life and the institution of the family.

The civil legislation of many states confers an undue legitimation upon certain practices in the eyes of many today; it is seen to be incapable of guaranteeing that morality which is in conformity with the natural exigencies of the human person and with the " unwritten laws " etched by the Creator upon the human heart. All men of good will must commit themselves, particularly within their professional field and in the exercise of their civil rights, to ensuring the reform of morally unacceptable civil laws and the correction of illicit practices. In addition, " conscientious objection " vis-à-vis such laws must be supported and recognized. A movement of passive resistance to the legitimation of practices contrary to human life and dignity is beginning to make an ever sharper impression upon the moral conscience of many, especially among specialists in the biomedical sciences.

CONCLUSION

The spread of technologies of intervention in the processes of human procreation raises very serious moral problems in relation to the respect due to the human being from the moment of conception, to the dignity of the person, of his or her sexuality, and of the transmission of life.

With this Instruction the Congregation for the Doctrine of the Faith, in fulfilling its responsibility to promote and defend the Church's teaching in so serious a matter, addresses a new and heartfelt invitation to all those who, by reason of their role and their commitment, can exercise a positive influence and ensure that, in the family and in society, due respect is accorded to life and love. It addresses this invitation to those responsible for the formation of consciences and of public opinion, to scientists and medical professionals, to jurists and politicians. It hopes that all will understand the incompatibility between recognition of the dignity of the human person and contempt for life and love, between faith in the living God and the claim to decide arbitrarily the origin and fate of a human being.

In particular, the Congregation for the Doctrine of the Faith addresses an invitation with confidence and encouragement to theologians, and above all to moralists, that they study more deeply and make ever more accessible to the faithful the contents of the teaching of the Church's Magisterium in the light of a valid anthropology in the matter of sexuality and marriage and in the context of the necessary interdisciplinary approach. Thus they will make it possible to understand ever more clearly the reasons for and the validity of this teaching. By defending man against the excesses of his own power, the Church of God reminds him of the reasons for his true nobility; only in this way can the possibility of living and loving with that dignity and liberty which derive from respect for the truth be ensured for the men and women of tomorrow. The precise indications which are offered in the present Instruction, therefore, are not meant to halt the effort of reflection but rather to give it a renewed impulse in unrenounceable fidelity to the teaching of the Church.

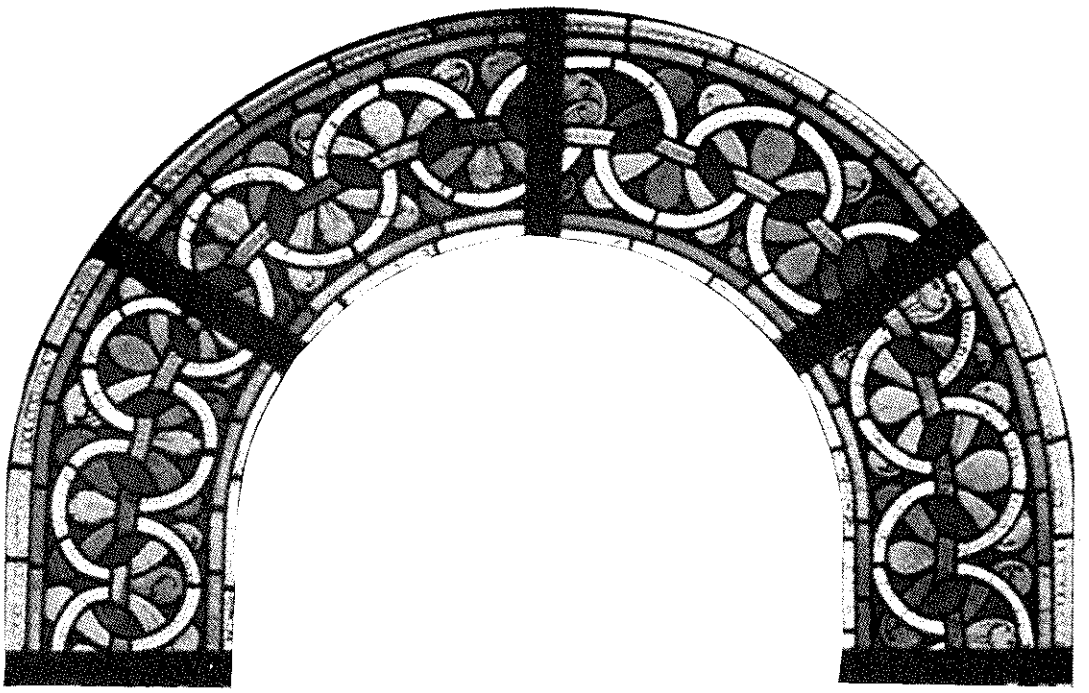
In the light of the truth about the gift of human life and in the light of the moral principles which flow from that truth, everyone is invited to act in the area of responsibility proper to each and, like the good Samaritan, to recognize as a neighbor even the littlest among the children of men (cf. *Lk* 10:29-37). Here Christ's words find a new and particular echo: " What you do to one of the least of my brethren, you do unto me " (*Mt* 25:40).

During an audience granted to the undersigned Prefect after the plenary session of the Congregation for the Doctrine of the Faith, the Supreme Pontiff, John Paul II, approved this Instruction and ordered it to be published.

Given at Rome, from the Congregation for the Doctrine of the Faith, February 22, 1987, the Feast of the Chair of St. Peter the Apostle.

JOSEPH Card. RATZINGER
Prefect

ALBERTO BOVONE
Titular Archbishop of Caesarea in Numidia
Secretary



NOTES

The terms " pre-embryo, " " embryo, " and " foetus " can indicate in the vocabulary of biology successive stages of the development of a human being The present Instruction makes free use of these terms, attributing to them an identical relevance, in order to designate the result (whether visible or not) of human generation, from the first moment of its existence until birth The reason for this usage is clarified by the text (cf I, 1).

[1] POPE JOHN PAUL II, *Discourse to those taking part in the 81st Congress of the Italian Society of Internal Medicine and the 82nd Congress of the Italian Society of General Surgery,* 27 October 1980: *AAS* 72 (1980) 1126.

[2] POPE PAUL VI, *Discourse to the General Assembly of the United Nations Organization,* 4 October 1965: *AAS* 57 (1965) 878; Encyclical *Populorum Progressio,* 13: *AAS* 59 (1967) 263.

[3] POPE PAUL VI, *Homily during the Mass closing the Holy Year,* 25 December 1975: *AAS* 68 (1976) 145; POPE JOHN PAUL II, Encyclical *Dives in Misericordia,* 30: *AAS* 72 (1980) 1224.

[4] POPE JOHN PAUL II, *Discourse to those taking part in the 35th General Assembly of the World Medical Association.* 29 October 1983: *AAS* (1984) 390.

[5] Cf. Declaration *Dignitatis Humanae,* 2.

[6] Pastoral Constitution *Gaudium et Spes,* 22; POPE JOHN PAUL II, Encyclical *Redemptor Hominis,* 8: *AAS* 71 (1979) 270-272

[7] Cf Pastoral Constitution *Gaudium et Spes.* 35.

[8] Cf Pastoral Constitution *Gaudium et Spes,* 15; cf. also POPE PAUL VI, Encyclical *Populorum Progressio,* 20: *AAS* 59 (1967) 267; POPE JOHN PAUL II, Encyclical *Redemptor Hominis.* 15: *AAS* 71 (1979) 286-289; Apostolic Exhortation *Familiaris Consortio.* 8: *AAS* 74 (1982) 89.

[9] POPE JOHN PAUL II, Apostolic Exhortation *Familiaris Consortio,* 11: *AAS* 74 (1982) 92.

[10] Cf. POPE PAUL VI Encyclical *Humanae Vitae.* 10: *AAS* 60 (1968) 487-488.

[11] POPE JOHN PAUL II. *Discourse to the members of the 35th General Assembly of the World Medical Association,* 29 October 1983: *AAS* 76 (1984) 393.

[12] Cf. POPE JOHN PAUL II, Apostolic Exhortation *Familiaris Consortio,* 11: *AAS* 74 (1982) 91-92; cf also Pastoral Constitution *Gaudium et Spes,* 50.

[13] Sacred Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion,* 9, *AAS* 66 (1974) 736-737.

[14] POPE JOHN PAUL II, *Discourse to those taking part in the 35th General Assembly of the World Medical Association,* 29 October 1983: *AAS* 76 (1984) 390.

[15] POPE JOHN XXIII, Encyclical *Mater et Magistra,* III: *AAS* 53 (1961) 447.

[16] Pastoral Constitution *Gaudium et Spes,* 24.

[17] Cf. POPE PIUS XII, Encyclical *Humani Generis: AAS* 42 (1950) 575; POPE PAUL VI, *Professio Fidei: AAS* 60 (1968) 436.

[18] POPE JOHN XXIII, Encyclical *Mater et Magistra,* III: *AAS* 53 (1961) 447; cf. POPE JOHN PAUL II, *Discourse to priests participating in a seminar on " Responsible Procreation, "* 17 September 1983, *Insegnamenti di Giovanni Paolo II,* VI, 2 (1983) 562: " At the origin of each human person there a creative act of God: no man comes into existence by chance; he is always the result of the creative love of God. "

[19] Cf. Pastoral Constitution *Gaudium et Spes,* 24.

[20] Cf. POPE PIUS XII, 11Discourse to the Saint Luke Medical-Biological Union, 12 November 1944: *Discorsi e Radiomessaggi* VI (1944-1945) 181-192.

[21] Cf Pastoral Constitution *Gaudium et Spes,* 50.

[22] Cf. Pastoral Constitution *Gaudium et Spes,* 51: " When it is a question of harmonizing married love with the responsible transmission of life, the moral character of one's behavior does not depend only on the good intention and the evaluation of the motives: objective criteria must be used, criteria drawn from the nature of the human person and human acts, criteria which respect the total meaning of mutual self-giving and human procreation in the context of true love. "

[23] Pastoral Constitution *Gaudium et Spes,* 51.

[24] HOLY SEE, *Charter of the Rights of the Family.* 4; *L'Osservatore Romano,* 25 November 1983.

[25] Sacred Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion*, 12-13: *AAS* 66 (1974) 738.

[26] The zygote is the cell produced when the nuclei of the two gametes have fused

[26] Cf. POPE PAUL VI, *Discourse to participants in the Twenty-Third National Congress of Italian Catholic Jurists*, 9 December 1972: *AAS* 64 (1972) 777.

[27] The obligation to avoid disproportionate risks involves an authentic respect for human beings and the uprightness of therapeutic intentions. It implies that the doctor " above all .. must carefully evaluate the possible negative consequences which the necessary use of a particular exploratory technique may have upon the unborn child and avoid recourse to diagnostic procedures which do not offer sufficient guarantees of their honest purpose and substantial harmlessness And if, as often happens in human choices, a degree of risk must be undertaken, he will take care to assure that it is justified by a truly urgent need for the diagnosis and by the importance of the results that can be achieved by it for the benefit of the unborn child himself " (POPE JOHN PAUL II *Discourse to Participants in the Pro-Life Movement Congress*, 3 December 1982: *Insegnamenti di Giovanni Paolo II*, V, 3 [1982] 1512). This clarification concerning " proportionate risk " is also to be kept in mind in the following sections of the present Instruction, whenever this term appears.

[28] POPE JOHN PAUL II, *Discourse to the Participants in the 35th General Assembly of the World Medical Association*, 29 October 1983: *AAS* 76 (1984) 392.

* Since the terms " research " and " experimentation " are often used equivalently and ambiguously, it is deemed necessary to specify the exact meaning given them in this document.

1) By *research* is meant any inductive-deductive process which aims at promoting the systematic observation of a given phenomenon in the human field or at verifying a hypothesis arising from previous observations.

2) By *experimentation* is meant any research in which the human being (in the various stages of his existence: embryo, foetus, child, or adult) represents the object through which or upon which one intends to verify the effect, at present unknown or not sufficiently known, of a given treatment (e g pharmacological, teratogenic, surgical, etc.).

[29] Cf. POPE JOHN PAUL II, *Address to a Meeting of the Pontifical Academy of Sciences*, 23 October 1982: *AAS* 75 (1983) 37: " I condemn, in the most explicit and formal way, experimental manipulations of the human embryo, since the human being, from conception to death, cannot be exploited for any purpose whatsoever "

[30] HOLY SEE, *Charter of the Rights of the Family*, 4b: *L'Osservatore Romano*, 25 Novembre 1983.

[31] Cf. POPE JOHN PAUL II, *Address to the Participants in the Convention of the Pro-Life Movement*, 3 December 1982: *Insegnamenti di Giovanni Paolo II*, V, 3 (1982) 1511: " Any form of experimentation on the foetus that may damage its integrity or worsen its condition is unacceptable, except in the case of a final effort to save it from death. " SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Declaration on Euthanasia*, 4: *AAS* 72 (1980) 550: " In the absence of 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. "

[32] No one, before coming into existence, can claim a subjective right to begin to exist; nevertheless, it is legitimate to affirm the right of the child to have a fully human origin through conception in conformity with the personal nature of the human being. Life is a gift that must be bestowed in a manner worthy both of the subject receiving it and of the subjects transmitting it. This statement is to be borne in mind also for what will be explained concerning artificial human procreation.

[33] Cf. POPE JOHN PAUL II, *Discourse to those taking part in the 35th General Assembly of the World Medical Association*, 29 October 1983: *AAS* 76 (1984) 391.

* By the term *heterologous artificial fertilization* or *procreation*, the Instruction means techniques used to obtain a human conception artificially by the use of gametes coming from at least one donor other than the spouses who are joined in marriage Such techniques can be of two types:

a) Heterologous IVF and ET: the technique used to obtain a human conception through the meeting *in vitro* of gametes taken from at least one donor other than the two spouses joined in marriage.

b) Heterologous artificial insemination: the technique used to obtain a human conception through the transfer into the genital tracts of the woman of the sperm previously collected from a donor other than the husband.

** By *artificial homologous fertilization or procreation*, the Instruction means the technique used to obtain a human conception using the gametes of the two spouses joined in marriage. Homologous artificial fertilization can be carried out by two different methods:

a) Homologous IVF and ET: the technique used to obtain a human conception through the meeting *in vitro* of the gametes of the spouses joined in marriage.

b) Homologous artificial insemination: the technique used to obtain a human conception through the transfer into the genital tracts of a married woman of the sperm previously collected from her husband.

[34] Cf. Pastoral Constitution on the Church in the Modern World, *Gaudium et Spes*, 50.

[35] Cf. POPE JOHN PAUL II, Apostolic Exhortation *Familiaris Consortio*, 14: *AAS* 74 (1982) 96.

[36] Cf POPE PIUS XII, *Discourse to those taking part in the 4th International Congress of Catholic Doctors*, 29 September 1949: *AAS* 41 (1949) 559. According to the plan of the Creator, " A man leaves his father and his mother and cleaves to his wife, and they become one flesh " (*Gen* 2:24). The unity of marriage, bound to the order of creation, is a truth accessible to natural reason. The Church's Tradition and Magisterium frequently make reference to the Book of Genesis, both directly and through the passages of the New Testament that refer to it: *Mt* 19:4-6; *Mk* 10:5-8; *Eph* 5:31. Cf ATHENAGORAS, *Legatio pro christianis*, 33: *PG* 6, 965-967; St. CHRYSOSTOM, *In Matthaeum homiliae*, LXII, 19 1: *PG* 58 597; St. LEO THE GREAT, *Epist. and Rusticum*, 4: PL 54, 1204; INNOCENT III, Epist. *Gaudemus in Domino: DS* 778; COUNCIL OF LYONS II, *IV Session: DS* 860; COUNCIL OF TRENT, *XXIV Session: DS* 1798, 1802; POPE LEO XIII, Encyclical *Arcanum Divinae Sapientiae. ASS* 12 (1879/80) 388-391; POPE PIUS XI, Encyclical *Casti Connubii. AAS* 22 (1930) 546-547; SECOND VATICAN COUNCIL, *Gaudium et Spes*, 48; POPE JOHN PAUL II, Apostolic Exhortation *Familiaris Consortio* 19: *AAS* 74 (1982) 101-102; *Code of Canon Law*, Can. 1056.

[37] Cf. POPE PIUS XII, *Discourse to those taking part in the Congress of the Italian Catholic Union of Midwives*, 29 October 1951: *AAS* 43 (1951) 850; *Code of Canon Law*, Can 1134.

* By " surrogate mother " the Instruction means:

a) the woman who carries in pregnancy an embryo implanted in her uterus and who is genetically a stranger to the embryo because it has been obtained through the union of the gametes of " donors. " She carries the pregnancy with a pledge to surrender the baby once it is born to the party who commissioned or made the agreement for the pregnancy.

b) the woman who carries in pregnancy an embryo to whose procreation she has contributed the donation of her own ovum, fertilized through insemination with the sperm of a man other than her husband. She carries the pregnancy with a pledge to surrender the child once it is born to the party who commissioned or made the agreement for the pregnancy.

[38] POPE PAUL VI, Encyclical Letter *Humanae Vitae*, 12: *AAS* 60 (1968) 488-489.

[39] *Loc. cit., ibid.*, 489.

[40] POPE PIUS XII, *Discourse to those taking part in the Second Naples World Congress on Fertility and Human Sterility*, 19 May 1956: *AAS* 48 (1956) 470

[41] *Code of Canon Law*, Can. 1061. According to this Canon, the conjugal act is that by which the marriage is consummated if the couple " have performed (it) between themselves in a human manner. "

[42] Cf Pastoral Constitution *Gaudium et Spes*, 14.

[43] Cf. POPE JOHN PAUL II, *General Audience on 16 January 1980: Insegnamenti di Giovanni Paolo II*, III, 1 (1980) 148-152.

[44] POPE JOHN PAUL II, *Discourse to those taking part in the 35th General Assembly of the World Medical Association*, 29 October 1983: *AAS* 76 (1984) 393.

[45] Cf Pastoral Constitution *Gaudium et Spes*, 51.

[46] Cf Pastoral Constitution *Gaudium et Spes*, 50.

[47] Cf. POPE PIUS XII, *Discourse to those taking part in the 4th International Congress of Catholic Doctors*, 29 September 1949: *AAS* 41 (1949) 560: " It would be erroneous.. to think that the possibility of resorting to this means (artificial fertilization) might render valid a marriage between persons unable to contract it because of the *impedimentum impotentiae* "

[48] A similar question was dealt with by POPE PAUL VI, Encyclical *Humanae Vitae*, 14: *AAS* 60 (1968) 490-491

[49] Cf. *supra*: I, 1 ff

[50] POPE PAUL II, Apostolic Exhortation *Familiaris Consortio*, 14: *AAS* 74 (1982) 96.

[51] Cf. *Response of the Holy Office*, 17 March 1897: *DS* 3323; POPE PIUS XII, *Discourse to those taking part in the 4th International Congress of Catholic Doctors*, 29 September 1949: *AAS* 41 (1949) 560; *Discourse to the Italian Catholic Union of Midwives*, 29 October 1951: *AAS* 43 (1951) 850; *Discourse to those taking part in the Second Naples World Congress on Fertility and Human Sterility*, 19 May 1956: *AAS* 48 (1956) 471-473; *Discourse to those taking part in the 7th International Congress of the International Society of Haematology*, 12 September 1958: *AAS* 50 (1958) 733; POPE JOHN XXIII. Encyclical *Mater et Magistra*, III: *AAS* 53 (1961) 447

[52] POPE PIUS XII, *Discourse to the Italian Catholic Union of Midwives*, 29 October 1951: *AAS* 43 (1951) 850.

[53] POPE PIUS XII, *Discourse to those taking part in the 4th International Congress of Catholic Doctors*, 29 September 1949: *AAS* 41 (1949) 560.

[54] SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Declaration on Certain Questions Concerning Sexual Ethics*, 9: 11AAS 68 (1976) 86 which quotes the Pastoral Constitution *Gaudium et Spes*, 51. Cf. *Decree of the Holy Office*, 2 August 1929: *AAS* 21 (1929) 490; POPE PIUS XII, *Discourse to those taking part in the 26th Congress of the Italian Society of Urology*, 8 October 1953: *AAS* 45 (1953) 678.

[55] Cf. POPE JOHN XXIII, Encyclical *Mater et Magistra*, III: *AAS* 53 (1961) 447.

[56] Cf. POPE PIUS XII, *Discourse to those taking part in the 4th International Congress of Catholic Doctors*, 29 September 1949: *AAS* 41 (1949), 560,

[57] Cf. POPE PIUS XII, *Discourse to those taking part in the Second Naples World Congress on Fertility and Human Sterility*, 19 May 1956: *AAS* 48 (1956) 471-473.

[58] Pastoral Constitution *Gaudium et Spes*, 50.

[59] POPE JOHN PAUL II, Apostolic Exhortation *Familiaris Consortio*, 14: *AAS* 74 (1982) 97.

[60] Cf. Declaration *Dignitatis Humanae*, 7.

Topics

New Science & Modern Technology: Have We Nothing to Say?

The Feasible Is Not Always Fitting

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New Science & Modern Technology: Have We Nothing to Say?

New scientific knowledge and the innovative technology to which this knowledge gives rise have occasioned serious ethical issues in the field of medical care and human development. When commenting upon new knowledge and innovative technology pundits and observers often declare that the ethical issues to which they give rise are entirely new or beyond solution. The communications media for example, state that " technology has outstripped ethics " or that modern science requires " new ethics for the new vision of man as creator. " The conclusion of such befuddlement is often a declaration that public opinion must devise new ethical standards to handle contemporary knowledge and technology. Some journalists even maintain that in light of present uncertainty in the field of ethics, scientists have the right to do whatever is possible, this latter attitude being a return to the theory that " science is value free, " which nearly destroyed civilization in the first half of the 20th century. But have developments in science and technology left us entirely without direction for ethical reflection? Does the introduction of new concepts such as brain death, irreversible comas, living will, tube feeding, artificial organs, genetic engineering, psychological manipulation, and prolongation of death force us to begin anew in ethical deliberation? Does the teaching of Jesus and the Catholic Church have nothing to offer in regard to contemporary and future developments in science and technology? Are we starting all over again in regard to the ethics of research, medicine, and human development? While not underestimating the potential for change in human life and behavior introduced by the new science and technology and while admitting that there will be anguish, anxiety, and sorrow which result from our efforts to apply Christian principles to the ethical issues which have been occasioned by advanced knowledge and technology, it is the

thesis of this essay that the teaching of the Catholic Church offers guidance and principles for solution in regard to the ethical issues arising from the new knowledge and technology. While not underestimating the novelty or difficulty of the new ethical issues in medicine and human development, we wish to counter the consternation and despair of some by recalling the Catholic vision of the human person, the primacy of the spiritual function, and the eternal destiny of human beings. In the course of this discussion, we shall indicate five areas of scientific and medical investigation which are changing drastically because of new knowledge and technology, present some general and specific principles of Catholic teaching which offer guidance in solving some of the new and difficult ethical issues occasioned by breakthroughs in knowledge and technology, and conclude by insisting upon the need for effective communication if the teaching of the Church is to help the human community benefit from its new-found knowledge and technology.

1. New developments in medicine

" In the last years, medical skill has made significant breakthroughs which have considerably increased the possibilities of therapeutic intervention. This has brought about slow modification of the very nature of medicine, extending its role from its original function of combating disease to that of overall promotion of the human being's health. "[1] These words of Pope John Paul II sum up not only the change in medicinal techniques and therapies but the developments in scientific knowledge upon which medicine is based. Physicians no longer need wait for illness to occur, nor are they bound by the natural functions of the body in developing therapies. Instead, the developments of medicine enable physicians to be pro-active in regard to disease and illness, to anticipate its occurrence and to circumvent its effects in more radical ways. Moreover, the number of problems which are considered medical problems has increased as well. While at one time the concern of the physician was concentrated on curing sick individuals, at present the physician's vision of concern has been extended to social problems as well. For example, physicians assume or are delegated the responsibility for limiting nuclear weapons, combating overpopulation and teenage pregnancy, determining the allocation of scarce medical resources, eliminating child abuse, and other problems which in the past were ignored or were the concern of other professionals.

Specifically, new techniques and therapeutic programs can be identified in several different areas of scientific research and medical care. These newfound powers are most prominent in the following areas of concentration and have led to the transition from curing illness to promoting health of which Pope John Paul speaks.

1. Far-reaching developments have occurred in the field of *human genetics*. While research in this area of science has not yet led to significant therapeutic practices, the knowledge available presages such developments within the next generation. From studies of DNA, the master chemical of heredity, scientists are able to understand the development of the human ge-

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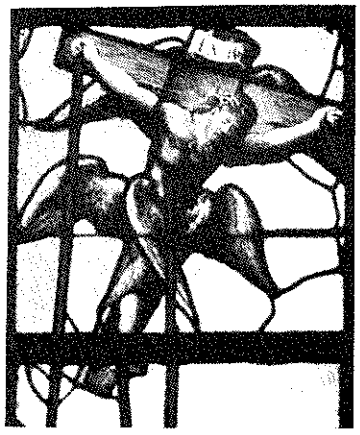
nome which contains the pattern for biological development. The research in genetics enables scientists to read the messages of heredity contained in DNA, to modify the chemical messages almost at will, and even to fabricate totally artificial genes that function in living cells. New drugs and new strategies for treatment of disease have also been developed. Diagnosing genetic diseases has become commonplace, even though therapies for such diseases have not as yet been developed extensively. Through amniocentesis or chorionic villi sampling, for example, the genetic makeup of the fetus can be examined and physical or mental abnormalities which are due to genetic deficiencies can be diagnosed. The hope of the future envisions replacement of defective genes through gene splicing which will conquer such diseases as cystic fibrosis, muscular dystrophy, and Down's Syndrome. The knowledge gained from genetic research also offers the ability to change the human body significantly. Would human beings be better off with three arms, shorter or larger stature, a digestive system which is less complicated? Any of these modifications are possible through manipulation of the genetic blueprint of the human person. At present, it is possible to analyze a person's genetic blueprint and determine whether the person is (1) a carrier of severe genetic diseases, (2) a person who will develop serious illness due to genetic weakness in the future. For example, it can be determined with certainty whether a woman will be a carrier for Duchenne's Disease, a severe form of muscular dystrophy, or if a person who is 10 or 20 years old will develop Huntington's Chorea, a severe neurological pathology which affects people later in life.

2. *Organ replacement* is another area of radical development in medicine. Transplanting organs harvested from cadavers has become commonplace. Improving the chance for success of a transplant by maintaining blood circulation in a corpse by means of mechanical devices after brain death has occurred is considered standard medical practice. In fact, transplantation of organs such as kidneys and hearts has become so successful that it is no longer considered experimental. In the United States, for example, insurance companies now fund such transplants along with other commonly accepted therapies such as appendectomy or cholecystectomy. More experimental in the field of organ replacement are transplants from animals and the use of artificial organs. In the United States, in the famous case of Baby Fae, the heart of a young baboon was transplanted into a two week old infant. Four men have had their hearts replaced by a machine called the Jarvikheart. In the cases of the use of animal and artificial organs, there were several ethical issues which were considered only after the recipients died, or lived seriously impaired lives.



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3. New methods of generating human beings have also been modified. Though *in vitro fertilization* (IVF) was not developed originally in the United States, there are now over 100 clinics offering the service. In addition, surrogate motherhood, that is, the practice of one woman carrying a fetus to term for a married couple after artificial insemination has been inaugurated. *In vitro* fertilization or embryo transplant has been accepted by many as a means of overcoming infertility for married couples. Having developed methods to generate new persons outside the womb, scientists are studying methods which will allow the total nutrition and growth of the fetus outside the womb. Of course, this involves research upon fetuses in early stages of development. While research upon fetuses generated through *in vitro* fertilization is not funded by the Federal Government in the United States and is prohibited by law in some individual states, it is approved in the early stages of fetal development in some countries.

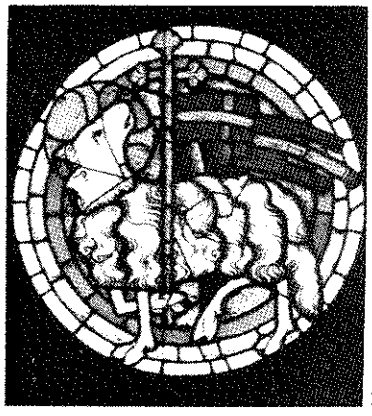
4. Treating *psychological and behavioral problems* has changed considerably in recent decades and even more radical changes are anticipated. The intimate connection between physiological function and psychological function has been docu-

mented. As a result, psychoactive drugs have been developed which change, modify, or control perception, imagination, or emotional reaction. Alzheimer's Disease, a degenerative form of senility causing behavioral and psychological abnormalities, may be due to lack of an enzyme in the brain. Total control of human action and reaction is predictable according to some. As one scientist put it, " As knowledge of the relationship between brain and behavior increases, it is likely we will develop knowledge of the neurochemical and neuropharmacological basis of memory, mood, aggression, appetite, and sexual lust. "[2] Though not depending upon psychotropic drugs, those following the behaviorism of B.F. Skinner would maintain that freedom is only an illusion, and that the more that is learned about environmental forces, all human behavior will be controllable and predictable.

5. Finally, the ability to *prolong physiological function* of a human person, even after the potential for cognitive-affective function ceases, has been increased considerably. Some refer to this newfound power as the ability to prolong dying rather than the ability to prolong life. Respirators, ventilators, blood transfusions, tube feeding, antibiotics, chemotherapy for persons afflicted with cancer, can extend the physiological function and " life " of people far beyond the time which would have been possible twenty years ago. Envisioning a future when the physiological function may be continued long after the cognitive function is lost irreparably, or when the severely debilitated elderly may have life prolonged many additional years is not fanciful. At the beginning of life too, there is potential for prolonging the life of infants who would have died previously or who would have been allowed to die. The Federal Government in the United States issued directives for infant care which assume that every infant should receive life prolonging therapy, no matter how debilitated the infant might be. According to the Federal Norms the only relevant ethical question when treating debilitated infants seems to be, " Is it possible to prolong life? "

II. Some ethical principles for the new science & technology

Given these new developments in medicine and science, are there any norms or principles which the Church can offer in order to assist and guide scientists and physicians as they move into an era which will allow not only the healing but the remaking of human beings? Can we say that science and medicine are value free and that whatever is possible is also ethical? Or are there some limits that should be observed?



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Our Holy Father, Pope John Paul II, following the tradition of his recent predecessors, on several occasions has offered some general attitudes and principles which would enable scientists and physicians to utilize the new knowledge and techniques in a manner that is helpful for all concerned. " Medical ethics, " Pope John Paul states, " is essential and medical morality must always be considered as the norm of professional behavior. " As the general principle for medical ethics, Pope John Paul II recommends that scientists and physicians " respect the dignity of the human person and that they observe the moral values which safeguard the dignity of the human person. " Respecting the dignity of the human person demands first of all that scientists and

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physicians must " develop science and medicine for the benefit of all. "[3] Hence, Pope John Paul II encourages scientists in general and physicians in particular to pursue increased knowledge and to develop new technology, but he urges them to put research and medicine truly at the service of human persons, not at the service of the government, the healthy, or the well-off, or the health care provider. Thus, science should be developed and fostered, but scientists and physicians must develop a worldview if they are to have an ethical perspective. Instead of confining themselves to the developments of knowledge and new medical applications of this knowledge, they must weigh the facts of their work upon individuals and upon worldwide society. Is it ethical to spend millions of dollars in the United States upon research which increases the potential for utilizing animal organs in human beings when more than half the children in the world are not inoculated against smallpox and polio? More and more, the world is becoming a global village, and the research priorities of the scientific community must take this into account if the progress in medicine is to be ethical.

What other ethical principles enable scientists and physicians " to observe the moral values which safeguard the dignity of the human person "? Following the thoughts of Pope John Paul II and the teaching of the Church, we shall seek to be more specific in enunciating norms and principles which will speak proximately to the dignity of the human person and ensure ethical utilization of advanced knowledge and technology.

1. *The principle of spiritual primacy.* When considering the dignity of the human person, the presence and primacy of the spiritual (cognitive-affective) function of the human person must be emphasized.[4] Too often, scientists and physicians limit the human person, neglecting in the process his spiritual or social functions. Thus, they limit and misconstrue the meaning of the word " health. " Health implies more than physiological function. Health in theproper meaning of the word denotes an integration of all human functions, the physiological, the psychological, the social, and the spiritual. If the higher functions of the person, the social and spiritual functions, are recognized at all by scientists and physicians, they are not usually considered as the proper domain of the scientist or physician. Catholic teaching in medical ethics emphasizes that while it is not the only important function, the spiritual function of the person is the highest function, the function which enables a person to love God and love neighbor and thus fulfill his human destiny. Moreover, Catholic faith posits a life after death for which people prepare in this human existence. Hence, Catholic medical ethics respects the physiological and psychological function but gives primacy to the spiritual function and does not consider human life in this world as an absolute good. While these truths are founded upon faith, they are often accepted by reflective scientists and physicians who do not share the Christian faith. For this reason, the teachings of the Church in medical ethics arise idiosyncratic and are arising from advances in knowledge and technology in the secular forum.

2. *The principle of informed consent.* Another method of protecting the dignity of the human person is to insist upon informed consent of the subject or patient whenever research and medical procedures are involved.[5] This principle is recognized by all who take the ethical imperative seriously."[6] Because scientists and physicians know more about their topics of specialization than do the people they work with, there has been an inclination on the part of patients and research subjects to say, "Doctor knows best." This attitude led to severe injustices inflicted upon research subjects and patients. Hence, it is foreign to the ethics of medicine and research. Research subjects and patients should have the right to offer informed consent, not because they are "autonomous," as court decisions in the UnitedStates often maintain, but rather, because they are made in the image and likeness of God. Because of intellect and will, human beings are co-creators with God, have responsibility for their actions and destiny. Because of these responsibilities, each individual has the fundamental right to consent freely to any research or medical procedure in which he or she is involved.

3. *The principle of proxy consent.* Often overlooked in research projects is the distinction between informed consent and proxy consent. Proxy consent, whereby a competent person gives consent for a person who by reason of age or infirmity is incompetent, is more limited than informed consent.[7] If one consents for oneself, one may subject oneself to some harm in order to help another. If a brother or sister is requested to donate a kidney to a sibling, for example, out of charity, the donor could freely assume the risks that are associated with living with one kidney. Or, if a person near death form cancer might increase the knowlege of cancer therapy by becoming part of an experimental research program for the good of others, the patient could freely assume the pain or burden associated with participation in the research program. But one does not have the right to subject another person to risk or serious harm, pain, or burden. The right to make a proxy decision for another does not give permission to approve the performance of non-therapeutic processes upon the incompetent person. Rather, the right to consent for an incompetent person is limited to actions which are designed for the benefit of the incompetent person. To admit greater power for the one giving proxy consent would be to give the proxy complete domination over the incompetent person, as if the incompetent person were the property of the competent person, and thus destroy the human dignity of the person for whom consent is given.

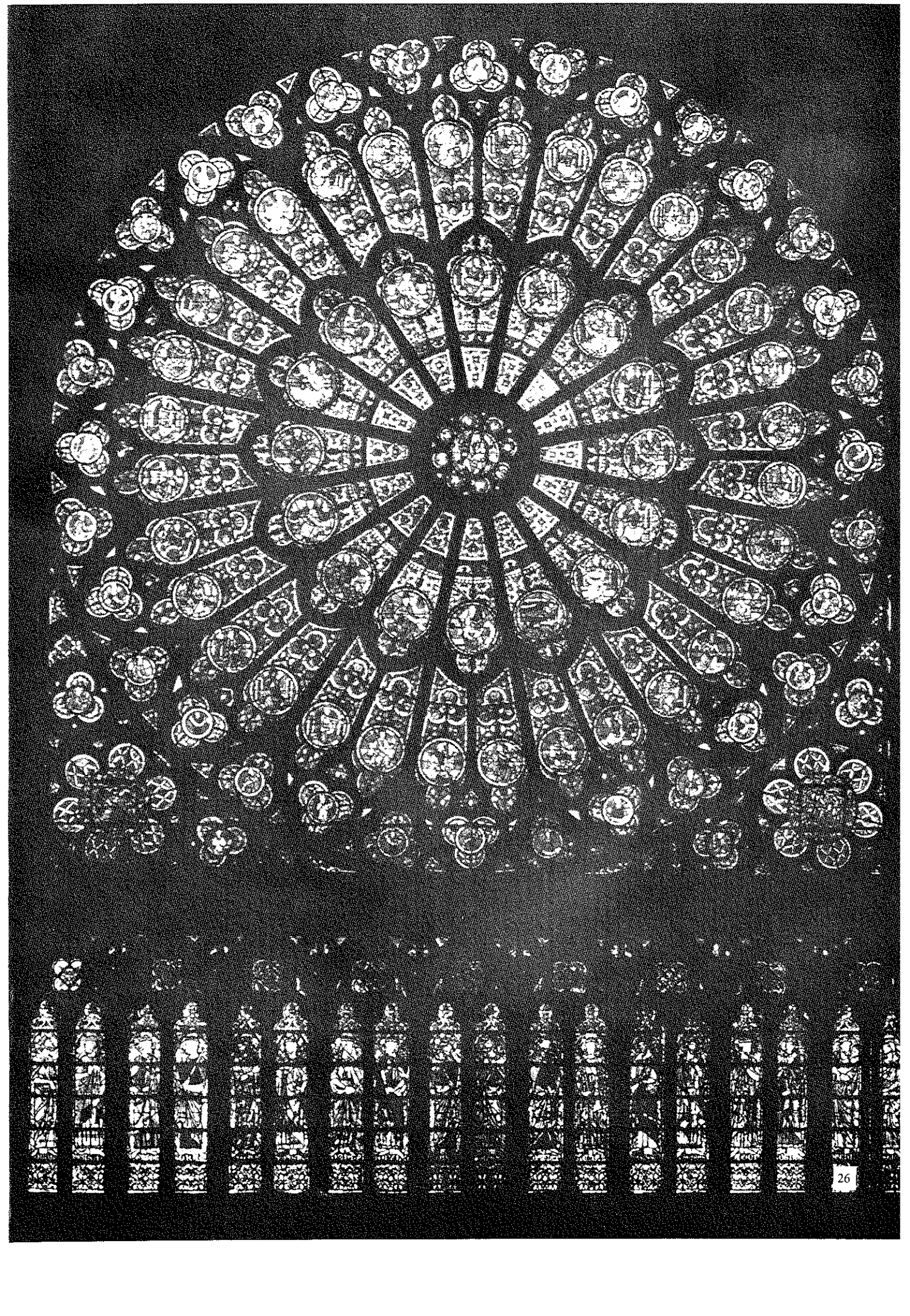
4. *The principle of spiritual growth.* Many invoke the principles of informed and proxy consent when evaluating organ replacement. While these principles are useful, it seems some attention must be given to the potential for spiritual growth on the part of the subject or patient.[8] In some of the procedures cited above, for example, the case of Baby Fae and the use of the artificial heart, the procedures were certainly designed to prolong the "life" of the person involved. But little concern was expressed for the spiritual function of the person in question. Would Baby Fae or Barney Clark and William Schroeder, the first recipient of the artificial heart, be able to grow spiritually as the result of their sugery? This seems like an unexpected question to some, because prolonging "life," even if it means prolonging only physiological function, seems to be a goal for medicine, but the question follows logically if we take the dignity of the human person seriously. Would the research upon fetuses be so readily proposed if the measure of its use were the spiritual progress of the human person? There is much about research upon the physiological function which is worthwhile. But is physiological research an absolute value? Is it a goal in iteself? Sometimes the habitual thinking of a particular group within society becomes so ingrained that one is considered unreasonable when one calls the traditional thinking into question. For example, how seriously do statesmen listen to a criticism of the just war theory arising from the nature of nuclear weapons? They are so accustomed to accepting nuclear weapons as a given in international diplomacy that they cannot envision them as evil *in se*. Does the same thing happen in research and medicine?

If spiritual growth and the eternal destiny of the human person were taken more seriously, then these principles, also utilized in the ethical evaluation, would be definite ethical norms for use of life support systems.[9] Life should be prolonged only so long as one is able to pursue the spiritual purpose of life without grave burden.[10] The terms "benefit" and "grave burden," which are often used when evaluating the application of life-support systems, have meaning only in regard to pursuing the spiritual purpose of life. They do not have ethical meaning in the Catholic tradition if applied to prolon-

gation of life which implies physiological function alone. The person in irreversible coma or persistent vegetative state is still a human being, but we do not have an ethical responsibility to prolong the life of every human being for as long as possible. Some physicians maintain that the life of a person should be prolonged until " death is imminent. " By this they mean, life should be prolonged by artificial means until such time as it can be predicted by medical judgment that death will ensue shortly in spite of artificial life prolonging mechanisms. This view emphasizes the physiological function of the human person, rather than the spiritual function, as the dominant factor in determining the withdrawal of life support systems. In ethical evaluation of life prolonging efforts, then, the " benefit " and " grave burden " are related to the spiritual, not the physiological, function.

5. *The principle of truth telling.* The dignity of the human person and the spiritual destiny of human persons gives ethical guidance for another serious issue, the use of increased knowledge of our genetic constitution and the ability to manipulate and change our bodily and emotional inheritance. The ethical question arising from the ability to predict with accuracy the future occurrence of severe diseases or the fact that a person is a carrier of a disease is whether this knowledge should be revealed to the affected persons. Would it be better to have the individuals remain in ignorance about Buntington's Chorea or other inevitable neurological diseases? There is no doubt that such information will be a grave burden to the person to whom it is be revealed. What norms should be followed in revealing this information? Probably the norms of truth telling that are followed in revealing news of fatal illness at other times in life.[11] The news should be revealed gradually and in a way that enables the recipient to assimilate the information for his or her spiritual benefit. This last factor — the spiritual benefit of the recipient — requires that the person revealing the information be a spiritual counselor as well as a messenger. To put it another way, the spiritual function or eternal destiny of the person must be considered and given prominence whenever knowledge of future death or debilitation is revealed. Research in death and dying issues indicates that people have the ability to receive and assimilate aptly bad news if it is transmitted to them in a manner which respects their sensibilities.

6. *The principle of therapeutic and non-therapeutic research.* When speaking to geneticists, Pope John Paul II offered another valuable ethical principle by presenting the distinction between therapeutic intervention and non-therapeutic intervention.[12] While therapeutic interventions, designed to heal maladies in the person to whom they are applied, are in general desirable, non-therapeutic interventions, which help the human community in general but not the specific research subject, refuire more restrictions. In therapeutic research the profound interaction among all human functions, and the unity of human function must be respected. Thus, therapeutic interventions require consent, either informed or proxy, and should be evaluated in regard to benefit and risk. Non-therapeutic research in general should not be based upon proxy consent, as indicated above, and it must respect the value of the person as a good in itself, not something related to the human community as a means to an end. Clearly, the vast store of knowledge concerning human development to which scientists now have the key demands a careful assessment of therapeutic and non-therapeutic possibilities before research programs in genetic engineering are undertaken.



7. *The principle of freedom.* When considering developing methods of psychotherapy and behavior modification insofar as they relate to human dignity, there are a few norms of Catholic teaching that should guide all therapies:

1) mental health is psychological freedom based on a realistic perception and understanding of the world and it involves self-understanding and self-control;

2) mental health is prior to the ethical question of moral right and wrong since only when a person is psychologically free can there be a question of moral choice and moral responsibilty.[13]

Hence, insofar as psychotropic drugs and new methods of behavior modification are concerned, the relationship of the emotional or psychological function to the spiritual function (cognitive-affective) must be the norm. Human freedom, that is, better function of the intellect and will should be the purpose of psychological therapy or psychological research, whether utilizing psychotropic drugs or behavior modification. To put it another way, psychological knowledge and treatment should aid human freedom and enable people to make better moral choices, because only for a person who is psychologically healthy, that is, free from neurosis and psychosis, can there be a question of free moral choice and consequent enhancement of personal worth. Hence, in regard to psychotropic drugs and behavior modification the following are clear: the long-range effect of the treatment must be considered as well as the short-range alleviation of some particular difficulty. Simply because a particular therapy alleviates or eliminates a symptom it is not always ethically acceptable. Most of the drugs currently available for the relief of anxiety and tension carry some danger of dependency, habituation, and addiction. Such dependency diminishes human freedom and dignity and hence is to be avoided. Thus, the practice of using psychoactive drugs to treat psychological difficulties when the disorder lacks a physiological or organic basis must be questioned. Would it not be better to treat the causes of anxiety or depression through counseling or increased self-awareness rather than to depend on pills that merely treat the symptom? If behavior controls are used, the rules for informed and proxy consent, including the right to refuse treatment are operative. Use of behavior control procedures to improve human capabilities such as memory, intelligence, and sexual abilities would seem to be licit if free consent is given, if there is no other way to achieve the same goal, and if the action is in accord with the integrity of the human person. In itself, human betterment, or human improvement, is ethically acceptable and beneficial. But in seeking human betterment we must recognize that we are made in the image and likeness of God. We are called to freedom. Thus, the goal of psychological therapy must not be the control of the patient, or the modification of behavior for its own sake. Care must be exercised, then, to make sure that the basic integrity of the person is not violated or that addiction to psychoactive drugs does not result in the course of seeking self-improvement.

8. *The principle of co-creation.* Finally, in regard to novel forms of human generation, there are also norms of Catholic teaching which should guide researchers and practicing physicians. Pro-

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creation of children is an act reflecting and caused by the spiritual and bodily union of parents. Moreover, it is an act of co-creation with God in a manner designed by God.[14] To circumvent or separate the spiritual and bodily actions which lead to generation of children violates the humanity of the persons and the human integrity of their actions.[15] To procreate without sexual intercourse involves a misuse of our God-given powers. Thus, generation of children through *in vitro* fertilization or artificial insemination is a fabrication of a human being, not a mutual loving co-creation involving a complex and simultaneous surrender of body and spirit in a biologically complete and spiritually centered act of love. Admittedly, all persons of goodwill will not accept this position. The desire of an infertile couple to have children is quickly transformed into a natural right. But by evaluating the meaning of procreation and the generative act, Catholic teaching arrives at a different evaluation of extracoital forms of human generation from that offered by secular society. If the ethical norm for generation is the enhancement of human dignity rather than the production of a product, the ethical evaluation of technological methods of human generation is changed.

III. Communicating with scientists & physicians

Does the teaching of the Church offer guidance only for Catholics? Because the teaching of the Church for the most part may be explained and defended by natural reason, it is not wholly rejected by scientists. But in a pluralistic society, *in se* Church teaching is considered irrelevant because authority has little impact upon physicians and researchers. Hence, in order to present Church teaching to scientists and physicians effectively, three thoughts must be kept in mind. First of all, though scientists and physicians have a strong sense of vocation, the religious motivation of their work has been covered over. A noted sociologist of medicine states, " Most growth of science and technology in the four hundred years since Luther has obscured the specifically religious conception of most vocations. The physician seldom speaks of God any more when discussing his concern for the patient. "[16] Therefore, the representation of Church teaching must proceed with the humility and technique expressed in *Gaudium et Spes,* Vatican Council II. Secondly, scientists and physicians tend to think pragmatically.[17] Hence, the more important part of an ethical dialogue will be to show that ethical norms are necessary for patient benefit, rather than discussing the theories of autonomy or beneficence which may substantiate informed consent. In discussion with scientists and physicians, it is clear that several reasons to limit the patient's right to informed consent can be advanced. For example, some professionals will insist that patients never know enough to offer informed consent or that the advance of knowledge is slowed irreparably if the scientists must explain and await consent from the research subject. But if the pragmatic question is asked, " How can we best protect the patient or research subject from harm?, " the need for informed and proxy consent is established by responses from the scientists and physicians. Thirdly, scientists and physicians exhibit the dualistic balance

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between the scientific and the humanistic present in most intellectuals of our day. But the balance is constantly impeded by the fact that their scientific training is explicit, detailed, and specialized while their humanistic and moral training is left largely to example and symbols transmitted to them without explicit reflection or criticism. Many scientists follow an " adolescent ethics " while developing an " adult science. " Continuing education in ethics applied to medical and economic issues is of prime importance if the balance between science and the humanistic is to be maintained. Scientists and physicians often assume, then, that while science is exact, ethical discourse in vague, subjective, and matter of opinion.[18] This attitude leads to moral skepticism and a reluctance to admit that ethical norms are not mere " guidelines " but rather are principles which oblige in conscience. While the attitudes mentioned above are difficult to dispel, it seems a method of reasoning which begins with the purpose of medicine (physiological healing and preventive medicine admitting the spiritual function of the person), is the best antidote.[19] There is no dearth of articles considering ethical issues in medicine and research in the learned journals. But many of these articles posit a proximate basis for ethical decision making, for example, the psychological well-being of a patient's family, or posit conclusions which have no moral force.

Conclusion

In sum, while there are many new ethical issues arising because of new knowledge and advanced technology, the traditional teaching of the Church offers guidance for resolving these issues. Communicating the teaching of the Church, utilizing the wisdom of the Church for the good of society, is not an easy project. But with humility, patience, and perspicacity, representatives of the Church can dialogue successfully with members of the scientific and medical communities.

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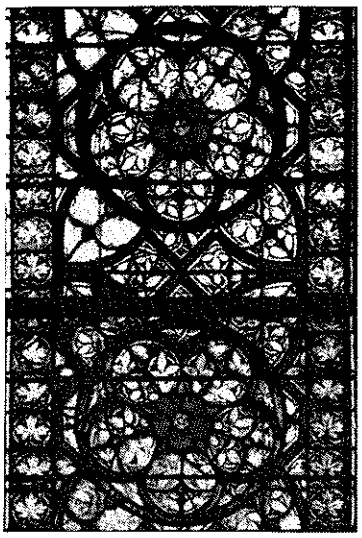
Notes

[1] " Allocution to Italian Physicians, " *Origins,* (Oct. 27, 1980, vol. 10, n. 22).
[2] G. KLERMAN, " Drugs & Social Values, " *Int Journal of Addiction* (May 1970), p. 2-19.
[3] " Allocution of Ethics and Genetics, " *Origins,* (Oct 29, 1983, vol. 131 n. 23), p 386.
[4] Ibid; also cf. Pope Pius XII, " Prolongation of Life, " *The Pope Speaks,* 4: 393-398.
[5] POPE PIUS XII, " The Intangibility of the Human Persons. " *The Human Body,* (Society of St Paul, Boston, 1960, n. 358).
[6] President's Committee on Ethics in Medicine, Belmont Report, Ethical Principles for Protection of Human Subjects of Research, 1978.
[7] POPE PIUS VI, " The Intangibility of the Human Persons " *The Human Body,* (Society of St Paul, Boston, 1960), n 364-65.
[8] POPE JOHN PAUL II, " Allocution on Ethics and Genetics, " *Origins* (Nov. 17, 1983, vol. 13, n. 23).
[9] Congregation for the Doctrine of Faith, " Declaration on Euthanasia, " 1980.
[10] POPE PIUS XII, " Prolongation of Life, " *The Pope Speaks,* 4:393-398.
[11] United States Catholic Conference, " Ethical and Religious Directives for Catholic Health Care Facilities, " n. 28.
[12] " Allocution on Ethics and Genetic, *Origins* (NOv. 11, 1983) p. 351.
[13] POPE PIUS XII, " Allocution to Histopathologists " Sept 14, 1952, *The Human Body,* (Society of St Paul, Boston, 1960), n 361.
[14] POPE JOHN PAUL II, 11Familiaris Consortia, " The Christian Family. " Synod Documents, Nov. 22, 1981, n. 28.
[15] English Hierarchy, " *In Vitro* Fertilization Morality and Public Policy, " May 1983.
[16] A. Ford, et al, *The Doctors' Perspective. Physicians View Thier Practice,* (Cleveland: Case Western Reserve University, 1967) p 140
[17] *Ibid* p. 144.
[18] K.D. CLOUSEN, *Teaching Bioethics Strategies, Problems, and Resources.* (Plenum Press, 1980) p 77.
[19] E. PELLEGRINO, " Toward a Reconstruction of Medical Morality: The Primacy of the Act of the Profession and the Fact of Illness, " *Journal of Medicine & Philosophy.* (1980) 4:32-56



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The Feasible Is Not Always Fitting

The progress of the biological sciences and biomedical techniques shows that man's domination is growing, not just over creation but even — and especially — over his own self. From mastery over the things of this earth and the exploration of space, man has gone on to the exploration of his own being. The mystery of the beginning of his life is opening up in front of him like a book ever easier to read. The seal of the secret of his life is being broken. At this point, the danger of committing acts that " violate " life itself is becoming increasingly real, indeed is already a reality.

The Instruction of the Sacred Congregation for the Doctrine of the Faith on *Respect for Human Life in Its Origin and on the Dignity of Procreation* furnishes us with convincing proof of this.[1] Indeed, it testifies to the fact that various episcopal conferences and individual bishops, theologians, doctors, and scientists have approached the Congregation to ask about " biomedical techniques which make it possible to intervene in the initial phase of the life of a human being and in the very process of procreation and their conformity with the principles of Catholic morality. "[2]

Man has succeeded, thanks to various technical manipulations or manipulative techniques, in laying hands on the very process of the origin of his life. It seems that he has completely forgotten that he is a creature, a very special one, made by God, " in his own image and likeness " (Gn 1:27). At any rate, his interventions raise serious questions of a moral nature, to which this *Instruction* wishes to furnish precise and specific answers.

The few pages at my disposal do not allow me to enter into detail about the weighty and well-founded reasonings of this authoritative document. Nevertheless, following the order of exposition of the document, I shall attempt to point out " the fundamental principles of an anthropological and moral character which are necessary for a proper evaluation of the problems[3] and for understanding the replies to these questions: What respect is due to the human embryo, taking into account his nature and dignity? How is one to evaluate morally research and experimentation on human embryos and foetuses? How is one to evaluate morally the use for research purposes of embryos obtained by *in vitro* fertilization? What judgement should be made on other procedures of manipulating embryos connected with the 'techniques of human reproduction'? "

1. Fundamental criteria for a moral judgement

The Church, expert on humanity and at the service of a civilization of love and sacred respect for life, wishes to clarify the basic parameters which Catholic (and non-Catholic, purely natural) morality understands as deriving from the respect which is due to human life from its first beginning. Two fundamental values are involved: " the life of the human being called into existence and the special nature of the transmission of human life in marriage "[4] We shall deal at greater length with the criterion of respect for life, because this gives the foundation for the ethical replies to questions of a technical and scientific nature about embryos. We shall then briefly mention the criterion of the special nature of the procreation of a new human life, since this is the foundation of the ethical responses to questions about methods of artificial procreation.

1.1. Respect for life

Even though science and technology can constitute, and indeed do constitute, progress in the service of man, they cannot of themselves show the meaning of existence and human progress. The *Instruction* states: " Science without conscience can only lead to man's ruin. "[5] Science and technology, " being ordered to man, who initiates and develops them, draw from the person and his moral val-

ues the indication of their purpose and the awareness of their limits. "[6] Techniques in the field of biomedicine, although enjoying in their own order a certain autonomy, cannot, therefore, claim to have the privilege of moral neutrality, especially when they are utilized and applied to the human person.

While admitting that the field of action of biomedical techniques is that of the solution of problems and the care of illnesses of a biological and physiological character, it remains undeniable that these techniques touch on the very constitutive dimensions of the human being. The human person is always a total unity, in such a way that the body, precisely by reason of its substantive union with a spiritual soul, cannot ever be conceived of in purely biological or physiological terms. A correct anthropological vision requires that man be considered in his unified totality of soul and body. Consequently, every intervention on his body necessarily involves his being as a person. That is to say, in order to make a judgement upon an intervention on man, it is not enough to take into account the parameters of what is " technically possible, " but also attention must be given the norms of what is " morally feasible. " The fathers of the Second Vatican Council express this *criterial* dependence of technology on ethics in terms of the need of the contemporary world for wise men: " Our era needs such wisdom more that bygone ages if the discoveries made by man are to be further humanized. For the future of the world stands in peril unless wise people are forthcoming. "[7]

The wisdom that judges the humanizing value of technology and science consists of keeping in mind that " an intervention on the human body affects not only the tissues, the organs, and their functions, but also involves the person himself on different levels. "[8] In short, every intervention involves a moral significance and responsibility.

This fundamental principle holds good even for the first man-cell, called a " zygote. " The Magisterium teaches: " From the moment of its conception, the life of every human being is to be respected in an absolute way because man is the only creature on earth that God has 'wished for himself' (*Gaudium et Spes,* 24), and the spiritual soul of each man is 'immediately created' by God; his whole being bears the image of the Creator. "[9] Whoever intervenes on what has been " conceived " must realize that God alone is the Lord of life and death; no one, therefore, can arrogate to himself for any reason whatsoever the right to destroy in a direct manner an innocent human being.

1.2. Replies to the problems

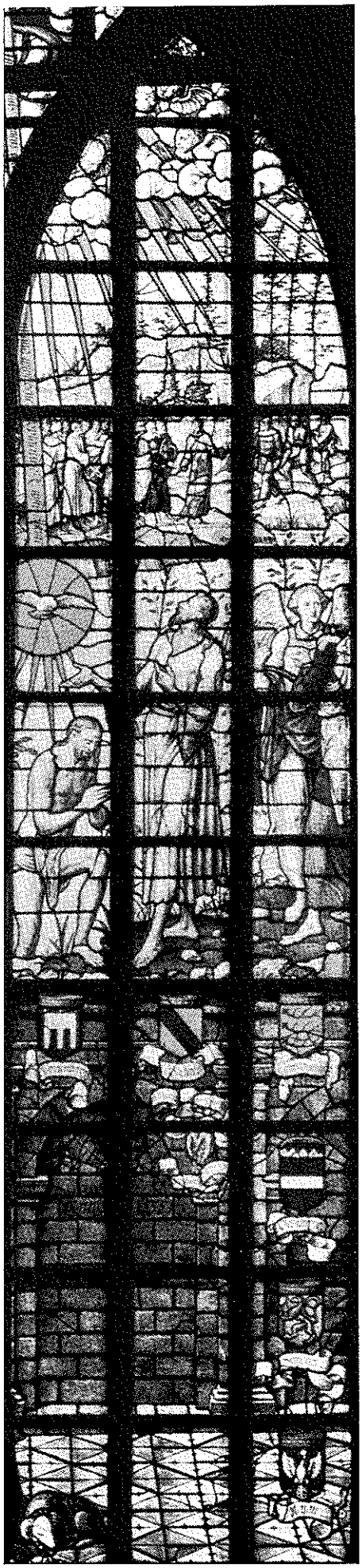
To the question of the respect due to the human embryo, the reply is unequivocal: *an absolute respect is required.* When the egg is fertilized, a new life is begun, distinct from that of the father and of the mother, the life of a new human being with its own growth determined by its DNA. Consequently, from the formation of the zygote, the respect due is that which is due to every human being in its corporal and spiritual totality. Our document states this quite categorically: " The human being is to be respected and treated as a person from the first moment of conception; and therefore from that same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life. "[10]

To the question of the moral evaluation of research and experimentation on human embryos and foetuses, the reply is founded on the guaranteeing of the physical integrity and life of the unborn child and the mother. As regards research, even when limited to the simple observation of the embryo, it is pointed out that it " would become illicit were it to involve risk to the embryo's physical integrity or life by reason of the methods used or the effects induced. "[11] As regards experimentation, a distinction must be made between clearly therapeutic purposes and those not directly therapeutic. In regard to not directly therapeutic experiments, the moral judgement is in these terms: this type of experimentation is illicit, since it is contrary to the respect due to human life. No objective, however noble or useful in itself, can be cited in order to justify what is always contrary to an inalienable right.

When it is a case of experimental therapies employed for the benefit of the embryo itself, then matters are different. The intention to save the life of the unborn child can make licit a final attempt, provided this is reasonably therapeutic. Morality is not opposed to recourse to drugs or procedures not yet fully tested.

Up to now, we have been talking about problems and replies that have to do with embryos that are the fruit of normal marital relations. Now we shall deal with questions concerned with the employment, for scientific research purposes, of embryos that are obtained *in vitro.*

The reply of *Donum Vi-*



tae leaves no doubt: " It is immoral to produce human embryos destined to be exploited as disposable 'biological material'. "[12] Like all other human embryos, these are human beings and therefore require the respect owing to a person; thus, to reduce them to simply " instrumental " objects is directly contrary to the moral duty of respecting every human being in itself, as an ultimate value.

The reply to the problem of other forms of manipulative procedures on embryos connected with the reproductive techniques of new human life is along the same lines. Attempts, for example, of fertilization between human and animal gametes and the gestation of human embryos in the uterus of animals, or the hypothesis or project of constructing artificial uteruses for the human embryo.[13] These procedures are directly contrary to the human dignity proper to the embryo; not only this, they offend a precise divine right of the unborn child. This latter reason leads us into a consideration of the problems surrounding the unique nature of the act of human procreation.

2. The divine right of the unborn child

In dealing with interventions in human procreation, the *Instruction* makes pronouncements about *in vitro* fertilization and " artificial insemination through transfer into the woman's genital tracts of previously collected sperm. "[14] Granted the negative moral judgement about the destruction of " spare " embryos and the sacrifice of some implanted embryos for eugenic, economic, or psychological reasons, we shall treat only of the basic criterion in the subject of procreation and deduce therefrom moral judgements about heterologous and homologous artificial fertilization.

2.1. Procreation and marital sexual union

By virtue of the personal dignity of the parents and of the children, " the procreation of a new person, whereby the man and the woman collaborate with the power of the Creator, must be the fruit and the sign of the mutual self-giving of the spouses, of their love and of their fidelity. "[15] Every unborn child has in fact the right, from God himself, to be conceived and carried in the maternal womb. This right of every new human person is made concrete in the secure relationship to his own parents, so that the unborn child can " discover his own identity and achieve his own proper human development. "[16] Such a right to his own proper identity and development requires, on the part of the spouses, a sexual union which allows the recognition of their maternal and paternal identity. That is why " the tradition of the Church and anthropological reflection recognize in marriage and in its indissoluble unity the only setting worthy of truly responsible procreation. "[17] Only in the context of their marriage can the spouses find, in their child, the authentic confirmation and the completion of their mutual and total self-giving.

In this theological and anthropological vision of marriage there is no place for a permissive evaluation of artificial fertilization, either homologous or heterologous.

2.2. No to IVF and ET

Our document states: " Respect for the unity of marriage and for conjugal fidelity demands that the child be conceived in marriage; the bond existing between husband and wife accords the spouses, in an objective and inalienable manner, the exclusive right to become father and mother only through each other. "[18]

Heterologous IVF and ET is therefore contrary not just to the divine right of the unborn child, but also, and especially, to the duty of the unity of marriage and the proper, specific, and exclusive vocation of the parents spouses. Recourse to the gametes of a third person " brings about and manifests a rupture between genetic parenthood, gestational parenthood, and responsibility for upbringing. "[19]

I think that the overwhelming majority of people has no difficulty in accepting the prohibition of this method of procreation, which produces a profound change in the personal relationships inside the family. One does not immediately see, on the other hand, why two spouses cannot have recourse to IFV and ET if, in this way, they are at last able to become a mother and a father. Many ask why it is not licit to make use of technical progress which aims at making happy a couple otherwise " condemned " to remain infertile.

The *Instruction* makes a careful examination of this problem and seeks to justify its reply in the light of the link between procreation and the conjugal act.

The teaching concerning the connection that exists between the unitive meaning and the procreative meaning and the goods of marriage " throws light on the moral problem of homologous artificial fertilization, since 'it is never permitted to separate these different aspects to such a degree as positively to exclude either the procreative intention or the conjugal relation'. "[20]

According to the teaching of the Church, God willed an inseparable connection between the two meanings of the conjugal act; therefore man, on his own initiative, cannot separate the unitive from the procreative meaning. The conjugal act, by its intimate structure, " while most closely uniting husband and wife, capacitates them for the generation of new lives, according to laws inscribed in the very being of man and woman. "[21]

Starting from this moral viewpoint, Pope John Paul II has stated that fertilization achieved outside the bodies of the couple, even when they are spouses, remains by this very fact deprived of the meanings and of the values which are expressed in the language of the body and in the union of human persons.[22] The generation of a new human being must be the fruit of the reciprocal self-giving which is specific and exclusive to the two spouses. Therefore, and this is the conclusion of our document, even if homologous IVF and ET is not vitiated further by extraconjugal procreation, the Church " remains opposed from the moral point of view to homologous *in vitro* fertilization. Such fertilization is in itself illicit and in opposition to the dignity of procreation and of the conjugal union, even when everything is done to avoid the death of the human embryo. "[23]

I hope that the light of truth on the gift of human life and principles of a moral nature that derive from it can contribute to working for the benefit of a civilization of love.

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NOTES

[1] Sacred Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation* (Vatican City, 1987) (Hereafter cited as *Instruction).*
[2] *Instruction,* preamble, p 3
[3] *Ibid*
[4] *Instruction,* introduction, no 4, p. 9
[5] *Instruction,* no. 2, p. 7
[6] *Ibid.*
[7] Gaudium et Spes, no. 15.
[8] *Instruction,* introduction, no. 3, p. 8.
[9] *Instruction,* introduction, no 5, p 11.
[10] *Instruction,* I, 1, p 13
[11] *Instruction,* I, 4, p. 16.
[12] *Instruction,* I, 5, p 18
[13] *Instruction,* I, 6, p. 19
[14] *Instruction,* II, p. 21
[15] *Instruction,* II, A 1, p 23.
[16] *Ibid*
[17] *Ibid.*
[18] *Instruction,* II, A 2, p. 24.
[19] *Instruction,* II, A 2, pp. 24-25
[20] *Instruction,* II, B4, p. 26.
[21] Ibid.
[22] Cf. John Paul II, "Address to the Participant in the Thirty-Fifth General Assembly of the World Medical Association" (October 29, 1983), *AAS* 76 (1984) 393, cited in the *Instruction,* II, B 4[b], p. 27.
[23] *Instruction,* II, B 5, p 30.

Testimony

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Pastoral Care Program in Kenia

Agreement on Catholic Religious Assistance at Public Hospitals

Proclamation of Ronald Reagan

Document on Family Counseling Centers

Health Apostolate Department in Mexico

Report from Korea

The Camillians in Brazilian Health Care

International Institute for the Pastoral Theology of Health Care

Pastoral Care Program in Kenya

The Medical Department of the Kenya Catholic Secretariat, a branch of the Kenya Episcopal Conference, chaired by Bishop John Mjenga, has recently organized a number of interesting and formative workshops on Pastoral Care of the Sick. The idea for such training had already surfaced a few years ago but it was then put on the shelf because the time did not seem to be ripe.

Sr. Umberta Fumagalli, a Consolata Missionary, Secretary of the Medical Department and Coordinator of the program, indicated that its purpose was to enable the health care workers to better understand the pastoral dimension of their caring and to develop sensitivity and the necessary skills to respond more effectively to the patients' global needs: physical, psycho-social, and spiritual.

The animator of the workshops was Fr. Arnaldo Pangrazzi, an Italian priest residing in Rome, who is certified as CPE supervisor by the United States Association of Clinical Pastoral Education and by the National Association of Catholic Chaplains (USA).

Fr. Pangrazzi belongs to the Order of St. Camillus, a worldwide community specializing in a variety of health care ministries which in Rome has recently established the Camillianum International Institute for the Pastoral Theology of Health Care, whose purpose is to provide specialized formation and training in this field.

The program

Information on the program was sent to various religious communities engaged in health care, to Catholic hospitals and dispensaries, etc. The initiative was presented as an effort to contribute to a more caring and pastoral presence of the Church in the health world. Participants represented a gamut of professional groups: directors of nursing schools, regional medical coordinators, Catholic physicians, " Family Planning " team members, hospital chaplains, student nurses, community health care personnel.

The program consisted of:

— three residential seminars of 5 days each attended by 40 participants per group, mostly Sisters and lay nurses. They were held in various localities of Central Kenya;

— two seminars of two days each for nurses (72 attended) at the Kenyatta National Hospital in Nairobi, the biggest hospital in Central Africa;

— a three-day seminar for clergy with 22 participants;

— a one-day seminar for physicians attended by 23 people.

The titles for the various workshops were:

— Holistic Health Care: The Meaning of the First Commandment (residential workshops);

— Ministry for the Sick (for clergy);

— Healing Relationships with Those Who Hurt (for physicians);

— Understanding the Sick: Their Needs, Losses, Resources, and Hopes (for nurses at Kenyatta Hospital).

During the 5-day residential program Fr. Pangrazzi helped the participants to gain a better understanding of the meaning and implications of the first commandment (Lk 10: 27) by focusing each day on a specific dimension of caring:

— physical caring: " loving with all our strength ";

— relational caring: " loving with all our mind ";

— emotional caring: " loving with all our heart ";

— spiritual caring: " loving with all our spirit. "

Experiential learning

Fr. Pangrazzi used a methodology that required a personal, active involvement in the learning process. The aim was to help the participants to integrate theory and practice through the process of personal and group reflections and interaction. Such an experiential approach contributed to the growth of self-awareness, the emergence of new insights, the development of practical skills to improve one's style of relating and being present to the sick.

A variety of resources were used: individual and small group exercises, brief lectures, role-playing, verbatim analysis, large group sharing, analysis of chosen biblical stories.

Among the areas covered: the motivations for one's involvement with the sick, verbal and non-verbal communication, aids and obstacles in listening, coping with feelings, the spirituality of the health care worker, culture and pastoral care, learning to identify the resources of the sick.

" The best way to humanize health care structures, " the Camillian priest would say, " is to humanize ourselves. Wisdom begins with self-understanding. "

Through practical exercises the participants were helped to become more aware of their identity as a basis for a greater professional competence.

Looking ahead

The enthusiastic tone of the evaluations endorsed the positiveness of the experience for those who, being constantly exposed to suffering humanity, are called to witness to the spirit and the attitudes of the Good Samaritan.

Some evaluations mentioned " the new perpective " offered by the workshop; others stressed " how enriching the experience was, personally and professionally "; still others referred to " the new lights that were lit which will help to bring a creative dimension to ordinary activities. "

Certainly, a good song cannot be forgotten; it needs to be heard again. It is important, therefore, that the effort not stop here, that similar opportunities be offered on an ongoing basis. Together with our thanks to Sr. Umberta, who organized the program; to German MISSIO, which provided the funds for it, and to Fr. Pangrazzi, who directed it, there is the wish and the hope that there will be more planting and more harvesting in the future.

FR. GIAN MARCO DAL BON
Chaplain at Kenyatta National Hospital, Nairobi (Kenya)

Agreement on Catholic Religious Assistance at Public Hospitals


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Order of December 20, 1985 providing for the publication of the agreement on Catholic religious assistance at public hospitals.

(Letter Adressed to the Ministers of Justice and of Health and Consumer Protection)

December 20, 1985
Madrid

Dear Sirs:

On July 24, 1985, in accordance with the agreement between the Spanish State and the Holy See on juridical matters, an agreement was signed concerning Catholic religious assistance at public hospitals. In order to put this agreement into effect, it is now appropriate to publish it.

Consequently, in keeping with the proposal of the Ministers of Justice and of Health and Consumer Protection, the Presidency of the Government determines to publish the text of the agreement on Catholic religious assistance at public hospitals signed on July 24, 1985 and wishes to inform you of this decision.

Moscoso del Prado y Muñoz

Agreement on Catholic Religious Assistance at Public Hospitals

Within the juridical framework of the Constitution, which guarantees freedom in ideology, religion, and worship for individuals and communities, and in fulfillment of Article IV, 2) of the agreement between the Spanish State and the Holy See on juridical matters of January 3, 1979, the Ministers of Justice and of Health and Consumer Protection and the President of the Spanish Conference of Catholic Bishops, duly authorized by the Holy See, have reached the following agreement:

Article 1. The State guarantees the exercise of the right to religious assistance for Catholics admitted to public hospitals (run by Insalud, Aisna, the autonomous communities, deputations, municipalities, and public foundations).

Catholic religious assistance shall in all cases be provided with due respect for freedom of religion and of conscience, and its content shall conform to what is stipulated in Article 2 of Organic Law 7/1980 of July 5 on religious freedom.

Catholic religious assistance at military and penitentiary hospitals is also guaranteed and shall be governed by the specific norms in effect.

Article 2. For this purpose, each of the public hospitals referred to in the preceding article shall have a service or organization to provide Catholic religious assistance and pastoral attention to the Catholic patients. This service shall also be available to other patients who freely and spontaneously request it.

Relatives of the patients and Catholic personnel at the hospital who so desire may benefit from this service or organization whenever the needs of hospital service permit.

In order for the service of Catholic religious assistance to be well integrated into the hospital, it shall be associated with the institution's management or administration.

Article 3. The Catholic religious assistance service to which this agreement refers shall have adequate facilities at its disposal, such as a chapel, an office, and a place to reside or spend the night, if necessary, along with the resources required for its functioning.

Article 4. The chaplains or persons deemed competent to provide Catholic religious assistance shall be named by the local ordinary and appointed officially by the institution in charge of each hospital, once the legal requisites and applicable norms, in accordance with the juridical status of the chaplain, have been fulfilled.

Chaplains shall cease to exercise their function if the canonical mission is withdrawn or if the institution responsible for the hospital so decides, in conformity with its own internal operating procedures. In any event, before this decision takes effect it must be communicated to the director of the hospital or to the local ordinary, where appropriate.

Chaplains shall also cease to exercise their function as a result of their own withdrawal, through their contract's being rescinded, or after disciplinary measures, where applicable, have been taken.

When, in view of the hospital's needs, this religious assistance should be provided by several chaplains, the local ordinary shall designate one of them to be in charge of it.

Article 5. The persons providing Catholic religious assistance shall conduct their activity in collaboration with the other hospital services. Both these and the administration or management shall offer the means and cooperation needed to fulfill this mission, particularly as regards information on patients.

Article 6. Through the corresponding budget allotments, the State shall be responsible for financing the service of Catholic religious assistance, transfering the necessary funds to the health Administrations concerned.

Article 7. To establish the necessary juridical relationship to those providing the service of Catholic religious assistance, the different

public Administrations engaged in running hospitals may either contract this personnel directly or arrive at an appropriate agreement with the local ordinary, in keeping with the conditions established in the present agreement.

Chaplains shall have the rights and obligations deducible from the existing juridical relationship, with the same conditions as the rest of the hospital personnel.

If the appropriate agreement is reached with the local ordinary, the religious personnel shall be included in the same conditions as the rest of the hospital personnel.

If the appropriate agreement is reached with the local ordinary, the religious personnel shall be included in the special Social Security program for the clergy.

Article 8. The opening or closing of public hospitals shall entail establishing or suppressing, as the case may be, the service of Catholic religious assistance, with the corresponding personnel, resources, and facilities

Article 9. Within the framework of the present agreement, the institutions responsible for hospitals may, together with Church authorities, decide upon the form and conditions of a detailed regulation of Catholic religious assistance.

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In any event, the dispositions in the present agreement shall be incorporated into the regulations and internal operating procedures of all public hospitals.

Temporary Disposition

The situations and acquired rights of chaplains currently working at public hospitals referred to in Article 1 shall be respected. In any event and at any time, these chaplains may invoke the terms of this regulation.

Final Disposition

The present agreement shall go into effect on January 1, 1986. Madrid, July 24, 1985.

Annex I

The minimum number of chaplains responsible for providing Catholic religious assistance at each public hospital shall be related to its size, according to the following criteria:

Up to 100 beds: a part-time chaplain.

100-250 beds: a full-time chaplain and a part-time chaplain.

250-500 beds: two full-time chaplains and a part-time chaplain.

500-800: three full-time chaplains.

More than 800 beds: from three to five full-time chaplains

Annex II

As remuneration of the chaplains at public hospitals responsible for providing Catholic religious assistance, the public Administration establishes the sum of 1,190,000 pesetas a year to be paid in 14 installments of 85,000 pesetas each. This remuneration shall be up-dated every year in accordance with the index of salary increases for the employees at these hospitals.

Annex III

In spite of what is stipulated in Article 6, the financial obligation related to the service of Catholic religious assistance shall remain incumbent upon the entities which are currently responsible for public hospitals. At the hospitals created in the future by autonomous communities, deputations, municipalities, and public foundations, the financing of the service of Catholic religious assistance shall be incumbent upon the founding entities.

National Sanctity of Human Life Day, 1987. A Proclamation by the President of the United States of America

In 1973, America's unborn children lost their legal protection. In the 14 years since then, some twenty million unborn babies, 1.5 million each year, have lost their lives by abortion — in a nation of 242 million people. This tragic and terrible toll continues, at the rate of more than 4,000 young lives lost each day This is a shameful record; it accords with neither human decency nor our American heritage of respect for the sanctity of human life.

That heritage is deeply rooted in the hearts and the history of our people. Our Founding Fathers pledged to each other their lives, their fortunes, and their sacred honor in the Declaration of Independence. They announced their unbreakable bonds with its immutable truths that " all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. " Americans of every succeeding generation have cherished our heritage of God-given human rights and have been willing to sacrifice for those rights, just as our Founders did.

Those rights are given by God to all alike Medical evidence leaves no room for doubt that the distinct being developing in a mother's womb is both alive and human. This merely confirms what common sense has always told us.

Abortion kills unborn babies and denies them forever their rights to " Life, Liberty and the pursuit of Happiness. " Our Declaration of Independence holds that governments are instituted among men to secure these rights, and our Constitution — founded on these principles — should not be read to sanction the taking of innocent human life.

A return to our heritage of reverence and protection for the sanctity of innocent human life is long overdue. For the last 14 years and longer, many Americans have devoted themselves to restoring the right to life and to providing loving alternatives to abortion so every mother will choose life for her baby.

We must recognize the courage and love mothers exhibit in keeping their babies or choosing adoption. We must also offer thanks and support to the millions of Americans who are willing to take on the responsibilities of adoptive parents. And we must never cease our efforts — our appeals to the legislatures and the courts and our prayers to the Author of Life Himself — until infants before birth are once again afforded the same protection of the law we all enjoy.

Our heritage as Americans bids us to respect and to defend the sanctity of human life. With every confidence in the blessing of God and the goodness of the American people, let us rededicate ourselves to this solemn duty.

NOW, THEREFORE, I, RONALD REAGAN, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim Sunday, January 18, 1987, as National Sanctity of Human Life Day. I call upon the citizens of this blessed land to gather on that day in homes and places of worship to give thanks for the gift of life and to reaffirm our commitment to the dignity of every human being and the sanctity of each human life.

IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of January, in the year of our Lord nineteen hundred and eighty-seven, and of the Independence of the United States of America the two hundred and eleventh.

Document of the Catholic University's Faculty of Medicine on Family Counseling Centers

The Faculty of Medicine and Surgery at the Catholic University of the Sacred Heart in Rome, in response to the Pastoral Note by the Italian Bishops' Conference entitled " After Loreto, " has reflected on research concerning the subject of Family Counseling and has elaborated a document approved by a plenary session of the Faculty Council presided over by Prof. Ermanno Manni. The text appears below

1. The ten-year period since the enactment of Law 405/1975 instituting a counseling service in our country, the complex and contradictory sociocultural situation in Italy as regards the evolution of family life, and the Church's commitment to an organic family ministry have stimulated our Faculty to reflect on its presence and service in the history of our nation and of the Catholic community.

Law 405/1975, created to respond to the new problems of the couple and the family, has favored the expansion of counseling services throughout the country.

An objective examination of the activity of public consultants reveals, however, a prevailing tendency to select medical means of intervention while overlooking the psychological and social aspect.

This orientation has been confirmed by certain regional laws posing real difficulties in terms of identity, pluralism, and participation for the counseling centers not supported by public bodies.

The introduction of the laws on divorce and the voluntary interruption of pregnancy has provoked a widespread attitude of lack of esteem for family values and favored forms of disintegration of the family nucleus with unforeseeable consequences.

The Church in Italy, reflecting on family life and on the most pressing pastoral choices to evangelize the family, and consolidating an experience which had already been under way in our country for several decades, has since 1969 found the Family Counseling Center to be a service of authentic human promotion capable of " offering valid assistance to the family; especially in moments of crisis and difficulty, providing indications to solve the specific problems of married life " (Italian Bishops' Conference, *Marriage and the Family in Italy Today,* no. 17).

The pastoral note " After Loreto " has not only confirmed but encouraged a greater commitment by Christians to family counseling centers so as to " reverse the trend of the culture of death " (Pastoral Note, no. 33).

2. In the face of the expectations of Italian society and the pastoral commitment of the Church in Italy, the Faculty of Medicine and Surgery at the Catholic University wishes to make a contribution to the understanding and renewal of the Family Counseling Center.

The negative experience of many public centers does not provide sufficient grounds for eliminating such an institution, partly because the family counseling centers not operated by public bodies have experienced a real possibility of fulfilling the goals established by Law 405.

3. The Faculty of Medicine and Surgery at the Catholic University maintains that the Family Counseling Center is necessary as a specific service for the person, the couple, and the family.

In particular, on the basis of experience at its own counseling center, it indicates a *counseling methodology* involving *not only medical advice, but also a global response to the needs of the family, including those which are psychological, pedagogical, social, and ethical; stimulation of the family and of groups of families to become aware of and administer their own resources to solve their problems; an interdisciplinary approach to individual cases favoring a personal and responsible solution.*

4. The Faculty of Medicine and Surgery at the Catholic University reasserts the centrality of the family as the irreplaceable *locus* " for the birth, growth, and socialization of the human person " and as the " fundamental cell " of society.

Accordingly, the counseling service not only must not be a place in which the family is threatened in its

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reality and behavior, but must respect, promote, and involve the family as an active, responsible subject.

5. The Faculty of Medicine and Surgery at the Catholic University commits itself to carrying out ongoing scientific research on the experience of the Family Counseling Center to grasp its dynamics and needs, to sustain the Center for Family Assistance and Promotion — divided into three Services: Family Counseling, Research and Studies on the Natural Regulation of Fertility, and the Family Ministry — as a specialized instrument for the whole Faculty's presence and action in Italian society and in the Church's family apostolate; and to promote the training of future health professionals capable of mature, upright witness to Christian family values and adequately prepared to provide counseling.

6. The Faculty of Medicine and Surgery at the Catholic University asks all institutions — and particularly the Family Counseling Centers — for a greater commitment to preventing the interruption of pregnancy; regional programs which seriously take into account the activity of centers not promoted by public bodies, with no discrimination; the overcoming of all forms of marginalization regarding social and medical workers who are conscientious objectors, distinguishing between the counselor and the employee who grants authorization for the voluntary interruption of pregnancy.

The Faculty of Medicine and Surgery at the Catholic University *hopes that every Italian family will be able to find adequate support for its overall growth in truth.*

Health Apostolate Department in Mexico

Structure and Work Plan

1. At the Thirty-Eighth Assembly of the Catholic Bishops' Conference of Mexico held in Guadalajara, Jalisco in April, 1986, a Health Apostolate Department was created.

2. It is an initiative of the Catholic Bishops' Conference of Mexico experimentally attached to the Bishops' Commission for Social Ministry.

3. It is designed to provide service to the Mexican Bishops in their diocesan ministry.

4. Working through the local Bishops, it will reach those actively engaged in the health apostolate.

5. As a first step, several Bishops were asked to serve on the Department's Board. Msgr. Fernando Romo, Bishop of Torreón; Msgr. Francisco Maria Aguilera, Auxiliary Bishop of Mexico; and Msgr. Manuel Mireles Vaquera, Auxiliary Bishop of Durango agreed to do so. Dr. Jorge A. Palencia Ramirez de Arellano, with a doctorate in Pastoral Psychology from Harvard University and broad experience in the health field, was also named Executive Secretary of the Department.

6. Initial work involved analyzing the results of the questionnaire sent to the Mexican Bishops. This analysis provided insights on organizing and activating the health apostolate while reflecting the realities experienced in this ministry on a diocesan level. By way of example, there are three large organizational categories in this field. The first is constituted by the Archdioceses and Dioceses (e.g., the Archioceses of Puebla, Guadalajara, and Mexico; the Dioceses of Tijuana, San Cristóbal Las Casas, and León; the Apostolic Vicariate of Trahumara, and the Jesús María Prelacy) which have already organized their respective Teams. A second group of Dioceses is now starting to get organized, and a third has yet to begin. In all the ecclesiastical jurisdictions, however, this ministry exists in one form or another.

7. The following step consisted of drawing up a first Work Plan. This minimal, provisional plan allowed us to focus the health field in the light of John Paul II's Encyclical *Salvifici Doloris* and his Motu Proprio *Dolentium Hominum* reflecting the great need for integral evangelization aimed at those working in the health ministry. This first work plan was approved by the Catholic Bishops' Conference of Mexico and has been included in the Conference's *Organic Plan for Pastoral Work 1986-1988,* within the first area of Basic Tasks (cf. *Organic Plan,* pp. 116-120).

8. This Plan features

a) preparation of a National Health Apostolate Directory (facts, teachings, practical guidelines), currently at the data-gathering stage;

b) preparation of an elementary Catechism with the same basic content as the Directory, but in a simplified version;

c) offering courses on the health apostolate to the diocese whose Bishops so request, within the limits of our reduced possibilities at present.

9. Members are also being recruited for a Diocesan Service Team, with support from those working locally in the health ministry.

10. The Department has already met with several National Associations representing the health field, seeking to foster communication and dialogue with a view towards the best possible integration of their resources in the future.

The Department's work is just beginning, and its services and contacts are thus still quite rudimentary. These beginnings have been placed under the protection of Holy Mary of Guadalupe, our Health and the Mother of the true God through Whom we live.

✠ JORGE MARTÍNEZ MARTÍNEZ
Auxiliary Bishop of Meico
President of the Health Apostolate Department

Report on Catholic Health Care in Korea

Over the years we have been in touch with the Catholic Medical Center in Seoul, Korea. It is owned and operated by the Archdiocese of Seoul. It consists of a Catholic Medical School and nine (9) teaching hospitals. It is certainly one of the largest Catholic Medical Centers with a medical school in the world.

On October 22, 1986, the Center celebrated the Fiftieth Anniversary of their establishment Representatives from the Medical Center of Seoul had visited the Archdiocese of New York and New York Medical College. At the time of their Scientific Conference in commemoration of the 50th Anniversary of the Catholic Medical Center I was invited with a faculty member from New York Medical College to make a presentation at the Conference.

We left New York on Saturday, October 19 and arrived in Korea on Sunday the 20th. We visited with the faculty of the Catholic Medical College and also visited several of their hospitals We even went out to the country — suburban and rural areas — to visit St Mary's Hospital in Taejon and several other hospitals which were very well equipped, providing excellent medical care. The quality of the doctors is exceptional; they are all board certified, with good educational training, from all over the world.

The Scientific Conference was held at the new St. Mary's Hospital, which has been rebuilt at a new location. The presentation was on medical ethics in a world of high technology medicine Dr. Joseph Cimino spoke on medical education.

We found the Church in Korea very strong. We met with the Vicar General and Father Kim, the Director of the Catholic Medical Center several times to discuss health care problems The Catholic Church in Korea is very vital and very much involved in health care. The image that the Church presents is probably best conveyed by the Cathedral Compound, with the school, meeting hall, the Cardinal's house and the original St. Mary's Hospital. The image of the Church has always been that of a serving Church in Korea — taking care of the needs of all people, no matter what their race, color, or creed.

The old St Mary's Hospital is now being used for executive offices for the Archdiocese of Seoul. The new St. Mary's Hospital is set in an area which is at a distance from the Cathedral in another part of the city of Seoul.

The Catholic Medical Center in Seoul would like to have an affiliation with the New York Archdiocesan Health Offices and New York Medical College. They would like to have an exchange of scholars and students, nursing and administrative staff visits, assistance for libraries and joint research projects. They are interested in forming an affiliation with New York Medical College to accomplish some of these goals. This could be a very helpful, mutual association for both New York Medical College and the Catholic Medical Center in Seoul, Korea.

There were many meetings with the Catholic doctors and they have a very strong Catholic Physicians Guild that is associated with the International Federation of Catholic Doctors (FIAMC).

Health Care Needs in the Dominican Republic

His Eminence John Cardinal O'Connor has visited the Dominican Republic and has been very interested in helping them in health care. There are over 500,000 Dominicans who now live in the Archdiocese of New York. It is felt that with their help and with the leadership of the Cardinal, a contribution could be made to health care needs in the Dominican Republic. As a result of this, and especially with the support of Matilda Balaguer, niece of the President of the Dominican Republic, it was arranged for Mario Paredes and myself to be officially invited by the government of the Dominican Republic and Monsignor López, the Archbishop of Santo Domingo, to visit the Island to see what could be done to help them in the health care area.

On Tuesday, December 16th we arrived in Santo Domingo. We were met at the airport by the Minister of Health and escorted to our hotel. We met with the Minister of Health and his staff to discuss the major issues in health care. It is obvious the new government is making a real effort to improve the health care provided.

The following day we met with Archbishop Lopez, the Archbishop of Santo Domingo. Before he was Archbishop we had met here in New York. It was nice to renew old acquaintances. He is very enthusiastic and really wants to do what he can. He feels that taking over all the hospitals would be too big a task for the Church at this time. We suggested that they take one hospital, the Children's Hospital, and see how that works out, and then, if this is successful, they could move further. We advised him that everything should be done by and through the local Church. He is looking forward to the project. He relates well to the President.

We visited three hospitals: the Children's Hospital, a large maternity hospital, and a local general hospital.

1 *Children's Hospital, Clínica Infantil Dr. Robert Reid Cabral*

This is a 299-bed hospital that treats approximately 760 patients per month. It is a public hospital which takes care of the ill and needy children of the country.

Outpatient Clinic visits—11,000 for year. The Director is a fine Catholic doctor. Eight (8) Daughters of Charity work voluntarily in the hospital as department heads and in similar duties.

2 *Maternity Hospital*

Hospital De Maternidad Nues-

tra Sra de la Altagracia—This is the largest maternity hospital in the Dominican Republic. Statistics are not too reliable, but they have about 20,000 deliveries a year. They also have an excellent neonatal unit. The director of the neonatal unit has already visited us in New York and met with some of our doctors and visited some of our facilities

3. *General Acute Care Hospital*

This is a 200-bed general acute care hospital. Its equipment is very poor. They have a $50,000 pulmonary machine that has never been used because they don't have trained technicians. The impression is that the government is spending enough money to help health care, but it is not being used efficiently.

After visiting the hospitals, we met with the Daughters of Charity who had run some of the hospitals years ago and were now working in the public hospitals. The discussion was most helpful, and they were also enthusiastic about moving with the Children's Hospital. I offered Mass for them in their small chapel.

After our hospital visits, we had meetings with the Archbishop and government officials: the Minister of Health Care and his staff, the Minister for Planning, as well as a meeting with the President of the Dominican Republic, Joaquin Balaguer. We met for about one hour to discuss the health care situation. A summary of this discussion with the President is as follows:

1) The basic health care need in Santo Domingo is a good sanitary water delivery system;

2) There are more than enough doctors;

3) There is a need for paraprofessionals and technicians to work in the hospitals;

4) Drugs and medicines are being lost and misused;

5) There is a great need for equipment, but more importantly, for maintenance of their equipment.

In discussion with the President, he brought up the idea of drugs and medicines and asked if it would be possible for them to be bought in the United States by us and then shipped through the Church in Santo Domingo and distributed to the hospitals. They do have a great need for medicine and drugs there. It seems the government is really making an effort in health care and this is very obvious to anyone visiting the hospitals. We really do not feel that they are getting the best value for the money they are spending. The President agreed with the idea of first turning over the Children's Hospital to and having it run by the local Church and then seeing what the future brings.

The President's own feeling is that the Church should take over all the hospitals I think that would be too much for the local Church at this time, and there would be objections to this probably from some of the doctors as well as health care officials. It was felt best to work with the Children's Hospital first. It is a good hospital and the administrator there seems to be a good Catholic doctor. If we are able to slowly make some changes, we can help them make it a first class hospital.

We feel there is also a need to develop some school or college that would train more nurses and other professionals in health care. As health care becomes more technological, there is a greater need for technicians, nurses, and other professionals in health to take care of the equipment that these hospitals should have and to see to it that this equipment is maintained. There is equipment in the hospitals in Santo Domingo, but the greatest problem is maintenance.

It was also decided that everything should be done through the local Church in Santo Domingo and that we would just be advisors and help as best we possibly can. It was thought that it might be helpful to have an affiliation of the Children's Hospital with the Ospedale Bambino Gesu in Rome so that this help would be seen as coming not just from the American Church but from the universal Church.

As a result of this visit, we have gathered a list of the needs of the different hospitals. The Ministry of Planning and the Ministry of Health have provided some statistics. A study was done by Matilda Balaguer as to health care in Santo Domingo. She would be one of the crucial people to see that this is carried out. The Archbishop is very enthusiastic about this and a little worried about taking on too much at this particular time, but he certainly is willing to see what can be done.

The President was most favorable and most helpful and is looking for guidance and help from us. He is a very wise man with great insight into the actual situation.

We also met with Monsignor Núñez, the President of the Madre y Maestra University in Santiago. We spent some time with him and discussed the situation of health care He feels that they need a hospital for this medical school, and it was agreed that they would have the Bishop of Santiago, which is a different diocese from Santo Domingo, approach the government with the possibility of that diocese's taking over the present state hospital for their medical school. We could work with them and New York Medical College to help them fulfill their needs. We have been in touch with Monsignor Núñez and will continue to be in touch with him to work out some solution to his problem.

We have planned to go over the different particular materials and needs they have to see which ones we would be able to help them with, especially through our own hospitals. We also feel that there is a need for setting up a separate foundation or corporation in the Archdiocese of New York for Catholic health care in Santo Domingo. Through this entity we could appeal to the many Dominican doctors and people living here in the Archdiocese to help their own country I intend to return to Santo Domingo in February from the 13th to the 19th with Mario Paredes, two doctors from New York Medical College, and a hospital administrator. The purpose of this trip will be to see what progress has been made and to follow up on their next steps so that nothing falls through the cracks.

MSGR. JAMES CASSIDY
Ecclesiastical Assistant of FIAMC
New York, U S A.

The Camillians in Brazil

To do good and assist the sick is a human and Christian duty valued in all times. The way of doing so varies — or rather, should vary — according to periods and environments. It is indispensable to bear in mind local needs, the circumstances of the individual and of the community. The characteristics of each time and culture must not be overlooked. And, in addition, technical-scientific development is an aspect to be constantly taken into account.

The modern world changes at a speed that is hard to keep up with. The ecclesiastical sphere, accustomed to meditating on eternal truths, unquestionable dogmas, and perennial values, finds it difficult to realize, accept, and adapt to calls for change. Not everyone accepted the Second Vatican Council. It may thus happen that civil organizations go forward while those of the Church remain immobile in the past.

The Second Vatican Council speaks clearly about the autonomy of earthly realities. This truth must always be borne in mind when making decisions. St. Paul's " a Greek with the Greeks and a Roman with the Romans " is still up-to-date.

Brazilian Hospitals Today

Brazilian health and hospital care in the nineteen-seventies — to establish a temporal reference point — was precarious and insufficient, and statistics were almost always seen to be incomplete for the purposes of precise analysis. Hospitals, in both individual regions and large cities, were badly distributed. Scientific administration — long-since introduced in North American hospitals — could be described as nonexistent.

In point of fact, the few, small hospitals — especially in the interior of the country and in the north and northeast — were run more on the basis of good will than through administrative competence. Many survived largely through charity and income not deriving from operations. Infant mortality was over 200 per 1000, and prevention was minimal.

The authorities had always devoted a very small percentage of the budget to health, and, as a result, hospitals were spending more and receiving less than what was needed to do all the good they were capable of doing.

In the face of this alarming health picture, a number of questions were raised: Who would deal with the situation? How could it be changed? What should be done? What means were to be employed?

And attempts *were* made which, in the course of time, have succeeded in bringing significant changes into hospitals, assistance to the sick, and health promotion.

The Decision to Change

Aware of these realities and of the precarious situation, a group of Camillian religious, whose aim is to carry on health work, made the decision to promote change. Diverse initiatives have been put into effect. It has been regarded as basic to arouse awareness by bringing to light the situation and presenting the need for change. The following projects, among others, have been carried out:

1. Courses in Hospital Administration

In Brazil and Spanish America, there were no hospital administration schools, though they had commonly existed in the United States and Canada for forty years. After two years of trials at the Ministry of Education, the first course of this kind began in São Paolo. In the meantime, evening classes — frequent in Brazil — in hospital administration were organized for doctors, nurses, and other professionals on a one-year basis. This form of study was widely accepted, and the same courses were introduced in all the major cities. More than 250 have now been completed, attended by about 10,000 people. For the past three years twenty additional courses have been functioning at the same time in other localities.

2. Courses for Religious Women

With German Misereor, 23 full-time courses lasting 4 months have been offered for religious women working at hospitals. About 700 from all over the counry have participated.

3. Courses in Public Health

A well-organized hospital is important, but it is not everything. In addition to caring for the sick, it is vital to promote health by creating all the conditions which favor it. In this respect as well, little had been done in Brazil. To foster change, a specialized team was conceived of to offer courses everywhere.

After a year's work, the group was organized and texts to be distributed to participants were printed — about 600 hours in a one-year program. Ten such courses are now functioning simultaneously, providing substantial support for health autorities, who use them to carry out government projects.

4. Courses for Head Nurses

There is no question that if nurses' work is well organized, the hospital will run more smoothly and patients will receive better care. To achieve this goal, year-long courses to train head nurses were organized.

5. Specialized Courses for Hospital Social Workers

This contribution consists of a year-long course for social workers wishing to serve at hospitals.

6. Advanced Course in Hospital Administration

This program, the only one of its kind in Brazil (like those for Head Nurses and Hospital Social Workers as well), lasts from two to three years and may also be classified as a " Master's Degree. "

7. Short Courses

To meet the most pressing needs, a great many short courses have been offered those responsible for specific areas of the hospitals.

8. Technical Training of Personnel

In view of the great shortage of qualified personnel to work among the sick, a school was created to improve this situation with the help of the Kellogg Foundation in the United States. These medium-level courses last eighteen months, with instruction provided in the specific subjects related to each profession. At the school, training is offered to technicians in nursing, clinical pathology, medical radiology, physiotherapy, massage, general nursing, and work-related nursing. About 2000 students have been

trained there, with an average of 200 graduates a year. There is an enormous demand for these specialists.

9. Consulting and "On-the-Spot" Hospital Organization

In addition to all of these courses to orient and assist hospital administrators in their functions, another activity has been going on for the past four years: direct organization of hospitals by way of specialists who visit to study the situation and provide written recommendations. About forty hospitals have benefited from this kind of consultation and another twenty will soon follow suit. This activity is greatly on the increase.

10. Annual Hospital Administration Conferences

For the last fifteen years, meetings have been held on a nationwide basis. The Brazilian College of Health Administrators is an official organization hospital administrators freely join. Attendance at these meetings helps them to keep up-to-date.

11. Program Content

At the university School of Hospital Administration, the basic disciplines of scientific management are taught as applicable to the hospital.

Specific attention is devoted to the internal administration of the hospital in all its complexity and in every area of activity. What is of greatest interest is management itself, followed by the technical-scientific aspect, which is the responsibility of each professional discipline — medicine, nursing, and so on.

Studies include hospital architecture and installations, economics and accounting, management and organization of every department, from the operating room to the laundry, from sterilization to general cleaning. The humanization of the hospital and the importance of ethics and morality cannot be overlooked.

The School offers a four-year program, and specialized courses last a year.

12. Books on Hospital Administration

Previously, there were no books in Brazil devoted to this field. Professors have taken on responsibility for preparing textbooks. The initial booklets have over the years grown into complete works of value and interest.

More than ten books have been translated form English and French, selected from among those best adapted to Brazilian reality, and about sixty works in all now exist, thirty of which are provided to each student. This practice has proved to be quite helpful for both teachers and students.

In preparing these materials, a number of foreign and domestic hospitals were visited. Many international meetings have been attended, and publications from the United States, Canada, England, France, and other countries have also been made available.

Some books are extremely original, having arisen from concrete, personal experiences and focusing upon local needs.

In addition to the books, two periodicals were created — *Hospital Life*, published by the Hospital Association of the State of São Paolo, and *The World of Health* (which changed its name to *Hospital Administration and Health* in 1986). These are sent free of charge to all hospitals with over fifty beds, to religious and health authorities, and to many schools.

13. Central Coordination

All of these activities are coordinated by a specialized team in São Paolo associated with the St. Camillus Center for Health Administration Development and comprised of some forty specialized professionals.

14. Hospital Management

Another modality introduced more recently involves directly assuming hospital management in different localities by way of administrators selected and trained for this purpose. In the first year of such activity, ten hospitals have been managed in this manner.

15. Hospital Ownership

At the moment, only 5 of the 22 hospitals managed have been built by the organization — the remaining ones were donated by dioceses, religious institutes, and others who either could not or did not wish to administer them any longer. The government has also entrusted to the care of the Center some genuinely well-equipped, new hospitals in recent times.

The administration follows a unique system taught at the school, with centralized supervision from São Paolo, even when hospitals are located in the most far-off regions.

There are public health staffers and members of a health apostolate team — and this is mandatory — attached to every hospital.

16. Help for the Poorest

Assistance to the poorest — the *favelados*, or shanty-dwellers — is coordinated and organized by specific teams in both Rio de Janeiro and São Paolo. Students at our schools and aspirants to religious life are also engaged in this work.

17. University Training

In view of the lack of upper-level personnel, the Schools of Hospital Administration and Nutrition were established. Two nursing schools — in Rio de Janeiro and Sao Paolo — which belonged to religious congregations, were taken over. In 1987 there will be another School — devoted to phonoaudiology — in São Paolo.

18. The Health Apostolate

An *ad hoc* group is responsible for the health ministry, active in the training and orientation of personnel and in organizing conferences and meetings. It publishes a little monthly magazine and sponsors regional assemblies and an annual congress with about 400 participants from all over Brazil.

19. Independent Social Organisms

All of these activities are carried out under the supervision of two mutually independent civil bodies, the St. Camillus Charitable Society, founded in 1923, and the Camillian Social Union, established in 1954.

The Province and individual religious communities are independent of these organisms, possessing their own juridical status as the Camillian Province of Brazil. This separation has proved to be quite useful and appropriate, making possible greater freedom of action — and no government intervention in the social sphere will thereby disrupt the religious entity.

20. Lay Collaboration

At first a group of priests was engaged in teaching administration. Lay collaboration, especially at our schools, gradually increased, and today fewer priests are involved — those that are deal mostly with the central coordination of all this work.

The Christian mentality and philosophy are ensured by contracting suitable professionals.

Conclusion

The considerable effort which has been and continues to be expended is small in comparison to needs. Our work has brought about change in other countries, particularly Uruguay, where an analogous movement has arisen.

This news has been provided with the hope of prompting others to do good through health admin-

istration, which signifies promoting the human person
In such a short summary, the conflicts and difficulties which inevitably arise do not come to the fore — problems appear whenever there is something to be changed. Yet, in examining the past and the present, the fruits are visible, and — may it please God — we hope they will be even more abundant in the future, to further benefit the sick, the *raison d'être* of all health care institutions.

SIC ADJUVET NOS DEUS.

Fr. AUGUSTO MEZZOMO, M.I.
Director of the St. Camillus School of Health Sciences
São Paolo, Brazil

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Camillianum International Institute for the Pastoral Theology of Health Care

1. A name, a novelty, a response

The Camillianum International Institute for the Pastoral Theology of Health Care was erected and constituted by the Decree of the Sacred Congregation for Catholic Education on April 28, 1987 as part of the Teresianum Pontifical Theological Faculty and is devoted to the specialized study of the Pastoral Theology of Health Care.

It is located in Rome (Largo Ottorino Respighi, 6) and will commence activity in October, 1987.

The Camillianum takes its name from St. Camillus De Lellis, " a man chosen by God to serve the sick and teach others how to serve them " (Pius XI) and the creator of a " new school of charity " (Benedict XIV). It belongs to the Order of the Ministers of the Sick (Camillians).

• The Church is making a great effort to renew and strengthen its presence in the world of health. Nearly everywhere interest in the health ministry is significantly growing.

This renewed Catholic concern has been notably stimulated by Pope John Paul II, especially through the Apostolic Letter *Salvifici Doloris* and the creation of the Pontifical Commission for the Apostolate of Health Care Workers with the Motu Proprio *Dolentium Hominum*.

Behind this new thrust there is, above all, an awareness of the challenges and opportunities which the world of health presents to the Church today. Indeed, in this field " fundamental human events are involved, such as suffering, illness, and death " (*Dol. Hom.*, 3), " phenomena which, if examined in depth, always pose questions going beyond medicine itself to touch the essence of the human condition " (*Dol. Hom.*, 2) and " concerning not only the social and organizational aspect, but also that which is exquisitely ethical and religious " (*Dol. Hom.*, 3). Evangelization, in this context, unfolds in delicate and even dramatic situations. Today illness, rather often, represents one of the few moments to encounter the Word of salvation.

We consequently perceive the " need for an organic investigation of the increasingly complex problematics which health care workers must face " (*Dol. Hom.*, 4). For adequate pastoral action and the necessary promotion of a new culture of life and health, " general theological-pastoral formation is no longer sufficient. Specialized training is required.

And this is what the Camillianum Institute seeks to offer as a significant innovation: it is, in fact, the first Institute to provide specialization in the Pastoral Theology of Health Care by conferring *academic degrees*.

2. Purpose

The Camillianum Institute is a center for research and in-depth study of the subjects connected with the pastoral theology of health care in its diverse aspects: biblical, theological, pastoral, spiritual, ethical, psychological, sociological, and historical.

The Camillianum Institute seeks

• to train professionals and teachers in the health ministry through specialization in the pastoral theology of health care;

• to offer a documentation service to promote scientific research in the pastoral theology of health care;

• to provide for pastoral grants and oversee scientific publications;

• to assist the local churches in organizing and stimulating the health apostolate.

3. Prospective students

The Camillianum Institute is for all those (priests, religious, and laity)

• already working in the health field and desirous of deepening their knowledge and motivation *or*

• wishing to receive specific training for the health care mission which will be entrusted to them

4. Curriculum

• The two-year degree program is divided into four semesters of 13 to 16 hours per week, for a total of 57 credits, and leads to a Master's Degree in the Pastoral Theology of Health Care.

• Instruction is subdivided into
— 18 basic courses and 2 obligatory seminars (49 credits);
— a supervised practical apprenticeship, obligatory for all (2 credits);
— 6 complementary courses (6 credits).
• A balance between the theoretical and the practical in the curriculum attempts to facilitate the incorporation of theology into pastoral practice in such a way that the former will not remain detached from the concrete reality where salvation is attained and the latter will not degenerate into soulless pragmatism.

BASIC COURSES

Biblical-Theological Section

— The Human Person in the Christian Vision. A Summary Approach.
— The Theology of the Body.
— The Theology of Health.
— Pain: Experience and Mystery.
— The Suffering Person in the History of Salvation. Data from Revelation.
— Suffering in Theological Reflection.

Pastoral Section

— The Health Care Ministry.
— Evangelization and the Sacraments of the Sick.
— The Pastoral Care Relationship: Theory and Practice.
— Pastoral Care of the Dying.
— Medicine and Ministry.

Psychosociological Section

— Psychology of the Patient.
— Sociology of Health Care.
— Psychopathology and Ministry.

Ethics Section

— The Ethics of Life and Health.

History and Spirituality Section

— The History of Medical Care and of the Church's Action in the Health Field.
— Illness, Suffering, and Death in Spiritual Theology.
— Spiritual Profile of the Health Care Worker.

SEMINARS

— Jesus' Self-Understanding in Luke 4:18 as a Reference Point for the Health Care Ministry.
— Care of the Sick in the Experience of Hospital Saints.
— Specialized Pastoral Approaches: Children, the Elderly, the Handicapped.
— Volunteers in the Health Care Sector.
— Health Problems in the Third World.
— The Rights of Patients.

COMPLEMENTARY COURSES

— The Hospital Chaplain.
— Lay Persons in the Health Care Apostolate.
— The Doctor-Patient Relationship.
— Religious Consecration and Service to the Sick.
— The New Social Pathologies.
— Humanization in the Health Care World.
— The Health Ministry in the Christian Confessions.
— International Laws and Organizations in the World of Health.
— The Mass Media in the Health Apostolate.
— The Church's Institutions in the Field of Health.
— St. John of God and the Spirituality of the Hospital Order.
— St. Camillus De Lellis and the Spirituality of the Camillians.

SUPERVISED PRACTICAL APPRENTICESHIP

5. Professors

The Institute is beginning its academic activity with a teaching staff of twenty-five members selected on the basis of their specific pastoral training and teaching experience.

6. Admission and requirements

• The Institute accepts men and women on a regular, special, and auditing basis.
— Regular students seek to complete requirements for a Master's Degree and Doctorate in the Pastoral Theology of Health Care.
— Special students do not meet all the requirements for regular enrollment, but attend all courses and seek to earn a special Diploma.
— Auditors attend some courses, at the end of which they are issued a Certificate of Attendance and eligibility for future examinations.
• In order to be admitted as a *regular student,* the candidate must have completed the baccalaureate in theology or the seminary course in philosophy and theology, or at least equivalent theological studies. In the two latter cases the candidate will be subjected to an examination-interview prior to admission.
• Candidates possessing a sec-

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ondary school diploma and basic theological training will be admitted as *special students*

7. Degrees

The Teresianum Pontifical Theological Faculty, through the Camillianum Institute, confers the Master's Degree and Doctorate in the Pastoral Theology of Health Care after the required courses and examinations have been completed.

To be eligible for the Doctorate, the Master's Degree holder must have prepared a doctoral thesis representing an authentic contribution to the Pastoral Theology of Health Care under the direction of a Professor and for a period ordinarily not less than two years.

Special students who have completed the required courses and examinations receive a Diploma in the Pastoral Theology of Health Care which qualifies them to work in the health ministry.

8. Location

The Camillianum Institute is located at the following address:
Largo Ottorino Respighi, 6 (alla Camilluccia)
00135 Roma - Tel (06) 328.86.08/ 328 42.28.

9. Starting date

The Institute's academic activities will begin in *October, 1987*

10. Class schedule

Classes will be held in Italian on Tuesday, Wednesday, Thursday, and Friday from 3:30 p.m. to 7 p.m.

11. Documents required for enrollment

- Enrollment request form provided by the Secretariat of the Institute.
- Required degree (baccalaureate diploma or original certificate of studies completed).
- Four ID-card photographs.
- For secular priests, seminarians, and religious, a letter of introduction from the immediate superior (diocesan Ordinary, Rector of the respective seminary or college, local Superior).

12. Other services of the Camillianum Institute

• The Institute will maintain and enhance the current *Two-Year Course for Updating* in Pastoral Theology of Health Care which has been given for years at the same location.

• *Courses in Clinical Pastoral Education* (CPE) will also be offered to limited groups of students according to the accepted methods of this discipline.

13. For enrollment and further information

Contact

• The Camillianum Institute (Fr. Emidio Spogli) *or*

• The Camillians (Fr. Francisco Alvarez)

Piazza della Maddalena, 53

00186 Roma - Tel (06) 67 97 796/7

DECREE OF APPROVAL
Sacred Congregation for Catholic Education
No. 810/85/15

The Church, following in the footsteps of her Founder and Master, who went about doing good (Ac 10:38), loving and healing the sick, has always been deeply aware of her mission towards the ill and those devoted to their pastoral care.

With the development of scientific progress in the field of health, and in view of the multiple and serious problems deriving therefrom for the apostolate among the sick, it is urgent to provide proper training for those who are to exercise the pastoral ministry in the institutes of health care.

For this reason, the meritorious Order of Regular Clerics, the Ministers of the Sick, founded by St Camillus De Lellis, has insistently requested that its own International Center for the Pastoral Theology of Health Care in Rome be constituted as an Academic Institute. This initiative is also intended to provide an appropriate, diligent response to the wishes expressed by the Sovereign Pontiff, John Paul II, in the Apostolic Letter *Salvifici Doloris* of February 11, 1984 and on instituting the Pontifical Commission for the Apostolate of Health Care Workers (Motu Proprio *Dolentium Hominum* of February 11, 1985).

By this means, in addition to promoting and spreading more complete ethical and theological training for Christians working in the field of health, a more effective stimulus will be provided to accompanying the sick, along with a suitable development of evangelization in the places of care.

The Congregation for Catholic Education, considering and esteeming the valuable service offered the Church by the above-mentioned Order, and having examined the testimony of the Teresianum Pontifical Theological Faculty concerning the conditions required, fully accepts the request made by the Order.

Therefore, the Congregation, *for a five-year period and on a trial basis,* academically erects and declares to be erected the (Camillianum) International Institute for the Pastoral Theology of Health Care and, in accordance with Article 63 of the Apostolic Constitution on Christian Wisdom and Article 48, 2 of the annexed Orders, establishes and declares it to be incorporated into the Teresianum Pontifical Theological Faculty as an extension of the second and third cycles of the theology program.

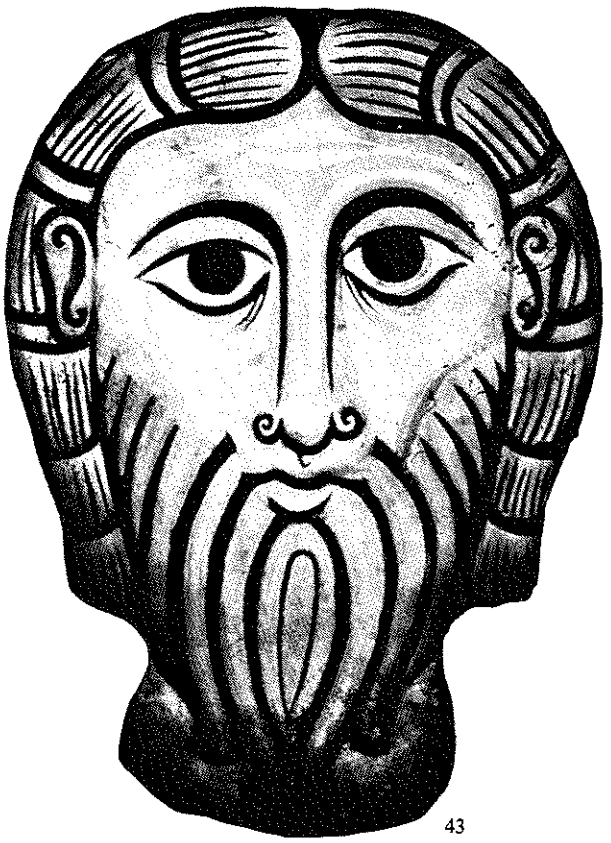
At the same time it empowers the above-mentioned Faculty to grant academic degrees — the licentiate and the doctorate — in the Pastoral Theology of Health Care to the students who pass all the required examinations.

This Sacred Congregation religiously urges the Academic Authorities and professors at both the Faculty and the Institute to follow Catholic doctrine faithfully and carefully comply with the academic laws of the Church and canonical university practice, observing all the juridical prescriptions, particularly the Statutes of both the Faculty and the Institute approved by this organism, in harmony with all that has been stated above.

Issued in Rome, at the seat of the Sacred Congregation for Catholic Education, on April 28, 1987

WILLIAM CARDINAL BAUM
Prefect

✠ ANTONIO JAVIERRE ORTAS
Secretary



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Activity of the Pontifical Commission

Activity of the Pontifical Commission

To Die in Africa, To Die for Africa

A Trip to Benin and Togo January 13-17, 1987

The phrase heading this article is the title of a book in Italian on the missions of the St. John of God Brothers in Africa, and it well describes the charitable, ever up-to-date presence of the Hospital Order in twelve young African nations.

This was not the first time our Pontifical Commission had visited Africa — the Marble Coast, Ghana, Nigeria, and Upper Volta had been previous points of contact Now, as 1987 was just beginning, right after the Christmas holidays, we journeyed to Benin and Togo. The Catholic Bishops' Conference of Benin had repeatedly extended its invitation, and we were complying with the wishes of this small group of bishops. The Commission was represented by its Pro-President, Msgr. Fiorenzo Angelini, and myself, its Secretary.

Benin (January 14th and 15th)

During our stay in Benin we were guests of Msgr. Christophe Adimou, Archbishop of Cotonou We shall briefly indicate our main activities while visiting

1. Meeting with the Conference of Bishops

In St. Gal, about thirty kilometers outside of Cotonou, we met with the Bishops' Conference at the Seminary. Msgr. Adimou, President of the Conference, officially welcomed us. Msgr. Angelini then responded to the greeting by thanking the bishops for their insistent invitation and expressing his satisfaction over being present, along with the Commission's Secretary. He also presented a letter from the Italian Foreign Affairs Ministry informing them of a government grant to build a hospital to be named after Padre Pio. Archbishop Angelini went on to explain the Pontifical Commission's function, the kind of assistance we seek to provide, and some of our principal activities, stressing the importance of naming a bishop to coordinate the health apostolate in each country and the need to know the Church's medical facilities The Bishops' Conference responded immediately to our invitation, and, before leaving, we were informed that Msgr. Lucien Agboka, Bishop of Abomey, had been named to supervise the health sector and were given a listing of the medical facilities where the Church is present in Benin. At midday we ate together with the bishops, seminarians, and several professors.

2. Visits to Medical Facilities

* In Ouidah, we visited the Holy Angels Leprosarium, which cares for 40 hospitalized patients while at the same time reaching about 150 families a day. This leprosarium is staffed by the women religious of the Oblates Catechistes Petites Servantes des Pauvres

* In Ouidah, we also visited an orphanage (Pouponnière de Ouidah).

* In Zinvié, we visited L'a Croix Hospital, belonging to the Camillian Fathers, a simple, clean, well-ordered facility for 80 patients, whom we visited one by one

* In Cotonou we stopped by the building site — construction is now at an advanced stage — of a hospital enthusiastically supported by the Friends of Padre Pio. After the visit, this organization offered us a fraternal dinner at which the Minister of Health, Dr. Mensah Nathanael, and the Coadjutor Archbishop of Cotonou, Msgr. Isidoro de Souza, were also present.

3. Dialogue with Health Professionals

* On the evening of January 14th, we met with a group of twenty-five professionals working at the University Hospital in Cotonou made up of Catholics and Protestants committed to the human, professional, and religious progress of the hospital; through this dialogue, we grasped their spirit, positive service to the sick, and contribution to the hospital. We spoke to them about the Pontifical Commission, about health and illness as a universal meeting place, and the need for vocation and preparation with a view towards true service of suffering man.

* Before departing for Togo, on the morning of January 15th we met with a small group of seven doctors and in a brief exchange conveyed to them our objectives and activities. We also grasped their concerns and the work they have begun to create a Catholic Medical Association in Benin.

Togo (January 15th and 16th)

Our stay in Togo was almost " mandatory, " and we took advantage of it to get to know various aspects of health care and establish contact with a number of groups and individuals. Our visits focused on Afagnan and Lomé, where we were hosted by the St. John of God Brothers.

1. Afagan (January 15th)

We arrived in the early afternoon and were greeted at the hospital by the community of St. John of God Brothers.

* We visited all of the hospital installations and each of the 180 patients in orthopedics, surgery, medicine, and maternity. It was like a holiday for them and a valuable experience for us. We were accompanied by several brothers and two physicians — one native and the other Italian.

* In the evening, after dinner, we spoke to the two communities and a little group of doctors and nurses — all together, like a true family.

At the hospital, we observed the health care work being done — abundant, serious, curative, and preventive. The visit was short and quick, but made an impact.

2. Lomé (January 16th)

We spent the entire day in the capital of Togo, hosted by the new Interprovincial Novitiate of the St John of God Brothers. Our activity in Lomé consisted of

* Visiting the Archbishop, Msgr. Robert-Casimir Tonyui Messan. It was an interesting, cordial exchange in which we brought out the role of the Pontifical Commission, its work and objectives.

* Luncheon and discussion with seminarians. After lunch, Msgr. Angelini was invited to speak to the 80 students at the Major Seminary. They paid the closest attention to statements such as, " The apostolate, to be authentic, must also involve health care, and the universal temple is not the parish, but the hospital. " It was truly an opportunity to open new pastoral prospects for these future priests and help them realize their apostolic responsibility towards the sick — in the parish, in the family, in the hospital.

* Exchanges with the St. John of God community and novices. After a brief introduction by the author, Msgr. Angelini set forth the Pontifical Commission's objectives and activities, stressing the meaning — value, grandeur, and responsibility — of the vocation for which the young were preparing. We then shared a brief period of prayer and dinner, at which we were also accompanied by Msgr Robert-Casimir Tonyui Messan, Archbishop of Lomé.

This was the close of our stay in Africa — a new, virgin, wide-open land where the Church is abundantly present, but where needs are constantly growing, a land where there is room for everyone. A visit of this kind proves heartwringing — you feel impotent, but at the same time breathe in a new atmosphere: serenity, youthfulness, and a new stimulus to work.

We must amply thank all those we have encountered in Benin — the Bishops were extraordinarily cordial, simple, and joyful; the Friends of Padre Pio, attentive and enthusiastic. We express our thanks to the health professionals, to the seminary professors, to everyone.

And we are grateful to the Brothers of St. John of God in Togo for their dedication to our visit and to the Archbishop of Lomé, his Vicar, and the Rector of the Seminary — along with the professors and seminarians — for their warm welcome.

Finally, our thanks go out to Msgr. Mullor García Justo, Permanent Observer of the Holy See at the Offices of the United Nations and Specialized Institutions in Geneva, who hosted us for several hours at his home during our stopover in that city. It was a limited time used to advantage for subjects touching upon our work: euthanasia, new Council of Europe guidelines, repercussions for the person, medical manipulation, and so forth.

FR. JOSÉ LUIS REDRADO
Secretary of the Pontifical Commission for the Apostolate of Health Care Workers

Scarcity of Medical Resources and Justice

Meeting of 150 Bishops

A meeting devoted to " Scarcity of Medical Resources and Justice, " attended by 150 Bishops representing the Episcopal Conferences of Antilles, Canada, Central America, the United States, and Mexico was held in Dallas, Texas, February 9-13, 1987.

Promotion, animation, and coordination were provided by the Pope John XXIII Center for Medical-Moral Research and Education, with the financial support of the Knights of Columbus.

Historical Outlines of the Pope John XXIII Center

In 1970 a group of Bishops and leaders of the United States Catholic Hospital Association, diocesan health coordinators and scientific and academic representatives opened a dialogue concerning the Church and biotechnological progress. The purpose was to assist the Bishops in preparing material to provide correct teaching in this field.

In 1979, the Center expanded its activity and offered its services to all working in the pastoral and health areas.

Since its foundation, the Center has unceasingly sponsored courses and meetings on theological, biological and ethical subjects. Published works, dealing with experimentation, offering practical advice, and studying Catholic identity in medicine, among other topics, represent a significant contribution

made available to dioceses, hospitals, and professionals.

Another sign of the Pope John XXIII Center's vitality is the monthly bulletin *Ethics and Medics* (2700 copies distributed in the United States and abroad).

Objects of the Meeting

The aim pursued by the organizer was " to help the Bishops in their guidance of believers as regards respective responsibilities so as to reach a more equitable distribution of medical care, taking into account the great progress of medicine and the great needs of society, as well as the scarcity of resources "; as is seen from the meeting topic, at the center was " justice. "

Goals

1. To outline the mission of the Church in relation to suitable health care services for all.
2. To offer a panoramic view of the possibilities existing in the area of health care and government policy.
3. To comment on the principles of social justice as applicable to health care.
4. To identify, describe, and use to advantage the most significant decisions on the health policy which will most likely be made before the year 2000.
5. To analyze the role which the economic factor may play in rendering medical developments extraordinary from the ethical point of view.
6. To sum up the arguments for and against the decision to include feeding and hydration among the life-support means which, under particular circumstances, may be withdrawn from a patient.
7. To re-examine the different options provided by the respective countries in order to offer everyone adequate medical care.

Main Contents

The experts taking part in the meeting were engaged in health organization, medicine, biology, theology, and bioethics. They were thus able to offer the Bishops comprehensive, rich reflection on multifarious subjects such as health care, new techniques, economical resources, administration, a global view of man, Gospel values, attention to the dying, scarcity of means and their just distribution, prevention and promotion of health, appearance of new diseases, AIDS, stress, alcoholism, tobacco, nourishment.

All told, it was a broad spectrum of topics which, through dialogue and the exchange of information and experience, undoubtedly expanded the participants' knowledge

Importance of the Meeting

In addition to the subjects dealt with and the updating which took place, I wish to stress in particular the development of new awareness at a gathering of so many Bishops belonging to numerous different Episcopal Conferences, the sense of responsibility they displayed while confronting the various topics, and, finally, the general feeling of a receptive and brotherly milieu. There was also an atmosphere of prayer, an active and joyful participation in the celebration of the Eucharist, and a great sense of unity, notwithstanding such a rich and variegated plurality of means, styles, and backgrounds.

The Presence of the Papal Commission

At the invitation of the President of the Pope John XXIII Center, the meeting was attended by Archbishop Fiorenzo Angelini, Pro-President of the Pontifical Commission, and Fr. José Luis Redraro, O.H., its Secretary, accompanied by Prof. Corrado Manni, Consultor, and Prof. Jérôme Lejeune, Member of the Commission.

As the Pope's representatives, they were bearers of a detailed, significant message to the Bishops in the Holy Father's own hand in which the following ideas, among others, were expressed:

— the awareness of being invested with a common mission to teach, sanctify, and lead;

— an invitation to reflect on medical-moral subjects;

— a commendation of the Knights of Columbus for their generosity;

— an acknowledgement of the Church's presence as a witness to Jesus in a world characterized by need and inequality, especially in the health field;

— Catholic hospitals as a vital part of the Church's testimony;

— gratitude to religious and laity engaged in this work;

— the sick at the center of the medical profession and mission;

— the contribution of the Church to human rights and a just distribution of resources as a basis for the promotion of peace.

The complete text of the Pope's letter was read by Msgr. Pio Laghi, Apostolic Pro-Nuncio of the Holy See in the United States. Prolonged applause followed this reading as a sign of affection for the Holy Father and gratitude.

Another positive sign connected with our presence was the inaugural address by Archbishop Angelini, entitled " Preventive Medicine and High Technology Applied to the First and Third World. " The talk received a hearty ovation.

A third point to be stressed in regard to the work of the Pontifical Commission is the great opportunity offered by the gathering together of so many Bishops profoundly interested in biomedical subjects; they were able to meet and exchange views openly and animatedly, and we sought to draw the greatest benefit from this occasion.

In addition, we met one of the Members of our Commission, Prof. Lejeune; one of our Consultors, Sister Margaret John Kelly; Msgr. Castrillo, General Secretary of CELAM; Cardinal Bernard F. Law, founder and promoter of the Pope John XXIII Center; its President, Msgr. Maid; and its Coordinator, Fr. Gallagher. We also had contact with Cardinal O'Connor, an agreeable and cordial person who is very close to the Apostolic Pro-Nuncio, Msgr. Pio Laghi; and, finally, with the courteous Dr. Virgil C. Dechant, Supreme Knight of the Knights of Columbus. We admired their assiduousness, interest, and sense of responsibility for our commontask. With them—and a great many others too numerous to mention—we had extremely interesting conversations, and very often the corridors turned into lecture halls.

To confirm these remarks, let us quote the text of the telex sent by the Bishops to the Holy Father:

" In this Dallas Meeting of 150 Bishops of various regions of the Americas aimed at studying the problem of the scarcity of resources and of justice, held under the sponsorship of the Pope John XXIII Medical-Moral Center and in the presence of Archbishop Angelini, who honored us with the inaugural address, we wish to thank Your Holiness for the autograph letter which so opportunely and vitally points out to us the teaching of the Church. We avail ourselves of this opportunity to express our thanks for the establishment of the Pontifical Commission for the Apostolate of Health Care Workers, now already in its second year of existence, and to confirm our fidelity to Your Holiness. "

Fr. JOSE L. REDRADO, O. H.
Secretary of the Pontifical Commission for the Apostolate of Health Care Workers

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Meeting with the Greek Othodox Church

Archbishop Fiorenzo Angelini, Pro-President of the Pontifical Commission for the Apostolate of Health Care Workers, visited Athens from March 8th to the 10th, 1987, invited by the Union of Catholic Graduates. Msgr. Angelini's scheduled lecture, entitled " Medicine Is for Life, " and the round-table discussion associated with it, with the participation of an Orthodox Bishop, Msgr. Atenagoras Zakopoulos, Metropolitan of Fokis, were not held because of exceptionally bad weather in the Greek capital forcing postponement until after Easter.

Before their departure from Athens, Msgr. Angelini and Fr. José Luis Redrado, Secretary of the Commission, were received by His Beatitude, the Archbishop of Athens and Primate of the Greek Orthodox Church, accompanied by Msgr. Luigi Travaglino, counselor of the Nunciature, and Fr. Dimitri Salachas. The meeting was not held at the Archbishopric, but at the seat of the Holy Synod. This fact increased the importance of the interview, for that day, March 10th, there was a Permanent Synod Meeting; after the audience, Msgr. Angelini met with the Secretary and other Metropolitans participating in the Synod, including Msgr. Kallinikos, Metropolitan of Pyraeus.

Among the Orthodox representatives at the meeting were Protopresbyter Stefano Avramidis, Secretary of the Synod Commission for Relations with Other Churches, and Dr. Giovanni Chadjifotis, Press Director of the Holy Synod.

The exchange lasted for over half an hour and was particularly cordial and fraternal. Msgr. Angelini briefly explained the aim and importance for the Catholic Church of this new ministry of the Holy See for the Health Apostolate, emphasizing the ecumenical link among the Christian Churches and all religions, joined by a faith in life as created by God and — for us Christians — redeemed by Jesus Christ in facing current bioethical problems posed by medical progress and promoting the humanization of medicine to protect life from the first moment of its conception.

Archbishop Angelini also referred to the Commission's cooperation with the World Health Organization and the World Council of Churches, which have sought to establish on a common basis the action which can be taken to assist those who suffer.

Msgr. Angelini also explained to His Beatitude how the Commission seeks to play a positive role as regards civil government, stressing the moral obligations and values which the law must respect and ratify in this regard.

First of all, His Beatitude expressed his gladness over having met Archbishop Angelini, though he would have preferred to hold the meeting at a more tranquil moment for the Orthodox Church and devote more time to it. He repeatedly alluded to the rather serious problems disrupting Church-State relations in his country connected with government plans to expropriate monastic and other ecclesiastical possessions.

The Primate took careful note of Archbishop Angelini's explanation of the aims of the new Health Apostolate Commission, recently created by Pope John Paul II, expressing his appreciation of such an important Catholic institution in this sphere. He also asked Msgr. Angelini to prepare an official letter for the Church of Greece describing the goals and activities of the Commission and proposing a realistic basis for cooperation so that the Holy Synod would have documentation for discussion and subsequent action.

His Beatitude insisted on this point, for the health field offers both Churches an opportunity for specific cooperation. The Pro-President promised to supply the information requested and said he would also send the Primate and the Holy Synod *Dolentium Hominum,* the Commission's official journal. His Beatitude wished the new undertaking every success and blessing from God.

The visit concluded with an exchange of gifts and photographs.

Msgr. Angelini was particularly impressed by the Primate's kind-

ness and thorough willingness to carry out constructive collaboration between the two Churches in the field of health and medicine. He suggested the possibility of his attending the next World Health Organization Congress, to be held in Athens, along with Archbishop Nicolas Foscolos of Athens, representing Latin Rite Catholics.

After his visit with the Primate, Archbishop Angelini had a short talk with some Metropolitans and especially with the Secretary of the Synod Commission for Relations with Other Churches, the Protopresbyter Stefano Avramidis, who was particularly interested in receiving the journal *Dolentium Hominum*, together with any other useful documentation for his organism.

Msgr. Angelini informed Msgr. John Mariani, Pro-Apostolic Nuncio, Msgr. Nicolas Foscolos, and Msgr. Anarghyros Printesis, Apostolic Exarch for the Byzantine Catholic Rite, concerning his meeting and conversations.

Fr. DIMITRI SALACHAS
Counselor of the Christian Union Secretariat

In Poland

From the 21st to the 25th of May, the Pontifical Commission had further contact with Poland through the presence of His Excellency Msgr. Fiorenzo Angelini, Fr. Redrado, and Prof. Corrado Manni in Warsaw, Breslavia, and Czestochowa.

The activity was intense and extensive. In Warsaw, we were guests at the house of the Polish Bishops' Conference, under the kind, hospitable care of Msgr. Bronislaw Dabrowski, Secretary of the Conference. Our main activity consisted of the Eucharistic celebration at the Church of the Cross, which was completely full, and a lecture by Prof. Manni on ethical aspects of death. We were introduced and greeted as illustrious guests, and we wish to respond to this gesture, particularly by emphasizing the joy and gratitude prompted by the welcome in the land of the Pope, as Msgr. Angelini repeatedly pointed out in his words following the Mass. We later participated in a friendship dinner and the following day visited the Institute of Cardiology, whose Assistant Director, Prof. Mariano Misekiewicz, explained to us the hospital's functioning, needs, and relations with Italy. Before leaving for Breslavia, we paid a visit to the Primate of Poland, Cardinal Glemp, just back from Scotland, and had a cordial conversation with him on our current work.

Breslavia

We were guests of Cardinal Henryk Gulbinowicz. The first activity was to celebrate the Eucharist at the Cathedral of Breslavia in the presence of the Cardinal, some 300 seminarians, and a great host of the faithful, many of whom were doctors and nurses. Archbishop Angelini presided over the celebration and in his homily brought out the meaning of our presence and the work of health professionals. Prof. Manni then delivered a lecture at the cathedral which aroused a great deal of interest.

The next day, May 23rd, we visited the City Hall to meet with the mayor, Dr. Janusz Owczaveh, accompanied by several assistants. In his talk, the mayor manifested his satisfaction over our presence in a city of " peace " and stressed the significance of our trip. Msgr. Angelini responded to these words by emphasizing why we had come, the universality of the field in which we work, and the common language. As a sign of welcome, the mayor presented the city's emblem to Archbishop Angelini.

Before leaving Breslavia, we were hosted by the Cardinal, who was generous, cordial, hospitable, close to us, and, as we observed, very close to the people as well.

On the way to the Sanctuary at Czestochowa, our inseparable guide was Msgr. Adam Dyczkowski, Auxiliary Bishop of Breslavia and responsible for the health apostolate in Poland.

On Saturday, at 9 p.m., we took part in the Via Crucis organized for all the pilgrims at the Sanctuary. The following day, Sunday, there was a meeting with all the health professionals — some 2,500 doctors, nurses, chaplains, and volunteers. Msgr. Angelini spoke on the importance of working to serve the sick and on our activity at the Pontifical Commission. There followed a Eucharistic celebration outside the Sanctuary — a great manifestation of faith and devotion.

In Czestochowa we were witnesses to fervor, Marian devotion, active participation in the liturgy and the sacraments; confessionals were filled, with rows and rows of pilgrims seeking reconciliation.

A trip to Poland is a stimulus to enthusiasm and effort in living out the Christian meaning of existence. Simplicity, generosity, hospitality, and explicit gratitude for some of our gestures were our constant companions during the visit.

Geneva: The World Health Organization

The Fortieth General Assembly of the World Health Organization took place in Geneva, May 4-16, 1987. As the representative of the Pontifical Commission for the Apostolate of Health Care Workers, Fr. Salvatore Renato attended the sessions and was kindly received by the Apostolic Nuncio, Msgr. J.G. Mullor, Permanent Observer of the Holy See at the United Nations offices in Geneva.

The worldwide strategy for " health for all by the year 2000 " which was adopted in May, 1981 sought not only to promote " primary health care " (Alma-Ata, 1978), but also to reaffirm the close bonds existing between a population's health and its socioeconomic development. This year the Assembly examined the progress of the program, placing particular stress upon

a) the concern caused by the economic situation, which will impose a new form of health planning and resource management;

b) some problems which are particularly pressing at this moment, such as aging, tobacco abuse, organ transplants, the effects of nuclear energy, and the implementation of a special program to combat AIDS.

On this latter topic, which greatly concerned the Assembly, Msgr. Mullor, representing the Delegation of the Holy See, dwelt at length in the course of a talk which was eagerly awaited and appreciated by many in attendance

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Japan

From the 15th to the 22nd of June, 1987, Archbishop Fiorenzo Angelini and Fr. Redrado visited Japan.

In Nagoya they took part in the annual convention of Catholics engaged in medicine, nursing, care of the elderly, and protection of minors. In Nagoya and Tokyo they also visited a number of medical facilities and met members of Catholic health care organizations.

Of special interest were exchanges with representatives of the Church hierarchy, who provided fraternal hospitality: Msgr. Peter Seiichi Shirayanagi, Archbishop of Tokyo; Msgr. Aloysius Nobuo Soma, Bishop of Nagoya; and Msgr. Raymond A. Sato Chihiro, in charge of Japanese CARITAS.

These encounters, precisely in a country where only 0.3% of the population is Catholic, were exceptionally important for the Pontifical Commission, devoted as it is to questions of health, suffering, and the sick, for the language involved is common to both Catholics and non-Catholics.

We are sincerely grateful for the cordial welcome received and in our next issue will expand upon this Japanese experience.

Italy

The Pontifical Commission's presence has been frequent at courses, meetings, and seminars held in Italy. We may cite the following examples:

Rome

* His Excellency Msgr. Fiorenzo Angelini spoke before a number of gatherings in Rome: a round-table discussion on " Respect for Life and Hygiene " (January 26), a meeting devoted to moral problems connected with AIDS (April 6), the National Congress of Gastroenterologists (April 22), a talk on " The Thought of Pope John Paul II Concerning Suffering " at the Lateran Pontifical University (April 27), the International Congress of Anatomopathologists (April 30), and the National Seminar on Ethics Committees (May 2).

* European Meeting of the St. John of God Brothers and the Camillians, May 4-8, 1987, to commemorate the centennial of the proclamation of St. John of God and St. Camillus De Lellis as Patrons of the Sick and of Hospitals. Religious from both Institutes took part, together with representatives of the laity and of the women's Congregations sharing the

same founding spirit. It was an occasion for reflection on the charism and spirituality as well as a look towards the future. Among the speakers, the Honorable Giulio Andreotti, Italian Foreign Affairs Minister, and Msgr. Javier Osés, Bishop of Huesca (Spain), deserve special mention. The Pro-President of the Pontifical Commission, Archbishop Fiorenzo Angelini, also addressed the gathering, setting forth the foundations, objectives, and activities of this office

Viterbo

* On March 26, 1987, Fr. Felice Ruffini, M.I., Undersecretary of the Pontifical Commission, spoke on " Charity in the Places of Suffering " in the presence of the Archbishop of Viterbo, Msgr. Luigi Boccadoro, and a large local audience.

Genzano

* At a meeting with Catholic physicians of the Diocese of Albano on April 12, Fr. José L. Redrado, O.H., Secretary of this Commission, set forth the scope, activities, and current concerns of the pontifical organism.

* On May 27, Fr. Redrado, in the presence of the Archbishop of Albano, Msgr. Dante Bernini, reflected with a group of priests, religious, and lay people on the ways of organizing, stimulating, and coordinating the diocesan health ministry.

* Organized by the Brothers of St. John of God of the Community of Genzano and open to other communities and groups in the Albano diocese, a Seminar was held on the Anointing of the Sick. The entire day of June 12th was basically devoted to anthropological and theological reflection on illness and Anointing. The topic for June 27th was pastoral approaches, leading up to a closing celebration with several patients. The Seminar was directed by Fr. José L. Redrado.

Meetings

Several meetings have been held in recent months to study and meditate on subjects of concern to the Pontifical Commission, with the participation of staff members, consultors, and other specialists, who were sometimes contacted previously by letter to request their reflection on concrete topics. We may mention, for example, the meetings of our journal's Editorial Board (January 21 and May 29), study of the Federation of Catholic Hospitals (March 13), a work session on the subject of " Laity in the World of Health " (March 20), and the preparation of the program for the Commission's Second International Conference, devoted this year to " The Humanization of Medicine " (April 8 and May 5).

Visits

An aspect of constantly growing importance is the presence of visitors to our headquarters. Sometimes they are Bishops who have come for an *Ad Limina* visit and take an interest in the health field; on other occasions, we receive government representatives or members of the health professions, consultors forming part of the Commission, along with priests, pastors, and theologians. We are thus afforded an excellent opportunity to make known our objectives and diverse current activities. As an indication of such exchanges, we may list the following:

* Msgr. Eugenio Sbarbaro, Apostolic Delegate in Zambia and Lamawi.
* Msgr. Calabresi, Apostolic Delegate in Argentina.
* Msgr. Accogli, Apostolic Delegate in Bangladesh.
* Msgr. Celata, Apostolic Delegate in Malta.
* Msgr. Giuseppe Rozwadowski, Archbishop of Lodz.
* Msgr. Luis Soares Viera, Bishop of Makapa (Brazil).
* Msgr. R. Peter Shirayanagi, Archbishop of Tokyo.
* Cardinal Paul Zoungrana, Archbishop of Ouagadoudou
* Rev. Jean Hadifh, spokesman for the Church of Greece.
* Msgr. Anarghyros Printeriz, Apostolic Exarch of Greece.
* Msgr. Fumio Hamao, Bishop of Yokohama (Japan).
* Msgr. Bronislaw Dabrowski, Secretary of the Polish Bishops' Conference.
* Msgr. Pio Laghi, Apostolic Pro-Nuncio in the United States.
* Dr. Juan de Dios Vial Correa, Rector of the University of Santiago de Chile and Consultor of our Pontifical Commission
* Dr. Hamilton Green, Vice-President of the Republic of Guayana.
* Dr. Kenneth Bangh, Health Minister of Jamaica.
* Dr. Carlyle Guerra de Macedo, Director of the W.H.O. Pan-American Health Office.
* Dr. Eric Ram, Director of the Christian Medical Commission of the World Council of Churches.
* Dr. Robert L. Walley, Consultor of the Commission.
* Cardinal Bernardin Gantin, accompanied by Msgr. Isidore de Souza, Coadjutor Archbishop of Cotonou (Benin).
* Dr. B.P. Dorego, Minister of Social Action of Benin, accompanied by a group of officials and Friends of Padre Pio in Benin

News from Around the World

Belgium - The European Association of Medical Ethics Centers Established in Brussels

The European Association of Medical Ethics Centers has been established in Brussels. Among the leading member institutions is the St. John of God Brothers' International Foundation. Currently made up of sixteen affiliates from eight countries (Belgium, France, Great Britain, Greece, Holland, Italy, Spain, and Switzerland), the Association is open to institutes, foundations, centers, departments, or groups devoted to the research, promotion, and teaching of bioethics and medical ethics throughout Europe, both inside and outside the European Economic Community. Goals include the exchange of information, the coordination of research and findings, the development of joint efforts, and making a contribution to European discussion of bioethical subjects. Work is now in progress to create a multilingual data center on a European-wide scale for documentation on medical ethics, to provide training for the members of ethics commitees, and to identify the peculiarities of Europe in the field of health ethics

Italy — The St. John of God Brothers' International Foundation in Rome and Its Role in European Medical Ethics

The St John of God Brothers' International Foundation has officially entered the sphere of medical ethics on a European scale. The Foundation has just begun to represent Italy within the European Medical Ethics Association, a new organism headquartered in Brussels created for the purpose of coordinating ongoing research in different countries and fostering the exchange of information.

The important assembly which the Foundation has been asked to join is made up of sixteen members representing Belgium, France, Great Britain, Greece, Holland, Italy, Spain, and Switzerland. The Foundation has reached this point as a result of various activities aimed at ensuring the centrality of bioethics — and, indirectly, of the patient — through scientific research and cultural updating.

It is thus with pride that the Order of St. John of God, through one of its immediate offshoots, finds itself directly involved in problems whose significance — it should readily be acknowledged — is basic to the spirituality and work of renewal of the Brothers themselves.

This occasion is seen to be an " unbreakable date " to compare and contrast with other members of the health care community, wherein the Order itself, by way of the Foundation, constitutes, moreover, a valid interlocutor in administering more than 200 institutions in 46 countries.

The humanization of hospitals, the central place of the ill, and a moratorium on limitless genetic engineering are the cornerstones of the Order's stand, and the degree to which the Foundation can contribute to the difficult task of interpreting Christian values with a view towards the future appears evident.

The Foundation's initiatives in this direction have already taken concrete shape through a Course on the Philosophy of Medicine, a two-year Hospital Management Course, and a number of discussions and conferences on subjects concerning medicine and health care.

Peru - Between Two and Three Million People Worldwide Die Each Year of Malaria

Between two and three million people die each year of malaria around the world, according to a statement recently made in Lima by James Erickson, an officer of the U.S. International Development Agency, and quoted by the Spanish news service EFE. Erickson specified that the continent hit hardest by malaria was Africa, where the disease persists in certain areas. But other continents are threatened as well. In referring to Peru, for example, Erickson said that eight million people were in danger of contracting the illness and dying from it. The American scientist, who is conducting experiments on monkeys in his own country to prepare a vaccine against malaria, has observed that the anopheles, the mosquito transmitting the disease, is increasingly resistant to the insecticides and drugs employed. In concluding, Erickson stressed that the problem of malaria is very serious, since from two to three — out of a world population of five — billion people live in the areas affected by the illness.

Zimbabwe — The Catholic Bishops of Zimbabwe Express Solidarity with " the People Suffering in South Africa "

The Catholic Bishops' Conference of Zimbabwe has expressed its solidarity " with the people suffering in South Africa. " " Our entire population detests apartheid and understands the desire of those affected for their human dignity to be recognized and their request for self-determination to be accepted, " states a declaration of solidarity published in the capital of Zimbabwe, Harare, and addressed to the South African bishops. The government in Pretoria, the prelates continue, has carried forward unopposed its " dangerous racial policy " and rejected all dialogue with those affected. The victims of the apartheid policy have responded with civil disobedience, to which the government has reacted with greater violence and oppression, the bishops of Zimbabwe point out, supporting the request by their South African colleagues for international economic sanctions against the apartheid State.

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Germany - The German Bishops Stress the Need for Morally Responsible Information on AIDS

The West German Bishops wish to increase their offer of advice and assistance for AIDS patients while also renewing their commitment to morally responsible information on this contagious disease, which still remains incurable and fatal. In the course of their spring plenary assembly in Stapelfeld, in the Land region of Lower Saxony, the Bishops' Conference decided to constitute a study group charged with making concrete proposals. In the prelates' discussion, marked by serious concern over the rapid spread of the " acquired immunodeficiency syndrome " (AIDS), it was stressed that AIDS should not be described as a " punishment from God, " and its victims must not be termed " sinners. " But at the same time it was emphasized that unilateral, technical preventive measures, like the use of condoms, are not sufficient to impede the disease; rather, what is needed is a living out of sexuality which takes into account the dignity of the person.

India - The Catholic Hospital Association Forcefully Reacts Against the Isolationism of Its Members

Recent health care statistics published by the Catholic Hospital Association of India reveal situations which are a source of particular concern. Concretely, there are more pharmaceutical companies in India (8000) than primary care facilities (6000). There are more doctors than nurses, and the work force exceeds the health jobs available.

According to the Prime Minister, one drug out of every five produced in the country is counterfeit, but he has neglected to say that four out of every five medicines manufactured and sold in India are completely useless and superfluous.

And what is more, every twenty seconds a child dies in India — that amounts to 3000 deaths a day, in other words, a *bhopal* every 24 hours. In all, more children die in India than in the 46 African nations combined.

The Catholic Hospital Association of India denounces the fact that these senseless deaths are the hidden result of dreadful living conditions in numerous shanty villages and regards the catastrophe as the greatest single foreign or domestic problem threatening the country today.

Health professionals remain silent in the face of this tragedy, waiting for people to become ill and present themselves at the doors of hospitals in order to provide treatment. Hospitals and outpatient clinics are proud of their qualified personnel, but utterly blind to the urgent needs calling them beyond the confines of these facilities.

The Catholic Hospital Association includes more than 2000 health centers located throughout the nation. It has called upon its members to spread its conception of medical care to the general population.

Holland - European Doctors for Ethics

The European Medical Commission rejected the Dutch proposal to legalize euthanasia during the international seminar on " Abortion, Euthanasia, and Genetic Manipulation " held in Wageninge, Holland.

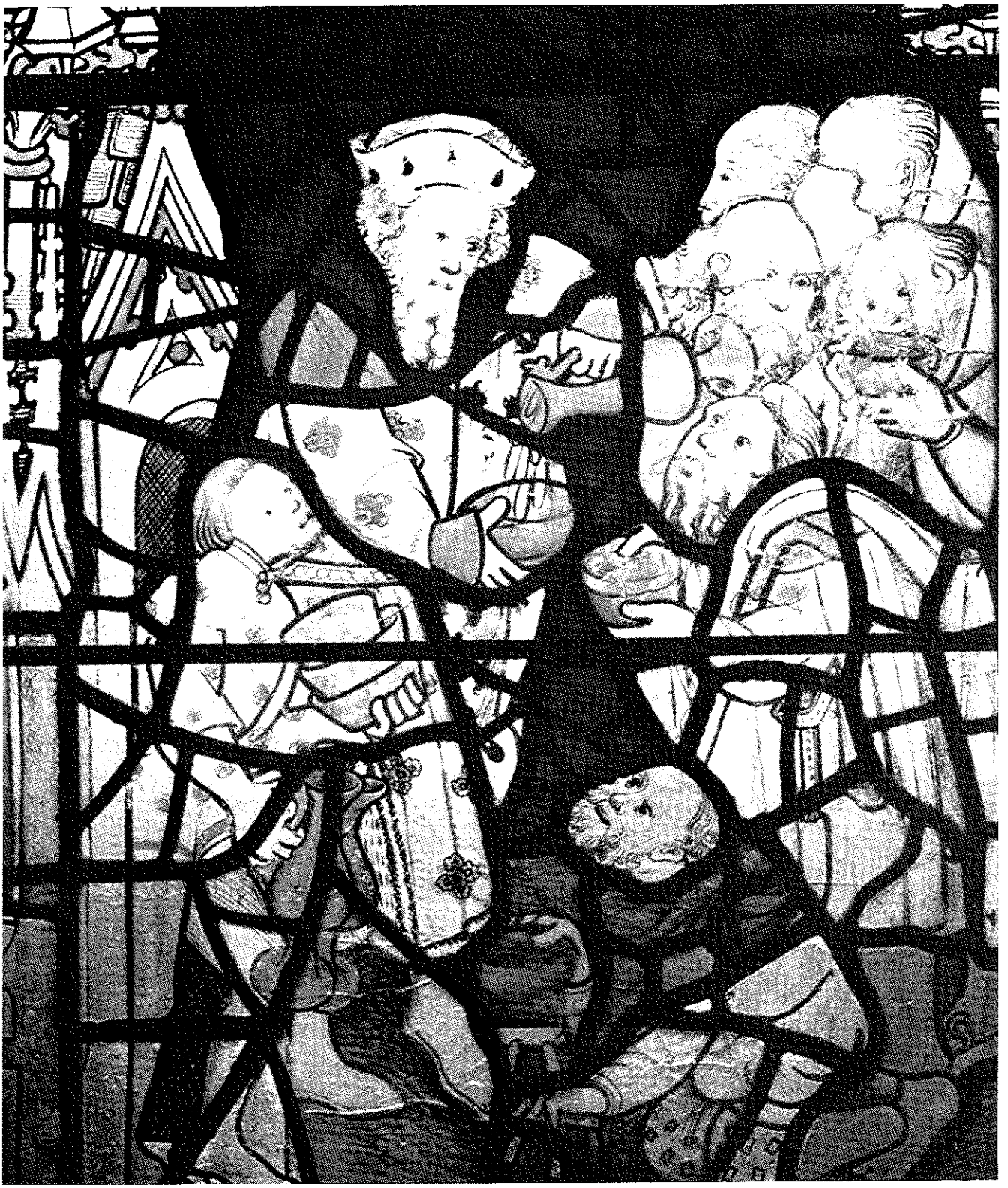
Spaniard Gonzalo Herranz, Vice-President of the Commission, specified that " the Dutch proposal was unanimously rejected by physicians from other countries in the European Community. " Representatives of the United Kingdom and Denmark indicated to their Dutch colleagues that their proposal was a mistake separating them from the medical practice of respect for the human being.

Not all of the Dutch physicians supported the proposal. Dr. Gunning, for instance, President of the Dutch Medical Association, stated that both the legalization of abortion and genetic manipulation were " the result of a materialistic philosophy which refuses to accept a part of reality. Materialists still believe they are scientific because they live and work in a little corner of knowledge. "

Belgian Philippe Schepens, Secretary of the World Medical Federation, evaluated the dangers latent in the lines of experimentation currently being carried out in Europe: mixing human and animal genes, obtaining identical individuals through *in vitro* fertilization and parentogenesis. He assured that " it is foreseeable that the selection and *in vitro* fertilization of human beings will in the end be monopolized by certain states, as has happened with nuclear research. "

The above-mentioned Dr. Herranz, *Catedrático* at the University of Navarra, stated that " the legalization of euthanasia would check gerontology research and the fight against cancer... For doctors it would be easier to kill the patient than to cure the illness, but this is precisely the grandeur of their profession. "

In addition, Rita Levi Montalcini, 1986 winner of the Nobel



Prize for Medicine, spoke against *in vitro* fertilization and asked physicians to refrain from the genetic manipulation of human embryos: " We must have the common sense not to go ahead with the application of knowledge and techniques without knowing where they may lead us. "

Recent reports from England also show that British public opinion is predominantly opposed (60% against, 26% for) to the free abortion law, particularly the so-called " social clause, " which has resulted in a dramatic increase in the number of abortions — 86,446 in the first six months of 1986 and 2,600,000 over the past twenty years.

On six occasions, the House of Commons has unsuccessfully attempted to modify the law. British society and the groups committed do not seek the complete abolition of abortion, but regulation to avoid abuses and its massive practice.

Spain - Patient's Day

For the third consecutive year, the National Health Apostolate Secretariat celebrated Patient's Day throughout Spain on May 24th. It represents a moment of special intensity for the Spanish health ministry, presided over by Msgr. Javier Osés, Bishop of Huesca, who, together with the national team, coordinated by Director Rude Delgado, is carrying out a magnificent plan of action.

Patient's Day involves not only the specific ceremonies taking place, but vast, nationwide preparation and the dedication of all the dioceses to convey to parishes, hospitals, schools, and families the concrete message which, in the form of a slogan, will be multiplied in diversified concepts.

This year's central theme was " More Humane Treatment. " To support, develop, and provide useful material for this topic the National Health Apostolate Secretariat designed a great many posters, cards, and publications to celebrate the Eucharist, offer catechesis for adults and children, supply radio scripts, and so on. And we must not overlook the Message sent by the Bishops of the Pastoral Commission to all the churches. In addition, many bishops in their respective dioceses conveyed their word, their own message, either in writing or in the Mass. All told, the Secretariat displayed intelligent, dedicated effort, with quite positive results.

We congratulate them on their commitment, dedication, and effective service and encourage other nations to take an interest in this task, which represents powerful evangelizing action

Barcelona - Three Congresses on Medical Writers and Artists

From the 12th to the 18th of October, 1987, three medical congresses are scheduled to take place in Barcelona:

- The Thirty-Second International Congress of the World Union of Medical Writers (UMEM).
- The Third International Congress and Exhibition of the World Union of Medical Artists (UMAM).
- The First Congress of the Catalan Union of Medical Writers (UCME).

This last organization has the backing of the Royal Academy of Medicine of Barcelona and the Official College of Physicians of Barcelona and Province, which has just been established to serve as a platform for the above-mentioned congresses, in view of their significance and scope.

The main subjects to be discussed by the medical writers and artists are a) love in literature, b) love in art, and c) the reason for pseudonyms.