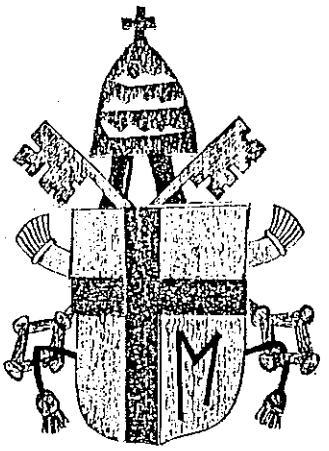

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JOURNAL OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS

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Contents

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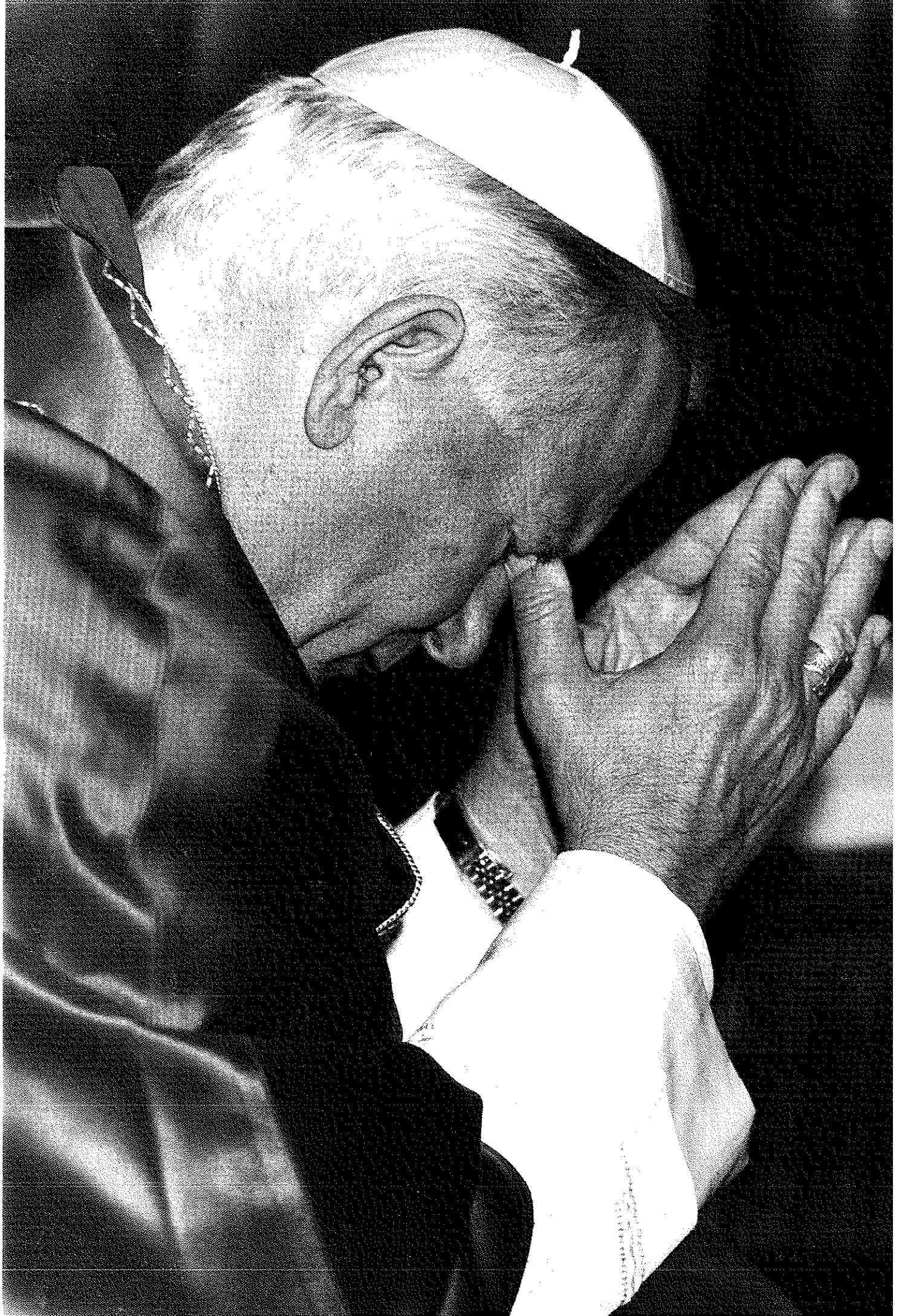


The Church's Preferential Attention to Those Who Suffer

The Pope's address to participants in the Plenary Assembly of the Pontifical Council for Pastoral Assistance to Health Care Workers

February 9, 1990

1. This meeting with you takes on particular significance since it is transpiring on the occasion of the first Plenary Assembly of this Pontifical Council for Pastoral Assistence to Health Care Workers.

Vast and Delicate Work

First of all, my cordial greeting goes out to the President of the Office, Archbishop Fiorenzo Angelini, to the Cardinals and venerated Brothers in the Episcopate who are members of the Department. It is extended as well to the Secretary and Undersecretary, to the priests, religious, and lay people, to the Consultors and also to the experts. You have all contributed in a generous and praiseworthy fashion to the vast and delicate work which this Office has carried out most effectively in its first five years of existence. I sincerely congratulate each of you on this account.

The extensive activity realized in such a short time confirms the opportuneness —or, rather, the necessity—of there being an Office devoted specifically to pastoral attention to the broad and complex world of health as well among the central organisms of the Church. Yours is a Department which, though " young " in terms of the date of its establishment and structuring, is called to perform tasks which *have always been primary and constant* in the life of the Church at all times. " Indeed, over the course of the centuries, the Church has been very sensitive to the ministry to the sick and the suffering, as an integral part of her mission, " thereby following " the illustrious example of her Founder and Master " (Motu Proprio *Dolentium Hominum*, 1).

Health Care Ministry

2. This Pontifical Council for Pastoral Assistance to Health Care Workers was not created only to respond to an urgent need especially felt today in the life of the Church, but also to deal in a new, more organic and effective way with the demands of our time, the problems and needs directly affecting the good of the human person and society. In effect, before being regarded as a specific sector of pastoral care as a whole, the *health care ministry* is a prerogative which cannot fail to accompany and form part of the Church's evangelizing action. The new frontiers opened up by the progress of science and technology, the so-called socialization of medicine, and the growing interdependence among peoples place the problems of health policy and care at the center of the *effort to promote human rights*, among which—beyond all doubt—those referring to the protection of life from its conception to its natural end are fundamental.

Indeed, in 1982, while addressing Catholic physicians from around the world, I stressed the urgent need for the different institutions created and organized directly or indirectly by the Church in the health field to find a new operative mode of being ordered. And I added, " Worldwide coordination could permit a better announcement and more effective defense of your faith, culture, and Christian commitment in scientific research and in your profession " (*Insegnamenti*, 1982, vol. 3, p. 674). This is valid for all who, with differing functions and tasks, act in the sphere of health policy and care and wish to draw inspiration from the teaching and example of Christ, under the guidance of the Magisterium of the Church.

In effect, since the time when the Lord Jesus lived on this earth until our own days, the announcement of the Good News has always been prepared and accompanied by a *preferential attention to the suffering*, under whose features the Son of God wished to conceal himself (cf. Mt 25, 36, 40).

The Second Vatican Council, in the Dogmatic Constitution on the Church, thus wanted very opportunely to reaffirm the relationship between evangelization and the health care ministry: " *As Christ* was sent by the Father to evangelize the poor

and raise up the oppressed (Lk 4:18), to seek out and save what was lost (Lk 19:10); *so also the Church* embraces with her love all those afflicted by human weakness; even more, she recognizes in the poor and the suffering the image of her poor and patient Founder, strives to meet their needs, and attempts to serve Christ in them " (*Lumen Gentium*, 8)

Three Special Prerogatives

3. *Coordination and collaboration* on a Church level and in relations among peoples is the *first fruit* of the *solidarity* which is not just a human virtue, but which, in the light of our faith, also " tends to surpass itself, take on the specifically Christian dimensions of complete gratuitousness, forgiveness, and reconciliation. One's neighbor is then not just a human being with his rights and basic equality in regard to everyone else, but becomes the living image of God the Father, rescued by the blood of Jesus Christ, and placed under the permanent action of the Holy Spirit " (*Sollicitudo Rei Socialis*, 40). When that collaboration and cooperation are carried out in the field of health policy and care, the weakest and most defenseless are really provided with a voice as well, and the *bond* which most deeply and almost necessarily unites all men—that is, *love for life*—is recovered in them.

Within this general objective there fall the *distinctive aims of this Office*, as stated in the *Motu Proprio* by which it was created (*loc. cit.*, 6). The picture of the activities carried out by the Pontifical Council over the past five years clearly displays the zeal, dedication, and rigor with which its officers, members, and generous volunteer collaborators—to whom my grateful appreciation and heartfelt encouragement go out—have followed the indications contained in that document. The breadth of the work realized, its rich details, and the multiple initiatives carried out or at least begun have evidenced *three special prerogatives* which deserve to be stressed: I am referring to the integral vision of the concepts of health policy and care which has been progressively affirmed; the international perspective your action has assumed; and, in the sphere of the Christian world, to the ecumenical dimension of your efforts.

Integral Vision

4. *The integral vision of the concepts of health policy and care*—the former understood to be health planning and legislation; and the latter, physical, psychic, and spiritual well-being—comprehends a whole set of interests and interventions going beyond simple attention or care of the sick. In effect, it embraces the vast field of the demands posed by health education and preventive, curative, and rehabilitative medicine, with the respective and inseparable implications of an ethical, moral, spiritual, and social order. *Individual health and the health of the political*

community are, in fact, " a necessary condition and sure guarantee for the development of the whole man and of all men " (*Sollicitudo Rei Socialis*, 44).

In other words, as the health care ministry is called to invest all of the Church's pastoral action with hope, so concern for the integral health of the individual and the social community involves attention not only to medical problems, but also to all the anxieties, questions, and expectations by which the man who suffers always feels " touched. "

These and other topics, dealt with and studied in depth throughout this Plenary Assembly, take on singular pastoral significance. Indeed, among the different matters you are examining there is also found the effort to form those who are called to the spiritual service of the sick—a subject which is closely linked to the purpose of the forthcoming Synod of Bishops. Aside from this, there will never be sufficient stress on the *formative function* performed by the health care ministry in regard to candidates for the priesthood and specially consecrated religious life: for them it is an authentic school of life and a sure means for personal maturity and generous

choices, for it is inspired directly by the example of Jesus, the physician of souls and bodies.

International Perspective

The *international perspective* of the Church's action was a deep concern of the Second Vatican Council, which explicitly invited Christians to collaborate with every generous effort in building the international order (cf. *Gaudium et Spes*, 88). The result obtained by your Department and the bases laid for further steps forward in this field confirm that the world of health policy and care presents singular opportunities for cooperation on an international scale. Moreover, the problems of health, when understood in its broadest sense, are always related to the leading questions in the international order, as witnessed to by the serious ecological problem, for instance.

The very topics dealt with at the International Conferences organized by your Department—from pharmaceuticals to the humanization of medicine, from the longevity and quality of life to AIDS, and the reflection on the human mind which another Conference now at a preparatory stage will undertake—are so closely linked to the problem of human rights and the persistence of imbalances among the different areas of the world that they evidence that nothing better than the right to health leads to the defense of the priority right to life and its quality, in the context of respect for the human person, created in the image and likeness of God.

Ecumenical Dimension

6 The *ecumenical dimension*, finally, felicitously projected from the moment the Office was instituted, has enabled your work to be expressed with creativity and dynamism, keeping it removed from every risk of bureaucratization and aridity. If nothing better than the need for health fosters an encounter among men, regardless of their condition, culture, mentality, or ideology, this same exigency in the Christian field effectively contributes to promoting encounters among members of different Churches and denominational communities, in the spirit of that single charity which characterizes, which must characterize before the world, the true disciples of Christ (cf. Jn 13:55, 1 Co 13:1 seq.). This spirit of openness and dialogue has also made possible forms of close and useful cooperation with medical and paramedical institutions not connected with the Catholic Church but which are prepared to act jointly with her and, in many instances, have already done so, with good results.

I have observed with joy in your papers the contribution which the effective collaboration of the Pontifical Representatives, along with the Pontifical Council Cor Unum and CARITAS throughout the world, has made to this ecumenical dimension.

A Valuable and Irreplaceable Task

7. In addition, within the Church community, the task of your Department is and ever remains valuable and irreplaceable. As a proof of this, I am pleased to recall the rapidity with which the Pontifical Council requested that the Bishops' Conferences *name a bishop-delegate for the health care ministry*—encountering an immediate response—the initiation of a *census*, which has already given rise to the first catalogue of Catholic healthcare institutions; the immense effort to achieve *constant information on the directives of the Magisterium* of the Church concerning the most serious problems related to medical ethics and scientific research (information guaranteed by *Dolentium Hominum. Church and Health in the World*, published in several languages, and by other timely aids). I also wish to recall the *numerous meetings* held in different countries and at all levels; *the organization of aid* to places and areas needing medical equipment, including the most sophisticated variety; the effort made to *increase the sensitivity*

of the local Churches and religious institutes to the health care ministry; a constant willingness to maintain a *connection with the other Departments of the Roman Curia* in regard to the health world and its problems. All of this constitutes a concrete manifestation of that pastoral concern which, in addition to contributing to a favorable reception for the Church's action, has increased her endeavors in the health apostolate.

Throughout the world the Catholic Church is present alongside the suffering with her different institutions, whose history abounds in radiant examples of holiness, in silent and heroic dedication, in laborious but sure conquests. And, significantly, the years during which your young Office has existed have been distinguished by the *canonization of priests, religious, and lay people* who have exalted medical science and the health apostolate with Christian charity.

8

Pastors, priests, religious, and lay faithful constitute a very notable force at the service of health policy and care. However, today *new problems are pressing for the Christian conscience*, requiring all engaged in the health ministry and all those who by profession work in scientific research and medical care to update their training—to which your Office can make a decisive contribution.

Sign of the Mission

8. Most beloved brothers and sisters, for you the awareness that the mandate to evangelize, entrusted to the Church, is closely linked to the announcement of the *Gospel of suffering* should be a motive for growing enthusiasm: " In Christ's messianic program, which is at the same time the program for the Kingdom of God, suffering is present in the world to provoke love, to cause works of love for one's neighbor to arise, to transform the whole of human civilization into the civilization of love " (*Salvifici Doloris*, 30).

In the light of this, your Department is called to become a " sign " of the Church's mission to go to meet man in his suffering.

Receive, then, my cordial encouragement to persevere in your work with firm dedication. May the prayer of so very many persons who in their pain commend themselves to the mercy and infinite goodness of the Lord serve as a stimulus for you. And may the Most Blessed Virgin, Seat of Wisdom and Health of the sick, Mother of love and sorrow, Solace of all who suffer and Support of those acting in their service, enrich your ministry with the prerogatives of goodness, mercy, tenderness quick to bring aid, and inexhaustible generosity.

With these wishes I sincerely impart the Apostolic Blessing.

Involvement in the World of Health Policy and Care: A Privileged Instrument for Evangelization

At the beginning of the audience Archbishop Fiorenzo Angelini addressed the following words of homage to the Holy Father.

Holy Father,

I thank you from the bottom of my heart for this audience today. This gratitude is personal and of all the Members, Consultors, and Experts of the Pontifical Council for Pastoral Assistance to Health Care Workers going beyond this particular circumstance to be transformed into a reason for renewed decision in our work in the Church and for the Church. A sentiment of filial thankfulness is expressed through me by the Secretary, the Undersecretary, and the religious and lay collaborators.

When by a providential initiative five years ago the Office for the Health Apostolate was instituted, we were entrusted with a talent which it has been our concern not to bury in the ground, but rather to put to interest.

As you recalled in the Apostolic Exhortation *Christifideles Laici,* " in the loving and generous welcoming of every human life, especially if weak and ill, the Church is today living through a fundamental moment of her mission " (no. 38). The presence of the Church in the world of health policy and care, today more than in the past, displays an extent, a variety of expressions, and a wealth of involvement which are becoming a valuable and privileged instrument for evangelization. As you indeed love to repeat, if man is the way of the Church, he is such particularly if approached and loved in his suffering.

The first Plenary Assembly of our Office is a moment of reflection, verification, programing, and, above all, additional purposes. The field of activity in which we are called to carry out our service is extremely vast and complex. From all over the Catholic, as well as the non-Catholic, world the promotional activity of the Pontifical Council is being observed with growing attention. But, Holy Father, the disproportion between what is expected of us and what is in fact attempted, granted a maximum commitment, is not a cause for dismay, but only an incentive to increase our enthusiasm and dedication. For this we are grateful, first of all, to you, Holy Father, for having attached the proper importance to the health apostolate in your inspired magisterium and ministry.

Along with your paternal blessing and encouragement, may the assistance of our Most Blessed Lady, Mother of the Sick and lofty example of service to the suffering, accompany us. From all of us, moreover, please accept, Holy Father, a complete and unrenounceable will towards rigorous fidelity to your directives and to your wishes, and the promise that, insofar as it depends on us and our limited forces, the Pontifical Council for Pastoral Assistance to Health Care Workers will work for the integral implementation of the tasks and aims which have been assigned to it.

At the Lateran Pontifical University, the course on the Health Care Ministry will achieve official status as a permanent offering within the overall program of the Lateran Pastoral Institute during the 1990-1991 academic year. This innovation is due to a special fund created* in perpetuum *by our Pontifical Council.

Report on the Pontifical Council's First Five Years of Activity

February 11, 1985 - February 11, 1990

Introduction

To know and evaluate adequately the activity carried out by the Pontifical Council for Pastoral Assistance to Health Care Workers during its first five years of existence, two elements must first of all be taken into account: 1) the new Office, in the context of the Church, though desired for some time and hailed on being instituted as a providential initiative of the Holy Father, John Paul II, could not rely on any prior experience or analogous activities; 2) to implement the aims assigned to it, the new Department had to adopt some basic criteria or directives which were later confirmed as valid and effective.

Regarding the first point, with respect to the Church, neither nationally nor internationally did there exist a census of Catholic health care institutions—a deficiency often observed as well in the majority of the large dioceses. In addition, in the Bishops' Conferences—in reality, only a few—where there was a Bishop in charge of the Health Care Ministry, this latter was generally included among the Church's social activities. The ambiguity and confusion deriving from this are evident. The social sphere, indeed, from a pastoral standpoint, was and is properly understood as a presence in particular sectors and categories, whereas the world of health policy and care concerns the whole man and all men, both individually and collectively. It was also customary to consider this ministry almost exclusively under the aspect of religious assistance to the sick and not as the Church's presence alongside health professionals as well. In other words, what could be regarded chronologically as the first Church Office for the health apostolate has been an integral part of the Church's mission throughout her history (Motu Proprio *Dolentium Hominum,* 1) in fact arose *ex novo*, without precedents.

When instituted, then, our Office also had considerable organizational problems imposed by its very newness.

Regarding the second point, what criteria or directives were to inspire the implementation of the aims assigned to the Pontifical Council? I am obviously referring to constant criteria or directives. Initially, the problem was not simple, since while, on the one hand, a line of creating *ex novo* had to be adopted, on the other, the Office arose as a " Pontifical Commission " which was an " organic part " of the Pontifical Council for the Laity, " though maintaining its own organizational and operative individuality " (Motu Proprio *Dolentium Hominum,* 6).

This last specific aspect was, of course, applied to the utmost, and from the outset the preparation of an adequate headquarters was seen to, and, with the approval and satisfaction of the Holy Father, the Office was guaranteed self-financing, the first and only case to this day among the Curia Departments.

The first guideline was to avoid the new Office's becoming a bureaucratic organism, a top-level instrument. Hence our efforts and initiatives to make it an energizing center through *information and stimulation* at every level and in connection with all the Church's vital points. All in unbroken unity with the Holy Father and the Holy See.

The second guideline was to regard the health apostolate not as something distinct, virtually a sector separate from pastoral care as a whole, but rather as one of the expressions qualifying it and moving it forward. We have received confirmation of the importance of this formulation from both the enthusiasm with which the institution of the new Office was welcomed by all sectors of the Church as well as by those external to it and the promptness with which the Bishops' Conferences responded to the invitation to name one of their member bishops to be in charge of the health apostolate. And in this regard a good many Bishops and priests have demonstrated their discovery or rediscovery of a new field and continent for evangelization.

The third guideline should be observed in the effort to promote growth in continuity of our Office's initiatives and activities. Hence its spirit of openness to all, without excluding anyone's contribution. An organism of the Roman Curia, the Pontifical Council has sought, in its own area, to deal with the questions of the Universal

Church, in the awareness of having to carry out " its own function for the good and service of the Church " (cf. *CIC,* can. 360), even if a very great deal remains to be done for real, effective coordination of the implications for the health apostolate of the work of the different Departments of the Roman Curia. Nor can it be excluded that some difficulties derive from the different hierarchical structure of the central organisms themselves.

A fourth guideline was also inspired by an indication contained in the Motu Proprio *Dolentium Hominum*—i.e., the urgent need for health problems to be faced in their twofold aspect of care of the sick and the safeguarding and affirmation of unrenounceable ethical and moral values constantly called for by medicine today. As the Motu Proprio specifies, " The new frontiers opened by the progress of science and its possible technical and therapeutic applications concern the most delicate spheres of life at its very sources and in its deepest meaning " (no. 3). It follows that " on the part of the Church, first of all the work of more organic examination of the increasingly complex problematics which health workers must face seems important, in the context of a greater commitment to collaboration among the corresponding groups and activities " (*ibid.*, no. 4).

For some time there has been talk of adult, increasingly advanced medical science and technology, but of an ethical-professional training of health workers not in keeping with the questions posed for them in their work. Our Office has thus sought to act at this extensive and delicate level as well, through the journal *Dolentium Hominum,* with additional publications, and, above all, by organizing every year an International Conference of the highest quality on the most up-to-date and complex topics which medical science and research are obliged to confront.

The fifth guideline was to give our Office's activity a character not limited or restricted to the Catholic sphere, but open, with prospects for real evangelization. Though rigorously adhering to the Magisterium of the Church and paying constant attention to the requests and orientations of the Bishops' Conferences, our Office's concern—and the results obtained may be regarded as more than encouraging—has been to favor the collaboration and contribution of all men of good will, independently of their ideology, culture, or even religious faith, with the same attitude towards public and private institutions, national and international organizations, with close attention to the health policies of the different countries, whatever their tendency and political structure were. Emblematic of this is the effective cooperation initiated by the signing of an agreement between the Cuban Ministry of Health and the local Bishops' Conference, a result obtained through the decisive mediation of our Office in contact with the Cuban Chief of State.

This dimension, at once *ecumenical and universalistic,* has further confirmed the very close bond between health cooperation and action to promote peace.

The final guideline in keeping with which we have sought to move is constant contact, both in visits to countries around the world and in welcoming those coming to our headquarters from day to day, with the entire reality of health care which is either specifically Catholic or, in any case, the object of the Church's concern and commitment. This operative dynamism, certainly not an end unto itself, has made it possible to accelerate the pace of implementing some initiatives, made people aware more quickly of the existence, tasks, and availability of the Pontifical Council, and even prompted unexpected overtures towards us. In keeping with this operativeness, the Office has provided medical equipment, including the most sophisticated variety, created scholarships and grants, made possible cultural exchanges for health workers from different countries, and stimulated vocations in a promising way, as we observe in one of the reports presented to this Plenary Assembly.

I am convinced that adequate evaluation of all the activity carried out in these first five years of existence by our Office is possible only by seeing and interpreting them in the light of these guidelines, also because the specific tasks assigned to the Pontifical Council (cf. Motu Proprio *Dolentium Hominum,* 6) are closely interdependent and cannot, indeed, be accomplished separately or at least not always separately but together.

The urgent need remains for the whole Church, in her universal expressions and organisms, and in her national, regional, and local articulations, to become aware of the fact that the health apostolate, as a ministry dealing with the physical and spiritual health of individuals and of the social and political community, is a priority field of action for evangelization.

That being stated, I shall attempt a panoramic picture of activities over the past five years, dividing the multiple initiatives into the following points: 1) involvement of the Bishops' Conferences; 2) stimulation and promotion within the

Church, on an interfaith level, and in terms of international health policy; 3) participation in the Synod of Bishops; 4) publishing activity; 5) the International Conferences; 6) varied undertakings and operative structures of the Office.

I shall make reference to the most salient data connected with these points without going into the details contained in a separate dossier.

1. The Involvement of the Bishops' Conferences

According to the purposes assigned to it, including that of " maintaining contacts with the local Churches and in particular with the Bishops' Commissions for the world of health " (Motu Proprio *Dolentium Hominum,* 6), the Office immediately moved in a threefold dimension: it opportunely contacted the Bishops' Conferences and existing Commissions for the health apostolate, though their number was limited; it made a persistent effort so that they would be instituted, where lacking; and, finally, it has received initiatives and programs from them, suggesting and supporting, in turn, specific activities.

Out of ninetyone Bishops' Conferences (some, moreover, with a very small number of Bishops), just two years after the establishment of our Council, a total of fifty-eight had named a Bishop to be directly in charge of the health apostolate; ninety-five percent of them have now done so—virtually all of them, if we take into account some objective difficulties for certain Bishops' Conferences in the Eastern European countries or Ecclesiastical Regions constituted by archipelagoes.

In these five years, the Bishops' Conferences have addressed numerous invitations to those responsible for the Office to visit their lands.

But before listing these visits, I deem it right and proper to stress the key role played by the Apostolic Nuncios in the countries visited, as regards both the groundwork and unfolding of our trips.

I consider it useful to mention the following visits made by the President, accompanied by the Secretary, the Undersecretary, or other members.

1985: Spain (Madrid, July 1); Burkina Faso and Ivory Coast (July 16-20).

1986: Poland (May 22-26), South America (Brazil, Argentina, Colombia, Venezuela, August 5-18). This trip was particularly important to contact Bishops, clergy, and lay health professionals and study existing health facilities and those being planned in these countries.

1987: Benin and Togo (January 13-17), including fruitful encounters with seminarians; the United States of America (February 9-12), for the Seminar organized for the Bishops of the United States, Canada, Mexico, the Caribbean, and Central America on preventive medicine and high technology in the countries of the first and third world.

1988: Nigeria and Cameroun (February 23-March 1); Madagascar and the islands of Réunion and Mauritius (September 26-October 4).

1989: the Republic of South Africa (February 10-14), at the invitation of the Health Education Department of the Southern African Bishops' Conference; Poland (June 20-24).

These visits, while enabling us to get to know the real situation of local health care and communicate our Office's programs and action, have all been accompanied by concrete initiatives to aid grass-roots facilities.

Even when visits did not result from direct invitations by Bishops' Conferences (India, Panama, Cuba, Chile, Peru, Bolivia, Philippines, Austria), there was continual contact with Bishops and Catholic health facilities, in addition to health apostolate organizations and, almost always, civil health authorities.

2. Providing a Stimulus for the Church, for Ecumenical Relations, and for International Health Policy

Though from the outset our activity at headquarters was intense, the effectiveness of our presence among the local churches was immediately verified from the standpoint of initiating the health care ministry on a serious and organic basis.

Aside from specific occasions determining the schedule for such visits, on-site encounters have abided by the following criteria: to involve the Bishops' Conferences, to meet those responsible for men's and women's religious institutes exclusively or principally devoted to health care; to gather together and meet with Catholic doctors, paramedics, and health workers to foster their coordinated action, visit hospitals and health facilities, receive first-hand information on current activities and programs, and provide personal assurance of our Office's interest and support. Many visits reflecting the above-mentioned characteristics have been made over the past five years, but the main ones may be mentioned.

As regards our Office's ecumenical commitment, it has been attended to partic-

ularly through meetings at our headquarters with representatives of other Christian denominations and through participating in events held elsewhere.

As regards international health policy, some events have been highly significant. I shall refer to the major ones involving the Church, ecumenical relations, and world policy in chronological order.

In 1985, on a Church level, the Fortieth National Conference of coordinators of Catholic hospitals took place in Washington on January 8. In Burkina Faso, the Ivory Coast, and Nigeria (July 16-20) there were visits to hospitals, meetings with Bishops, priests, seminarians, men and women religious, medical and paramedical personnel, and volunteers. In Vienna, West Berlin, Cracow, Warsaw, Czestochowa, and Utrecht (August 6-20), meetings with sectors of the Church engaged in health and visits to hospitals and medical schools. In Bruges (Belgium), we attended the Eighteenth Congress of the Federation of Catholic Pharmacists (September 7-8).

With respect to international health policy, there was an important meeting in August in West Berlin with the Minister of Health. In addition, the Pro-President was sent by the Secretariat of State as the representative of the Holy See at the Contadora Group's Conference of Health Ministers in Madrid, November 25-27, with the presence of colleagues from the European Community, the United States, and Japan as well.

In 1986, in regard to the Church, Ghana was visited (February 3-5), for the first Pan-African Congress of Catholic Physicians. This was an occasion for meetings at every level in the health field. Warsaw, Breslavia, and Czestochowa were visited for meetings with Catholic health professionals (May 22-26). In Chicago, New York, and Washington (June 18-27), we visited the first Catholic facility to care for AIDS victims, met with health workers, and attended the Humanity in Medicine ceremony, at which this award was made to the President of the Council by Georgetown University. We were in Buenos Aires, August 9-18, for the Congress of the International Federation of Catholic Physicians (FIAMC). There were meetings with men and women religious, along with lay people and volunteers engaged in health care, at the same time as visits to hospital facilities in Buenos Aires, Rio de Janeiro, Bogota, and Caracas. In Strasbourg (September 15-19) we attended the Fifth International Session of the Christians in Psychiatry Movement. In Madrid (September 22-25) we attended the Eleventh National Meeting of Diocesan Delegates for the Health Care Ministry. In Lisbon (October 9-13), we attended the Thirteenth World Congress of CICIAMS. In India (November 6-10) we attended the Forty-Third Congress of the Catholic Hospital Association. The visit to India provided an occasion to visit numerous health facilities and meet many of those in charge of the health care ministry.

On a Church level, there was a meeting with the Greek Orthodox Church in Athens on April 5 to foster joint action towards unity. With our separated brethren in the West there was a meeting in Atlanta, Georgia (USA) on April 26 organized by the Christian Medical Commission. In Geneva (October 7), at the invitation of the Director General of the World Council of Churches, we visited the Christian Medical Commission, shared prayer, and made a commitment to future collaboration. In Jerusalem (April 13), we attended the Seventeenth International Congress on Epilepsy, organized on an ecumenical basis.

Also in the realm of ecumenism, we should bear in mind the constant and excellent relations with international bodies (such as WHO), whose representatives belong to different Christian denominations.

In regard to international health policy, we attended the sessions of WHO's Regional Office for Europe in Copenhagen (May 27), with a view towards collaboration.

In 1987, in the Church context, we visited Benin and Togo (January 13-17), met with Bishops, priests, religious, medical students, and health workers, and stopped at facilities. In Czestochowa (May 23), we met with 2500 physicians, nurses, chaplains, and volunteers during a spiritual retreat. In Rome (May), we attended the European meeting of the St. John of God Brothers and Camillians. In Nagoya, Japan (June 15-22), we attended the Annual Congress of the Associations of Catholic Physicians and Nurses, Senior Citizens, and the Protection of Minors. In India (August), we visited the Cochin Congress of Catholic Health Workers and twenty-four facilities. In Avignone (September 5-8) we participated in the Nineteenth Congress of the Federation of Catholic Pharmacists and were at the inauguration of Milan-Medicine on October 27.

As regards international health policy, we met in Geneva on January 17 with the Permanent Observer of the Holy See at WHO. We attended the Fortieth General Assembly of WHO, April 4-6, with much-

appreciated contributions by the President of the Council on current problems (old age, nicotinism, organ transplants, the effects of atomic pollution, the fight against AIDS). On May 12, we attended the seminar on Ethics Committees prepared by the Italian Catholic Medical Association and the Smith Kline Foundation.

In 1988, in the Church context, in Cameroun (February 27-March 1), there were meetings with Bishops and visits to ten hospitals. In Versailles (May 8-9), the European Congress of Catholic Physicians took place. In Warsaw, Katowice, and Piekary (Poland, May 25-30) we visited hospitals and met with health workers. In Philadelphia, New York, and Boston (June 20-25), we attended symposia on medicine and morality. In India, we attended the International Congress of Catholic Medical Schools in Bangalore (August 6-9), visiting three hospitals and meeting with Bishops and health workers. In Barcelona and Tarragona (October 24-26), we attended the assemblies of those responsible for the health care ministry in Catalonia.

In regard to international health policy, the Pro-President, as the representative of the Holy See, attended the summit meeting of health ministers on AIDS organized by WHO and the Government of the United Kingdom, with the presence of health ministers from 148 countries. His remarks contributed positively to the inclusion in the final Declaration of certain concepts and indications of interest to the Church.

Our involvement in highly significant health affairs within nations should be stressed. In Cuba, which he had already visited before for an initial contact with the Bishops' Conference and local health officials, thanks to the Pro-President's direct intervention, an agreement was reached on sending men and women religious to the Caribbean island for health care. We also attended the Second International Seminar, devoted to " The Family Doctor, " November 16-20. We journeyed to Peking for a scientific symposium and the inauguration of three hospitals, March 23-27, in the framework of Sino-Italian cooperation. In Madrid, April 26-29, we attended the Second Conference of the Contadora Group countries. On that occasion the Office committed itself to supporting a health project in Costa Rica, making a contribution of $ 20,000.

In 1989, in a Church context, we visited South Africa (February 10-14), seeing numerous health facilities (including Transvaal) and meeting with health professionals on different levels. We participated in the pilgrimage of Italian Catholic Physicians and Pharmacists to Lourdes (June 2-6). In Tarnow, Warsaw, and Gdansk there were meetings with Bishops, priests, and health workers. In Cuba, we visited hospitals and met with local Bishops and religious working at health facilities. In Rome (June 6), a talk was given at the Study Day on the Elderly (considering medical and pastoral implications), organized by the National Consulta on the Health Care Ministry of the Italian Bishops' Conference. Also in Rome, on June 26, we attended the Second World Day Against Drug Abuse and Traffic. In Bogota (October 2-6), we attended the meeting on " Church and Health in Latin America " organized by CELAM-Depas and the International Federation of Catholic Physicians. In New York, Boston, and Washington there were meetings with local Church representatives on the health ministry and visits to facilities for AIDS victims. In Rome (October 12-17) we attended the Seventh Symposium of European Bishops. On October 27 we visited AIDS treatment centers in Rome.

In regard to international health policy, we participated in the Second International Congress on Emergency and Disaster Medicine in Havana, Cuba (July 2-8).

3. Participation in the Synod of Bishops

When participating in the 1987 Synod of Bishops on the vocation and mission of the laity in the Church and the world, the Pro-President worked to make the Assembly sensitive to the health ministry. The inclusion among the 53 Propositions of one regarding the pastoral care of the sick and of health workers—approved with 218 votes in favor out of a total of 220, the largest margin of approval at the Synod sessions—and the introduction of this apostolate into the draft of the final document certainly contributed to the preparation of the Apostolic Exhortation *Christifideles Laici,* rich in references in this respect.

With a view towards the Synod, our Office also saw to the publication of two aids *(Laity in the World of Health Policy and Care, Religious in the World of Suffering and Health),* distributed in five different language editions.

During the Synod, over sixty Synod Fathers visited our headquarters.

In preparation for the 1991 Synod on priestly formation today, our Office sent the Synod Secretariat a series of proposals stressing the importance of the health ministry as well in preparing candidates for the priesthood and in their initial apostolic experiences so that they would be included in the *Instrumentum Laboris.*

4. Publishing Activity

I shall not dwell upon each facet, as this material is widely available.

The journal *Dolentium Hominum. Church and Health in the World,* published three times a year, is already in its twelfth issue. It is well received on account of its format, doctrinal contributions (statements by the Holy Father, documents of the Holy See and Bishops' Conferences), studies published, information on the health ministry, and the chronicle of the Office's activities.

The second volume of the *Catalogue* of Catholic health institutions is at an advanced stage of preparation. The first volume, with over 12,500 entries, was published in 1987. It should be remembered that it is the first catalogue or Index— that is, the first census of this kind ever conducted in the Church. Data were in fact gathered starting from scratch by the Pontifical Council, with the collaboration of Bishops' Conferences and religious Institutes devoted to forms of the health apostolate.

It should also be noted that the *Proceedings* of the International Conferences organized each year by the Pontifical Council are published in the journal *Dolentium Hominum.*

5. International Conferences

Our Office has thus far organized four International Conferences, and the fifth is now at an advanced stage of preparation.

The first, October 23-25, 1986, was on *Pharmaceuticals at the Service of Human Life;* the second, on *The Humanization of Medicine,* (November 10-12, 1987); the third, on *Longevity and the Quality of Life* (November 8-10, 1988); the fourth, on AIDS, *To Live: Why?* (November 13-15, 1989). The next is entitled *In Our Image and Likeness: The Human Mind.*

The Conferences have taken place in the Synod Hall at the Vatican, with the participation of scientists and researchers of international renown. The Holy Father has delivered an address to all four Conferences.

The Conference *Proceedings* have been published. Requests for these texts and their subsequent distribution have surpassed all expectations. The *Proceedings* contain all the talks included in the Conferences. Ten Nobel Prize winners have taken part in this important scientific and pastoral initiative.

At the end of the International Conferences, our Office has always manifested an important initiative to assist poor countries.

6. Varied Activities and Operative Structures of the Council

I feel it is opportune to mention—among the most significant fruits of our Office's commitment to act as a stimulus—the erection, by the Decree of April 28, 1987, within the Teresianum Pontifical Theological Faculty in Rome, of the Camillianum International Institute for the Pastoral Theology of Health Care. It is the first such institute to grant academic degrees in the specialty. It was initially organized in 1985 as a private institute for Italy, but with the aim of becoming international, a wish which was promptly taken up by the Order of Ministers of the Sick.

Operative Structures of the Office

The Council began work on a provisional basis at the headquarters of the Italian Catholic Medical Association. For the second anniversary of its establishment (February 11, 1987), new offices were readied at 3 Via della Conciliazione in Rome, in the St. Paul Building, owned by the Holy See. The premises were consigned to us in very bad condition and were restored and totally refurnished so as to be rendered perfectly functional. A little Chapel, dedicated to the Holy Face of Jesus, the expression of sanctified human suffering, represents the motor center of the Pontifical Council's new place of work.

Though staffing is not yet complete, thanks to the generous dedication of volunteer personnel, the Office manages to accomplish a sizeable volume of work.

Equipment reflects the operative needs of the Office.

I have already alluded to its self-financing, which itself represents a motive for justified satisfaction and a confirmation of the sensitivity of the Catholic health world with respect to the commitment assumed by the Pontifical Council.

An accounting of available funds is regularly provided to the A.P.S.A., in accordance with norms.

Conclusion: Balance and Prospects

It is my welcome duty, at the conclusion of this brief overview, to offer my heartfelt thanks to all the members of the Pontifical Council for their close, valuable, and generous collaboration. I remain convinced

that the work conducted in silence, in the background, is certainly more demanding and abundant than that whose results are manifest.

When our Office was instituted, among us and around the world it was hailed as a providential initiative by the Holy Father. As he has recalled in the Apostolic Exhortation *Christifideles Laici,* " in lovingly and generously welcoming every human life, especially if weak and ill, the Church is today living through a fundamental moment in her mission " (*CL*, 38). It is our task, as a central organism of the Roman Curia, to be a believable expression of this fundamental moment in the Church's mission.

The balance of the past five years, though divided into multiple activities, is, above all, a balance of commitment, for the preeminent concern of our Office has been to program complete dedication rather than the achievement of enormous and immediate results. Results have certainly not been lacking, but their significance and fruits as well have depended and shall depend on the enthusiasm and globality of our common endeavor.

As for prospects, I shall limit myself to some initiatives which are close at hand. In dealing with an entity which is in fact growing as it progresses through its first years of life, not a few initiatives will mature both under the force of circumstances and by way of the creative dynamism which must always spur us.

Initially, I shall recall the preparation of a deontological code or charter for Catholic health professionals around the world; the institution of the International Association of Catholic Hospitals, for the main purpose of cultural, moral, and managerial training for administering Catholic hospitals throughout the globe; special initiatives to stimulate priestly and religious vocations to the health care ministry; in this perspective, our proposals for the next Synod of Bishops' have also been sent; adequate initiatives to increase awareness among and encourage the Bishops appointed by the Bishops Conferences in their service to the health ministry; the organization of international and regional conferences on different continents and in different countries.

There will also be publishing initiatives, such as the updating of the Catalogue of Catholic health facilities and the involvement of an ever-increasing number of contributors to our journal.

We are called to be promoters of and witnesses to a culture and service which must be a culture of life and service to life, a reflection and image of the very life of God. And since all mankind recognizes itself in suffering, we know that in service to the suffering and remaining alongside health workers, constructive, effective action fostering peace is carried out, for it is based on love.

✠ FIORENZO ANGELINI
President of the Pontifical Council for Pastoral Assistance to Health Care Workers

The Church and Health Policy Around the World

Television pictures can be powerful, but they can't give you the feeling of holding a dying baby in your arms. As President of Catholic Near East Welfare Association, I had to go to Ethiopia myself. I had to see with my own eyes the endless lines of people streaming from the mountains across the scorched land, many dying en route to the feeding centers. I had to hold in my own arms a baby emaciated to the point of irreversible starvation, a baby gone blind because of the flies and the malnutrition, a baby that died as I held her.

Then I knew once again the madness of war that cuts off life-support systems as surely as they can be removed by any doctor in the most sophisticated modern hospital. I knew again the terrifying irrationality of international liaisons that preclude the kind of long-term development assistance needed by sub-Saharan and other peoples—eengineering technology, dams, agricultural know-how, heavy equipment, and so on. I was reminded of the fundamental premise necessary to any discussion of health care, Catholic or otherwise: health care is more than medicines, doctors and hospitals. Its dimensions include considerations of food and water supply, housing, availability of various social services, education and related concerns.

Internationally famous and solidly Catholic economist Barbara Ward has more to say about health care in her work, *The Home of Man,* than I have seen in many medical journals. Inveighing against the horrible pollution of waters about which so many governments do so little, she says:

> " Cholera, typhoid, parasitic infestations are the normal accompaniment of the idyllic village to which some of the extreme modern primitivists recommend our return. In most parts of the developing world, standing water-flooded rice paddies, fish ponds, irrigation channels carry the snail which completes its life cycle through the human bladder, leaving behind a relatively incurable state of infection and debilitation known as bilharzia or schistosomiasis. As many as 200 million people are its victims. Turbulent water, on the other hand, is the breeding ground in Africa of the small black fly which, laying its larvae under human skin exposed to water, produces a parasite which eats out of the optic nerve and has produced villages with almost universal degrees of river blindness. The estimate of the people affected is 20 million. Swampy lands are the watery homes of malaria, some of whose species are becoming resistant to DDT, while DDT itself, as a long-lasting chlorinated-hydrocarbon, enters the food chain of various animal species with unpredictable and often dangerous results. . . "

Returning for a moment to Ethiopia, I want to describe one more tragedy born of not caring. The greater number of people I saw at feeding centers were completely exposed both to their neighbors and to the ferocity of the elements. The hot sun would sear them by day, the cold winds would chill them by night. Many died, it seemed to me, from the combination of starvation, dehydration and exposure.

In contrast, a lesser number were housed in tents. They were able to gather their families together in privacy and were sheltered from the cruelty of the elements. The rate of survival was significantly higher.

The tents had all been contributed through various relief agencies, and this was a wonderful, life-saving gift. But the tragedy is that since each tent cost only 50 U.S. dollars, we are forced to ask if a world that really cared about human life could not provide all the tents needed, at 50 dollars per tent?

It's a distressing thought, but it's the kind of thought that takes us to the heart of truly Catholic health care. Why should the Church be in health care? What should be the hallmark of the Church in health care? The answer to both questions is the same. The Church, above all things else, must be committed to the sacredness, the worth, the dignity of every human person. It seems to me that the seminal thought of all Pope John Paul II's writing is in *Redemptor Hominis,* wherein he tells us that man is the " way " for the Church.

You will forgive me for using my own Archdiocese as a kind of microcosm of the Church's commitment to health care, remembering that New York is but a speck on the international globe. In the Archdiocese of New York we sponsor a medical college, eighteen Catholic hospitals, ten Catholic nursing homes, fourteen Catholic child care institutions and a host of ancillary facilities. The total cost is $ 1,300,000,000 (one billion, three hundred million American dollars) each year. Most of the money comes from what we call " third-party payments, " but in addition to these the Church must raise many millions of dollars annually to pay these bills. This is an enormous responsibility. So is the task of trying to take care of persons with AIDS, persons on drugs, the retarded, the crippled, the blind and the halt. There is the further problem of trying to recruit and retain qualified health care personnel, and to accord with the huge number of government regulations without violating Catholic moral and medical principles.

Why does the Church continue such efforts? Why have so many religious communities all over the world sacrificed their lives in health care, risking disease, or even martyrdom? The answer is basic: the Church believes in the sacredness, the worth, the dignity of every human person, of every color, race, creed, national or ethnic background. The Church refuses to leave health care exclusively to the state or the secular society, because the Church wants every person to have the option to be treated not only with state-of-the-art medical technology, but as a *person.* We want patients to know that they can enter a hospital or nursing home where their worth and dignity will be treated as made in the Image of God. Therefore, Church sponsored health care facilities must maintain the highest *moral,* as well as medical standards, untainted by the abortion mentality that has gripped so much of the secular health-care world. No one may morally engage in " euthanasia " or carry out unethical surgery. No one in a truly Catholic health care facility will

imply that patients or residents are merely taking up valuable space, costing society or their relatives too much money It would be totally alien to the spirit of Catholic health care to suggest that a patient's " quality of life, " is so severely reduced that he or she should relieve himself or herself and the world of the burden of such existence.

Catholic health care must be rooted in the Church's sense of the human person—body, mind and soul It is only where this sense prevails that we can speak of quality health care. Where that sense is lacking the quality of health care is minimal. Health care becomes at best a business, articulated in the language of marketing terminology; at worst, a weapon of control.

The preamble of the constitution of the World Health Organization, reads: " The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. " But *why* is it a fundamental right of every human being? Pope John Paul II gives the reason: " the inalienable dignity of every human being is, of course, fundamental to all Catholic health care... " (Phoenix, Ariz., U.S.A., Sept. 14, 1987). In other words, quality health care is a fundamental right of every human being, precisely because every human being is sacred, of inestimable worth and dignity, made in the Image of God.

A major responsibility of the Church in regard to health care policy around the world is to remind the world constantly how the world has failed the poor miserably in terms of health care. Even in my own country, some 40 million persons are without health care insurance With medical costs constantly soaring, these millions are likely to get minimal care.

Can we of the highly industrialized world escape grave blame for the fact that the world's poor are deprived of quality health care? Our Holy Father, John Paul II's World Day of Peace Message for this year was a grave reminder of our obligation to the environment. How much are we responsible for in terms of destroying the environment, polluting the waters, defoliating, deforestating, disseminating poisonous herbicides, devastating food supplies, and so on? This is to say nothing of our responsibility to share with the world the almost-inexhaustible resources God has made ours.

In 1983, the Bishops of the United States warned that even within *developing* countries there are governments that fail their people miserably in terms of health care. Monies are poured into weapons systems and development of armed forces. Such monies could procure and distribute immense amounts of basic and critical medications, the training and support of doctors, nurses and health care personnel, and otherwise provide life-saving care. I regret to have to observe that wealthy nations have not been alone in such profligacy; they have been joined by poor nations in vying for nuclear weapons, and even for biological and chemical weapons that could have horrifying outcomes on the health of the world.

For many years, the Church has been urging more equitable distribution of resources to rural areas. Traditionally, the overwhelming percentage of diseases have been in the countryside, but the overwhelming percentage of skilled medical personnel are in the cities. Government expenditures over the years have ranged from 20 cents per year per person in some non-industrialized countries to more than $ 300.00 per year per person in the United States. At the same time, the ratio of physicians to populations range from 1 physician per 100,000 people, to 1 physician per 450 people. It is normally the poor who get the least care. (While I am hesitant to reference Mao Tse Tung in this august company, it is worth noting, nevertheless, his wry comment to the effect that the Ministry of Health should be renamed The Ministry of Health for City Gentlemen.)

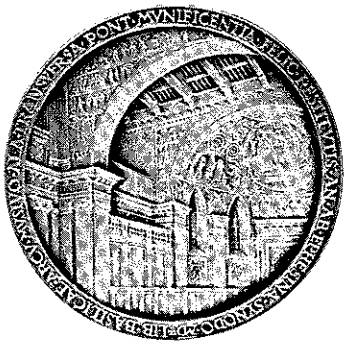
Popes from John XXIII to John Paul II have called for a correction to such injustice, even reminding us repeatedly that the Church must have a " preferential option for the poor " The Church must refuse, then, to turn its back on those in countries where health care is gravely lacking, especially for the poor, not provided adequately by anyone, including governments. Such was the case, after all, even in highly industrialized societies. In my own City of New York, the Sisters of Charity were providing health care to the poorest of the poor long before government was taking them seriously. Sister Rose Hawthorne's Dominican Sisters were taking care of the cancerous poor when government was ignoring them. Father Damian de Veuster was taking care of lepers when government was simply exiling them to die. Such commitment on the part of the Church continues to prevail today where conditions are most primitive, and the sick poor are virtually abandoned by others. I have seen Mother Teresa's Missionary Sisters of Charity bathing with love the very poor who

are beyond medicines, helping them to die in the profound and wonderful belief that God loves them.

As we suggested earlier, it is imperative for the Church to involve itself in health care in order to assure a moral and ethical dimension of the highest order, a dimension so easily ignored in purely secular approaches to health care. By her own example, the Church must call the world to the highest moral standards in human behavior. Only thus can the Church fulfill her mission of concern for the human person, body, mind and soul. In an address I was privileged to present here in the Vatican on AIDS, I argued what I assert once again, that good morality is good medicine. That concept has since been challenged by those who excoriate the Bishops of the United States for rejecting the use of condoms in the prevention and control of AIDS. Yet the Bishops have continued to argue that this worldwide plague will be conquered in the final analysis only by morally sound sexual behavior.

The same can be said of many other diseases, including but not limited to the venereal diseases. For example, despite years of penicillin, a new strain of syphillis has now appeared, apparently defying the penicillin that had destroyed the old strain.

And what of abortion, the killing of a baby in a mother's womb? In the United States we estimate one and one-half million abortions annually since 1973, when our Supreme Court declared abortion lawful. Since then, some 24 million direct abortions have taken place in our country. The worldwide annual estimate, however, is staggering: some 40 million abortions every year, a substantial percentage of them in so-called Catholic countries. Once again, wherein lies the answer except in our moral teaching on the sacredness of every human life? While I, for one, find much of worth in the United Nations Convention on the Rights of the Child, recently signed by 59 member states, it is saddening, indeed, that whereas the Convention speaks of the child's right to life, it makes no mention of the rights of unborn children in their mothers' wombs. At the same time, I am grateful for the laborious dialogue carried out in efforts to include at least in the preamble of the Convention some protection for the unborn child. (Naturally, the expressed concern in the convention about child labor, sexual exploitation, malnutrition, etc. are most welcome to anyone concerned about health care for children.)



The same moral teaching which is the foundation of Catholic health care—the sacredness of every human life—calls the Church to challenge the disturbing trend, at least in technologically developed countries, toward euthanasia, or mercy-killing, or "death with dignity." With people living a lot longer than a century ago, and highly sophisticated medical technology able to extend or sustain life in ways hitherto unknown, temptation is increasing to legalize suicide or even the involuntary removal of food and hydration. Granted that all the theological study on life-support has not yet been exhausted, basic Catholic moral principles unconditionally reject any concept that human beings are the ultimate arbiters of life. We *must*, as a Church, constantly proclaim the sovereignty of God and the immutability of Natural Moral Law.

It would be dishonest to address the subject of the Church and world health policy on a very practical level without asking to what degree the Church is prepared to use her own limited resources to enhance the cause of human life. Forgive me, once again, for referencing my own Archdiocese. I do it not to boast, but simply to suggest the kinds of sacrifices we all have to be willing to make, where possible, in the cause of human life. On October 15, 1984, shortly after my arrival in the Archdiocese of New York, I announced that no woman in need, of any religion, color, or ethnic background, should believe she must have an abortion. We guaranteed that any such woman who came to us would receive all medical help free of charge, including hospitalization. This program has continued now for more than five years. I hope to continue it as long as there is a need. The program has constituted a heavy financial burden for the Archdiocese, but I believe it is imperative. Programs like it should extend throughout the world wherever possible.

Permit me, then, to address but one more aspect of the Church's worldwide role in health care: the call to the health care vocation.

That Christ suffered and died on the cross for our *eternal* salvation in no way mitigates his obvious concern for the sick, the dying, and even the dead. As the miracle of the multiplication of loaves and fishes suggests, Christ couldn't stand seeing *anything* lost. He had come as the minister of reconciliation, to gather together the fragments, lest they be lost, to pick up the pieces of broken lives. His miracles seem almost profligate: sight to the

blind, hearing to the deaf, wholeness to lepers, healing to the hemorrhaging, life to the dead. And through His own death, Christ taught us that all human suffering can have immeasurable salvific power, if united with His suffering on the Cross.

In the final analysis—to bring Christ crucified to the suffering so that they many have the hope of Christ risen in their lives.

The charism of health care, the apostolate to the dying, the ministry of gentleness to those in pain —surely this is a divine call, a true vocation, in or outside of religious life. The Church must sound such a call, over and over, not merely in order to staff her own institutions, but to come to the relief of humankind at large, seriously deprived of dedicated health care workers. " Who is my neighbor? " The young man asked Jesus and was answered by one of Jesus' most eloquent stories, that of the Good Samaritan.

The vocation to the health care apostolate, however, must be a call to provide *quality* health care to both soul and body. Even when extraordinarily sophisticated treatment is available for the body, there is a temptation to forget the intrinsic unity of the human person. It is not enough, for example, for health care workers to repair physical damage following an abortion. In the Archdiocese of New York we sponsor *Project Rachel*, to help in the spiritual and emotional healing of those who have been involved in abortions.

Only if health care is seen as a vocation will the Church ever be able to meet its obligations to the poor; obligations that governments have failed so tragically to meet. There are already countless Catholic health care workers around the world who live that vocation following the way of Our Lord, the humblest health care worker the world has ever known. In the face of even the most severe obstacles, Catholic health care workers bring to their varied responsibilities a sense of sacredness of all human persons, seeing in every patient the face of Christ. Their work extends far beyond formal institutional facilities; many work on the missions or as frequently ignored and radically unappreciated home health care providers. (I can only hope that a presenter of another paper will address care of health care workers themselves. They, too, are sacred human persons, a reality that can be all too easily forgotten. The Church's moral and human responsibilities in this regard are grave, indeed)

The Church's health care mission is global. The Church must constantly call for an end to genocide, whatever the mode of destroying an entire people, and whatever their color, race or creed The Church must both cooperate with and legitimately influence such international bodies as the United Nations and the World Health Organization, in order to advance the notion that health care is a human right because of the sacredness of the human person. The famous Louis Pasteur had it right, but his ideal can be actualized only through such international agencies.

" I hold the unconquerable belief that science and peace will triumph over ignorance and war, that nations will come together not to destroy but to construct, and that the future belongs to those who accomplish most for suffering humanity. "

Above all, however, the Church must transcend all political systems, all bureaucracies and all institutionalization that dehumanizes or depersonalizes the " doing " of health care.

I am mindful of a psychologist friend who took his aged and very ill father to a hospital The admission procedure seemed endless, with the multiple forms required in bureaucratic societies. Nonetheless, the procedures were finally completed and an attendant gave my friend a tape to place around his father's wrist. My psychologist friend said plaintively to the attendant: " My father's name is Eugene. " The attendant was unmoved. " Here we go by numbers, " he replied.

I thought of that true story when I visited a maternity clinic in a little village outside Amman, Jordan. Two nurses, both Catholic nuns, were doing everything they could for the patiently standing pregnant Muslim women awaiting their turn to prenatal treatment. Every woman (and there were many) was addressed and examined as though she were the only woman in the world I marvelled at the warmth and good humor, the tenderness and reverence expressed by each of the nuns toward each of the women Each pregnant woman might well have been Mary, filled with the Christ child. Each was clearly treated for what she was—sacred, of priceless worth, a woman of dignity, made in the Image of God

That's the meaning of *Catholic* health care all over the world

JOHN Cardinal O'Connor
Archbishop of New York

Catholic Hospitals in the World

Introduction

It always gives me great pleasure to be here in Rome at the Chair of St Peter As a priest and health professional, I am most pleased to have the opportunity to speak to the members of the Pontifical Council for Health Care. I am very proud of the involvement of the Church in Health Care. The Catholic Church is the single largest provider of Health Care in the world. The Church is truly faithful to the mission given to us by Christ to teach and to heal.

Body

A. Need for the Council

I want to express my gratitude to our Holy Father, Pope John Paul II, for the Motu Proprio *Dolentium Hominum* and to Archbishop Angelini for carrying out so well the direction and inspiration of the Holy Father for all the Health Care workers of the world

Before the Motu Proprio *Dolentium Hominum* given us 5 years ago it was rather difficult for many of us to discuss the many implications of health care policy and the teachings of the Church If you came to Rome to discuss a problem in the health care field there was really no place to go There was no real center to discuss health care issues. Before the establishment of this Pontifical Council there was no definite place to take your problems or ideas. At that time any reference to health care was directly or indirectly referred to the Congregation for Religious because almost all Catholic health care institutions were managed by religious communities. That is no longer true in many parts of the world where Catholic Laity are carrying out our traditions in Catholic health care.

Health care has become a great issue in the modern world. Through modern health care, people are living longer and healthier lives. Health care has become one of the greatest issues of our times and, more and more, governments are getting more deeply involved in health care Those of us working day to day in hospitals and health care are most grateful for the Pontifical Council and the work it has done in so many areas of health care. Much more remains to be done. These first five years are only the beginning, there is so much more to be done.

B. The Changes in Catholic Health Care

During the past ten years Catholic health care has gone through a real revolution Holy Mother Church, being very aware of this, saw the necessity for this Pontifical Council. There are three things that I think have contributed to this revolution in Catholic health care.

First, in many countries, especially in parts of many of the industrialized ones, there has been a decrease in the number of religious, particularly in the health field. In the United States, we have lost 60% of the religious women who worked in health care institutions The average age of women religious in health care in the United States is over 65 years. Less than 10% of our nurses are women religious. Even now, over 50% of the Administrators of Catholic hospitals are lay people More and more, the apostolate of Catholic health care is passing into the hands of our Catholic laity.

Second, the managing of health care has become more and more complex. Hospitals now have a great deal of highly technical equipment and require highly trained people to operate a modern day hospital. The administration of hospitals and health care institutions has become a highly technical profession. Years ago, it was easy to manage a hospital, but today they have become centers of sophistication and complex technical procedures. This has all contributed to the high level of medical care we receive today It also means, however, that the management of these services requires highly trained people and specialists. The religious communities are not able to provide all these highly trained professionals

The third movement that has had a tremendous effect on Catholic health care is the involvement of Government. Many governments have realized the importance of health care in the life of their citizens. In totalitarian countries, the government's first move is to completely take over and control health care. These governments want to control health care to see not only that their people receive good health care but to exercise much greater control over their lives. This is done through the control of funding and regulations. In some instances, Catholic health care institutions have been completely taken over by the government, the Church with the religious being driven out. In other countries where the Church is still permitted to deliver health care, it is highly regulated. This often causes difficulty and conflict because of the Church's mission in health care

It is so good to see in the last few months the opening up of the Eastern European countries. Now the new governments, as in Hungary and Poland, are begging the Church to get back into health care and provide especially for the sick and disabled. It is difficult for this to happen, however, because many of the religious who were in health care moved into other apostolates and only a few religious remain who are trained in the health care apostolate We look forward with joy, however, to the development of new Catholic hospitals and institutions in these countries, and the reclaiming of many famous health care institutions for the Church

C. The Mission of the Church

In St. Luke's Gospel, the ninth chapter, Christ gave this command to His Apostles—" To Preach the Kingdom and to Heal the Sick " This is the main commitment of the Church—to teach and to heal. We are not the Church of Christ if we are not committed to teach Christ's doctrine and to heal the sick. If the Church is not involved in health care, it is not the Church of Christ.

Today, more than ever, the Church must be involved in health care. The main moral problems of our time arise from health care These are problems dealing with life and death. If the Church is not involved in health care, it is rather

difficult for her to be involved in these problems related to health care. We have to be involved in these solutions of life and death for our society.

Many people might say that since their government is so involved in health care there is no longer a need for the Church to be involved. But now, more than ever, the Church must be involved in order to set a model as to how health care should be delivered. It must be delivered with an awareness of the sacredness and dignity of every individual, who is made in the image and likeness of God

One of the greatest problems of our society is depersonalization. It is certainly true in the health care field. People in hospitals lose their identity and their names. They become a number or a disease label. They are no longer a real person. Catholic health care must always be delivered with an awareness of the dignity of every individual, no matter their diagnosis or disease Catholic health care sets standards and norms of how health care should be administered.

Hospitals

At the center of the whole health care system are the hospitals. Hundreds of years ago, the finest hospitals were institutions where the poor went to die. Down through the years the hospital has grown and developed, and has become the center for all health care. All different kinds of health care radiate out from the hospital.

The quality of health care in a country can be judged by the quality of its hospitals. One of the great works that the Pontifical Council has done under the direction of Archbishop Angelini has been to publish the first index of all the Catholic health care institutions in the world Before this, we had only vague numbers and vague ideas about Catholic health care institutions Now we know that there are over twelve thousand Catholic health care institutions and almost five thousand of them are hospitals. This is a great resource that the Church has not tapped. This is the single largest network of health care institutions which will only continue to grow with the opening up of Eastern Europe.

I remember a time when one of the outstanding specialty hospitals in New York City was looking for contacts around the world to gain patients that needed their specialized services. They went to the (WHO) World Health Organization for help. After they received names and directions from WHO, they proceeded to enter into affiliations with many hospitals, especially in the developing nations. After a few years and with changes in governments and personnel, they had accomplished little. So again they went to WHO and this time were told that the only network of hospitals that was consistent and reliable was the Catholic hospitals

In my travels around the world, many Catholic hospitals have expressed to me a great need for support from the Catholic hierarchy to keep their Catholic identity. They also expressed a need and a longing to get together with other Catholic hospitals to discuss their problems and explore possible solutions. This would present a great opportunity for them to exchange resources and personnel, to deepen their Catholic identity, and to render better service to their people. Many countries already have strong Catholic hospital associations (in Europe and North America). However, they have a great need to meet with hospital administrations from other countries and continents to exchange ideas and share experiences We hope that one of the great works of this Council will be to provide these opportunities here in Rome, at the center of the Church, to communicate with each other on how better to fulfill the mission Christ gave us " to heal the sick. "

Conclusion

I am most grateful that I am here at this moment of History, in this place in the Eternal City. I look to the past and am most grateful for the establishment of the Pontifical Council and for the work it has done in the past five years Above all, however, I look to the future, to the great work that has yet to be done, and with God's Grace this Pontifical Council will accomplish it.

Msgr. JAMES CASSIDY, PH.D.
Ecclesiastical Advisor of the International Federation of Catholic Physicians (FIAMC)

International Federation of Catholic Medical Associations

Your Excellency,
Your Eminences, Monsignors,
Ladies and Gentlemen

On behalf of the members of the International Federation of Catholic Medical Associations I am especially pleased to have this opportunity to speak to such a highly selective audience working in the Catholic medical field and also the members of this council. I propose not to outline the history of the Federation, as it is not relevant in presenting a Paper to this assembly today. Suffice to say, it originated in 1924, under the Patronage of Pius XI, although at that time with a slightly different title. Since then, with the exception of World War II, it has held an international Congress at four yearly intervals. Indeed, until recently this was really its main activity and function. Our Treasurer, Doctor Jean Kluyskens, has written an excellent history of the Federation which can easily be made available to anyone interested.

The Federation is world wide and is represented throughout the world in six regions. The most important thing is that the Federation is officially recognized by the Holy See, being one of the official lay organizations constitutionally formed by ordinance of the Pontifical Council for the Laity. Now, of course, we shall have a special relationship with this Council, which I hope very much will be developed over the coming years. I hope that we will be able to work closer with our sister organization, Ciciams, with whom we have obviously so many common interests.

Our next four-yearly International Medical Congress will take place in Bonn from September 14th until the 18th, and will deal with all the current medical ethical problems of the day. Our Speakers will be both Clinicians as well as Academics, and there will be an emphasis on working groups each afternoon so that the Congress is not dominated by lectures. The Congress will not be limited entirely to members of the medical profession but open to paramedical workers and the religious interested in the medical ethical field. Detailed programmes of the Congress will be available in the next few weeks.

To be officially recognized by the Holy See is a unique privilege, but a daunting responsibility and it is very important that our national organizations should realize this special position of the Federation. In modern business parlance we are really a corporate company with subsiduary companies and we are holding them together. At this stage I should like to refer to Article III of our Statutes, which sets out the aims of the Federation.

Article III — The Federation's Aims Are:

A. To coordinate the efforts of Catholic medical associations in the study and spread of Christian principles throughout the medical profession in general.

B. To encourage the development of Catholic medical associations in all countries in order to assist the Catholic physician in his moral and spiritual development as well as in his technical advancement.

C. To take part in the general development of the medical profession and to promote health and social work in accordance with Christian principles.

D. To establish a counselling service for the study of medico-moral problems and their practical and theoretical solution.

Until comparatively recently we have only been able to achieve an organization of the World Congress, but in very recent years this has changed. Most of our regions, especially Asia and Europe, now organize their own Congress at four-yearly intervals so that in each area of the world there is a Congress occuring every two years. Until about ten years ago we were not represented on the Latin American Continent. We are very fortunate to have received into our Federation Argentina because of an active group in Buenos Aires. Thanks now to the very hard work of our Vice-President, Doctor Hugo Obiglio, we now have a number of national organizations on that continent, namely Paraguay, Uruguay, and applications at present being considered from two other countries. A magnificent achievement in a comparatively short space of time, and I think a spin-off of the fact that we held our World Congress in Buenos Aires in 1986. The advantage of these sub-federations is, of course, that they do not appear too distant from the national bodies, and it is hoped therefore that Latin America will eventually have its own sub-federation. Affiliated to us, then, are the national associations of some twenty-six countries, and their size and activity vary tremendously. Many of these countries produce excellent periodicals, and I would just like to outline a few of them so that possibly those of you who might be interested could subscribe to them. Our French colleagues, for example, publish *Medicine de L'Homme*, which is published in French. Our Belgium association produces the *Bulletin of St. Luke*, which is published both in French and Flemish, and in Hong Kong, we have an excellent *Newsletter* published there by their Guild of St. Luke, Cosmas and Damian. The National Association of Physicians Guild in the United States of America have a publication called *The Linacre Quarterly*, the United Kingdom publishes the *Catholic Medical Bulletin*, and in Argentina the Consorcio Medicos Católicos, their *Periodical*. I shall not outline further publications, but from those that I have mentioned, you will see there is much activity at national level.

The problems are different in

varying countries, so that national associations concentrate their work and efforts on different problems. Certainly, for example, in New Zealand, one very important aspect of their work there is that contact is kept up with politicians and kindred bodies to watch and observe trends in anti-Christian legislation Other countries that have large associations, like Italy, are able to be more active on the political scene than some of our smaller associations. Certainly, many of you know our Italian colleagues (AMCI). Our Italian colleagues were very prominent in the debate before the abortion laws were enacted in Italy. National associations, of course, are made up of branches and usually hold a national symposium themselves once a year

As part of the development of the Federation a Bio-Ethical Centre was set-up in Bombay, approximately ten years ago, due to the hard work of our Honorary President, Doctor Chicot Vas This Centre is a source of inspiration to the Catholic medical world in India and, apart from organizing Meetings, publishes papers from time to time. Just recently, in Buenos Aires, our Vice-President has set up a similar Centre of Bio-Ethics which will prove very fruitful.

The work of the Federation and its structure have changed very much in the past four years because certain opportunities have been offered and used. For the first time in the past four years we have been very fortunate to be given an office in the Palazzo S. Calisto, which is presently staffed by a Secretary working there approximately one day a week. For this office we have been given a gift of a computer, which has been invaluable, and I am hoping very soon to be given a fax machine. Prior to this, as an international body we had no office here in the Vatican nor indeed anywhere else in the world to hold our yearly Committee Meetings or have a focus of communication; in fact, we met in whatever country or city was thought appropriate by the Committee each year.

This help from the Vatican, plus a grant, has enabled us to exist and has enabled our work to be developed We now, for the first time, have a *Newsletter*, which we hope to publish twice or three times a year and which can be distributed to our national associations, but also much more importantly, to other Catholic organizations interested in Catholic medical ethics. The distribution of this Newsletter, called DECISIONS, must also include important non-Catholic organizations so that the views of the Catholic Medical Federation will be extremely well known and the teaching of the Church be represented and presented in a way that appeals to practicing physicians At present technological advances in medicine of course create tremendous problems for the Church and the Law, and I do feel it is a good idea for emerging ethical issues to be identified by practicing Catholic clinicians

The Newsletter, which is now in its fourth edition, is prepared in London by courtesy of the Proprietor of a national newspaper and the film sent to a firm of printers here in Rome where it is dispatched from our Rome office. A small beginning. Possibly some of you may think that I am making too great a point about it, but its potential is of course tremendous. It has been decided that the Newsletter, while it should not be too serious, should nevertheless have at least one serious article, though our aim is to appeal to a wide audience. Never in the Catholic world has it been more important for Catholic moral imperatives in the medical field to be stated, hence the name of the Newsletter: DECISIONS. Our mailing-list at present is small because of cost, but the response to it from Councils and Commissions of the Church has been tremendous and more than encouraging.

Of course, we would not be a Catholic Federation if we had no financial problems, as financial problems seem to effect every activity in the Church. Because, therefore, of our very limited income it was decided to set up a special capital fund, from which the interest obtained will help to deal with the day-to-day expenditure of the Federation. We are just about to launch an appeal and have, at a very early stage, received considerable help, and I am very pleased to say much of it at present from non-Catholic sources. The last few years have seen tremendous development of the work of the Federation in Latin America, thanks to the very hard work of our Vice-President, Doctor Hugo Obiglio, and his colleague Doctor Dabustie, and Doctor Beaubrum from Jamaica. Doctor Hugo Obiglio was at the recent Meeting coordinating health care organisations at CELAM in Bogota last November The last two years have seen two very successful associations with other bodies In March 1987, a very successful Meeting on AIDS was organized in conjuction with New York Medical College and last November a joint Meeting with the Centre of Bio-Ethics at Coimbra University proved a great success, papers being of a most excellent standard I must pay a tribute to our hard-working Secretary General, Professor Walter Osswald, who has a great organizing ability and is a magnificent linguist. Doctor Kluyskens, our Treasurer, has guided us through some of our financial problems, and it is not every Federation who can say of its Ecclesiastical Advisor that he is a Chancellor of a medical school, namely, Monsignor Cassidy.

Certainly the Federation, at this moment in time, concentrates purely on the problems of medical ethics and would wish to be associated with the coordination of the work of the different workers involved in pastoral health, if not at Centre Headquarters, certainly at a national level. The Federation has realized that now there are many people of good-will who are not doctors who are prepared to help us, and we have had amazing support from people not involved in the medical scene I feel that the Federation is a power house of enormous potential, but it is not being developed, frankly because of financial problems; we of course have our dreams, but we must live with reality, and nothing is sadder than being asked to give help when we have no resources or structure. The picture is far from gloomy; it is a Federation developing very quickly, there is a momentum now present, and I see the next decade as one where its name will be very much known Our application for NGO status at WHO is at present being processed; we are now active members of OIC and as an international body wish to be represented very much at the international level, but this of course takes time and again money, both difficult commodities The Federation has moved forward thanks to the hard work of its member countries and our Executive Committee How would I sum it all up at present? I think I am reminded of those endless reports that school children receive in England at the end of term when the Teacher writes, " Tries, but could do better. " We intend to do better and would always be interested in receiving advice from so many of our experts as to how we can become better.

Thank you all very much

THOMAS LINEHAN, M.D.
President of FIAMC

Catholic Health Care Worker Associations

Introduction

Who is a Catholic Health Care Professional? He is a person who because of his baptism goes through life expressing the Gospel teachings in all his professional activities.

My paper will be reflected along the lines of a recent document published by the Vatican on Dec 30th, 1988: " The Exhortation on the Vocation and the Mission of the Lay Faithful in the Church and in the World. " I will dwell on those points that are relevant for Catholic Health Care Worker Associations based on my experience in CICIAMS since 1970.

CICIAMS was founded more than 50 years ago It is taken from the initial letters of the Association's name in French. In English it means International Committee of Catholic Nurses and Medical-Social Assistants. Through CICIAMS' five regions, it provides a link for Catholic Nurses and other paramedics like myself to work together based on Christian Love. This is in accordance with the clear direction of Pope Pius XII when he addressed the 4th International Congress of CICIAMS held in Rome 1950 and said: " Organization is indispensable. We see in our day that works should organize themselves. The Catholic Nurse must be trained for the Apostolate. She must be helped to carry on her professional activity in the light of the Church's doctrine. "

Catholic character

For some people Christian Organizations are considered not necessary because they appear as elements of division and obstacles to sincere cooperation for the benefit of humanity. They affirm that during the past, Catholics acted individually in society without belonging to any specific professional association. This is not so, for experience shows us that Catholics acting alone are always part of a Christian Community, like the Basic Christian Communities (BCC).

For a Catholic Professional Association to play its proper role, it is necessary to reach the greatest possible number of persons by uniting the members of a profession in society It has to be a nucleus where professional ethics are lived out according to the Gospel. In this way, members bearing witness will be capable of attracting all those who are concerned for the good of mankind.

Professional character

The focus here is on the word " Professional " It explains among other things why health staff are grouped in associations A " Professional Association is one which groups persons engaged in the same activity which gives them a sense of belonging in a community. " The first characteristic of Catholic Health Care Worker Associations is that they bring together members from health services of a particular professional level, that of nurses and paramedical personnel, for example. They have their role to play in finding a place among professional health organizations, in relation to the hospital administration, to the sick, to doctors and other health personnel.

A professional person is characterized by the profession he exercises. Every given profession requires those exercising it to accept an ethical code. Professional duty, the duty of one's state in life, requires conformity if one is not to be rejected by the other members of the profession.

Relationship between Catholic and profession

The link between Catholic and Professional implies a special relationship to the Bishops, who make up the structure through which the Christian Community is linked to Christ, and also to the Pontifical Council for Pastoral Assistance to Health Care Workers, whose task is precisely to ensure the participation of the laity in the apostolate of the Church. This is expressed in practice by an open attitude even to non-Christians wanting to join in the activities. Catholic Health Care Worker Associations are able to offer a milieu in which people can come together in charity and discover the ONE who is the source of the human dimension.

Since society is going to become more complex towards the year 2000, Catholic Health Care Workers must be organized in such a way as to influence health policies That is why Catholic Health Care Worker Associations must support the members who are engaged in activities to be more aware of their responsibility and better equipped to carry them out

Roles of Catholic Health Care Worker Associations

1 Mediating Role

Catholic Associations prove indispensable, not only because sociologically they guarantee the exercise of freedom of conscience, but because they enable members to discover, what is or is not compatible in the world which they are living. This explains why the ambition of a Catholic Professional Organization is not only to support the individual faith of its members; it also means to provide a dynamic center for thought and action. It then carries out a task of mediation between the Church, as source of life and charity, and a world governed by economic growth, technical demands and materialism. They have, as Pope John Paul II said, " A role of mediation through which Christian thinking can penetrate effectively into contemporary life. " They apply the Christian principle in concrete situations in which they are professionally involved. Catholic Health Care Worker Associations are therefore essential places in the life of the Church when it reflects on the changes that occur in the field of health care and on their effects on the life of the laity.

2. Educational Role

Modern society is in search of structures enabling it to achieve its progress towards unity. One of these is the educational role by the Non-Governmental Organizations (NGOs). It is therefore a priority tasks for Catholic Health Care Worker Associations to educate

the population in order to make it accept this evolution and take an active part in it. They have their place in the formation of the laity.

At a time when the progress of science and technology is advancing, the health care worker's role is becoming more and more demanding at the level of professional competence and human relations Only recently, CICIAMS was invited to offer in its own appropriate fields information and education about the methods of observing fertility in the context of its service to human values and human rights (ref: circular from the Pontifical Council for the Family).

At the 5th Asian Regional Conference of CICIAMS held in Hong Kong, Sept. 1989, members saw the urgency of promoting evangelization through Pastoral Care and Family Life Education of the Sick in their places of work. With regard to the Vatican's " Instruction on Respect For Life, " Catholic Health Care Workers require a clear understanding of all the issues involved As members come from a variety of backgrounds and social situations, they will be able to protect the right to life Members therefore can create a broad awareness on this very important document on human life.

3. Ethical Role

In this respect, Catholic Health Care Worker Associations contribute to " the putting into effect of Christian ethics in the profession " Pope John Paul II approached this issue in his address to the International Catholic Organizations (ICO) in Paris 1980 He said: " Your irreplaceable and specific contribution must consist in the effort to bring into the problems in which the destiny of men and of peoples is at stake, an ethical and religious dimension which is a fundamental element of human reality. " Catholic Health Care Worker Associations are places where men and women are reconciled with themselves in a professional experience lived in the spirit of faith, Catholic Health Care Workers must come together with others to share and clarify their problems. They have a privileged place as evangelizers; when they express the contradiction they see between their conscience and the type of society that is emerging, especially in its attitude to life

4 Ecclesiastical Role

International Catholic Health Care Worker Associations ensure an " organic presence of the Church " at an international level. Pope John Paul II sees their participation in public activities as of primary importance. " Without International Catholic Organizations, " he said, " something would be lacking in the Church's inner vitality and in her apostolic and prophetic mission in contemporary international society " In this respect, an International Catholic Organization or national association is seen to be a credible " instrument " for the mission of the Bishop of Rome with regard to the Universal Church or that of the Bishop to his diocesan community

Traditionally Catholic Societies have always looked upon birth and death as points of encounter between freedom and the mystery of God. We are confronted every day with serious problems arising from the application of modern medicine, like the emergence of bioethical problems The most significant challenges are abortion, negative attitudes towards natural family planning, the extensive use of artificial contraception, euthanasia, suicides, addiction to drugs and the moral issues arising from biomedical advances federation of Asian Bishops Conference, FABC, Sept. 1986). Under these circumstances, Catholic Health Care Workers must come together in an association to protect and defend the sacredness of human life

Members must therefore be well informed and share in decision making at their own level. They will enjoy the right to conscientious objection whenever a medical act appears contrary to their concept of man. They will have at their disposal the means of protesting whenever the policy of health care is not directed to the service of man. A Catholic Health Care Worker Association therefore is a place where nurses and paramedical workers will seek light on the problems they will face in their everyday life.

Spiritual formation

It is a fact that every Christian is called to grow continuously in intimate union with Christ Catholic Health Care Worker Associations must provide their members with an environment conducive to the strengthening of their faith Formation, which is spiritual in content, is to include those aspects in which faith manifests itself, for example, a life of holiness, doctrinal knowledge and its application in professional life.

A resolution on spiritual formation was adopted by the Catholic Health Care Workers at the recent Asian Conference of CICIAMS held in Hong Kong. The participants agreed that spiritual formation be an on-going process throughout the life of the Catholic Health Care Workers. They are to promote spiritual rebirth in themselves and others through prayers and Sacraments; to develop a well-informed conscience and a sense of responsibility and the call to cure and care in order to serve the truth and live in love

Conclusion

The diversity of concerns leads the lay faithful to gather in associations of different types, It expresses the social nature of the person and for this reason leads to a more decisive effectiveness in work It is acknowledged that the group apostolate is a sign of communion and of unity within the Church. An association of Christians must seek the sanctification of its members, and the practice of their professions according to the teaching of the Church, in communion with the Pope, ensuring Christian presence and missionary output.

The participation of the laity in the world through an organized association is not something optional or of secondary importance, but the normal attitude of every baptized person, since Christians are responsible together for the work of evangelization in family, society, profession and political life.

The Lay Faithful are called to participate in ecclesial life, as mentioned in the last Synod of Bishops in Rome, 1987. It is clear that the Church is an assembly into which all faithful enter on an equal footing to fulfill their specific functions Catholic Health Care Workers therefore are His hands, His feet and His voice to bring solace and comfort to the suffering members of the Mystical Body. By virtue of our baptism we all have the duty of spreading the good news of the Gospel. We could look upon membership as part of that glorious apostolate, to be exercised in a spirit of unity and solidarity worthy of such a noble profession. Many are now turning to Catholic Health Care Worker Associations for guidance and stability In a restless world with its pressures and problems, its disappointments and illnesses, these Associations are the Church's official organizations for Catholic Health Care Workers.

RICHARD LAI PONG CHONG
International President CICIAMS

Health and the Organization of Care in Developing Countries

In common usage, the word " health " indicates an individual's exuberant vitality or his state of efficiency in regard to his duties. Doctors conceive it as the absence of all complications—either organic or functional—of the human organism

After the second world war, WHO experts, wishing to define health in positive terms, conceived it to be " a state of total well-being, form a physical, psychic, and social standpoint "

In the face of these conceptions, this definition seems to be the best one, for at least three reasons: it includes man's psychic dimension; it traces a shift in perspective away from the care of illness and towards promoting health as the individual's overall well-being; and it contains an initial openness to the social character of the human person. Conceived in this way, health has been defined as one of the fundamental rights of every human being

We may regard this position as ideal and prophetic with respect to man's health But it seems to contain a certain ambiguity. In effect, such a conception does not take into account the irremediable relativity of human health: health is related to many circumstances, some of which may be modified and some of which may not, for they do not depend on means available or on man's will; for instance, when it is related to an individual's age If health is, in fact, " a state of complete physical, mental, and social well-being " and forms part of the " fundamental rights of the human being, " what meaning can that inevitable state of malaise and of physical, mental, and social alteration which no one can escape—aging— hold for man?

Starting from this reflection, I shall attempt to present: 1) some aspects of the state of health in developing countries; 2) some aspects of health organization in these countries; 3) their confidence in collaboration with industrialized nations; and, in conclusion, 4) some considerations on health from a Christian standpoint.

1. Some Aspects of Health in Developing Countries

The developing copuntries are roughly those of the southern hemisphere and more precisely those of the equatorial zone. In these countries the health situation appears with characteristics which are sometimes common and sometimes specific. It will thus be difficult for me to go into detail. From my point of observation, located in the Africa of the Sahel, in a tropical area, I shall try to stress the aspects which can provide a significant image of the characteristics common to all these countries

The countries with meager incomes are generally the least favored in health as in other fields In 1980 life expectancy was 57 in the southern countries, as opposed to 75 for the populations of the northern hemisphere Only three out of every ten inhabitants had access to drinkable water, whereas that problem does not exist at all in industrialized nations. A doctor had to look after 6,000 people, as opposed to 620 in other countries.

To give you an idea, in Burkina Faso there is now one doctor for every 30,000 inhabitants, approximately, and one dentist for every 500,000 inhabitants.

Though quite eloquent, these figures reveal only part of the truth In poor countries there are also rich and highly favored persons with the same life expectancy and health prospects as the inhabitants of industrialized countries. On an average, such people tend to falsify the life expectancy of the poorest by pushing the level upwards

In Burkina Faso life expectancy is now 42 for most of the nation and barely 33 for country people.

A second series confirms the first one: in 1980 as well, out of every 1000 children, 94 did not complete their first year of life. In industrialized countries scarcely 11 die. And whereas in developing countries one dollar per inhabitant was available for health, in other lands there were 235 dollars available

As previously stated, most of the economically weak countries are located in equatorial and tropical zones, in warm and often humid regions—ideal conditions for the rise and propagation of parasites. In such places, the parasite is strong, and its victim (man, woman, or child), weak This accounts for the marked spread of the six major parasitic diseases in southern countries:

1) Malaria, carried by the mosquito and threatening one billion people There was and still is hope that this disease will be overcome through a victory which remains to be won.

2) Schistosomiasis affects some 260 million people, a number tending to increase as a result of water storage points in relation to irrigation and dams All of this demonstrates that in regard to health nothing is simple: a dam which, from an agricultural standpoint, is a source of progress, from a health standpoint can offer parasites a place favoring their proliferation.

3) Filarias, which provoke skin, eye, and circulatory system lesions, affect 150 million people.

4) Trypanosomiases (including sleeping sickness) are among the maladies believed to have been overcome which are, however, tending to reappear

5) Leishmaniases attack the intestines and the skin and freequently spread beyond tropical regions

6) Leprosy, in spite of the very important results obtained, still affects ten or twelve million people.

To this picture of illnesses characteristic of the tropical and equatorial zone, we must add others which the southern populations share with those of the north. I am referring to tuberculosis, poliomyelitis, tetanus, whooping cough, diphtheria, measles, meningitis, and hepatites Some of these illnesses, which no longer represent a serious problem in the northern countries, in the south are still fatal, as with meningitis and measles. A child that has not been correctly nourished from the moment of birth has fewer

defenses and thus more readily falls victim to illnesses and frequently to precocious aging.

The somber aspect of this picture should not, however, conceal the efforts and good results obtained in recent years. In the measure in which teams and care experience increase, the overall state of health also improves. Over the last few years, life expectancy has likewise risen, and infant mortality has fallen—something not at all to be belittled, for to add a year or two to human existence is without price.

But the gap as regards industrialized countries is still wide; it brings out the vast difference between the two hemispheres in health and the immense difficulties which must still be overcome. The sums available in the north for health promotion have reached levels which are inconceivable for us. And if health is increasingly viewed as a fundamental right of man, the concrete situation brings us up against the tragic problem of how to respond.

2. Organization and Prospects for Defending Health in Developing Countries

I recently read an article on health organization in developing countries, with this provocative title: " Should Hospitals Be Burned? " With this title the author presented the tragic aspect of defending health in poor regions, with all their difficulties, fluctations, and hopes; he questioned the pyramidal health system now in force in such countries.

This system conceives of the health structure as a pyramid, at whose summit are the hospitals designated as national; on an intermediate level are the medical centers and regional hospitals; at the bottom are the health services for primary care—that is, the most immediate and popular ones, places for first aid, peripheral dispensaries, and health centers which join health education and promotional medicine services to care.

The question posed by the aforementioned article refers precisely to this structure and its validity. The terms of the problem are presented in this way: Should the bottom of the pyramid be favored in terms of a health strategy for the masses, where prevention and health education, benefiting from the participation of those affected and auxiliary nurses, make treatment more popular and less costly, or should hospitals, which absorb most of the health budget without benefiting most of the population, which continues to be excluded from any form of health progress, be favored?

It would be neither just nor intelligent to give this problem an exclusive response in one direction or the other; it is not an alternative calling for a reply in favor of the summit or the bottom of the pyramid on a mutually exclusive basis.

Health action must certainly tend to eliminate inequalities in providing health care, but at the same time must promote research and development in medical science, and for this reason " primary health care " cannot completely replace hospitals.

Nevertheless, the constant presence of effective inequalities in the domain of care led the World Health Organization—fifteen years ago—to take initiatives appearing to foster community and popular care.

The first initiative we can relate to this tendency is that of the World Health Assembly, which in 1974 decided on a " Expanded Vaccination Program. " The objective was to vaccinate all the children in the world until 1990 against the six infectious diseases most frequently encountered in poor countries: measles, whooping cough, diphtheria, tetanus, poliomyelitis, and tuberculosis.

Later, on September 12, 1978, in the Alma-Ata Declaration, WHO explicitly formulated the idea of " primary health care, " indicating objectives and conditions; in 1979, to complete the Declaration, WHO published a document, *Formulation of Strategies for Health for All Between Now and the Year 2000,* in which suggestions were made to governments on the mode of contributing to the plan's realization; finally, in 1981, also within the sphere of " primary health care, " an " Action Program for Essential Medicines " was instituted.

Today, ten years after the formulation of that project, reality leads us, unfortunately, to observe that only very few countries have been able to carry out the program indicated in a truly decisive way. Broader popular, political, and technical consciousness-raising would have been needed for effective public participation in the plan's realization. Complementary investments would also have been needed on an economic level.

The habit of centralizing everything and following known methods has kept grass-roots creativity from manifesting itself. This has also prevented the full application of the primary care project. We have thus witnessed the superposition of the new, nascent organization over the old system, which has remained completely unaltered. As a result, in the absence of a profound transformation of the care system, the primary health care plan runs the risk of turning into a " summary care " plan for the poor.

The phrase " primary health care " has probably contributed to creating this confusion. To some " primary care " means satisfying absolutely essential needs. According to the Alma-Ata Declaration, however, this expression should be read in the context of a global vision of health and its presuppositions—namely, health education, social and economic advancement, environmental improvement, and so on. Primary health care would have had to respond to all the population's demands and needs —both curative and preventive —either through immediate interventions or by orienting people towards more adequate health training.

Others have felt that the primary care plan ought to exclude the hospitals' action from the pyramid. But in Alma-Ata the hospitals' role was precisely defined. Hospitals were to support and complete health action begun on a village or regional level. According to WHO, the community health worker represents only one element in the primary care strategy; he is integrated into the pyramidal health system, but cannot aspire to an important diagnostic or therapeutic function. Above him are the State nurses and doctors.

In conclusion, primary care can never replace the hospital; nevertheless, a political and technical environment must be created to make health for all possible.

3. Collaboration is necessary to make health possible

Health promotion requires, above all, the collaboration of every country in the world. It must also be conceived in a plan for global development. It is especially appropriate to conceive of collaboration as action undertaken jointly, with one's partners, and not instead of them.

To progress together harmoniously, it is precisely unity which must be taken into account, but also the characteristics proper to each people. The peoples affected must be attracted responsibly in both the search for and the application of programs. But unilateral interventions, in spite of all the goodwill they offer, run the risk of providing prefabricated development which does not correspond to the needs and culture of the people involved and, for that reason, is hard to take advantage of.

In collaboration an inferiority complex must also be avoided, as well as superficial and meddlesome paternalism. True cooperation is not just sentiment, but also, and particularly, programing. It is the discovery that " the other " wants to and can be useful to me and that at the same time I can be useful to him. This means discovering we are both close and different so as to share the dynamism arising from differences.

Another conviction which must accompany cooperation is that certain delays are not linked to the character of a region or population, but to the lack of means. There do not exist societies destined by nature to progress and others destined to indigence. Wherever man is, there are indescribable possibilities for and modes of development.

When we speak of the development of the " world of health, " the phrase almost spontaneously summons forth images depicting a world in a state of perfect health, located in the north, and another, in the south, which is ill by vocation. The image is not completely false, but it is dangerous. If it is true, in effect, that the south is tried by a certain number of illnesses debilitating it, it is also true that this situation must not be regarded as a connatural necessity or as a lifestyle. It would, then, be more proper to distinguish between truth and falsehood.

It is true that northern countries have an extraordinary advantage as regards medicines and both public and private health care and that the south is, in a certain sense, benefited by the conquests already attained—indeed, it does not have to discover medicine entirely, but assimilate and apply it. But it is false to think that the southern situation has no solution; nor is it exact to think that it may be remedied simply by sending the means afforded by modern medicine. Such means are, of course, necessary, but must be adapted to their needs, projects, and way of life—to carry out the fight against illness, it is necessary, above all, for health to become possible.

To achieve the goal of good health for all, the south needs development and for such development requires highly structured cooperation taking into account the experience provided by history. Barely a century ago, certain regions of Europe were devastated by epidemics, infant mortality, poor nourishment, poverty, uncontrolled urbanization, and malaria. If the situation has changed, it is because it has been possible to act upon the general conditions favoring these problems. The current state of the south resembles the one overcome in the north; and if it has been overcome in the north, we trust that it also will be in the south. The same road must be traveled, and known experiences must be taken advantage of, according to the modes imposed by the specific needs of these countries.

In addition, many other illnesses have today become cosmopolitan. No one manages to circumscribe them to a single region, so that even in our southern areas affections are appearing about which nothing was heard previously—hypertensions, infarcts, diabetes, tumors, sexually transmitted diseases, intoxications, professional diseases, accidents and consequent handicaps, and psychic diseases deriving from poor adaptation (e.g., psychopathies and neuroses due to modern life).

Between countries trying to develop their health care and those seeking to attain it, closer cooperation and broader understanding are thus possible. The conditions which could make them effective seem to be summarized in the following points.

a) Consider countries individually, under their positive aspects and in their concrete health situation. Burkina Faso is not China; Venezuela is not Argentina.

b) Consider that if illness directly involves the responsibility of health workers, health action must involve all social professionals: teachers, city planners, publicists, economists, and politicians, without overlooking the sick themselves.

c) Consider that cooperation is not a sentiment, but a method grounded on a reasoned conviction. It does not eliminate differ-

ences, but seeks to transform them into creative dynamism, taking up the positive aspects of the different positions to integrate them.

d) Consider that no one is the owner of health—everyone searches for it. It requires overall development in order to become possible, but is a necessary condition for all further development.

e) This search involves aid for situations of extreme poverty and unforeseen eventualities, health education and participation in plans to fight for health undertaken by different countries, watchfulness as regards the positive evolution of pregnancies and births, scientific research on the causes of diseases, and the control of medicines and the cost of treatment.

The list could be lengthened, but already indicates sufficiently the fields in which it is possible and desirable to establish effective collaboration. We realize that the world of health, through cooperation, helps us to make man's problems planetary—this is not a bad thing if we thereby become better brothers in Jesus Christ.

4. Considerations on Illness from a Christian Standpoint

At this point we may ask ourselves how the problems related to health are situated in the context of the basic problematic of human existence, starting from the vision of both reason and faith.

To respond to this question, I shall go back to the considerations stated in the introduction regarding the definition of health proposed by the experts of WHO. I ask myself whether the definition of health as " a state of total well-being " is not really the definition of happiness, not health. And in that case, doesn't it amount to submerging men in illusion, making them believe that they hold the formula and techniques to obtain that happiness? In man there is an openness to the infinite which neither prescriptions nor techniques can satisfy completely.

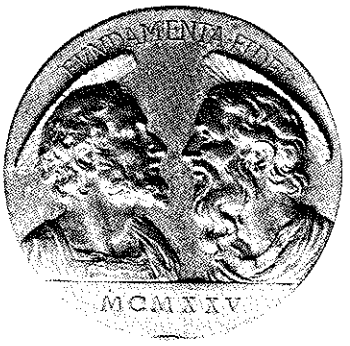
And yet it is precisely that idealized image of health which circulates imperceptibly in our society and penetrates into minds. It is precisely that image made of youthfulness, good looks, well-being, and balance which we find in magazines, shop windows, and bookstores.

I do not wish to minimize the effort and merit of medicine, but we must not forget that, even more than health, well-being is eminently personal in the individual; it depends on each person's conception of life and of the place granted encountering and recognizing others therein. If we leave no place in life for others, well-being threatens to become merely a mask for selfishness.

There is, in fact, no technique to arouse love in men's hearts, just as there is no prescription to give a meaning to human life. The society of well-being runs the risk of forgetting that there are darknesses worse than bad physical, psychic, or social health. We are thinking of political power which, under the pretext of safeguarding " mental health, " commits learned men and intellectuals of contrary tendencies to psychiatric hospitals or of the motivations proposed by legislators to justify the legalization of the voluntary interruption of pregnancy. According to the texts adopted in this perspective, a pregnancy which in an immediate or still-distant future might cause damage to the pregnant woman's physical, mental, or psychic health may be interrupted if the woman herself so requests; and this criminal act is in fact described—though absurdly—as a " medical intervention, "

In the context of this exposition, I cannot dwell at length on the subject. Yet, as the aspect of subjective valorization is quite significant in the notion of health, it is possible not to accept the definition of health as a " state of complete physical, mental, and social well-being " and its being made into a fundamental human right. This may constitute a serious danger.

There are health problems which are also problems in morality—not just personal, but social as well. The hypocrisy consists of disguising them, presenting them as purely medical problems and letting public opinion—and even doctors themselves—believe that healthcare techniques are the best ones, if not to provide a solution, at least to speak about one.



These reflections lead us to ask ourselves, then, what interpretation should be given to health. It is evident that it must take into account the profound meaning of human existence, both in general and in particular. It cannot overlook the relation existing between the physical self-experimentation of man's well-being and God's calls in the waiting, hoping, and planning he cultivates, and, above all, the objective the Creator has assigned to him. Man is made for God. He finds his complete fulfillment in Him.

In view of these observations, we might say that a person is healthy when habitually capable of living in any situation presenting itself, even if difficult or painful, by using all the faculties and energies really available to him or her for the fulfillment of the person's mission. It is a living, dynamic balance to be continually restored and developed. Man is a social being with a vocation to develop in contact with any other person with whom he lives in all situations, according to an ever-increasing capacity for oblational love.

Man fulfills himself in the gift of himself, a gift which may involve the sacrifice of his own life.

We now see that Christian faith contemplates health as a relative value with respect to other, higher ones. It is a good from the Creator, a relative good, in space (health is not regarded everywhere in the same way), in time (health has progressed greatly), and as ordered to other values.

We all know certain seriously abnormal people who radiate peace and joy and manifest dynamism in the activities they are capable of, and others, in the best of physical health, leading a life with no goal, without resources, tempted by despair.

Where is health?

To conclude, we shall now place ourselves alongside those who suffer—the sick, the chronically ill, the abnormal, the man who grows old or dies—to examine their relationship to the world around them. We then realize that their human faculties—such as love, patience, sexuality, communications, self-assertion, autonomy, interdependence, and trust—do not manage to manifest themselves and provide them with assistance. They thus turn to the

people around them. Their hopes are often directed exclusively towards the doctor, medicines, and treatments, with the idea of obtaining therefrom a cure.

But if the illness is prolonged or serious, they then begin to wonder about the meaning of suffering and illness, about what life or death may reserve for them: What is left for me now? Who remains with me?

Assistance to these people should start from such questions. A therapeutics wishing to take into account the health of the whole person—as cure, as the capacity to control an incurable illness, as acceptance of a permanent anomaly, as help for the dying—cannot dodge these questions or the one about Transcendence which they explicitly or implicitly presuppose. Most of the time, just by penetrating into the crisis of a person we have the chance to contribute to an affective cure or to contribute help which the patient can accept positively

Evidently, for a task such as this no one can appropriate exclusive competence, and no sphere of action can prejudge another as secondary. We believe, however, that personal attention occupies a very important place in the treatment of illness

The priest, the spiritual assistant, in addition to having a specific pastoral task, is frequently responsible for the prophetic work of representing in the therapeutic group certain aspects of human values, particularly respect for the patient's personal relations, life, suffering, and death. In other words, he must represent a position which goes beyond the purely profane conception of therapeutics.

The world of health is perhaps the place wherein fundamental human experiences—life and death—are lived through in the most intense way. For this reason all that is undergone in that environment stands in relation to either life or death and consequently does or does not find its proper value, to be accepted or rejected. The world of health, far from constituting a little world, opens out to the universe of " man " to cause true human dignity to be found in relation to God's project.

In this humanitarian and spiritual perspective, the Church since her inception has always carried out her mission of evangelization and sanctification, including, as an integral part, the care of the sick, of those who suffer. In this she follows in the steps of Christ, her divine Founder, who preached the Kingdom of Heaven at the same time as he relieved the numerous sick people who were presented to him. The Gospels very frequently show us that the Lord Jesus, beyond corporal healing, worked spiritual healing more intimately, linked to the announcement of the Good News of Salvation; the bodily health given by Christ opens out, as a sign, upon the health or well-being of the soul—that is, of the whole person.

It is therefore not suprising that in developing countries the Church, through her Missionaries, men and women, lay people or religious and ecclesiastics, has always multiplied her facilities and institutions in the health apostolate at the same time as she has devoted herself to proclaiming the Word of God and performing her function of sanctification. Everyone knows that in all African countries, for example, numerous dispensaries and medical centers have been established, not to mention large hospitals in some instances.

The extensive volume *Ecclesiae Instituta Valetudinis Fovendae*, published in 1986 by this Pontifical Council for Pastoral Assistance to Health Care Workers, through the initiative of its President, Archbishop Fiorenzo Angelini, specifies the Church's action for health around the world and especially in developing countries.

The faith and generosity animating both Pastors and health workers show the extent to which health is perceived in its fully human aspects and also in its spiritual dimensions to be inserted into the reality of salvation, to the point that Christian social action, and especially sociomedical activity, derives from the theological virtues of faith, hope, and charity.

I cannot conclude my talk without expressing to His Holiness Pope John Paul II my deep and filial gratitude for having founded this Office for Pastoral Assistance to Health Workers, and I also thank His Holiness for his recent vigorous call at Ouagadougou on January 28, 1989 in favor of the Third World and Africa in particular. The Pontifical Council for Pastoral Assistance to Health Care Workers, having arisen directly from the will of Pope John Paul II, is the concretion of his Teaching on suffering, illness, and health, on man and his dignity in Jesus Christ, the Incarnate Word.

PAUL Cardinal ZOUNGRANA
Archbishop of Ouagadougou

The Apostolate of Suffering and Evangelization

The evangelization of the world is not just a project, but a precise command of the Lord: *Eutes docete omnes gentes*. The command comprehends not only doctrinal efforts to convey revealed truths, but also an educational program to cause everything connected with the dignity of the sons and daughters of God to be observed.

For evangelization the Church has available pulpits, schools at every level, and—given the democraphic and geographic dimensions of the contemporary world—as a necessity, the mass media. But all of these means would run the risk of acting only on the surface and thus being opposed by a triple confrontation with human weakness, the adversary of Christianity and his partisans, and the desacralizing tendency of certain aspects of modern culture.

In resorting to an analogy to modern geophysics with respect to our planet, we might say that evangelizing action unfolds on two levels: a superficial one corresponding to the atmosphere and the microsphere, which are today subjected to a process of progressive heating (the so-called " greenhouse effect "), and a deeper one involving, on the other hand, a progressive cooling of the earth's crust, which, with the concomitant increase in lava pressure within the earth, provokes continuous movement of whole continents on the surface.

If we stretch this analogy to its limits, we could say that suffering, in the Church's evangelizing action, performs a " thermodynamic " function by producing the growth—in the depths of the Church's social reality and that of the individual, and, by way of them, in the whole world's—of equally profound modifications and earthquakes on the visible surface, displacing entire continents of culture and civilization.

The suffering, when viewed with the eyes of faith in their intimate union with the Passion of Christ, may be compared to an underground nuclear power plant capable of making its hidden energies felt in spite of distances in space and time.

The action of the suffering cannot be blocked or frustrated, as the other, more visible, but also more superficial, activities of evangelization may be, for it unfolds on the indestructible plane of the Spirit. It amounts, in short, to an " ultimate weapon " for evangelization.

The great pastoral problem consists of orienting suffering towards the work of evangelization through timely motivation.

The Servant of God Padre Pio of Pietralcina always stressed that the only real aid to the suffering can be offered by giving meaning to their suffering.

Health workers, who are daily surrounded by the flood tide of human suffering, should know that one must not lose or waste such wealth, which the divine plan allows to be oriented towards the renewal of the world according to the Gospel of Christ and that only this renewal could spare us additional sufferings in the future caused by injustice, stupidity, or other human weaknesses.

Under the pontificate of Pius XI, the supporters of Italian Catholic Action wore a badge with the letters " PAS, " which stood for " Prayer-Action-Sacrifice " Today an analogous badge could be given to those engaged in the re-evangelization of the world with the words " Prayer-Action-Suffering " I would see it as significant for such a badge to be proposed as soon as possible by each Catholic Association representing one of the diverse categories of health workers: chaplains, doctors, and nurses.

In my capacity as Member of the Congregation for the Causes of the Saints, the most varied testimonies concerning the lives of candidates for canonization are submitted to me every week. A great diversity of men and women of every culture, race, and language under heaven is involved. All of them, however, virtually without exception, share one characteristic, namely, the fact that they reached the apex of human perfection by way of a long and often very painful illness—by way of suffering, then.

In my humble opinion, another dimension of the relationship between suffering and evangelization is involved here—a dimension which could be termed " vertical, " as opposed to the " horizontal " one made up of the geographical and historical spread of Christianity over centuries and continents.

In the hope that I have dealt with the subject entrusted to me from all possible angles in such a way as to provide a complete vision thereof, even if necesarily a succinct one, I thank the Assembly present here for its courteous attention and patience, while trusting I have made at least a modest contribution to evangelization without having been the cause of suffering for my kind audience.

ANDREJ Cardinal DESKUR

Emeritus President of the Pontifical Council for Social Communications

Religious at the Service of the Sick and Health Professionals: Towards New Objectives

1. New Hospital Care and Vocational Promotion

In fidelity to the ideals of St John of God and so many holy Founders of Hospital Religious Orders, it is necessary to reaffirm today our passion for the Needy as our brothers and sisters and preferred focus of a specific Church commitment This passion expresses our charism and is manifested by inspiring, supporting, and illuminating all who work with the sick, that they may witness to hope, trust, and love towards the neediest of men—the ill Future hospital care may change a great deal still in its external forms, but the ability to bear witness to the Gospel message in facilities and services devoted to alleviating suffering and looking after pain must never be lacking.

On this basis I think we may affirm that the promotion of vocations at the service of the sick is inseparably linked to every evangelizing activity.

For centuries the Church, with her men and women religious —and she continues to do so in the so called Third World—has made up for the deficiencies of nations and governments with respect to the health of their citizens.

Today in the health world, so swiftly overwhelmed by high technology, it is fitting to ask ourselves if there is still room for the Ministers of the Church. Within hospitals, as we know, the presence of men and women religious has diminished tremendously.

To justify this void with the vague excuse of the overall drop in priestly and religious vocations strikes me, personally, as not only simplistic, but even banal.

Today there is lacking a clear, insightful perception of the authentic needs of the sick and even more an exact vision of the spiritual and psychological needs of health workers

To seek to arouse vocations without having clarified the real picture of pastoral action in health means to devote oneself to failure. It would be fitting to ask if certain vocational crises are not provoked by the inability to observe the real human condition we are called to look after, in addition to spiritual blindness

When hardly more than a child, in far-off 1940, I entered the religious family of the St. John of God Brothers.

When fifteen, I was already covering the night shift in a ward for the elderly at a hospital in Lombardy. We were right in the midst of the second world war, and all the resources available were employed at the service of the needy, with the result that we neglected even our schooling.

The Hospital Order as an institution thus entered into my life, my veins, a good fifty years ago

It is beautiful, though perhaps a bit melancholy, to recall that time and all these days: days and years which were never tedious and purposeless, hard years, with sacrifice, but never without hope

I have been present, not just as a spectator, for the transformation, a real revolution.

I have witnessed the history of the cultural, social, economic, and spiritual upheavals of our planet Health. I was involved, along with numerous religious and tens of thousands of health workers, in difficult choices which, thank God, have tempered us even if we have experienced suffering, discouragement, and disappointments and have had to go through painful delays

In recent times I had the honor and the responsibility to guide my Order for a good twelve years, a period which forced me to realize how the 200 St John of God Hospitals scattered in 43 countries were functioning in order to remain faithful to my Order.

I have now entered upon the experience, beginning a little over a year ago, as Prior of a psychiatric institution of how much I theorized in my years of Generalship. In that period I tried to keep aflame the central fire of passion for the sick while respecting and making the most of the complexities of the health world, also in order to keep my brothers from yielding to the illusion of those feeling that, with economic well-being and the progress of science and technology, the maximum possible in the field of love for one's neighbor had now been reached.

In my new activity I receive confirmation of the fact that *for some centuries there will continue to be a need for this passion* for those suffering from illness, abandonment, and poverty. And if we Catholic Institutes fall short, it will certainly not be on account of a lack of " clients, " of those needing our services, but rather because of our blindness, indolence, excessive fear, and, therefore, lack of faith in Christ, the Savior and ally of the needy.

When five years ago, after having had the honor of participating in the Synod on reconciliation and having entreated the Church to make a pilgrimage to the hospital to seek to make room for God therein, it happened that, immediately after the Synod, His Holiness created the Pontifical Commission for Health Care Workers. I thus conceived of and hoped in a new day, in the rise of a new culture, a new teleology, of healing, hope, and service

Perhaps, as far as vocational promotion is specifically concerned, the Pontifical Commission has neither been able nor obliged to carry out its own vocational ministry, and I do not deem

it necessary to set forth the motives here. What the Pontifical Commission has sown through its central staff has, however, not only shaken consciences, but generated a movement of information, formation, and culture which in the health world has surely opened up a new road to God and the Church. All of this will undoubtedly come to generate either new vocations for health care or new religious families oriented towards it.

Clearly, among health professionals, today more than ever there is a demand for transcendence, ethics, and morality, and this is unquestionably the best fruit...of the Pontifical Commission.

2. At the Service of the Sick: New Needs and New Needy

To restore a sense of prophecy to religious activities at the service of the sick must impose a radical overturning of the orientations heretofore given to too many forms of recluting. We must have the courage no longer to place " economy, " the management of individual religious institutes, or the " survival " of particular religious families at the center of activities, but finally the new and different needs of our sick brothers and sisters

From what statistical science tells us about developments in Religious Orders—though we leave to the Lord the virtue of the miracle—the forecasts are not encouraging: in ten years many of them will no longer exist and in twenty half of the women's religious families will disappear

Never, then, has it been so necessary to conceive of new models of vocational promotion, hoping against all hope, like Abraham or Christ Himself, victorious over death, precisely at the moment of maximum humiliation, " death on the cross. "

We must, however, have the courage to believe that if we take good aim at caring for men's wounds, healing the sores of the souls of those sick, renouncing even proselytism, if necessary, we can stimulate a new and different springtime of vocations.

An Italian history of medicine scholar, G Cosmacini, in a recent newspaper interview, replied as follows when asked about the difference between medicine and health care: " Medicine is health seen from the doctors' standpoint Health is medicine seen from the patients' standpoint. " Whereas " the history of medicine is the history of doctors and the events provoked by them, the history of health is the history of an anonymous humanity in which each can, however, recognize himself. "

In regard to us as hospital religious families, we cannot forget that the future history of our works will be quite short, *unless*, in addition to criticizing doctors and medicine for having dismissed patients' biographies by reducing them to biology, we do not confront our profound " dismissal ": we have dismissed the beneficial advent of complexity and the emergence of *lay workers* at our institutions.

We have forgotten that after years of sterile competition with the " world " the biological, psychological, social, and transcendental needs of humanity are today still not receiving all of our attention. A third dismissal has been effected by a great part of the clergy.

The clergy is highly unprepared, in both hospital wards and Church communities, for the task of human and spiritual care of the sick, when it does not look with outright suspicion at certain pioneers in the field of drug addiction, AIDS, and psychiatric illness.

His Holiness John Paul II calls us, on the other hand, to become collaborators in the project of health and salvation, distinguishing, but not separating the two moments, to leave them, indeed, at mankind's disposal, but after having proposed them with generosity and respect for patients' personal convictions.

Fortunately, the aloofness of medicine, hospital religious, and too many priests has been counterbalanced by an emerging category: the volunteers They give us noteworthy lessons: we should look towards them with attention to project our future better.

A future not of sheer sluggish survival, but of searching and true prophecy.

3. The New Needs of the Sick at Hospitals

The person who is hospitalized expects to get better, hoping that modern medicine will lead him to the " recovery " of his health. He expects information within range of his understanding, not veiled by undecipherable terminology He does not want to see himself treated as a " pathological case, " but as an individual suffering from a certain illness, a unique person. The patient wants to feel welcomed into an atmosphere permeated with human warmth.

I could linger long enough to wear down the resistance of the hardiest listener on the subjects of unbridled technology, politicization, not always sufficiently prepared unionism, barbarous experimentation—in a word, the reigning dehumanization of hospital and health facilities.

The dignity of the human person is inviolable.

And I shall pause here to pose a question

This matter, which can kill or heal, is certainly dealt with by volunteers, but to what extent is it part of activity to promote religious vocations or an integral part of priestly formation?

And yet the hospital has become the crossroads for all human lives

Today, particularly at a Christian hospital, pastoral service is acquiring value day by day. Contemporary man, especially when brought to a halt by illness and suffering, seeks faith and the transcendent, but he does so in ways different from those found in his parish or household.

But is this reality a permanent concern, search, and prophecy in vocational promotion or the formation of new priests?

In Rome, thanks to the charism of a religious family and with the decisive support of the Pontifical Commission, a special faculty has arisen in recent years, the Camillianum. But at the seminaries, at the vocational centers, what is being said and taught in this field, which is the field of life and death?

To speak of the unity of body and soul even serves at times as a cover for the now limitless manip-

ulation of the human body. In keeping with this split between words and actions, mechanical medicine denies the existence of pre-established *limits* to science and conscience.

The limits set in defense of the dignity of the human person and the inviolability of the mystery of his body and soul are brutally transgressed.

To speak of faith in the immortality of the soul becomes a risky enterprise in the face of modern mechanical medicine, which denies death by ignoring and combatting it for the purpose of destroying it. A fundamental truth expressed by Hippocrates should make us reflect in this regard: " All that the art of medicine is not able to heal in accordance with nature is healed by death in the end. "

We repeat once again, modern mechanical medicine runs the risk of no longer feeling and " seeing " the " soft cry " of man's soul. It is the patient that is in question, the concrete person in the limit situation called illness. And it is this limit situation itself which demands our solidarity and our presence at his side.

If we were to open our horizon beyond the general hospital and penetrate into special, emerging areas of life and suffering, we would find huge voids which should prophetically invoke religious and priestly vocational promotion.

I would like to refer briefly to two of these sectors: one unknown, psychiatry; the other emerging, old age.

4. In Psychiatry

The person affected by a psychic illness needs to be recognized as a sick person, a patient, a tormented human being, a person undergoing pain.

The psychically ill " experience " so often the nightmares, anguish, and torment of a cruel imaginary world. As patients, then, they have an intense desire for love, attention, and understanding. We can respond to their " mad " desire for understanding only if we are willing to accept their torment in that scope and complexity they communicate to us, refraining from all attempts at rationally evaluating their life experience from our own point of view.

To show compassion, then, means to enter into the world of the patient's personal experiences, to venture into his madness, to struggle alongside him against it by starting from his world of hallucinations and countering it with a true sense. Only in this way is it even possible to respond to his need to conceive of his psychic illness as curable, as an illness with which (and not against which) one can live.

Other considerations on the specific needs of the psychically ill: Isn't there hidden behind the fear of the incalculable risks of pharmaceuticals, particularly if administered constantly, the patient's need to receive the minimum drug dose possible so as to get alternative treatment which partially emerges from science, but which is sustained by free hearts and generous souls?

Isn't this a space which should be filled with the utopia of the love which involves the patient and all who are bound to him by ties of kinship and affection?

Appropriate vocational messages are urgent because a faceless euthanasia is already present wherever the psychically ill live.

5. At Facilities for the Elderly

The facility for the elderly can become one of the settings in the history of the human person and enter into this history only if it seeks to relive and comprehend their personal histories in the moments experienced and not experienced, in their limit situations (illness, pain, death), in their psychic mortifications (war traumas, disappointments, and vain hopes and expectations, in their wishes which have come true, in their joys and happy moments. If the old age facility does not acknowledge the indissoluble bond linking the individual to his personal history, it will remain a foreign body in the old person's life (all the more so as the individual should be considered to be an indivisible being, also and principally in reference to his past, present, and future). An understanding of the old person's current real situation is possible only *on the basis of his personal history*.

In his inner activity, the elderly person continues to develop the idea of happiness he has cultivated for decades, deepening his own inherent wish for happiness and beginning to dream of life in the hereafter. Passivity, when correctly understood, is something very *creative*, future-oriented, and alive. Passivity does not produce anything concrete, fixed, or tangible, but what is human and interpersonal arise from it. Only a facility for the elderly which is not subject to pedagogical or therapeutic constraints can grasp and appreciate the elderly's " movement towards the inside. "

The problem of the elderly, so markedly stressed by the Pontifical Council itself, is becoming a problem for all countries.

It is also a problem neglected in activities to promote vocations and in religious and priestly formation.

Not to mention, furthermore, the work of welcoming and accompanying, and, even more caring for, the new needy, such as drug addicts, AIDS victims, or terminal patients, for whom the Pontifical Council has laid foundations on which it is necessary and urgent to construct the edifice of a youthful, prophetic charity.

From the standpoint of a regenerated, renewed vocational promotion, the needs of lay health workers cannot be overlooked or neglected.

For this reason we need to redefine the varied spheres of religious' apostolic action to stimulate new vocations and at the same time give a decisive push to a shift in the conception of religious life.

Greater collaboration with all the Departments charged with guiding religious in developed and developing countries would be desirable to open up new horizons.

6. The Needs of Health Workers

Another crisis causes concern today in the health world: in many countries there is a lack of nursing personnel.

This is a problem which, though having quite serious sociopolitical motivations, is in certain respects

associated with the vocational problem of the religious families, especially at the health facilities where they work

In a little volume on *Hospital Care in the Year 2000*, in which I tried to indicate the guidelines for this assistance in the future, I recalled that if St. John of God, the Founder of my Order, were with us today, he would be concerned with the *constant updating* of health workers, in addition to that of his religious. Along with the needs of the sick, he would take seriously those of our collaborators: a real service at the service of those who must transmit competence and humanity each day. In that document I told my brothers in religion that the time had passed of locking ourselves in arrogant " empty fortresses "!

We, who preach love for one's neighbor, forget that the first step of love is represented by understanding the world of our lay collaborators.

This is one of the formative goals to be achieved—the bond between lay people and religious On the occasion of an International Congress of the lay people working at our hospitals, I said that we, the St. John of God Brothers, shall become tragic figures, mannequins of health and salvation, if we are not capable of meaningful interpersonal relationships with our collaborators.

It is in fact indispensable for all health workers to become integrated as far as possible in a relationship of mutual searching, even if this can wound and prompt debate on useless certainties.

The sick and the needy do not seek doctors' omniscience or religious' perfection: they want integral, integrated hospital care. The ill are concerned only with the construction of an invisible, but potent edifice: the house of the alliance between lay people and religious in the name of a modern vision of science, technology, and that Ally of the needy who two thousand years ago taught and lived out the true alliance.

The year 2000 is close at hand: and the hope is that through permanent effort in personal and professional growth our valuable institutions can avoid the daily risk of reaching the limits of their knowledge and their very capacity for expansion

Give us this day our personal and professional growth

This could be a daily invocation: in addition to bodily bread, our everyday development is a good of prime necessity for health workers themselves, along with the ill. In such a way that science and technology, passion and reason, professional and humanitarian personalities—all that pertains to the human and the divine—will join forces for the well-being of mankind, which still needs and always will need truly capable professionals: open and, therefore, in a position to accept the needs of others.

A sagacious vocational ministry must attract attention to a new form of apostolic collaboration aiming at witness and the integration of charisms.

Perhaps this is the best form of vocational promotion which would emerge from sharing a single ideal.

7. The Future of Vocational Promotion

If you have been patient enough to follow me up to this point, I can succinctly state what the model for vocational promotion is which I feel can be implemented.

As the Council and the Popes' teaching have shown us, we must put into effect models involving the whole community of believers, the people of God. It is the whole community which becomes aware of the needs of its members and tries to resolve them with love.

As regards health, we know there is a crisis in nursing and religious vocations!

Isn't it because, with the push of galloping technicalism, the human values typical of every profession have been lost?

We must start speaking again convincingly of and bearing witness to those values which the Christian tradition has always placed at the root of its preaching.

The vocation to service can arise only within a community which really and prophetically lives out solidarity with the poor and needy and takes care of the least ones in every way possible

May I be allowed to recall what the Second Vatican Council affirms concerning the priestly vocation, understood as a call of the Lord: " But we should be careful not to await this voice of the Lord who calls as if it had to reach the ear of the future priest in some extraordinary way. Rather, it should be recognized and examined through the signs of which the Lord avails himself each day to bring prudent Christians to understand his will " (*Presbyterorum Ordinis*, 11)

Analogously, then, listening to the voice of the Spirit of God must be supported, prepared for, and followed up by a psychological, social, and, we would add, material attitude of the whole Community.

In particular, the religious communities which, thanks to the Vatican Council, have renewed their constitutions, must open themselves to receive the young people and adults as well wishing to go through an experience of religious life.

I ask myself whether the time has not come to revolutionize a system more suited to proselytism

than to vocational promotion. I am speaking of the complicated structure for postulants, students, and novices, which makes formation intricate and discernment of candidates for religious life difficult.

I would like to ask if it would not be better for every hospital religious community to make room for a real *apprenticeship* for all wishing to devote themselves to the sick.

Such a period should be of service to each individual candidate to learn, first of all, to live out the human values we deem basic to caring for the needy.

While living in community, a man can also understand and recognize the meaning of religious life devoted to serving the suffering.

Traditional formation in the spirituality of one's Order must be inserted into a sense of belonging to the mission.

One should first belong to the sick person, a real suffering, incarnate Christ, and then to the religious Order with which affiliation is sought.

The charisms of religious, particularly of those devoting themselves to the service of the suffering, must be regarded as points of view on the Church's overall needs.

The charism must help me to understand a need God wants me to respond to, but what is important is the help and support given to the needy, not adherence to the religious Order: " The charisms are for the good of our sisters and brothers, " St. Paul reminds us, and for the upbuilding of the community

I therefore speak of apprenticeship

Religious formation must afterwards be situated on the terrain which has generated its existence: that of suffering humanity seen in its historical and environmental actuality

In such training we must give priority to:

1) sensitivity to the sick person: every illness is a personal event; the community must, then, refine the psychological capabilities of the future religious. Therapy without care of the soul is not only incomplete, but we feel it may in certain cases be ineffective;

2) the ability to live in community and work in a group. For too long the religious ideal has been a refuge for the mass selfishness: whoever wants to serve the sick will feel enthusiasm for sharing solutions and inventing strategies together with others;

3) stress on administrative and managerial capabilities: preparation in values must enable the spirit to enter into organization and facilities, where the person is often crushed and forgotten.

In conclusion, I would like to state that without these changes of reorientation it is perhaps impossible to renew religious life, but, above all, I fear that along with the religious the ideals of Christian humanization we profess will also disappear from hospitals

The Pontifical Council could be the reference point for this urgent renewal of vocational promotion and religious and priestly formation in health care.

Fra PIERLUIGI MARCHESI, O.H.
Director of the Beata Vergine Consolata Institute
San Maurizio Canavese, Italy

Code of Professional Deontology for Medical and Paramedical Personnel at Catholic Healthcare Institutions

The members of the liberal professions whose decisions can contribute to modifying society's rules of conduct in the face of the problems of biological or social life have always experienced the need to define the ethical framework of their action.

The same occurs today for the medical and paramedical professions in the face of scientific and technical innovations. Some think that the new powers they have already acquired over life enable them to question the conceptions of man received until today; others ask themselves about the " guiding hypotheses " which might allow them to master all those changes for the best service to man.

1. The current need for research into the ethical principles underlying medical and paramedical professional activity

Many Catholic associations have already studied in the light of faith the new responsibilities weighing upon their members: this is what is occurring, as far as I know, with the International Federation of Catholic Medical Associations, the International Federation of Catholic Pharmacists, the International Catholic Committee of Nurses and Medical-Social Workers (CICIAMS), the International Federation of Catholic Universities, and the Pro-Life Action Association (PLAA).

Various ethical Codes have recently been adopted. From among them, I have been able to consult *Ethical References and Principles for Action for Catholic Nursing and Obstetrical Personnel* (1988), which updates the *Deontological Code* CICIAMS adopted in 1972, along with the *Handbook on the Care of the Handicapped Newborn*, published by PLAA in 1987.

The work undertaken by the different Catholic associations shows that the need is felt for global ethical reflection on the professional deontology of medical and paramedical activities.

Reflections Concerning the Document: A Proposed Table of Contents for the Deontological Code

2. Introduction

2.1. The proposed Table of Contents we have received presents, as a kind of preamble, the text for an *oath* which would be repeated by the personnel at Catholic healthcare institutions. Several questions may be examined in this regard:

* assuming that the current mentality in many countries objects to expressing its fidelity to the directives of authority under the form of an oath, would it not be appropriate, so as not to clash with eventual readers from the outset, to leave this question for the end of the Code? Since some episcopates might regard it as inopportune to impose such an oath, could it not be clearly stated that it is up to ecclesiastical authorities in each country to decide if it is appropriate to impose it on either all personnel at certain institutions or only some employees?

2.2. It is true that religious authorities' concern about preserving the Catholic character of the institutions they administer would be highlighted if the Code began with the formula for an oath of fidelity. But, assuming that the existence of Catholic institutions *ut sic* does not apply to all countries and that, on the other hand, the Churches in these countries seek to ensure a Christian presence in the health field, is there not a risk that they will regard the deontological code as something belonging to other situations different from their own?

2.3. It will no doubt be useful to bear in mind that the legislation of certain countries does not grant any legal validity to commitments made to respect a code of ethics. The obligations it seeks to impose on personnel may be regarded as discriminatory and contrary to the laws regulating working conditions. The conflicts which may arise therefrom will appear before public opinion. Many of the problems posed at hospitals, medical schools, or research centers are due to the fact that staff members have agreed to enter with a certain professional ethic, but at a given moment have decided to revise it. The tendency of courts at this time is not to initiate legal proceedings on this basis. Would it not be desirable for the Code to take this situation into account?

2.4. An effort should be made to define what a *Catholic healthcare institution* is, which authorities would confer this title, and the people who would be asked to make the oath.

3. Title I: General Dispositions

3.0 It is suggested that Title I be used as the Code's general introduction.

3.1. Definition of deontology.

3.2. Explain why Catholic health workers feel a need to specify the profession's common rules. Faced with new situations, they ask to be able to examine the principles proposed to them in a Christian perspective.

3.3 Show what the Christian perspective is: service to health finds its source in God, who wants all men to respond to his love.

3.4. Both Catholic professionals and institutions in the health field carry out a real ministry at the service of persons, families, and the community. The question is posed as to whether we should speak here of *vocation*:

* this concept may be applied to all professions, especially those performing a social service to society: " Every life is a vocation " (*Populorum Progressio*, 15);

* this concept may be taken in a stricter sense when we are dealing with maintenance personnel or those providing general administrative services (secretariat), who accept a job at a CHCI for the simple reason that they are offered work there;

* the administrators of the CHCI are caught in the midst of conflicting demands: to ensure the technical quality of services, maintain a Christian orientation, meet the legal conditions for administration with the research undertaken. Wouldn't excessive insistence on the concept of " vocation " mean risking ambiguity as regards respect for ethical demands when health workers who do not offer an example of Christian living agree to collaborate with a CHCI?

3.5. This article would specify to whom the Code is addressed: health workers devoted to serving life, CHCI administrators—especially those wishing to witness to God's project for the world—people in charge of religious assistance at CHCI's, those on ethics committees, and members of associations of health professionals. These persons need reference points to act responsibly and in a Christian fashion in the new situations they face.

4. Points to Be Included in a Deontological Code

4.1. The exchange of ideas which will take place on the content of the future Code should enable us to formulate a catalogue of the points currently representing a problem for the different categories of health workers. An attempt is made here to review the major concerns of Catholic patients, sociomedical workers and midwives; notes referring to ecclesiastical assistants and administrators serve as a complement.

Main Concerns of Nursing Personnel

4.2. *Cooperation with the Physician's Action*

In view of the fact that nurses are not called to decide upon the treatment to be applied to a patient, but are responsible for applying it, problems are posed for their conscience regarding the licitness of the acts they are asked to perform. From its standpoint, every deontological code must involve:

* a clear statement of the principles of the act with a twofold effect;

* an affirmation that some actions are intrinsically evil and that the superior's order does not eliminate the moral responsibility of those performing them out of obedience;

* an application of these principles to the cases arising most frequently:

— *family counseling centers*: the attitude of health workers (nurses, pharmacists) towards family planning centers;

— prenatal diagnosis: Under what conditions may it be regarded as legitimate because it does not constitute an incitation to abort?

— *abortion*: At what point does active cooperation in suppressing life begin?

— *Surgery performed on embryos and the newborn*: To

what extent should nurses be informed of the nature of a projected operation and the risks involved?

— *special treatments*: What obligation is there to continue them when there is no longer a chance of a cure and their cost absorbs resources which will thus not be used for other types of health care?

euthanasia: How can it be distinguished from treatment designed to alleviate pain? How can we keep it from being practiced for organ transplants?

4 3. *The Responsibility of Conscience*

Faced on occasion with very delicate situations, nurses are aware of what it means to apply principles concretely. The nurse wishes to receive general orientations, but asks to be allowed to act in conscience in specific cases For this reason nurses attach very great importance to effective recognition of their *right to conscientious objection*, which is mentioned in Article 18 of Recommendation 157 of the International Workers' Organization. In this instance, the text was adopted after long negotiations between workers and employers and was eventually introduced by most governments:

> Without being penalized on this account, nursing personnel should be exempted from the obligation to perform certain tasks which contradict their religious, moral, or ethical convictions, on the understanding that they provide sufficient advance notice to their immediate superior so that necessary measures to replace them may be taken and indispensable care for patients will not be affected

To assist nurses to resolve cases of conscience which they encounter, it would be appropriate to formulate some simple principles and then see the extent to which they may be specified.

* The interests of the newborn or about-to-be-born child, understood according to the Christian vision of man, are the basic criterion here.

* Every medical act whose only immediate effect is to put an end to a life must be condemned and no one can commit it.

4 4. *Relations with Patients and Their Families*

Health professionals who take care to practice their profession in a humane and Christian fashion are aware of having special responsibilities towards patients and their families. They face the following problems in this regard:

* To what degree must patients and their families *be told the truth*? An automatic rule certainly cannot be formulated because nurse-patient relations depend on the psychology and moral strength of each person. But general principles could be stated so as to stress the right of patients to the truth about their state; concealing it from them even in the face of insistent requests must be an exception. And it will be all the more difficult to justify if the patient is capable of bearing the truth and needs to know it. Information provided patients regarding their state of health must be accompanied by discreet attempts to arouse a religious response in them Nurses must help to make available all the means of their religion: for Catholics, the Sacrament of the Sick is involved Catholic nurses must adopt a positive attitude to *patients' families*. On the one hand, they can help families to accept misfortune, especially when appearing in the form of an abnormal child; they can open them to a religious view of existence; on the other, the family plays a valuable role in the healing process when it surrounds the patient with affection; this point is particularly important in the civilizations which have conserved strong family cohesiveness.

4.5. *Nurses and Their Professional Life*

The growing complexity of modern life requires that the " organic participation " be ensured (Paul VI) of workers in the management of economic life by way of their professional orga-

nizations. This movement has already penetrated into healthcare environments in many countries; it must be recognized as positive by the Code. To this end, we suggest:

* Devoting an article to *professional and union associations*. Through this channel ethical problems posed today by healthcare administration can be taken to those responsible for decision-making;

* Dealing with the delicate question of the *right to strike*. Though we approve of the recognition of this right for nurses, mention must be made of the prudence with which it should be exercised since it can cause very serious harm to patients.

* Insisting on the role and importance of *associations of Catholic professionals* to help health workers who are Christians to form their conscience and feel that they represent a force which must be respected. This point is all the more necessary insofar as a secularizing influence is currently being felt in nursing circles which claims that Catholic associations are not compatible with the modern spirit, for they constitute a factor involving discrimination.

5. Spiritual Assistance to the Sick

5.1. The Code should take into account the fact that spiritual assistance to the sick is increasingly being provided by *teams* which are not necessarily under the priest's authority.

5.2. There are numerous reasons why spiritual assistance to the sick should be maintained:

* The Church's pastoral care has always given priority to those who suffer. The reasons are spiritual and provide the full originality of the service Christians offer to sick persons.

* Some basic topics in the spirituality of suffering could be set forth herein.

* CHCI's are a special place for evangelization. Patients and their families find themselves in a situation in which real value is given to life. Simple goodness and unselfish interest shown towards them are often an occasion for awakening a religious attitude in a conscience which has become numb.

* A number of ecclesiastical assistants at times find themselves in delicate situations in regard to health professionals who are hostile to them. An article could deal with this case.

* The ecclesiastical assistant's relations with those of other religions should be recalled. Catholics are frequently the only ones who have a chaplain's services available, even when most of the population is not Christian. Some frictions may arise from this fact, but it can also foster the appearance of a real spirit of mutual understanding.

6. The Administrators of Healthcare Institutions

6.1. We must distinguish between the case of Catholic administrators of healthcare institutions depending on the State or a private association and that of administrators officially placed under the direction of the Church.

6.2. *Catholic Administrators of Nondenominational Healthcare Institutions*

6.2.1. The decisions they must make may pose difficult problems for their conscience; their obligation should be recalled, which involves:

* doing everything possible to lead people to greater understanding and acceptance of Catholic morality;

* set forth the principles stated by Pius XII in his address of December 6, 1953 (*Ci Riesce*) to Catholic jurists on tolerance.

6.2.2. The ethical responsibility of the administrators of nondenominational institutions is not restricted to this aspect alone, but otherwise coincides with CHCI administrators.

6.3. *The Administrators of Catholic Healthcare Institutions*

6.3.1. Administrative policy and the art of maintaining human relations with everyone are essen-

tial in creating an atmosphere of service to the sick. This aim should not disappear as a result of management concerns which sometimes overwhelm administrators

6.3.2. This exigency must lead chaplains to feel responsible for the spiritual formation of nurses and administrators

There are certainly specific problems posed for CHCI administrators; it would be appropriate to consult them later to draft the articles in the Code concerning them

7. Other Points to Be Considered

Health professionals intervene today in numerous situations which were often foreign to them in the past. There will thus be occasion to examine the new areas in which intervention occurs and the ethical orientations which may have to be specified in this regard. Health professionals are often under contract to an administration for their entire career. They must, therefore, reconcile professional loyalty to the patient with loyalty to their employers

7.1. *Health Professionals at Penal Institutions*

7.1.1. They must deal with prisoners engaged in *hunger strikes*. What care should be given them, even if they refuse? If their opinion proves decisive in determining the stance of the penitentiary administration, may they or should they become spokesmen for the strikers' positions?

7.1.2. The prohibition of direct cooperation in *torture* should, it seems, be recalled. To what extent are health workers obliged by professional secrecy if manifesting such acts, prohibited by international morality, can help put an end to them? What indirect participation may be regarded as licit? How can the will to seek, above all, the patient's physical integrity and the safeguarding of his rational capacity be effectively maintained? To what extent can a professional use knowledge of drugs in the service of torturers? How should health workers behave in the face of threats which may weigh upon themselves and their families?

7.1.3. What orientations should be given to ensure the veracity of medical reports? At what point may certificates be signed to satisfy patients?

7.2. *Workers' medicine* poses the question of the objectivity of health workers who may become the administration's accomplices at the expense of workers, or vice versa.

7.3. *Sports medicine* also presents new problems for health professionals. The opinion given will determine an athlete's participation in or withdrawal from competition and may contribute to creating a financial imbalance for a club, be detrimental to an athlete's health and career, and so on. All the problems of doping also appear.

7.4. *Military medicine* provides an occasion to repeat and possibly update Pius XII's orientations on doctors' collaboration in atomic, bacteriological, and chemical warfare

7.5. It would be fitting to identify the types of treatment which deserve to be considered in an ethical code (e.g., *psychiatry*, *geriatrics*)

Conclusion: Suggested Points for Discussion

8.1. Health services face considerable problems today due not only to technical innovations leading us to question the licitness of certain kinds of treatment or experimentation, but, above all, to the changes in values occurring in society, where Christianity is increasingly debated as a normative source for behavior. Even in countries with official references to Catholicism to provide an explanation of life, it is not unusual for there to coexist views which are incompatible with it.

8.2. The observation we have just made shows the urgency of offering ethical reference points to health workers, as well as the chaplains and administrators at healthcare institutions, to deter-

mine proper behavior in the situations in which they may find themselves.

8.3. The creation of such a collection of directives (norms, counsels, etc.) requires that we clarify a number of points in an initial analysis:

8.3.1. To whom is the work to be undertaken addressed? Are we addressing only Catholic health professionals or do we also intend to offer a reference text to persons whose adherence to the Church is weaker or who are not even believers?

8.3.2. The notion of a " Catholic institution " should be specified.

8.3.3. What are the new problems in the ethics of treatment which must be considered by the projected text?

8.3.4. How can it be focused so as to deal with the ethical problems posed in highly developed countries and the specific questions to which health institutions and professionals must provide a response in less developed countries?

J. JOBLIN S.J.

Ecclesiastical Advisor of CICIAMS
Gregorian University Rome

Seven Reflections on Deontology

Allow me to state that an impossibile task has been imposed upon me—but as it is equally impossible for me to refuse you, I shall attempt the impossible.

I shall speak only of the sector in which I have some expertise, for drafting a code of deontology utterly surpasses my capacity. I shall leave to someone more qualified than I the task of speaking about evangelization of the sick and doctors, nurses, and health workers.

Let me simply observe that very frequently there is talk of doctors and nurses as being able to contribute much more to their patients; but the opposite is equally necessary. I have seen patients who evangelize doctors in an admirable, extraordinarily effective manner. Each can do so on his own level.

I would just like to make a reference to history. In all languages the term " hospital " comes from " hospitality, " to receive one's neighbor. In French —and, I believe, all world languages— the first hospices were called *Hótel-Dieu*— that is, it is God who receives the poor; or *La Charité* as well, which definitively describes the entire deontological code you have charged me with contemplating

But I have not wished to evade the task you wish to entrust to me, and, therefore, after multiple reflections, I have come upon seven articles. This figure of " seven " has greatly impressed me, for there are seven capital sins, and finding seven articles for my poor discipline alone makes me fear technology will multiply the capital sins!

I shall take the first article from the Holy Father. It is quite simple—the first words he addressed to us: *Christians, fear not.*

Your belief will, of course, be rejected. You will be separated from commissions and responsibilities, and in the name of pluralism the bloody standard of experimental tyranny will be raised against you. But do not fear—you know the truth. It is you who possess the truth—it is not that you have invented it, but you are its vehicle. We must repeat to all the doctors who do not kill their patients, " It is illness which must be defeated; it is not the patient that should be attacked. And the whole history of medicine is present to show we are right.

I shall cite just one example. A great deal has been said about the Bicentennial of the French Revolution and the rights of man. Now, in France, twenty-one years after the proclamation of the rights of man, a philosopher presented a legislative proposal to prohibit " drowning rabies victims or bleeding them to death by cutting their four members " This proposal was not even discussed. Twelve years later a child named Louis Pasteur was born. His life demonstrated that those freeing mankind from the plague and rabies were not those who burned plague victims in their homes or asphyxiated rabies sufferers between two mattresses, but those attacking illness and defending patients. This first paragraph might, then, be summarized in a sentence, a paraphrase of what I learned in the catechism, which taught us to hate sin and love the sinner. The deontological code for Christians is quite simple: *Medicine is hatred of illness and love for the ill*

The second paragraph will take us to the beginning of human history itself. As Your Excellency stated a short time ago, man has been made in the image of God. This is the only reason why he is respectable. And to summarize it here, we might say, *Every human being is a person, from fertilization to death.* And it will be necessary for Christians to try to have the law—civil law—say so.

In so-called pluralistic societies, our ears are filled with moral pluralism, and it is immediately added, *But you, Christians, have no right to impose your morality on others*! Well, I tell you that you not only have the right to try to introduce your morality into laws, but it is your democratic duty. In modern democracies, which no longer refer to a higher moral law, the honest citizen's intrinsic duty is to attempt to secure passage for the laws he believes to be best for society; it is the only duty incumbent upon him and the only freedom left to him. When Christians seek to introduce into their countries' laws the affirmation that " every human being is a person, " they will not be abusing their right to vote, but complying fully with their duty as citizens.

The third paragraph will take us from antiquity to modern history. May I be allowed to recall that the man who founded medicine lived four hundred years before Our Lord? The sage of Kos made his students swear, " I will spend my life and practice my art in innocence and purity; I will not provide poison, even if requested, and will not suggest its use [and this is valid for euthanasia], nor will I give an abortifacient to a woman [and this is valid for abortion] " Four hundred years before our era, natural wisdom, the light of nature, illuminated the man who founded medicine. And for more than two thousand years that oath of Hippocrates has been sworn by all the masters of medicine.

And there has been no discontinuity whatsoever in this regard. I shall pass over the different declarations in the course of the centu-

ries which I have gathered together to discuss with you.[1] They may be summarized in a single sentence asserted by Vatican II: *Abortion and infanticide are two abominable crimes*.

Our duty is to repeat it to our societies, which, unfortunately, seek to forget it

Listen carefully to contemporary discourse: every time a man dares to speak of morality, he is referring to values superior to those he would like to have customs adjust to; every time someone speaks of ethics, he is claiming that laws should adjust to customs! This observation can be made equally in the United States, Australia, New Zealand, France, Rome—anywhere!

This paragraph would conclude very simply with a counsel: " You who are charged with helping the sick and are at their service, realize that a morality exists; it is clear and universal (since it is Catholic). This is what will guide you, and not through a sort of easy consensus, the result of a skillful weighing of unreconcilable opinions. "

Another paragraph, the fifth (in reality, an enormous chapter): *A child is not disposable, and marriage is indissoluble.* To deal with this subject, I shall take the liberty of recalling an anecdote. It was the week prior to August 15, and it took place in a city in Tennesse called Maryville, the city of Mary. I was acting as a witness in divorce proceedings. A woman named Mary was being defended by a lawyer named Christenberry. A rather strange accumulation of names. That woman was asking that her seven frozen children (seven embryos she had had by her husband through extracorporeal fertilization) be entrusted to her because—the woman said—" they are my children " The husband, who was seeking a divorce, wanted the children to be conserved indefinitely in a frozen state or destroyed. " Because, " he said, " I don't want to become the father of children who would be those of the woman from whom I wish to separate. " The mother had declared before the court, " If justice refuses to give me my children, I ask at least that they not be killed and prefer that they be entrusted to another woman to knowing that they must die. " This woman manifested the same reflection which another woman had expressed 3,000 years before while trying to save her child when King Solomon decreed, " Cut him in two and give half to each of these women. "

The judge in Maryville, a small Tennessee town, pronounced the same judgment as Solomon. He started that, though they had been conserved for some time by refrigeration, those little beings were human and consequently could not be distributed like a good that may be liquidated, but must be placed in custody, and the only person to whom they could be entrusted was the one who wanted to help them to live—their mother.

Yesterday another process took place in another country, England, and I do not know the outcome. A proposed law sought to give researchers the chance to manipulate human embryos as if they were experimental material. I have not heard the decision of the House of Lords I have not listened to the radio, but I dare to hope they were as wise as the unknown Tennessee judge. I still know nothing, but am aware that if England allowed its own children to be exploited when they are so small, it would lose what makes it famous around the world, the very notion of *habeas corpus*. For if the law does not respect the bodies of small children, English *habeas corpus*, finally adopted by most nations, will disappear.

And it is not just the fact that the child is not disposable; it so happens that marriage is indissoluble and its, consummation—that

is, copulation—is what makes it definitive.

Extracorporeal fertilization presents an intrinsic difficulty, for the technician attributes to himself all power over reproductive cells, when the husband's exclusive prerogative is precisely to be the only one who may deposit gametes in that inner shrine which is his wife's genital organ. And don't take offense at my calling the uterus an inner shrine—it is the normal anatomical phrase used in Japan, where the uterus is designated by two *conji*: one means temple or palace, and the other, child, and at the same time something discreet and hidden. In the depth of human languages—in Japan or anywhere else—are the very foundations of respect for the human being, and it is prudent to listen to those multiple voices telling us one and the same thing. The family depends on two beings, two persons, the father and the mother, and their physical, carnal, sexual union is the foundation of their definitive union. In other words, there must be two people to beget a third one. A most curious anatomical-physiological trinity which men have always known, since even the pagans represented the god of love with the features of a child.

The sixth article would be *You shall honor your father and you mother*. This commandment is not new, but is extremely up-to-date scientifically. We have long known that the genetic patrimony transmitted by the spermatozoön and that transmitted by the ovule are homologous and comparable in the amount of information. In the last two years we have learned that they are not equivalent in the way the information is to be implemented. There is an " impress " formed by tiny fragments of molecules hooking onto the DNA, a *methylation* of DNA.

Without going into technical details, what this modification of the message indicates to us is utterly surprising.[2] The " impress " transmitted by the father influences the steps which will serve to fabricate the membranes and placenta. It is these messages which remain as if underlined in order to be transmitted immediately. In the female message, on the other hand, the instructions stating how to construct the fetus' tissues are immediately underlined. After fertilization and at the same time as cell division, these initial signals are modified—the key to the progressive differentiation of cells. Starting from a single ovule, they eventually fabricate such dizzingly different elements as a cell producing a fingernail or neurons constituting the brain. In other words, in the sphere of a millimeter and a half of the fertilized ovule, the " impress " already prefigures the division of labor: for man, the search for food and the construction of shelter (membranes and placenta); for woman, the development of the child (the specialization of tissues). This is so true that a fertilized ovule containing only the male message, even if there are two samples with the required number of chromosomes, is not a human being—it is formed only by small vesicles, pseudo-amniotic sacs, known as a *hydatiform mass*. Reciprocally, a fertilized ovule containing only the female message, even if complete, with two sets of chromosomes, is not a human being either; it can fabricate only separate pieces—hair, teeth, skin, whatever, but in disorderly fashion, formlessly (the *dermoid cyst*). The male and female " impresses " are simultaneously needed for the conception of the human being: a father and a mother are needed to have a child. If I could take the liberty and had

representatives of the mass media in front of me, I would give them a scoop: we know today that manipulations going against nature are absurd. There can be no procreation by fertilizing an ovule with the nuclei from spermatozoa.

Single-parent reproduction through multiplication or cellular homosexuality is not possible.

Honor your father and your mother is certainly a divine mandate—nature obeys it.

Finally, in the seventh paragraph—and I shall conclude with this, having spoken too long, but you have given me a vast subject—*the human genome, the genetic capital of our species, is not disposable*. We are beginning to decipher it letter by letter. In a few years in may be accessible to manipulations. Medicine is at the service of the sick, but should also protect those who are well. We must not let technology play with this biological information, which is the divine signal in our species. It must be solemnly declared that the formulas of human DNA cannot be patented, sold, or shamelessly mixed. It would be necessary for our laws to state—and it is our duty to say that they must so state—that men have no right to abuse a patrimony of which we are only repositories. May God grant that our descendants not say, " Our parents ate the sour grape, and our teeth are on edge. "

That is all. I have proposed to you seven reflections, seven capital sins to be avoided. For this reason I have gone on too long. Perhaps I should have started from the theological virtues—there are just three of them!

Faith telling us to respect the image of God, hope helping us to protect it, and charity judging all.

Prof. JEROME LEJEUNE
Pontifical Academician
Professor of Fundamental Genetics at the University of Paris

[1] Assaph, a Jewish doctor of the seventh century: " Never consider killing someone with substances from roots, or have a woman pregnant through adultery drink an abortifacient potion. "

Amatus Lusitanus, a Portuguese Jewish doctor (1511-1568): " I have never offered anyone a cup full of deadly poison. No woman has aborted with my help. "

The *Tephilath Harofim* of Jacob Zahalon, an Italian doctor and rabbi (1630-1693): " Lord, free me from the hand of the wicked, the iniquitous, and the oppressor. Do not subject me to their power for an instant so that I shall not take part in their banquets to administer a drug, drink, or poison which might harm a man or cause a woman to abort. "

Even the Oath of Geneva after the horrors of the world war: " I shall never allow considerations of religion, nation, race, party, or social class to come between my duty and my patient. I shall show utter respect for human life from its conception. "

Each of these doctors according to his language and culture, has expressed through the centuries this truth, which Pius XII recalled in 1951: " Every human being, including the child in a mother's womb, has a right to life, received immediately from God, and not from parents or any human society or authority. Therefore, there is no man, science, human authority, medical indication, or social, economic, or moral eugenics which can present or confer valid jurifical authorization to dispose directly or deliberately of an innocent human life. "

[2] The research allowing us to assert these basic notions was carried out on mouse embryos by numerous teams, including Azim Surani's at Cambridge (UK), Judith Swain's at Durham (USA), and Robin Holliday's at Hope (USA)

Coordination of the Health Care Ministry: Rome and the World

Introduction

It is with a sense of trust and humility that I accept this invitation to address the first plenary session of the Pontifical Council for Pastoral Assistance to Health Care Workers Service of the sick and suffering as well as the promotion and development of humanity is an integral part of the Church's mission to teach and to heal I wish to express our gratitude to our Holy Father for establishing this Commission and raising it to the status of Council We are particularly appreciative of the fact that Episcopal Commissions for Health are being set up in many countries around the world, mainly due to the efforts of our President and the Council staff Having one member of the Bishops' Conference engaged in the coordination of the health care apostolate deepens everyone's awareness that health and healing are rooted in the Church's mission. Christ came that we may have life. Too often in the past many Health Care Workers did not feel part of Christ's mission to heal.

The title I have been given is *The Coordination of the Health Care Ministry Rome and the World*. I am taking that to mean the co-ordination of the Ministry of Health Carers throughout the world by the Central Council in Rome, or, in another sense, how this Council can be of service to the health care ministry. I wish to focus on some aspects of the mandate of this Council and make some concrete suggestions for further development and implementation. Before doing so, however, I draw attention to some of the realities facing Health Care Workers throughout the world, many already enumerated at this Meeting.

— The Health Care Ministry is a meeting place for all people of good will—all can work together, irrespective of religions, ideologies or culture

— Technical and scientific solutions without human warmth have been found wanting as a means of enhancing the health of humanity

— We clearly see the need for a holistic approach to health rather than equating health with medical technology only.

Financial Problems

— Realization has grown that health care has become an industry with grave political connotations

— On all sides we hear that the demands for medical services in terms of equipment/drugs/personnel have outstripped the resources of Government and budgets.

— AIDS and ARC have further straightened the slim resources of all countries

— Resources which could go to health in many countries have been allocated to develop weapons and methods of destruction, secret police and standing armies.

The international debt has many ramifications for health; e.g., in one African country the Government's Structural Adjustment Programme, based on the economic plan of its creditors, is referred to by the people as *sap* — they see it sapping the life of the people, subjecting them to poverty, hunger and a sense of hopelessness and powerlessness

We need help and encouragement to assist us to question such creditors on behalf of humanity

Cultural Problems

— The medical model of health care needs reappraisal.

— The scientific orientation of medical services " inherited " by Church and State in many third World countries has left no place for the traditional view of illness and wholeness. This has angered many

— Chemical warfare leads one to question the integrity of research at a national and international level Is it for or against humanity?

— Where is Research focused?

Malaria, for istance, still continues to be a huge problem in Africa

Type of Illness Stemming from Social Evils

— 50% of the medical resources of one European country has been devoted to caring for people suffering from mal-adaptation and psychosomatic illnesses. The addiction syndrome is much wider than alcohol and drugs. " I " is overshadowing " We. " One's rights are seen to outweigh social responsibilities to any group or city, leading to loneliness and isolation.

— Fear and paralyzing dread of developments in our world hinders peoples' trust in one another. The reality is that most of us do not know who is in control of our lives in our world

The problems are serious, vast, and well-known

Many people seek " faith healing " and " spiritual healing. " This surely is a vacuum which Christ was keenly aware of in His time He spoke of people as " sheep without a shepherd. " Many health care workers feel " burnt-out " in the face of these pressures and frustrations.

Now is an opportune moment for the Church to enable, encourage and facilitate people to rediscover their deep inner resources in human spiritual values The love of God and the compassion of Christ must motivate us in the field of health. Belief in Christ's healing mission must be released in new ways as we enable Christ to give us life once more. It is never sufficient to focus on the problematic.

The Church's Option for the Poor and Justice

One wonders if society and the Church really grasp that the widening gap between rich and poor, North and South is affecting the very fabric of society and humanity.

In many instances the health care we provide, at the lowest possible cost, is still beyond the possibility of those in greatest need. This is a source of real anguish for many health care workers.

Primary Health Care services have highlighted a new means of giving genuine service, in justice, to the poor Enabling them to participate in their own health care not only builds their confidence and self awareness, respecting their rights and dignity, but also gives them their rightful place in society Trained Primary Health Care Workers understand their people, speak their language, and are part of their environment. They are able to respect and integrate indigenous systems of curing and caring.

On the surface this may appear less prestigious for the Church than institutional care. However,

it can, in reality, be much more effective for the real aims of the Church

Introduction to Some Suggestions Regarding the Mandate of the Council

It is my belief that this Pontifical Council should not be concerned so much with the mechanics of health care as with its SPIRIT. It has the possibility of being the " leaven in the dough, " motivating, encouraging and questioning.

It must avoid duplication and rather seek to collaborate with what WHO, WHA, CMC and others are doing. We must recognize that all health services belong primarily to those who are served by them. All of us must be encouraged to participate fully in decisions affecting our lives.

We must encourage people to reflect, discuss and listen to each other about how we can take responsibility for each other's health. Really accepting our interdependence is the greatest and most necessary challenge today.

Discipline and strong motivation are required to create a renewed life-giving vision of health leading to change of attitudes and behavioural change. Promoting health and wholeness is part of preaching the Gospel. Our Church congregations need to be transformed into cities of care and tolerance, love and support to counter fears, loneliness and an increasing poverty of spirit " in a culture bent to the scientific and technical "

Suggestions Towards Co-ordination and Collaboration as Some Aspects of the Mandate I Wish to Develop

According to the mandate the Council is:

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

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

The active presence of the President, other Council members and indeed lay and religious health care workers at various Conferences and Congresses is a means of implementing these aims. So also is *Dolentium Hominum*. This journal could be developed to enjoy a wider distribution.

It could be a means of *linking* new initiatives in the field of health care. Field Workers should be encouraged to share their practical experience and initiatives. For this to happen the journal should be simplified in terms of the quality of paper and layout. A simple journal would not only cost less to produce but also to post. *Contact,* published by the Christian Medical Commission (of WCC) has been a practical help to many Health Care Workers in many remote areas down the years. It has been sent free of charge to mission health posts.

Four International Conferences held under the auspices of the Council, gathering together as they did experts of " World Renown, " in many fields, have been a forum for reflecting on many aspects and problems of the Health Care Ministry in our time. Many people have suggested that *fewer papers* be presented at these gatherings and opportunity be provided *for all participants to share their ideas* with one another.

The Council is also mandated to maintain contact with Local Churches.

1. Structural Development

I would like to compliment Archbishop Angelini and his team on having achieved the establishment of National Episcopal Commissions on health in so many countries. An extension of this would be to have a similar commission at diocesan level, which in our experience has already proved very helpful. In many instances it is the Bishop who dialogues with Government regarding their health care policy. Such commissions should reflect an *inter-sectoral approach* to health—water, agriculture, housing, sanitation, etc., and seek to cross denominational and ideological boundaries. While the National Episcopal mission would liaise with this Council the Bishop would in reality be its coordinator. Problems arising would continue to be dealt with at appropriate levels. This system of communication should enable us to look at the real problems and root causes of disease and the administrative problems of delivering health care.

2. We, as a Pontifical Council, have the status to approach State, National and International organizations. The representative of the Holy See in each country has the right of approach to the Government and Diplomatic Corps and is thus in a position to exert an authoritative influence where necessary, e.g., in approaching the representatives of States whose Governments or inter-Government programmes are detrimental to human dignity and respect for life. The Council has already initiated the possibility of dialogue along these lines. National Governments create the socio/economic/political environment in which we operate and they sometimes suspect religious/political activity under the guise of humanitarian assistance. They need assurance from the highest level of our cooperation and collaboration in the development of people.

3. Could the Council contact the various Funding Agencies within the Church and possibly beyond with a view to establishing a uniform standard of accountability in relation to funding of various projects. Donors find projects convenient instruments for packaging their funding, and sometimes we succumb to their conditions and assume that we manage development by managing projects. We risk having our priorities shaped by what donors are prepared to fund and can easily ignore the real needs of the people.

4. The Council must continue its efforts to develop a culture of " humanizing " medicine particularly in the areas of pharmaceutical research, products and medical technology.

5. With regard to personnel: through the Episcopal and Diocesan Commission the Council could encourage discussions, seminars and workshops to strengthen the tens of thousands of health care workers in their vocation which requires love, compassion, hope and enthusiasm as well as intelligence and professional competence. We too need an expanded vision of health and health care—awareness-raising is the first essential for change.

These are some ways in which I see we could answer the Holy Father's plea for " collaborative, intelligent, well-planned, constant and generous work " in the interest of health.

Christ went about doing good. I ask Him to guide the Council in its work for humanity at a time which is pregnant with need, possibility, anguish and hope. All of us need life and love.

Sr. CATHERINE DWYER
Superior General of the Medical Missionaries of Mary

Magisterium of the Church

Excerpts from the Holy Father's Addresses

Your Message of Respect for People is Heard by the Whole Community

At the Cardinal Maffi Home in San Pietro in Palazzi, Tuscany, on September 22, 1989.

1. I am very happy and very touched to open my pastoral visit to the Archdiocese of Pisa by meeting you, the residents of the "Cardinal Maffi Home," and those who carry out your work of charity here.

To all of you I express my warmest greetings, which I also wish to extend to all who live or work in the other homes for the elderly that have been established in the various regions of the Archdiocese out of love of Christ and concern for one's neighbour.

While I express my appreciation for these institutions, I want also to greet and to thank your Archbishop, Alessandro Plotti, and the civil and religious authorities who are gathered here for this occasion.

I also cannot fail to recognize Monsignor Pietro Parducci who, so many years ago, founded this house. Building upon a generous initiative of the unforgettable Cardinal Maffi, he expanded the original Youth Shelter, equipping it also to welcome the many elderly or handicapped persons whom the war had deprived of every other means of assistance. With the help of God and many generous hearts, the work prospered and, in nearly fifty years of operation, it has been able to offer hospitality and comfort to some eight thousand people.

I join with the entire diocesan Church in thanking the Lord for the good that has been accomplished in this institution in the space of nearly a half century, and I invoke upon the founder and his co-workers the constant comfort of the divine goodness.

2. At the same time, I cannot but rejoice at the message that goes out from undertakings such as this one to the whole community. It is a message of respect for the person in every phase of his existence and for every dimension of his personality. Christians are able to recognize in every person a brother or sister whom God is calling to share in his very life. They involve themselves, therefore, in order to offer an answer not only to the material or more generally human needs, but also to their religious needs.

With such an intention this house was founded. You must remain faithful to this spirit so as not to betray your very origins. Therefore I exhort all of you who carry out your mission here, to be guided in every circumstance by those same inspiring principles.

Commit yourselves, dear brothers and sisters, in such a way that the people whom you care for may always be able to see in you and in your action the goodness of God who bends down especially to those who suffer and are alone *to soothe their pain and their loneliness.*

3. And you, sisters and brothers, young and old, who have found a welcome within these walls, always keep alive in your hearts the certainty of the love that God has for each one of you. To have called you to share in his cross is a sign of the trust that he has in you *and in the real contribution that you can make to his work of redemption.*

Always be open to optimism and hope. You are a specially chosen part of the Church that needs you, *that needs your faith and your courage. The Pope also is counting on you and on the support of your prayers.*

I commend you to Mary, Mother of Mercy, that she may accept the offering of your suffering and obtain from her Son all that your heart desires.

May my Blessing confirm my deepest wishes of grace and peace for each one of you.

An Authentic Sense of Life and a More Complete Ethical Vision Are Needed for Acquiring New and Valid Scientific Syntheses

To administrators, faculty, and representatives of Pisa's three prestigious universities on September 24, 1989

These questions—which put forward again the theme of the intellectus quaerens fidem *and of the research which mediates the passage from the phase of the* quaerere *to that of the* invenire*—assume more concrete consistency if they are inserted and integrated into the ethical dimension. In its indispensable commitment of research and of service,* science has an intrinsic morality to respect *while the horizons towards which it moves appear ever more vast, the individual who cultivates it and develops it discovers, at the same time, new limits, doubts and difficulties. In the light of past experiences, of goals already reached or already in sight and, unfortunately, also of the possible dangers,*

today more than in the past the question of the relationship between research and morality *asserts itself. Before, the scientist, who inquires and examines, in order to have a deeper and better understanding, the mysteries of nature and, above all, the mystery of man himself draw near and become almost palpable. Pressing forward almost to the borders of reality and of life, he feels, as it were, a shudder in his very daring and cannot refrain from questioning himself not only on the general sense of his own cognitive endeavour, but also on the final outcome and on the moral validity of such a task. Fixing his gaze on the most hidden forces of nature and adopting the most daring methodologies to dominate them and utilize them, man realizes the risk of abuses and of going beyond the limits*

I am speaking to an expert audience, so I can limit myself to the brief mention of a few undeniable facts, such as the ecological peril, the accumulation of highly devastating arms, the very good grounds for certain denunciations and accusations. In the area of human life, everyone is aware of the wonderful advances in biology and in bio-engineering, but we likewise know the dangers of too daring operations which involve unacceptable forms of manipulation and of alteration. As you know, I myself have on various occasions recalled the urgency and duty to proceed in such delicate matters with extreme caution; this means—without imposing restrictive limits on research—respect for the supreme laws of nature and of life, adaptation in every phase of research to the requirements deriving from the dignity of the human person. In a word, it means a sense of responsibility.

The Spread of Leprosy Is a Scandal for the International Community

Message of the Holy Father on the occasion of the World Day devoted to the victims of leprosy, Bissan, January 28, 1990.

Dear Brothers and Sisters in Christ,

1. The celebration of the World Day Against the Scourge of Leprosy leads all men of good will, and particularly those who call themselves Christians, to reflect on the duty of urgent, effective action to root out this very serious disease, which nowadays still affects millions of human beings. To their condition as disease victims, they almost always join an existence marked by poverty, insufficient health care, marginalization, and abandonment.

The Gospel reminds us, in referring to the prophet Isaiah (cf. Is *35:5), that, thanks to Jesus' action, the blind saw, the deaf heard, and* lepers were made clean *(cf.* Mt *11:5). The Apostles, in turn, were aware of carrying out an explicit order by the Master when on their missionary pilgrimages they devoted themselves to the* care and cure of lepers *(cf.* Mt *10:8).*

The Church, which throughout her history has regarded solicitude for the suffering as an integral part of her own mission, became directly active centuries ago, in both care of those who are victims of leprosy all over the world and the creation of conditions capable of protecting against the risks of this fearful contagious disease.

2. Among the initiatives associating evangelization with human advancement, proper attention and care of those affected by leprosy may still, even today, be regarded as priority concerns. On this special day I want to remind Pastors, priests, men and women religious, consecrated lay people, and the considerable group of volunteers who, in the most difficult places and often in situations of real emergency, have opted to remain alongside the sick in leper colonies, devoting themselves to healthcare work aiming at containing and limiting the spread of this endemic disease.

On recalling all of them, I cannot forget the contribution of Church communities in the countries of the world that are not affected by this scourge: they give proof that they increasingly perceive the dimensions and seriousness of the problem and support public and private initiatives with exemplary generosity, institutions and organizations specifically engaged in the struggle against leprosy. Thanks to this tangible proof of solidarity and Christian charity, it has been possible to limit the spread of this contagious disease decisively, even in the areas of greatest risk, in such a way that now there is a basis for foreseeing, at least as a likelihood, the possibility of a definitive defeat of this illness

There are no problems of one country which nowadays do not imply the responsibility of all the others. This is also valid as far as this disease is concerned. This World Day aims to recall, above all, that we shall not act with complete success in favor of the health of one people unless we devote the same solicitude to the health of all. Moreover, in the face of the problem of lepers, pictures of whom as deformed persons are presented to all in a world marked by the extent and speed of communications, international solidarity constitutes the first and most urgent

response. On the other hand, the numerical indices of the spread of the disease, when compared to the modest amount of resources needed for its definitive eradication, must be regarded as a scandal for the whole international community.

3. It is, therefore, urgent to arouse the awareness of every person and public institution as regards this problem. In effect, no institution can by itself replace the human heart, human compassion, human love, human initiative when it is a question of dealing with human suffering. This refers to physical suffering, but it is even more valid in the case of multiple moral sufferings and when the one suffering is, above all, the soul (Salvifici Doloris, *29). It is important, then, to become seriously aware of suffering in its full physical, moral, and spiritual dimensions caused by leprosy in the millions of people who are victims of it.*

In ancient biblical tradition, the curing of leprosy is always associated with the idea of purification, as if to remind us that mankind, to cleanse itself completely of this illness, must purify itself of the manifold forms of selfishness and indifference towards the suffering of others which disturb its spirit. When the heart of each opens with greater generosity to the needs of our brothers and sisters, the time needed for a definitive cure of this disease is doubtless shortened as well. Yes, if the extraordinary progress of science and technology were unreservedly placed at the service of man, the healing power of Jesus, physician of souls and bodies, would become effective through the divine gifts of intelligence and grace.

4. On this day of reflection, prayer, and renewed commitment, my thought turns with deep affection to all those who are living through the drama of leprosy in their own flesh. The words the leper addressed to the Lord Jesus come to mind: "If you are willing, you can cleanse me," and the consoling reply from Jesus Himself, "I am willing. Be cleansed!" (cf. Mk 1:40).

*Dear brothers and sisters who suffer, may your hope never fail! From the precious treasure of your suffering, if you manage to accept it in trusting abandonment to God and with hope in the Virgin Mother, there issues a source of grace for the Church and mankind. May you be able to find in love the salvific meaning of your pain and valid answers to all your questions (*Salvifici Doloris, *no. 31).*

May all who in many ways are at the service of leprosy patients receive proper recognition by the whole Church, which, thanks to her vast, organic action, increasingly realizes that it is up to her to request broader and more effective measures. The Church's pastoral action in the field of health policy and care, as I have already repeated several times, is placed under the sign of hope, since, in offering assistance to man suffering in his body, she strives to console him and give hope to his spirit.

The World Day for those afflicted by leprosy thus constitutes an occasion for prayer and renewed concrete commitment for all. Every victory over physical maladies is also a victory of the spirit, for it is attained through the effort of the mind, the dedication of the will, and the solicitous participation of the heart.

Upon all who are suffering from this illness, upon all who are collaborating in the field of health, on the anonymous host of those at the service of lepers, and upon the institutions and lay organizations engaged in the fight against leprosy, on this day I gladly invoke the special blessing of God and the protection of Mary, who, in Christ her Son, looks at everyone with the heart of a Mother.

Suffering Is a Test of Faith and an Act of Love

Address to participants in the Pilgrimage of the Federation for Transporting the Sick to Lourdes, March 24, 1990.

1. With this pilgrimage of faith and prayer, you seek to commemorate the thirtieth anniversary of the death of the founder of the Federation for Transporting the Sick to Lourdes, Monsignor Alessandro Rastelli, as well as the thirtieth anniversary of care and apostolate among persons who suffer.

I thank Monsignor Vittorio Piola, Bishop Emeritus of Biella, for the kind words he has deigned to address to me in interpreting the feelings of all those present.

I greet the officers of your Association, the sick, the stretcher-bearers, the ladies, and the volunteers. I wish to manifest to you the Church's deep gratitude because you offer your prayers and sufferings, along with the fatigue and discomforts of the trip, to ask for the sanctification of priests and consecrated persons and request numerous holy vocations for the Church. This is a great ideal ennobling and comforting your daily life and at the same time attracting God's benevolence towards the Church and mankind.

In effect, Jesus himself closely linked to prayer the number and quality of the priests and religious needed for the salvation of the world. In feeling compassion for the multitudes who were weary and discouraged, like

sheep without a shepherd, the Divine Master said, "The harvest is plentiful, and the workers are few. Ask the Lord of the harvest, then, to send laborers to his harvest"(Mt 9:36-38).

In this regard, I also wish to recall the words of the Exhortation Christifideles Laici: *"The sick, too, are sent as workers to his vineyard. The weight oppressing the body's members and damaging the soul's serenity, far from dissuading them from working in the vineyard, calls them to live out their human and Christian vocation and participate in the growth of the Kingdom of God in new, even more valuable modes" (no. 35). May these words be of service to you as guidance and orientation in your prayer and the daily offering of your sufferings.*

2. The encounter with you, the sick, and with you, friends and volunteers assisting them, makes us reflect on the value of suffering and on its expiating and sanctifying efficacy. Jesus, the Incarnate Word, suffered in his body and in his soul, and that passion acquired universal value for the redemption of mankind.

In the suffering Christ mankind finds the meaning of its own sufferings. Man, even while making every effort to combat and eliminate suffering, must be convinced that it is not a defeat, but proof of faith and an act of love.

François Coppée, an illustrious French writer who on the road of pain found the lost treasure of faith, states, "To be able to suffer! To be able to love! This is the precious secret I have discovered in the Gospel during my illness!" (Being Able to Suffer, *ch. XI).*

And in the painful illness which took him to heaven he had a Crucifix placed on the wall and in looking at the image of the suffering Christ found the strength to accept with resignation and serenity the hard trial allowed by God for his purification and our edification.

3. May Mary Most Holy, Co-Redemptrix of the human race together with her Son, always grant us courage and trust.

And may my blessing, which I now cordially impart, also accompany you!

Patients Are an " Icon " of Christ

To the sick and the staff at the Daughters of St. Camillus' hospital in Rome, on April 1, 1990

1. We are now close to the days in which we celebrate the greatest mysteries of our redemption. I wanted to come to you with Easter in sight to bring you my personal greetings and my blessing.

My greetings to the hospital director and many thanks to him for the noble words with which he welcomed me in the name of all and warm greetings likewise to the Cardinal Vicar, to the Delegate for religious assistance to the hospitals of Rome, Bishop Brandolini, to the doctors, to the paramedical, auxiliary, administrative and technical personnel.

I greet in particular the dear sick, guests of this House of Care, their relatives and friends and all those who devote themselves to their assistance.

*In these last days of the Lenten journey which prepares us for the Pasch of the Lord, the Church's liturgy, as in a crescendo of a great symphony, intensifies its messages, which aim at helping us discover the meaning and the significance of the event which we are about to re-live. Today it presents us Jesus proclaiming: " I am the resurrection and the life " (*Jn *11:25).*

If there is a place in which these words resound with a particular consolation and hope, it is the hospital -every hospital and house of care, and hence also your own. Here, in fact, everything is orientated to the service of life with the intention of restoring to health those who have been struck by illness and returning them to the affection of their loved ones.

2. Although you rightly look forward to the full recovery of your health, I would like, however, to invite you, dear sick people, not to undervalue the period you are going through now. It, too, forms part of the design of Providence.

We all know through direct experience that suffering and illness belong to the condition of man, fragile and limited creature that he is. It happens quite often that those who are afflicted by these things yield to the temptation of viewing them as a " chastisement " of God and, in consequence, begin to doubt the goodness of God, whom Jesus has revealed to us as a " Father, " who always *and* in spite of everything *loves his children.*

In a society like today's, then, which claims to thrive on well-being and on consumerism and where everything is valued on the basis of efficiency and profit, the problem of sickness and of suffering, which cannot be denied, is either " removed, " or people think that it can be resolved by relying exclusively on the means offered by advanced modern technology.

All of this constitutes a veritable " challenge " for those who profess to be believers and who have from Revelation, and above all from the Gospel, an answer *to welcome into their own lives and to offer to the world as a*

sign of hope and as a light which gives meaning to existence. This is the " word of the Cross, " which all who work in the world of health and of sickness are called to make their own to witness to and to announce to others.

3. You sick, especially! The Pope, having come among you today, says to you then: Look to Christ crucified and learn from him. *Having taken on the human condition totally, he freely willed to bear the burden of human sufferings and by offering himself to the Father as an innocent victim for us and for our salvation " with loud cries and tears " (*Heb *5:7), he redeemed suffering, transforming it into a gift of love for the redemption of all.*

Sickness and suffering certainly are a " limitation " and a " trial "; they can therefore constitute a stumbling-block on the path
56 *of life. In the perspective of the Cross, however, they become* a moment of growth in faith *and an invaluable instrument for our own* contribution, *in union with Christ, to the* fulfilment of the divine plan of salvation.

Dear Patients, Brothers and Sisters, live your experience in this marvellous way! The help of God and the strength that comes from the Spirit Consoler will not be lacking to you. The Pope is with you and prays for you every day. The Church of Rome, called to spiritual and pastoral renewal in the Diocesan Synod, *is counting on your invaluable contribution of offering and supplication so that it can live its fellowship in a more intense way and devote itself with renewed commitment to a " new evangelization " of the City.*

4. The " word of the Cross " has a message for you, too, health-care workers, who, at various levels and with various responsibilities, perform your service in the hospital.

It is actually Jesus Christ who is hidden and revealed in the face and in the flesh, in the hearts and in the minds of those whom you are called to help and care for. When anything is done to one of these least brothers, to the sick, who are often lonely and rejected by society, he considers it done to himself (cf. Mt *25:40).*

This requires that you have interior attitudes, words and deeds which are inspired not only by a profound and rich humanity, but by an authentic spirit of faith and of charity.

I know that you are already committed to this delicate and difficult mission. I exhort you nevertheless to grow and progress ever farther in this direction.

I ask of you, and through you of all those who work in the City health-care structures, to overcome the temptation of indifference and selfishness and to work above all to humanize hospitals and make them more livable *so that the sick person may be cared for in the totality of body and spirit. Work to see that* the fundamental rights and values of the human person *are recognized and promoted, and, above all, that of life, from its beginning to its natural end. This requires you to pay attention to the different situations; it demands respectful and patient dialogue, generous love for every human being, viewed as an image of God, and, for those who are believers, as an " icon " of the suffering Christ.*

5. This requires not only striking human qualities, professional skill and a serious desire to cooperate, but also a profound moral consistency *and a* mature awareness of the ethical values *which are at stake when life is threatened by sickness and death. We must approach the human being who suffers, like " good Samaritans, " as Jesus did and as he taught all those who wished to be his disciples to do. We must know how to " see " the sufferings of our own brothers and sisters, not " passing them by " in haste or laziness, but making them " neighbours, " standing near them to speak words of consolation and administer the necessary attentions, with acts of service and of love directed to the integral health of the human person.*

This is particularly the task of the health-care apostolate, *which endeavours to bring about an effective presence of the Church to carry the light of the Gospel and the Lord's grace, through the sacraments, to those who suffer and those who take care of them, most of all to the family of the sick, who are often more exposed to the consequences which suffering entails in human existence.*

In this sector, too, the Diocesan Pastoral Synod *will have to bear fruits of renewal and of greater commitment, along the lines of communion and mission.*

6. Dearest Brothers and Sisters, these are the " lessons " that come to us from the " message of the Cross, " from the Paschal mystery of Jesus, which we are preparing to celebrate fully in the coming days.

In communion with the whole Church, let us receive them with faith, let us live them with commitment.

Let us learn from Mary, who at the foot of the Cross united her sufferings to those of her Son, thus contributing to the redemption of humanity. Like her and with her, let us say our " yes, " thus making our suffering or our service to those who suffer a " gift of love " for the glory of God and the salvation of humankind.

Amen!

Topics

On Euthanasia and Assistance for a Good Death

The Health of the Body and of the Soul in the Byzantine Liturgy

The Health of the Young

Plan for Action by the Spanish Bishops' Conference

On Euthanasia and Assistance for a Good Death

Introduction

The Most Reverend Javier Osés, President of the Bishops' Pastoral Commission, in his short report on " Accompanying the Dying and the Legalization of Euithanasia, " presented to the Plenary Assembly oif the Spanish Bishops' Conference last April, together with the " Conclusions by Health Professionals on Euthanasia, " manifested the need for a coordinated work plan for the whole Church to be drawn up by the Commissions involved with the subject

The Secretary General of the SBC, the Most Reverend Agustín Garcia Gasco, convened the Director of the Commission for the Doctrine of the Faith, Antonio Canizares, the head of the Health Apostolate Department, Rudesindo Delgado, and chairman of the Bishops' Committee for the Defense of Life, José Luis Irizar, to draft together a " Plan for Action on Euthanasia and Assistance for a Good Death. "

The first draft was presented to the Directors of the Bishops' Commissions related to the topic, with a request for their collaboration At a meeting convened and chaired by the Secretary General the Directors conveyed their contributions to the plan and their willingness to collaborate with concrete action connected therewith.

The plan, enriched by these contributions, was presented to the Permanent Commission of the Spanish Bishops' Conference to receive its observations and suggestions.

The Action Plan's first part points to the motives behind both the decision to devise it and the actual drafting. The Plan then goes on to specify what its short-, medium-, and long-range objectives are and afterwards focuses on the steps to achieve each of the objectives, indicating those which are now being or will be taken by the three Commissions of the Spanish Bishops' Conference and suggesting those which may be taken by the Dioceses

Madrid, September 12, 1989.

1. Reasons for the Action Plan on Euthanasia and Assistance for a Good Death

Different reasons make necessary today a plan for action by the Church on euthanasia and assistance for a good death. The most significant ones are the following:

1 From a social standpoint, our society has turned its back on death. It is the taboo of the twentieth century. Most people do not consider death and feel fear and anguish in regard to suffering. In general, they are not well informed about euthanasia. It is, however, a striking subject with a morbid appeal, and the mass media thus refer to it increasingly, though sometimes tendentiously Let the attention the subject is getting on television serve as an example: mercy killing is presented as the only medical alternative in cases of severe physical pain or psychological suffering.

2. Ethically, there is enormous confusion about terminology and the core of the question which affects the whole population and particularly health professionals.

3. Juridically, there are gaps and deficiencies in this area in our legislation which must be filled or reformed. But with what content? The main risk lies in drawing up an ambiguous law which will open the door to all interpretations

4 Politically, the advantages involved may lead to a formulation of this problem which does not reflect real needs. The party currently governing is in fact interested in legislating on euthanasia in keeping with a posture similar to that of the Death with Dignity Association, which aside from other considerations, is not at all representative of the majority opinion among the citizens.

5. In terms of care, euthanasia bears directly upon a serious prob-

lem from the standpoint of both medical and pastoral care: the need for integral assistance to terminal patients, their families, and those looking after them. Everyone recognizes the inhuman mode of dying today, especially in large hospitals, with medical care, but alone, without the support and human and supernatural warmth with which all those who are near—parents and children, doctors and nurses—can and must surround them

6. Ecclesiastically, the Spanish Church cannot turn its back on such a basic problem. It must take on its responsibility and perform a valuable task: to promote and coordinate its action in this field by way of a realistic " plan " It is not starting from scratch. In the 1988-1989 academic year groups of Christian health professionals challenged by the problem of euthanasia, which they deal with at close range, examined it and reached certain conclusions and commitments which they presented to the Bishops through the Bishops' Pastoral Commission.

2. Objectives and Measures of the Action Plan on Euthanasia and Assistance for a Good Death

There are five general objectives for the Action Plan to be achieved on a short-, middle-, and long-range basis.

Objective 1

To increase public awareness of the Church's thought and action concerning the subject of euthanasia and assistance for a good death

Actions

1. To develop short " messages " on what the Church thinks, does, and projects.

2. Design and carry out a campaign on the topic aimed at public opinion, with the following objectives:

a) To make the taboo of dying and death less dramatic.

b) To arouse an attitude of help for the dying and their families.

c) To inform on alternatives to euthanasia which are now being practiced (e g , palliative medicine).

d) To provoke radical opposition to direct active euthanasia or " mercy killing "

3 To increase use of the " living will " as a means of evangelization to promote a good death among Christians.

Objective 2

To present to lawmakers the data reflecting the real dimensions of the problem of euthanasia, together with the criteria to legislate on this subject justly and effectively

Actions

To constitute an interdisciplinary group of experts (health professionals, jurists, and moralists) to draft a " documented report "

Objective 3

To stimulate pastoral care within the Church to help contemporary man, and especially Christians, towards a good death, with trust in God's aid and the assistance of one's brothers and sisters

Actions

1 To educate Christians for a good death and for helping others in this regard To this end, we should

* Attach greater importance in catechetical programs for all ages and the training of pastoral workers to the aspects of the Christian message concerning dying and death, along with the care due to the dying and their relatives.

2 To stimulate more intense collaboration between the religious assistance service at hospitals and the men and women religious and Christian health professionals to provide a good death for patients.

3. To revitalize pastoral care of terminal patients and their families through parishes on a home basis To this end, we must

* Make priests aware and request their collaboration in educating Christians and accompanying terminal patients and their families.

4 To provide resources and training for those in the health

Living Will

To my family, my doctor, my priest, and my notary:

If I reach the point where I cannot express my will concerning the medical treatments to be applied to me, I desire and request that this Statement be regarded as the formal expression of my will, arrived at consciously, responsibly, and freely, and that it be respected just as a testament would be

I consider life in this world to be a gift and blessing of God, but it is not the supreme and absolute value. I know that death is inevitable and puts an end to my earthly existence, but by faith I believe that it opens to me the path to the life that never ends, alongside God

Therefore, I, the undersigned, request that, if as a result of my illness I should reach an irrecoverable critical condition, I not be kept alive by means of disproportionate or extraordinary treatments; that active euthanasia not be applied to me; that my process of dying not be prolonged abusively and irrationally either; and that adequate treatment be administered to me to palliate suffering

I also ask for assistance to take on my own death in a Christian and human fashion. I wish to be able to prepare myself for this final event in my existence, in peace, in the company of my loved ones, and with the consolation of my Christian faith.

I am signing this Statement after mature reflection. And I request that those of you who are obliged to care for me respect my will I am aware that I am asking of you a serious, difficult responsibility. Precisely for the purpose of sharing it with you and attenuating any possible feeling of blame, I have drafted and sign this statement.

ministry who help the terminally ill.

5. To recognize and support the irreplaceable work of Christian health professionals in assistance for a good death.

6. To restore Anointing, as the Sacrament of the Sick, and the Viaticum, as the Eucharist of the passage from this life

Objective 4

To make health institutions and society in general aware so that in hospitals and homes there will be assistance for a good death.

Actions

1. To inform and petition health authorities (Ministry of Health, local health departments), with a view towards:

* The creation of facilities providing global care for terminal patients.

* The drafting of a protocol for the care of the terminal patient.

* The creation of ethics committees at hospitals.

2. To promote greater collaboration by the Church and its institutions to satisfy these requests. To this end, we should

* Support the reconversion of Church facilities to look after terminal patients

* Promote the ethical training of Christian health professionals.

* Promote pilot projects for the home care of the terminally ill.

* Constitute mobile teams of Christian health professionals to stimulate awareness and train parish volunteer groups

3. To support and foster the creation of palliative medicine or palliative care associations

Objective 5

To exert an influence on educational institutions so that, starting at school, the subjects of dying as the final stage of life, death as life's natural end, and the care due the dying and their families will be dealt with.

Actions

1. To inform the Church's educational institutions about the Plan, offer them suggestions and materials, and request their collaboration.

2. To promote the inclusion of the topic, along with that of bioethics, in the course work of future health professionals.

The Health of the Body and of the Soul in the Byzantine Liturgy

The Byzantine Church prays repeatedly in the liturgy for the health of the body, intimately linked to that of the soul. In keeping whith the patristic tradition, bodily infirmity is seen as a natural consequence of the infirmity of the soul, caused by sin. The Lord Jesus is thus the physician of the soul and of the body, and the pastor of souls is compared to the physician. But the bodily physician also carries out a sacred function, according to the well-know saying *mens sana in corpore sano*. The Fathers of the Church clearly stress the likeness and parallelism between the health of the body and that of the soul, between corporal medicine and the spiritual variety. St Gregory of Nyssa, in his canonical letter to Bishop Letoius of Melitenes, writes, " ...Just as, with regard to corporal illness, medicine has only one goal—that is, to heal the patient, though there are varied modes of treatment, since, according to the types of illness, a suitable form of healing is applied to each—so with regard to the illness of the soul, since there is a great variety of passions, treatments will necessarily differ, in order to effect healing in accordance with the kind of passion " (cf. P P Ioannou, *Canons des Péres Grecs*, Rome, 1963, pp 204-205).

The description by the Trullan Council (691) is characteristic on the Church's way of acting towards the sinner according to the seriousness of the sin, establishing an express parallel with the state of bodily illness. Canon 102 of this Council, regarded as ecumenical by the Byzantine Church, prescribes as follows:

" Those who have received from God the power to bind and unbind must examine the quality of the sin and the readiness of the sinner himself to repent; only then should they order the appropriate remedy, for if the measure is lacking in both regards, it is not possible to obtain the health of the ill person. In effect, the illness of sin is not simple in its nature, but complex and varied, prompting numerous ramifications of the malady by which it spreads and progresses, until it is halted thanks to the power of the physician. He who practices the medicine of the Holy Spirit, then, must first of all examine the sinner's disposition and see if he is tending towards health or if, on the contrary, by his own conduct he himself is provoking the illness; he must likewise examine the way the sinner behaves during the period of treatment, whether or not he is opposed to the physician's art so that the soul's ulcer will not spread on account of the medicines applied. In view of all of this, the mercy to be used will consequently be measured. The will of God and of man, to whom the pastoral office has been entrusted, is to bring back the lost sheep and heal the serpent's bite, without pushing man into the precipice of despair or slackening the reins to the point of his sinking into a dissolute life full of scorn. In any event, by of remedies, either austere and bitter or sweet and soothing, opposition to the malady and a commitment to healing the ulcer are the only goals of the person judging the fruits of repentance and prudently taking care of man, called to celestial enlightenment... " (cf. P P. Ioannou, *Canons des Conciles Oecuméniques*, Rome, 1962, pp 239-241)

In the liturgical calendar of the Byzantine Church, doctors have their own patron saint—Pantaleon, a martyr, whose feast day is July 27. The son of a pagan father and Christian mother of Nycomedia in Bythinia, he became a physician. While in the service of Emperor Galerius Maximianus, he converted to Christianity. He was denounced as a Christian before the Emperor, who subjected him to atrocious torments, finally having him beheaded (305). The Byzantine liturgy honors him by singing: " victorious saint and doctor, Pantaleon, pray to the merciful Lord to obtain the remission of sins for our souls. "

In celebrating the feast of Cosmas and Damian, two very popular saints in the East, called *anargyrs* because as physicians they cared for the sick without receiving payment, the Byzantine Church sings, " O holy Anargyrs and Thaumaturges, direct your gaze towards our misfortune; as you have freely received, so freely distribute your favors among us " It continues, " Glorious doctors and Thaumaturges who have received the gift of healing, give timely aid to those in need. By your power crush the boldness of our enemies, saving the world with your wonders. "

Prayer for the health of the body and the soul is the central theme of the Office of Paraclisis in the Byzantine rite in honor of the Most Blessed Mother of God—that is, the supplication to implore Mary for aid in our needs —which is recited during the first half of the month of August and at other moments of spiritual necessity. By way of example, let us allude to certain passages from this Office.

* " Help me, O Virgin, for I am tortured by bitter illnesses and morbid passions. I indeed acknowledge, O wholly Pure Mary, that you are a perpetual and inexhaustible treasure of healing. "

* " O Mother of God, worthy of all praise, direct your benevolent gaze towards the serious illness of my body and heal the wounds of my soul "

* " I am now lying in a bed of illness. There is no health for my

body. But you, who have begotten the Savior of the world and God, and the healer of diseases, O Lady of Mercy, I entreat you: Raise me up from the corruption of infirmities. "

* " O pure Virgin, Mother of God, comfort of the afflicted and health of the sick, save your city and your people—you, who are the peace of those oppressed by wars, the tranquillity of the shipwrecked, the only protectress of the faithful. "

* " O Mother of God, who have begotten Christ the Savior, deign to heal the weakness of the bodies and the infirmity of the souls of those who place their trust in your protection. "

* " Heal, O Virgin, the infirmity of my soul and the pains of my body, that I may glorify you, O full of grace "

* " On account of my many sins, my body and my soul are sick. I take refuge in you, who are full of grace. Help me, O hope of the desparing. "

In the hymn " Akathisos, " devoted to the Mother of God, which is ordinarily sung during great Lent on Friday evening, we hear,

* " Hail, O Spouse of God, who have given birth to the Physician of men..... "

* " The dead are brought to life through you, who have given birth to Life in person. Those who were deprived of speech become eloquent. Lepers are made clean. Illnesses are put to flight. The swarms of spirits of the air are defeated—O Virgin, salvation of mortals "

In the liturgy of St. John Chrysostom, the priest invokes the Lord " for sailors, travelers, the sick, the suffering, and prisoners and for their salvation, " " to ask for mercy, life, peace, health, salvation, " God's visiting our soul, " forgiveness and the remission of the sins of the servants of God who dwell in this city, " to request " of the Lord an angel of peace, a faithful guide, the guardian of our souls and our bodies ", " for a Christian death, without pain or remorse, placid, and a good defense before the awesome tribunal of Christ. "

After consecration and the epiclesis,the priest quietly prays " for travelers, the sick, the suffering, and prisoners, and for their liberation. " Before Communion, the priest prays quietly, " O Lord, distribute among all of us, then, for our good and in accordance with the need of each the gifts present here; sail with sailors, travelers, heal the sick, Physicianof our souls and bodies. " The priest, before receiving Communion, prays, " O Lord, may the the sharing in your mysteries not serve for my judgment or condemnation, but for the health of my soul and body "

St. Basil's liturgy also contains similar prayers for the sick asking the Lord, " the Physician of the ill, " to " visit those who are in a state of infirmity. "

The Byzantine liturgy, placing emphasis on the bodily healings of the sick worked by the Lord, prompts faith and hope in the healing of the souls of believers. By way of example, let us make reference to the chant of the Third Sunday after Easter, in which the paralytic at the Sheep's Pool is commemorated: " O Lord, by your divine power, relieve my soul, which is seriously paralyzed and sunk in so many sins and unworthy works, like the paralytic You once deigned to heal: so, too, I shall cry out when saved,'O merciful Jesus, glory to your power.' " On the Fifth Sunday after Easter, when the miracle of the man born blind is commemorated, the Byzantine Church sings, " Deprived of light for my soul, I take hold of You, like the man born blind, and, repentant, cry out, 'You are the light shining for all who lie in darkness' ": The saints also participate in this work of corporal and spiritual healing, particularly the hermits In their honor, the Byzantine Church sings, " You became a citizen of the desert, O holy Father, an angel in flesh and a thaumaturge; by fasting, vigils, and prayer you obtained the heavenly charisms whereby you heal the sick and the souls of those who trustingly turn to you Glory be to Him who gave you this power; glory be to Him who crowned you; glory be to God, who by means of you works so many healings "

In conclusion, the way the Byzantine liturgy broadly uses the function of the physician clearly appears, with a view towards creating understanding of the salvific work of our Savior Jesus Christ, the Physician of our souls and bodies, a work shared in by the Mother of God and the saints, and the relationship appears in the specific prayer for the ill, recited every time they invite the priest to celebrate the Sacrament of the Sick or prayer for the sick, according to the prescriptions of the liturgical books of the Byzantine Church.

DIMITRI SALACHAS
Professor of Oriental Canon Law and Consultor to the Pontifical Council for the Unity of Christians

The Health of the Young

An Address by the Most Rev Justo Mullor Garcia, Head of the Delegation of the Holy See at the Forty-Second World Health Assembly, May 15, 1989

The subject proposed this year for technical discussions is " The Health of the Young. " The Delegation of the Holy See wants to convey its congratulations to the Executive Council of WHO, responsible for this happy choice It is of such importance that we wish to devote our statement before this Plenary Assembly to it.

The basic document proposed for the consideration of the Conference offers a set of statistics which, together with the data referring to the health of young people and the dangers threatening it, provide genuine moral X-rays of the youth situation around the world. As so often happens in life, medicine and morality go together.

Quantitatively, young people—on whom a serene or tormented future for mankind depends—present initial data provoking reflection: " From 1960 to 1980 the world population increased by 46% while the number of young people between fifteen and twenty-four increased by 66%. " In Africa, for instance, " in 1985 children under fifteen represented 45% of the population. " The adult strata of the world population grow older while children and young people appear in ever greater numbers on the world scene. The world belongs to them.

Youth is the mirror of society, and society is, in turn, the mirror where youth gazes at itself to seek its path. Youth and society constitute the two aspects of a single social reality. They are two moments in the same social history. The young are molded by society, but society is, in turn, molded by the young. On account of their taste for authenticity, their spontaneous generosity, and their will to seek new paths, young people challenge the adult world, and, as a result of their capacity for imitation, along with their condition as heirs of those who have preceded them, they reveal to the society surrounding them its qualities and defects, its greatness and wretchedness. They are the children of peace and war, of a generation sensitive to values or a generation deprived of reference points

The statistics proposed by the basic document show certain dangers to health to which the young are exposed: the consumption of drugs, alcohol, and tobacco, sexual precociousness and the spread of sexually transmitted diseases, a greater risk of fatal accidents on the road and a growing number of suicides The statistics also express an evident fact: alongside physical illnesses there are moral illnesses. Human health is not a reality referring to the body alone It is a reality rooted in the spirit as well. In this respect, when addressing those attending the International Conference organized two years ago by the Pontifical Council for Pastoral Assistance to Health Care Workers on " The Humanization of Medicine ", John Paul II observed that a guiding criterion for medical research would be lacking if it " abstracted from an adequate anthropological vision capable of leading discussion towards solutions involving real progress " (cf *Dolentium Hominum,* no. 7, p. 7).

It is a fact which cannot be ignored by those—including WHO—concerned with the complex health problems related to youth. My Delegation is sensitive to the references—either direct or indirect—contained in the basic document to the moral aspects of that problematic: the need to offer the generations growing up " the chance to broaden their spiritual horizon and develop their value system " (p 12), the principle according to which " education is not just a means to give information to the young; it is also charged with fostering intellectual, social, and moral development " (p. 39), the role which, in the education of the young, the family environment and those responsible for religion are called to play (pp. 39 and 52); hence the negative significance for young people of an erosion in family stability (p. 10).

In effect, physical health is in large measure emptied of its meaning and becomes fragile if not assisted by sufficiently solid moral health. Health, as my Delegation regards it, is a *totum* in relation to the person as a whole. The ambitious and noble project promoted by WHO of " Health for All " would lack a solid basis if it failed to bear in mind the health of the whole human being

One of the greatest problems of our time—and I would dare to say of current medicine—is that of fragmentation. By dint of concentrating on detail, we run the risk of forgetting the whole. When not accompanied by a global view of the patient or the person seriously exposed to an illness, specialization can make diagnosis difficult and even falsify it. This explains the increasingly evident tendency in the medical environment towards teamwork. My delegation is happy to observe that among the " principles for intervention with a view towards the health of young people " there appears " the use in programs of an *intersectorial relationship* ensuring the best participation in those programs by key groups of persons who interact with the young, especially educators, the family, those working in the health system, religious leaders, and the officers of community organizations " (p. 52)

This interdisciplinary approach should logically be established in a framework of preventing the dangers currently threatening the health of the young, a rather eloquent and sometimes alarming list of which is provided by the basic document.

a) An initial characteristic of such dangers is that they evidently relate to unprecedented progress in the field of technology, progress which is at times more quantitative than qualitative The more developed countries are, the greater are the chances of depression leading to suicide, for example (cf. pp. 26 and 27).

b) It is then observed that those dangers augment when we observe increased disturbances in family relations, which, according to the basic document, are " one of the most frequent causes of suicidal behavior " among young people between fifteen and twenty-nine (p. 25 seq). " Family instability, when excessive negative pressures are brought to bear by the environment, " the basic document states, " runs the risk, first of all, of leading to conduct harmful to

health, such as the use and abuse of tobacco, alcohol, and other drugs, harmful habits as regards nourishment and oral hygiene, anarchic sexual relations leading to unwanted pregnancies and sexually transmitted diseases, including HIV infection, reckless behavior on the road, at work, at home, and during free time, deliberate violence to oneself and others, and the degradation of mental faculties " (p. 2)

c) On the other hand, according to the same document, " an environment filled with love and stability which encourages a progressive, growing independence, even while setting judicious limits, will develop love in the adolescent and foster behavior propitious to health at school, on the job, in the places where leisure time is spent, and in sports, at the same time as the appearance of new relationships " (*ibid.*)

These observations confirm the usefulness of the intersectorial approach proposed and the urgency of working in this direction, not only within WHO, but also in the different national organisms charged with elaborating laws and the health policy deriving from them.

It is not the fault of the young if our world, which believes it is developed or aspires to a vaster, more authentic development, instead of proposing to them valid frameworks for physical and moral health, becomes a trap for their bodies and their spirits. The more or less conscious overlooking of certain ethical principles and an ambiguous view of the function of personal conscience—reduced to a mechanism of self-tolerance—have led to the paradox young people face today. The exceptional progress represented by the world communications network for them, the new achievements of medical sciences and their advanced programs of " Health for All, " and growing sensitivity to the values of democracy and human rights clash with the fragility of their destiny. This progress does not, in fact, offer a guarantee against unemployment, the instability of the families in which they were born, the effective poverty hiding behind precocious sexuality or alcoholism, omnipresent drugs, or depression.

This is not the place to analyze the immediate or profound causes of such a paradox and give ourselves over to sterile laments. By vocation and experience, you know that an enlightened medical deontology does not tend to diagnose illnesses, not even when serious, for the purpose of lamenting, but, rather, so as to seek the surest means of curing them and avoiding relapses.

In such a positive perspective, the Delegation of the Holy See would like to restrict itself to reminding this Assembly of the limited number of principles capable of actively inspiring the intersectorial work needed to respond to the legitimate health demands of the new generation.

1. Serious preventive medicine cannot abstract from the causes of the present situation as regards physical and moral health. To go on ignoring them or attempting to solve current problems with superficial recipes may lead to greater obstacles. It is not by obstinately proposing contraceptives, for instance, that we shall resolve sexual anarchy and, even less, the serious emotional or social deficiencies it may conceal.

2. Young people love effort and are entitled to an example of effort by adults, particularly by those whose mission is to guarantee them a better future. They will no doubt appreciate what WHO does to propose to its Member States solid remedies for the dangers threatening their health which are a direct or indirect result of behavior bereft of full human dimensions. Drugs and alcohol and their consequences are concretely rooted in what can be termed personal or collective selfishness, ignorance of family or social duties, easy and obscurely gained money, corruption, and the stimulus to overlook all restrictive ethics as regards interpersonal relationships, leisure time, and social success.

3. Health is an integral part of happiness and at the same time a privileged instrument in order to work and be socially active. It deserves to be taught to young people in a climate of frankness and respect for their personhood. To provide them with proposals to defend it or prevent its loss grounded on ideological hypotheses which are arbitrary and not proven on a serious scientific basis would amount to rendering them poor service. To speak to them of resistance and valor, of renouncing today so as to possess tomorrow with one's hands full, of thinking of others as much as of oneself may strike some as outmoded and even psychologically dangerous. It is quite likely that most young people do not think so. They have always preferred prophets. And no one has said that doctors are condemned to remain immobile in their concrete, immediate practice, without from time to time taking on a prophetic role shaping truly human conduct, especially when they are in contact with the young.

Testimony

Camillianum Institute for the Pastoral Theology of Health Care

Medicus mundi

Prosalus

A Priest among Drug Addicts

Camillanium Institute for the Pastoral Theology of Health Care

A Historic Day

We offer our readers some news from the Camillianum, in the certainty that it will be a source of satisfaction for all working in the health sector.

March 6, 1990 represented a historic date. For the first time, after two thousand years of Church history, we have a doctor in the Pastoral Theology of Health Care with a degree awarded by the recently created Camillianum Institute in Rome.

The candidate, Massimo Petrini, presented his thesis—entitled *Pastoral Guidelines for the Dying*—to the examining board at 5 p.m. on March 6. In attendance was a group of professors, along with students; the Pontifical Council was also represented by Fr. José L. Redrado, O.H., its Secretary, who addressed the audience at the conclusion of this academic event in the following congratulatory terms:

On behalf of the Pontifical Council for Pastoral Assistance to Health Care Workers and its President, Archbishop Fiorenzo Angelini, who is away from Rome at this time, I convey my most heartfelt congratulations to the Camillianum. This is a historic occasion, not just for the Camillianum, but for the whole Church: it is the first time in the entire history of the Church that a doctorate in the Pastoral Theology of Health Care has been conferred.

I also warmly and sincerely congratulate the new doctor, Massimo Petrini, on the degree conferred upon him today and on the fact that a lay person has been the first to obtain it; I hope he will manifest to all, by way of his teaching and life at the service of the Church, the sick, and health workers, the human, ethical, and spiritual values connected with this degree granted him today by the Camillianum Institute. You, Dr. Massimo Petrini, head the list —which I hope will be a long one—of all those who are studying and will study in this Institute.

I take this occasion to convey to the administration of the Camillianum as well a word of encouragement and hope, to tell them how important the work of the Camillianum is, called as it is to train " masters "

* capable of stimulating evangelizing action at health facilities;

* capable of training new pastoral workers in health;

* capable of changing many ways of conducting the health apostolate which are visible today;

* capable of instilling enthusiasm and expanding the Church's presence among the sick, health workers, and volunteers;

* capable of leading the Christian community to discover the obligation to care for the sick and the needy.

May events like this multiply at the Camillianum so that the Institute can fulfill its teaching vocation.

I congratulate the Camillianum and the new doctor.

A Conversation with Dr. Massimo Petrini, Awarded the First Doctorate in the Pastoral Theology of Health Care from the Camillianum

Dr. Massimo Petrini, you are the first holder of a doctorate in the Pastoral Theology of Health Care in the entire history of the Church and, in addition, a lay person. What is your reaction?

I cannot deny that when one hears the phrase " first holder of a doctorate in the Pastoral Theology of Health Care in the entire history of the Church, " an impression of serious responsibility is experienced. The fact that I am a lay person, on the other hand, may, I believe, constitute a sign of the wealth of the Church herself and of the collaboration we are all called to offer in the designs of the Kingdom of God.

This is, moreover, the feeling which has constantly accompanied me over the last four years; I think that studying with priests, religious, and other lay persons represents a lived experience of the necessary multiplicity and complementariness of the Church's duties.

In coming now to a much more restricted area, I must also thank my family for having encouraged, understood, and " put up with " this long period of my studies.

Briefly, what has your experience at the Camillianum over the past two years been like?

The experience of the multiplicity and complementariness of the Church's activities during my studies at the Camillianum has been especially enriched, including a lived awareness of the Church's universality. I regard it, indeed, as greater enrichment to have had classmates from all over the world, many of whom, even in the case of Italians, were also priests and religious returning from long missionary periods. The exchange of experiences, the confluence of so many pastoral modalities—experiences also shared by numerous professors —are greatly enriching, I believe, broadening one's horizons.

For this reason the Camillianum should continue to foster occasions for fraternization among students as part of a training which must also be a development of the person as a whole.

You presented a thesis entitled Pastoral Guidelines for the Dying *Why? What contribution does your thesis make to the immense literature on this subject in existence today?*

This thesis represents a further development of my previous work on pastoral care and death for a licentiate at the Lateran Pontifical University. My attention focused therein on the phenomenon of death; this thesis centers on " man living out his death " and the multiple aspects conditioning care. The thesis also reflects indications provided by a questionnaire submitted to a sample of 2,700 elderly people in the framework of vaster research on the problems of the old. In working up the questions my aim was to verify in practice the needs to which pastoral care should respond. I also feel that my work may be at least a summary of the problems involved in care of the suffering. Furthermore, the dying must be seen as persons living through an existential experience in which many needs are rendered more acute, needs common as well to those suffering and their families. There follows as a result pastoral care not limited to looking after the husband or wife, but assuming responsibility for a whole family nucleus, for it is the whole family nucleus which undergoes a situation of suffering.

What message would you convey to those in charge of the health ministry on a diocesan level and to the Camillianum administration?

I feel we should always tend towards the ongoing training of all those working pastorally in contact with human suffering, along with a centralization of pastoral care in health within the life of the local Church, starting with the parish. There is no question that suffering requires a commitment of solidarity and testimony of aid, which are also indispensable for the humanization of medicine which is so often called for.

Humanization basically means respect for human life at every stage—respect which can also be a meeting point with those who are not Christians and can manifest a human witness to the love of God.

Fr. JOSÉ L. REDRADO, O.H.
Secretary of the Pontifical Council for Pastoral Assistance to Health Care Workers

Medicus Mundi

Medicus Mundi is a nongovernmental organization (NGO) which is international, professional, and independent, acting to promote health—in developing countries, on a priority basis.

This action is carried out in a dialogue involving sharing and with mutual respect among cultures by means of health efforts integrated into overall development to obtain the self-sufficiency of communities by means of active support of a primary health care policy.

It has been recognized and is officially related to the World Health Organization (Resolution EB 63 R 27)

At present it groups together eight national branches: West Germany, Belgium, Spain, France, Ireland, Italy, Holland, and Switzerland, along with other affiliated organizations.

Medicus Mundi International arose as a result of the concern felt by health professionals in the face of the enormous problems of developing countries It emerged from the union of various movements and associations which, sharing the same ends, posed the need to join together for a common effort Medicus Mundi International was founded in 1962 in Aquisgran, during a meeting of doctors and all nongovernmental associations responsible for projects in different developing countries. After that founding Assembly and the drafting of the definitive Statutes, Medicus Mundi International was recognized as a Association with its own legal status.

Philosophy

Through its meetings and International Assemblies, Medicus Mundi has gradually given rise to a spirit reflected in its publications and in the Assembly conclusions over the course of its twenty-seven years of existence. We may stress tho following: " Health workers devoted to assistance in developing countries must be fully aware of the responsibility weighing upon them when, to provide technical aid, they intervene in a community's structures and ways of life We feel their activity would be unjustified if not accompanied by unquestionable technical competence and sufficient experience. But that is not enough. The ' plus ' which is asked of health workers is an ethical dimension rooted in humanism (that is, in love for man and for the social progress elevating man). Frequently completed by a religious ideal (love for man as a realization of the love of God) " (1981 Assembly)

Structure

Medicus Mundi International, as we said, is made up of eight National Branches which, in collaboration with the General Secretariat, constitute an office for orientation, documentation, and information on the sociomedical situation in developing countries. It is headed by an International President. In addition to the General Secretariat, each Branch has a National President and Secretariat in contact with the General Secretariat.

The General Assembly meets once a year, shifting from country to country on a rotating basis There is also a Board of Directors which meets periodically. The functioning of Medicus Mundi International is subject to Statutes which can be modified only by the Assembly.

Objective

The objective of Medicus Mundi is to offer competent health workers capable of ensuring the continuity of the health programs undertaken in developing countries, whether or not they are government projects, on condition that they will be of interest for the neediest populations.

This action should have certain characteristics. It must

* Take the community into account. Health cannot be regarded as the result of a strictly curative, hospital effort, but assumes a global consideration of the community—both healthy and sick—along with the launching of programs for prevention, in collaboration with local leaders recognized by the population

* Be integrated into global development From the outset Medicus Mundi viewed its work as integrated action, aware that the development of health cannot be conceived without overall development affecting all socioeconomic aspects

* Involve copartnership and training We have always conceived our contribution within the framework of a collaboration among participants with a common objective Action in developing countries depends primarily on local professionals and, therefore, on the training of medical and paramedical personnel.

One of the most important aspects of Medicus Mundi is a commitment to permanent evaluation of the work carried out together with our co-workers in developing countries. This evaluation takes place on an international level in the annual Assemblies at which more than 150 participants gather, including representatives of developing countries, health authorities, and the presidents and officers of the different national branches and affiliated organizations The development of primary health care, the reorientation of health policies in terms of population needs, the role of NGO's and hospital institutions, the importance of essential medicines, and the justification for using foreign personnel stand out among the topics dealt with. These meetings provide a new impetus and orientations needed by the actions undertaken

Methodology

WHO currently recognizes that the promotion of primary health care is a priority. During the twenty-seven years of its existence Medicus Mundi has acquired sufficient experience in this regard, having played a role as an innovator and pioneer in the development of community health. At present Medicus Mundi continues to promote primary health care and for this reason

* supports the initiatives of local NGO's in developing countries which coincide with its objectives;

* cooperates with integrated, global, long-term health programs and parallel educational programs;

* relies on national personnel, in the country it finds itself in, attaching special importance to training local people so they can take on complete responsibility for these programs;

* respects the cultural context of the host country, particularly its traditional practices as regards health;

* fosters community participation;

* seeks to promote work methods allowing for the greatest efficiency at a cost within reach of the local community, with a view towards self-sufficiency in health care (self-financing);

* tends to integrate itself into multidisciplinary programs;

* works in collaboration with national authorities;

* attaches special importance to evaluation and the search for the

methodologies best suited to primary health care.

Support for Local Authorities

* awarding grants

* publishing journals for specialization and continuing education (*Development and Health*)

* economic, material, or logistic support for local, regional, or national projects

* training of local authorities

2. Management of projects

* providing technical assistance to projects

3. Support for local NGO's

* Special aid as regards evaluation and problems in methodology

4. Sending personnel

* selection of candidates

* training of those sent

* continuing education

* documentation center

5. Increasing awareness

* Informing and developing public opinion in industrialized countries.

These modes of intervention are shared by both Medicus Mundi International and its different national branches

Medicus Mundi and International Organizations

We mentioned at the outset that Medicus Mundi is recognized by WHO. It participates in the work of WHO, in both technical discussions and the World Health Assembly, to which it regularly sends Delegates and speakers.

It actively took part in the Alma-Ata sessions, for instance Medicus Mundi collaborates with the NGO Group for Primary Health Care, contributing to the WHO surveys on malaria, essential medicines, and nutrition

Other organizations and international associations with which Medicus Mundi maintains relations are

* the Christian Medical Commision of the World Council of Churches

* the Regional Conference of the International Volunteer Service

* the International Federation of Hospital Institutions

* the International Committee of Catholic Nurses

* the International Federation of Catholic Pharmacists

* the International Union against Tuberculosis

* Cor Unum

* Misereor

Medicus Mundi Member Organizations

* Action Medeor

* Bureau for Overseas Medical Service

* Catholic Medical Mission Board

* St. John of God Brothers

* Medical Missionaries of Mary

* Medical Mission Sisters

* Camillian Missionaries

Worldwide Presence

Medicus Mundi International is active in the following countries: Algeria, Angola, Benin, Bolivia, Botswana, Brazil, Burkina Faso, Burundi, Cambodia, Cameroon, Chad, Chile, Colombia, Dominican Republic, Equatorial Guinea, Egypt, Ethiopia, Gabon, Ghana, Guadalupe, Guinea-Bissau, Haiti, Kenya, Lesotho, Malawi, Mali, Mauritania, Morocco, Mozambique, Nepal, Niger, Nigeria, Pakistan, Panama, Peru, Reunion, Rwanda, Sao Tomé, Senegal, Sierra Leone, Singapore, South Africa, Sudan, Tanzania, Thailand, Togo, Tunis, Uganda, Venezuela, Yemen, Zaire, Zambia, Zimbabwe.

JOSE M. CEBEIRO, M.D.
Medical Director
St John of God Clinic
Pamplona, Spain

Prosalus: Promoting Health in Developing Countries

1. What is Prosalus?

Prosalus is a nongovernmental organization (NGO)—that is, its action and efforts are carried out independently of government. Its general purpose is to promote health systems in developing countries.

Prosalus appeared in 1985 as an initiative of the Mission Secretariat of the Hospital Order of St. John of God in Spain, with a view towards providing channels for action to the work which had been under way for years in Africa, carried out by volunteers/collaborators at the different hospital centers maintained by the Order in Africa within a framework appropriate to these circumstances: lay people, nondenominational character, international development orientations, and so on. The initiative also sought to channel in a rationalized fashion in accordance with current guidelines for the activity of NGO's—the vanguard of development—all the assistance which had been being provided by the Order's Mission Department to Africa and America.

On December 1, 1985 the Prosalus Statutes appeared, bringing out its character as a health promoter in developing countries and its apolitical nature.

The Statutes were approved on February 24, 1986, and Prosalus was included in the registry of organizations maintained by the Ministry of the Interior (C.I.F. G 78223872 , September 25, 1986).

Prosalus is, then, an organization open to all those who feel identified with the programs and activities aimed at promoting health in developing countries which it conducts, both in these lands and in developed countries, and it receives directly from the Hospital Order the spirit of service and dedication to marginalized human groups, particularly on account of illness.

Prosalus is a member of the Spanish NGO Coordinating Committee and actively takes part in the areas of volunteers, joint financing of projects, food assistance, and education for development.

As a result of its expansion and vitality, Prosalus has two delegations working intensively in Tenerife and Guipúzcoa.

These delegations already have their own projects and are functioning at all levels in a regular and praiseworthy fashion.

Prosalus is self-financing and pays for its projects by means of its members, in collaboration with the Spanish Foreign Affairs Ministry and the European Economic Community, and with the participation of those benefited by its action

2. Objectives and Philosophy

The Association's aim is to increase and promote the health of children and adults in the Third World by carrying out training programs and sending medical and nursing personnel and health technicians and aid in the form of medicines, health material, food for children, vehicles for mobile clinics, clothing, and so on, and by maintaining hospitals and dispensaries established by Spanish institutions in the neediest countries of Africa and Latin America. All of this is aimed at health development and promotion in the broadest sense To this end, the Association can collaborate with other organisms to achieve its beneficent-medical purposes and become affiliated with similar nonprofit organizations, both national and foreign, provided this action is in accordance with the decisions which may be adopted by the Board of Directors The Prosalus Association enjoys the status of a private, nonprofit, nongovernmental organization

As the basis for its action, Prosalus starts from the value of the person as an individual, as an integral unity replete with values which must be respected, with special attention to the environment and culture surrounding each person

Prosalus is aware of the fact that every action has international repercussions through economic and communications systems and seeks to avoid falling into interventionism or producing negative side effects of its action.

Taking the person as the basis for its action, Prosalus does not discriminate at all on the grounds of race, culture, sex, ideology, or religion

It describes itself as nondenominational because it does not take on a specific religion or denomination as such to be imposed upon its members. Its nonsectarianism is understood to be a broad framework encompassing all the ideologies and denominations seeking to give the person full dignity by working for the development of peoples as a path to achieve this dignity.

Prosalus acknowledges, however, that its origins and the social atmosphere in which it evolves are deeply marked by the Christian philosophy and recognizes that the action of many of its members is imbued with this desire for Christian humanism

3. Relationship to Health: Main Activities

Prosalus understands the promotion of health in an integral fashion, devoting itself not only to physical and mental medicine, but to all that contributes to the development of the person: education, culture, human and spiritual training, and so on, trying to create environments in which the person may develop integrally and where health is the first step towards being able to develop other facets

Prosalus thus pursues its objectives through its activities:

— *Health programs to support already existing hospitals*. This is basically logistic support by supplying fundamental medicines and medical instruments to hospitals of the St. John of God Brothers in Africa and Latin America. Our areas of action include Senegal, Sierra Leone, Liberia, Ghana, Benin, Cameroon, Ethiopia, Mozambique, Peru, Bolivia, and the Dominican Republic.

— *Primary health care programs*. Fostering and supporting such programs is the first organizational priority. They must be framed within the basic directives of the World Health Organization: the training of local health workers, nutrition, hygiene, prevention, promotion of herb dealers and native midwives, and so forth Specifically, in the region of Asafo, Ghana, a primary care project is being carried out under the name of " Nsoroma "; its total cost is 56,624,002 pesetas

— *Volunteers*. Prosalus sends volunteers and collaborators to health programs in the Third World, continually attempting to give the volunteer proper economic compensation and Social Security coverage so that when people come back they will not find themselves in precarious situations.

— *Nutrition programs* In collaboration with the European Economic Community, Prosalus provides food assistance in those countries and areas where there is a shortage and local agriculture is not affected. The program must at the same time be coordinated, foster development, and tend to eliminate external dependence

Prosalus has two modes of conducting its nutrition programs:

— *Food for Work*, wherein food is provided in exchange for community development work —building schools and dispensaries, for instance

— *Nutrition programs* under medical control in clinics and hospitals.

It is regarded as very important and necessary to obtain greater knowledge and improvement of the processes associated with food assistance programs, particularly as regards a deeper knowledge of the causes of hunger and the possible negative side effects of food aid

— *Conscientious Objection. Prosalus in 1989 was in a position to send four objectors to Africa to fulfill their social service there while accepting another at its Madrid offices*

— *Education for Development* Prosalus is carrying out an educational effort, also aimed at increasing awareness, on the problematic of developing countries It creates dossiers and other audiovisual material on different development subjects.

Prosalus also publishes a quarterly journal with broad information on development topics, specializing, above all, in the field of health

Talks and lectures are organized as well, at both Prosalus headquarters and schools, universities, and cultural centers, along with campaigns to arouse public opinion in different Spanish cities.

— *Study and Research*. Through Prosalus research is conducted on development. A study was recently completed on the availability and consumption of milk products over the past fifteen years in Africa and Latin America.

Fr. JOAQUIN SANCHEZ
President of Prosalus

A Priest among Drug Addicts

I am a secular priest from the Diocese of Paris, vicar of a parish, chaplain of the Departmental Council of Scouts, and chaplain for young people. I am also Vice President of the Family Union for the Fight Against Drug Addiction,* a family association that receives, counsels, and orients parents and young people of both sexes and of all creeds and social cultures; it is made up of a group of therapists, psychologists, psychiatrists, doctors, and parents. It was founded by Dr. Croze-Castet (the mother of a family, involved on account of her son)

I started to take care of drug addicts twenty years ago, in 1968, when I was working at a company as a commercial agent, thinking of the Lord's call: "Peter, come and follow me."

It is utterly true that the problems posed by drug use concern nations, the families composing them, and States, guarantors of order and respect for laws, and that such problems challenge our family and social ethic

It is equally true that without drugs on the market there would be no drug addiction (we understand "drug addiction" to be the regular use of a product which acts on the brain and modifies behavior—and this product may be a synthetic or natural substance).

Nevertheless, we may observe that drugs are classified into two categories: licit and illicit drugs; the former are those whose sale is authorized by the law—ethyl alcohol, tobacco, medicines, and most dissolvents are licit products; cannabis, heroin, cocaine, and the hallucinogens are illicit products whose sale and use are prohibited by the law

The word "drug" formerly designated an ingredient used in pharmacy and dyeing; it later designated a product used for a therapeutic purpose and, by extension, a product used for addictive purposes.

In the word "toxicomania" we find the Greek term "mania," which means "obsession" (that is, "a thought or feeling presenting itself to the spirit in an irrepressible, constrictive, and anguishing manner, of an absurd, disproportionate, and parasitic nature "

A good many children and adolescents have used a "drug" because their "hooked" companions spurred them on or by way of "dealers "

Three situations may appear:

— one seeks to calm down a banal, commonplace anxiety, the result of a conflict, provoked by the trials of a life hard to overcome;

— one seeks a new sensation, a pleasure;

— in certain psychic illnesses or behavior disorders, taking a drug is nothing but the consequence of an initial disturbance and might almost be regarded as a refuge and remedy; but here we enter into a field which concerns the psychotherapist, the psychiatrist, the physician, or a specialist

Two notions should be definitive in our ordinary language: that of 'tolerance' and that of 'dependence'.

Tolerance is the need, for certain drugs, to regularly increase the dose if one wishes to obtain the same effect after a certain period of use.

Dependence is the need felt by the drug addict, after a certain time, when he is deprived of the addicting substance.

All drugs present the danger of creating a dependence. Indeed, after the first phase of pleasure, euphoria, and the feeling of enjoyment, effects vary according to the products used; very quickly the drug is sought out for the satisfaction it gives the subject and the suppression of the malaise produced by privation, the state of abstinence.

Why This Drug/These Drugs?

What a tremendous question! Once we are finished with the now superseded frameworks of a social class, divorced parents, love lived out badly.

What we need to know and recall is that we are living in a period in history in which it is supremely important for our adolescents to know and see that we love them intensely and that they are not the cause of a family failure. A child or young person who feels loved and surrounded by affection is already vulnerable to the influences encircling him; but if the adolescent no longer feels that precious love, he will scarcely be able to defend human, moral, and religious values. It is adolescents hungry for affection whom numerous exploiters of the young want to seduce by giving them, in appearance, what the family no longer gives them: attention, affection, family well-being.

"The young person does not need a father as a comrade," I was told by a sixteen-year-old destroying himself by drug-taking, "but an adult who will help him to build himself, to stand on his own feet, grow in our society." The adolescent goes looking for whoever offers him the most gestures of friendship.

The young person may come up against the problem of loneliness. He may be looking for security The influence of sects, groups, responsibilities, and his dreams and projects will lead him along many roads. He also needs Christian identity, reference points for the Faith transmitted by his parents.

A child will share his free time, affection, and contradictions with his parents Two dangers will present themselves: either the son or daughter receives such consent as to end up having absolutely everything, or there will be a complete absence of discussion Hence, frequently, the son's or daughter's search for escape—and that escape will be drugs

And then the danger of the family's abandoning the victim appears on observing the facts: "We weren't aware that she had been taking heroin for six years. We did notice that her behavior had changed..... Yes, Elizabeth cried out to us in anguish–and we did not want to hear her. . "

It is true that the parents' role as educators is capital and irreplaceable. Above all, they should not feel to blame and withdraw from the struggle and their mission They should inform themselves *and practice prevention by speaking to their children of the subject of drugs*. To this end, it is necessary for parents to accept instruction. There are training courses for adults. We organize them at our center.

Has the situation regarding the dangers of drugs changed over the last ten years? Yes At the post-cure center of Pastor Alain Benoit, for instance, which looks after eighteen young people, there is therapy which is not very "medicalized " Founded starting from a home to provide encouragement, it is patient work lasting from five to six years of accompanying the young people during which they can work wood or undergo an apprenticeship. (Let us recall that most of the young people have left school at an elementary level and lack training for any job, for drugs have separated them from every system of formal education and traditional way of life.) What is more, no two drug addicts are alike. A thousand different treatments are needed for a thousand cases, a thousand different ways of using the same energy.

Drugs: Change, Conversion, Call to Faith?

Drug-taking is the most repulsive sin, evil in all its horror It is hell on earth Among the few young people who emerge from it

by way of human, medical, and psychological combat, thanks to a hand held out to them, there are scarcely any who follow a Christian path. No one is converted through drugs They annul all experience In my mission as a priest among drug addicts, I have played the role of a witness, sometimes a companion, in prayer and religious commemorations.

I would like to quote a passage from my book on this subject:

Commemoration of Nicholas:
Nicholas, you have left us. And it hurts. It is hard for us to comprehend and accept; it even scandalizes us, whether we are believers or nonbelievers.

You have not lived your life in just any fashion, and it is this which all of us together shall try to take in.

Your parents told us how you tried to struggle to get out of drugs

It's your world, the strength of your desire, your will to emerge, all your love which the Lord now receives.

We believe that the Lord can help us if we want to place Him in the effort of our struggle

Nicholas, you have engaged in and carried forward that combat. "Don't lay down your arms" -this is the message of hope you have left us- "even if you have been overcome, knocked down by your adversary."

No One Can Come Out Alone

We often want to "do good" to others, acting in their place This may be well and good, but there is something more important: helping them to want their own good. Through their lies and cries of despair, drug addicts must not become objects of assistance It will sometimes be necessary for them to "touch death" to accept coming out, stopping. And it is here where parents, the adult, must be present for a turning point which may be decisive.

Drugs are not recounted, it is true-they are lived through. I have thus known Jean-Jacques, who is painfully emerging from his nightmare after five years of struggle to re-enter society in which I have accompanied him. Here we see that he has just opened a little electric repair shop Contacts with clients, the joy of doing work he likes and at a certain pace enable him to be happy, according to the latest news received.

What's needed is this: little businesses, little workshops where young people can have a steady job: if you are at any point prepared to receive them and thus save human beings, write me at the Association.

Listening Means Comprehending and not Judging

We have no right to let an adolescent die because he has sunk in the delirium of drugs while feeling bad, being bored, or entering into a period of rebellion We can save him. I am trying to acquire a farm in Normandy where the young people who pass through our center can go for a time to learn to live again, in the fresh air of the country, busy with their daily chores, eating what they grow, and partially supporting themselves by artisan workshops All my book's earnings are devoted to purchasing that farm I am beginning to get some little donations from young people, chaplaincies that have taken up collections, and adults. My fervent thanks to all (the money should be sent to UNAFALT and is tax deductible!) This farm will be maintained by Christian educators A moment of daily prayer will be proposed to the young people They will be asked to respect others But through prayer, the Celebration of the Eucharist, man will again find his strength, his reason for existence; he will rediscover his identity as a Christian and find himself once again to be loved and forgiven by God

I would like to echo three testimonies from my accompanying families and abandoned children and young people.

— A twenty-year-old young man said to me, "I'm tired of waiting to find a job, no matter how small!" (Alain).

— A twenty-six-year-old, an orphan, said, "Life is not worth living. Every time I look for work, I am told that I stopped working four years ago. . Blame always pops up! 'You're a drug addict-I've no work for you'" (Jean-Christian).

— Nicholas' mother came after her son's burial She brought me an envelope and said, "Neither flowers nor wreaths at the funeral This money will serve to help your young people in difficulty "

Some parents asked me the other day, "Father, what must I do to love God with my whole heart when my son [or daughter] takes drugs?"

I believe the truest means is to love, to take the time to love freely The real secret is the means: one learns to study by studying, to run by running. This combat enables us to love in truth for the sake of the justice which is not reduced to a human law. To love is to say "yes" to one's wife, to one's husband, throughout life, in faithfulness; it is to give each other this ring, the sign of sharing and the gift of oneself to form one alone.

To me, as a priest, to love is my "yes" in reply to the Church on the day of my priestly ordination, responding to the call of Christ: "Come and follow me." Whatever our life, our manner of being or thinking may be, God calls us to live. But believing, having faith, and living do not exclude suffering and sometimes rough combat, but not without joy

With the drug addicts I meet, what joins us is mutual confidence, respect for one another.

Acts 1:8 -"You are going to receive a power, that of the Holy Spirit, who will descend upon you. Then you will be my witnesses to the ends of the earth " St. Luke insists on testimony inspired by the Spirit. The Spirit who spurred Peter after Pentecost to begin speaking.

John 20:21 -"As the Father sent me, so am I sending you." A proclamation for the forgiveness of sins, it points to the new way in the Spirit who frees man.

Yes, Christians are called by God to a personal relationship with Him in love Such is the mystery of the action of God through the "poor creatures" we are. And that action does not date from the present. It is a history of love in the history of a whole people God has always wanted to establish an alliance with men.

And in that people are the weakest, those who have come under the effect of a destructive attraction, drugs. God does not abandon them; but it is the leprosy -along with AIDS- of our current society.

The drug reaching one's child at the tender age of eight without any prior preventive education. . . He will sample that sometimes fatal product

The child needs stability, his parents' availability, *dialogue* with those who have given him life. The child continues to be a child. Let us recall that by definition the child is being permanently built up, and no situation or attitude can be definitive. If it is true that the child needs stability, his needs evolve. In his mother and father the child seeks a well-being in keeping with his needs (this is equally valid for separated couples).

Moreover, if we bear in mind that we are *loved* by God, freedom must interpellate us. Am I a Christian responding to a vocation? Do I frequent the Sacraments, priests' company? The Church is not reduced to myself How am I integrated into the missionary Church? What means do I use to

reinforce and cultivate my faith, my knowledge? Am I in communion with my Bishop, with the Pope? Then I can joyfully proclaim my profession of faith each Sunday, with all my sisters and brothers gathered together around the sacrifice of the Eucharist, the sign of sharing a single message.

The drug addict, then, wants a witness who does not judge him, hears him out, and does not condemn

In my book I speak only of prevention. It is a book both young people and adults can read Let us form among ourselves this chain of solidarity, mutual help, and prayer

If I benevolently agreed to work at UNAFALT, it is because I found there the framework of the family I seemed to be lacking. As a priest, I fight to maintain the family. A couple that is joined and gives birth to a child, the fruit of their love, must conserve its confidence in spite of failures and have reasons to live.

Here the need is felt for solidarity among affected families They have the greatest need to come out of anonymity, isolation, and group together with other families that are living through or have undergone the same kinds of problems in order to feel understood, accompanied, respected, and not judged. "The lived experience of the past enables us to establish a facilitated relationship and hope with parents and relatives in the midst of their drama There is a need for these families to meet in hope and positive acts, towards the creation of an active, group force enabling them to overcome their problems and become representatives of their own necessities and those of their young," as Dr. Croze-Castet tells us. In our Association we have effected stages of training, prevention, and information, at three levels, which concern parents, doctors, educators, and lawyers (the dossier of courses may be requested)

UNAFALT results from an experience lived out each day. It is a response to the needs of young people and their families It is also a hope being put into effect: one can come out of drugs; some Association parents and young people are official witnesses. The drug addict who has "fallen into the trap" will get out of it more readily if he finds around him the family and social "crutches" he needs. This problem is a matter for everyone and must be shared, for all our homes are compromised by the future of our youth.

No One Is Protected from Drugs

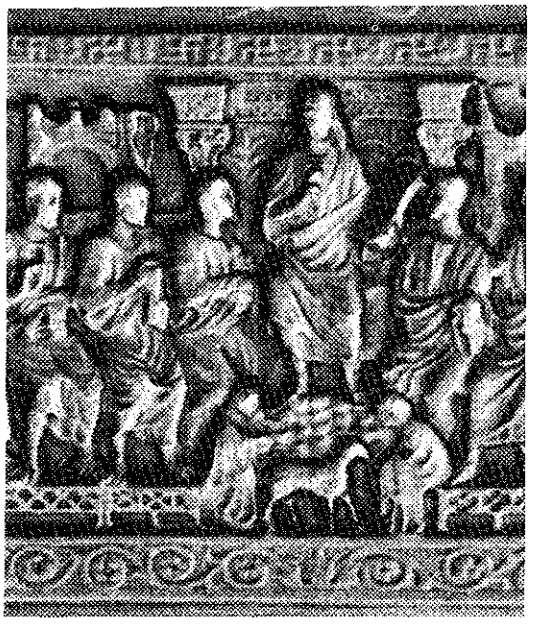
With my Association I make an urgent call for fraternal solidarity addressed to all wishing to contribute help and support: the parents of drug addicts and ex-drug addicts, all who feel involved, and all who can assist us financially

We shall pray to the Risen Christ for them on Easter Sunday!

ABBÈ PIERRE DE PARCEVAUX
*Vice President, Family Union for the Fight Against Drug Addiction**

* 42 Avenue Jean Moulin
75014 PARIS Tel.: 45424374

Activity of the Pontifical Council



Addresses

Chronicles

Archbishop Angelini's Message to the Churches of Zaire, Zambia, and Malawi

In the course of his visit to the Churches of Zaire, Zambia, and Malawi (March 20-28, 1990), Archbishop Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, placed special emphasis on three ideas throughout his talks: faith in certain values, the ecumenical vision of suffering and illness, and care of the sick as a modern form of evengelization. We include below some selected passages from his addresses:

The difficulties the world is familiar with—different forms of violence, the spread of drugs, AIDS, the cruelty of certain laws of economic development—are proof that faith in certain values constitutes the basis for authentic, effective, and constructive health policy. Safeguarding them represents a guarantee for health" (Kinshasa, March 21, 1990, *Christian Medical Ethics,* Medical Office of the Zaire Bishops' Conference).

The real universal temple, even before our churches and different religions, is the hospital, as a place of refuge and care for all, without any distinction, where one lives through an experience of great spiritual intensity favored by the time of illness, which leads to reflection, as well as to a restless need for transcendence, for God" (Lusaka, March 24, 1990, *An Ecumenical Perspective on Health Care,* Medical Association of the Churches).

Renewal and a new impulse in the service of care are perhaps the new name of evangelization. A modern name for an eternal truth, since the Lord said with extraordinary clarity and words comprehensible to all that we shall be judged on the way we have treated and assisted the people who suffer" (Lilongwe, March 27, 1990, *Care of the Sick: A Modern Name of Evangelization,* Diocesan Officers of the Catholic Medical Office).

Called to Be Witnesses to Hope

Archbishop Angelini's homily at Monze Hospital, Zambia, on March 25, 1990

Dear Sisters and Brothers:

We have just heard a marvelous Gospel narrative—the cure of the man born blind by Jesus. An event which has reinforced the faith of all present. As in other Gospel passages, the curing Jesus appears to us with his healing strength and attraction.

The reading we have heard is particularly appropriate for the circumstance of my current visit here among you at Monze Hospital. And I am truly happy to find myself with so many people devoted to health activity.

This hospital, as I have been told, was inaugurated four days after the celebration of Zambia's independence (October 28, 1964). From the outset, by a happy initiative of your Bishop, the Most Rev. James Carboy, this hospital has been run by the Irish Sisters of the Holy Rosary, as assistance to the Catholic mission. I wholeheartedly bless all the Sisters of this Congregation who have worked in the different sections. A special tribute of appreciation goes out to the Zambian officials who have carried out their work of service to the sick with effort and generosity over these years. Recognition as well is deserved by the Sisters of Mercy, from the Irish Diocese of Meath, who have been associated with this hospital for a long period. One or two of them have worked for many years at this site, and their communities back home and friends have sent generous contributions to benefit the patients admitted to this hospital. In addition, extremely important for the smooth functioning of the hospital is the valuable assistance and cooperation provided by numerous lay volunteer workers: doctors, men and women nurses, pharmacists, administrators, and technicians. All of them have generously offered part of their time to serve the poor and the sick of this region. I see that this morning the St. John of God Brothers are also present—their activity to aid the abnormal is highly esteemed, and their work forms part of the service provided by this hospital. Monze Hospital would certainly not have experienced its current development without the active support constantly received from the Government, especially through the Ministry of Health. I am also aware of large sums assigned by the Government of Zambia by way of some local organisms.

Your most solid benefactor has been Misereor of West Germany. I join with you in thanksgiving and blessing for the extraordinary aid given by all of them over these years. I well know that you rely on other benefactors, too, like NORAD, the agency for progress of the Norwegian government. Precisely at this moment it is helping you with the construction of a new wing. The EEC Delegation in Lusaka has also made a sizeable donation and has offered to go on helping.

The work carried out by Monze Hospital is quite valuable, not only for the population of this region, but for all Zambia. I am sure that all of you working here have spoken and reflected on more than one occasion on your experience—yours is a privileged vocation, a holy vocation. In the ministry of health, to which you devote yourselves, you continue the healing activity of Jesus. This is a ministry which Jesus exercised with generosity, tirelessly, effectively, with the consolation of the word, with the gentle compassion of gestures, with continuous prayer. As we have heard from the extremely beautiful Gospel page this morning, Jesus approaches those in need, surrounds them with tenderness, and gives them

strength in body and in spirit. On fulfilling the mission of this hospital, you must be aware of the fact that through you Jesus is present in this place. His curative action continues through you. What a challenge and what a privilege!

In your midst today, I would like to present some reflections on medical ethics. There is much discussion nowadays on medical ethics, on norms and guidelines, and on the values which ought to govern the work carried out in a hospital.

One word, first of all, on professional ethics. What do we expect from each health worker? And what is meant by "ethics of service" practiced in the name of Jesus?

The first duty of professional ethics is undoubtedly *respect for life*. Life is a sacred gift of God the Creator; we therefore owe life deep and unconditional respect. Every person with whom you enter into contact has the inestimable dignity of being a son or daughter of God, created in his image and likeness. When you enter into contact with human life, you encounter the very Face of God. You immediately understand the kind of respect that is due human life. This is why we must demonstrate particular solicitude, for example, for those about to be born, acknowledging how offensive to God's loving plan for life abortion is. Similarly, we owe respect to children, the elderly, and the poor; in a word, to the whole People of God and especially to the needy and the marginalized.

Professional ethics also requires on our part *competence—that is, the determination to carry out your work in the best manner. Your qualities and talents as health workers are a gift of God. gifts which must be cultivated with great care and exercised with equal diligence. In this way, your activity, from a professional standpoint, will be characterized by the competence which effective medical care requires. Through you the reputation enjoyed by Monze Hospital throughout Zambia will be maintained.*

Finally, professional ethics posits *uprightness*. In every facet and moment of your activity, you must be aware of the specific resources with which you are working. These resources are important, scarce, and heavily requested. An upright, generous effort must characterize your work, in whatever sector.

But, dear sisters and brothers, as health workers you must also draw inspiration from an *ethic of service*. The first characteristic of this attitude must be compassion —compassion solicited by suffering, of which you are witnesses, expressing itself in sensitivity to the condition of patients and their families. Yours is much more than a job, a task to be done. Health care is not just a technically operative thing—it is a request rising from man's heart. Love is the most important medicine known by mankind. And here you have an extraordinary model in Jesus, who, as the Gospel frequently recalls, was moved to pity at the sight of suffering and the people's needs. An insensitive doctor, a cold nurse, or an abulic aid would be contradictory in the face of the demand for compassion required by the ethic of service.

I would like to recall that today your compassion should refer, above all, to AIDS patients, whom you are called to assist. If you cannot provide help, at least you can and must be sensitive to the suffering and death of which so many of these patients are victims today, especially the young. AIDS attacks not only their lives, but also the life of their families and of those who care for them. I sincerely exhort you to show them great and profound compassion, a sure sign that you are following the loving example of Jesus the Savior.

The ethic of service always requires *generosity*. Generosity leads one to act out of love in caring for the sick—a measureless love expecting nothing in return. But let us be sincere. To act with generosity is not easy, or at least not always. Patients frequently seem to present irrational pretensions without realizing all your responsibilities as health workers. But true service, according to the example of Jesus, leads to responding with the maximum generosity.

Finally, the ethic of service requires *valor*. Jesus was willing to face risks in dealing with all around him who tried to oppose his curative action. We see this when Jesus challenges the Pharisees, who reproach him for curing on the sabbath. You, too, must be valiant in challenging every lack of understanding on the part of others, every tradition or custom which goes against the truth and loving care.

Putting into practice the professional ethic and ethic of service of which I have spoken involves today, in Zambia, a truly special challenge to health workers. As a result of the economic crisis the country is passing through, hospitals are faced with various difficulties. Resources are scarce, and instruments are not always of proper quality. Accordingly, it is all the more necessary to combine care with humanity in personal contacts, gentleness in language, and an encouraging smile. In the final analysis, the ministry towards the suffering and dying requires not only resources and instruments, but appeals especially to love.

Zambia is a young country, a nation struggling to achieve truly human, integral, and just development—development in which all the inhabitants will share. Health constitutes a crucial factor for that development of the nation. It is superfluous for me to insist on how necessary your contribution as health workers is for the future of your country.

I shall conclude by recalling the joyful visit to Zambia by John Paul II just eleven months ago. The theme of the Pope's pastoral visit was hope—the hope we all have in Christ. With words that today, for us gathered together here, are particularly significant, John Paul II, during a Eucharistic celebration in Lusaka, said, "The Church proclaims a message of hope for all those who today, in Zambia, suffer both physically and spiritually—for the sick and dying, especially for victims of AIDS, and for all who lack care."

Sisters and brothers, precisely by virtue of your generous effort in the health ministry here at Monze Hospital, you are called to be witnesses to that hope.

The source of this hope is precisely the sacred event we shall be celebrating within three weeks: the resurrection of Jesus. During

this Eucharist I wholeheartedly ask the Risen Lord to reinforce your hope and, through you, the hope of all those you serve

May the Lord bless you

The Priority Value of Service to Life

Archbishop Fiorenzo Angelini's talk at the Academy of Medical Sciences in Moscow on April 2, 1990

I am deeply grateful for the chance to participate in this noble and illustrious meeting of representatives of culture and science. I express my thanks for the honor of this invitation and am pleased to have the opportunity to convey in such a distinguished forum the Catholic Church's wish and will to support with every effort, in the domains incumbent upon her, initiatives and programs oriented towards favoring justice in peace and freedom through attention to the world of health policy and care.

The Pontifical Office I have the honor to head and represent was instituted five years ago to give the Church's 2,000-year-long dedication to the field of health a new stimulus, greater coordination, and, above all, to offer all men of good will collaboration aimed at reasserting in the medical area the priority value of service to life, to all life and to the life of every human being. The threat hanging over the environment and the growing risks of a progress refusing to be measured by basic human values, pose again with renewed timeliness the subject not only of everyone's right to health, but also of an authentic humanization of medicine. Indeed, a growing dehumanization of medical science and art—a deviated consequence of extraordinary progress itself—cannot be termed foreign to what is today very often being called "the culture of death."

During the Second International Conference which brought together those responsible for health from the Contadora Group countries in Madrid in 1988, there was talk of health policy and care as a "bridge for peace." Health planning, care, and medicine can really build a bridge to peace if they move together concretely on the road to true humanization. Yet the criterion and measure of authentic humanization can only be an integral notion of life as a sum of physical, psychic, and spiritual values.

Our Office, two years after it was instituted, organized an International Conference on the subject of the humanization of medicine. In addressing that important scientific meeting, John Paul II specified the nature and tasks of a humanized medicine, affirming, "A truly humanized practice of medicine cannot remain indifferent to a scientific research being proposed as an end in itself, overlooking the demands of authentic service to man. The study of life must express itself in service to life as well. The questions raised by experimentation, by the relation between population and resources, and by irreversible diseases have become insistent since the progress of technology facilitated recourse to solutions and strategies which offend the dignity of life and of the human person."

The road to be followed so as not to fall into these very suggestions of a dehumanized medicine must draw inspiration from an anthropological conception which recognizes in every human being an equal and full right to physical, psychic, and spiritual balance, to serve which medicine arose and has developed. Every conquest of science and technology is truly such if it is a conquest for man, if it serves man and does not make use of man.

The Christian principles of faith, transcendence, and ethical and moral evaluation cannot constitute an obstacle to convergent action by all—individuals, groups, nations, and peoples—whatever their ideological, political, or cultural motivations may be. Our most recent experience teaches that precisely the subject of health—and, therefore, of safeguarding and promoting it-is in a position to reassume—indeed, in operative terms—the most diversified contributions of organisms and entities reflecting different religious denominations and the most varied political and social systems.

With humility, but with the firmness which comes to us from faith, we ask for the possibility of being witnesses to these values and, as proof of the sincerity of this determination, we offer a believable contribution, both through directives regarding man as the way and means for a culture inspired and nourished by love and by a vast effort towards care and human promotion all over the world and alongside the neediest, poorest, and most neglected.

The Catholic Church, in union with the purposes of the Orthodox Church, wants to be close to culture and science, solicit their efforts, support their discoveries, and share in their conquests, which will be such if received and applied to serve man and life. To humanize medicine means to make it to man's measure. In regarding man as a perfect image of his Creator, we can only be glad about each new discovery capable of improving man's living conditions on earth quantitatively and qualitatively. This is no doubt an ecumenical dimension wherein all can meet and recognize one another.

Full humanization of medicine is required not only by medicine's very nature and by the end it must propose for itself, but also constitutes the first and most dramatic object awaited by the suffering. The actual or potential patient trusts in the man of science, the researcher, the physician, and the health worker in the measure in which he finds a brother in humanity. The socialization of medicine and the increasingly articulated diversification of its branches run the risk of canceling out the necessary and proper doctor-patient relationship—a relationship whose effectiveness is conditioned decisively by its content of humanity.

And if we pass from an individual to a social or community level, the need for greater humanization is brought out above all by the risks and negative consequences of dehumanization. Not only does medical practice need to be humanized, but health policy as well must start from humanized

and humanizing purposes which will make it possible to establish priorities in options, interventions, and the quality of services. The growing and irrepressible interdependence among peoples has made it impossible to postpone closer collaboration among States and international organizations for organic, effective health policy

The Catholic Church, which is so broadly present in the field of health policy and care all over the world, knows that she can make a contribution and offer it with sincere openness and a marked will towards cooperation. And I am truly happy to have had the occasion today to reaffirm in such a noble and distinguished place, this concrete, loyal, and unselfish effort, of which the Pontifical Council for Pastoral Assistance to Health Care Workers—instituted to be at the service of all, regardless of race, geographical origin, social status, religious faith, or political convictions—is a special instrument and guarantee A service to man to make his living conditions more human.

Recognition of the Church's Presence and Work in the Field of Health

Archbishop Fiorenzo Angelini's Statement in Geneva on May 9, 1990 at the Forty-Third World Health Assembly of WHO, during which he received the Sasakawa Prize

My being awarded the Sasakawa Health Prize today understandably motivates profound emotion and responsible reflection, especially because the ceremony is taking place in the course of this Forty—Third General Assembly of the World Health Organization.

The Pontifical Office I direct is aware of having its own active and effective place in the growing commitment of all States to the progress of health policy and care.

My being awarded the Prize —instituted through the generous initiative of Mr. Ryoichi Sasakawa, whom I cordially greet —much more than a personal designation, clearly seeks to be a recognition of the presence and commitment of the Church in the world of health

First of all, I thank the Director-General of the World Health Organization, Professor Hiroshi Nakajima, the capable and tireless leader of this great international organism. My special thanks as well to the Sasakawa Award Committee and to all the distinguished Ministers of Health from countries around the world who are present here.

It is my well—grounded conviction that at every level there is a growing awareness that the problems regarding health policy and care call for ethical, moral, and also spiritual values, respect and acceptance of which are presuppositions for effective, unified health planning For this reason the Church, which has always been sensitive to the boundless dimensions of suffering, knows it has been called to deal directly with the problems connected with it.

This Prize's being awarded to the President of the Pontifical Council for Pastoral Assistance to Health Care Workers only five years after the creation of this Office is for me a motive for legitimate pride, but, above all, for great encouragement, in view of the circumstances and the authoritative place in which the award is being made.

I have always regarded the path of health policy and care not only as proper, but as almost obligatory for common action by all, independently of ideological, cultural, social, political, and even religious differences. To meet—or, rather, to move towards—man in his demand for health is to go towards all mankind in what it seeks as a priority need.

John Paul II recently affirmed that "in the loving, generous welcoming of every human life, especially if weak and ill, the Church is today living out a *fundamental moment of her mission*."

It is necessary and urgent to work together—each in his own sphere and in keeping with his own responsibilities—to promote suitable conditions for the health of all by improving inadequate health facilities and creating them where they do not exist We must eliminate the causes of many illnesses still raging and often representing a serious accusation against the most advanced science of our time. This requires a fairer distribution of health resources. However, this is possible only if the policies programed and implemented everywhere to improve health care have the psychophysical good of the human person as their primary aim.

Every obstacle put in the way of the affirmation of the fundamental, universal human right to health is a result of selfish, discriminatory formulations. We cannot, then, declare ourselves to be promoters of true, authentic civilization and love for the liberty and liberation of man if we fail to act together with one mind to overcome the often dramatic conditions of the developing peoples.

It must be our solemn pledge that the final decade of this millennium shall pass on to the history and grateful memory of mankind as the one witnessing the elimination of the most common and fatal infectious and tropical diseases and of those degrading health conditions deriving from serious social injustice.

The Church has always been convinced, and for this reason labors, so that mankind's progress towards the recognition and affirmation of the rights of all will be inspired by the awareness that every man is our brother, for all men are brothers.

We are with you, at your side, to ensure, by defending and safeguarding life, the supreme values of justice, peace, and the dignity of the human person. To serve man and, through this service, to construct a civilization of harmonious, fraternal community.

Chronicles and News of Meetings

AFRICA: ZAIRE, ZAMBIA, AND MALAWI

The Crossroads of Many Cultures

At the invitation of the Bishops of the respective countries, Archbishop Angelini made a pastoral visit to Zaire, Zambia, and Malawi, March 20-28, 1990 The President of the Pontifical Council for Pastoral Assistance to Health Care Workers was accompanied by Fr. Redrado, Secretary of the Council, and Fr. Mpendawatu, a staff member of the Office.

This pastoral visit enabled the Council to consolidate its relations with the Bishops' Commissions for the Health Apostolate, gaining first-hand awareness of the joys and hopes, sorrows and concerns of these young Churches Throughout the journey there were numerous meetings with religious and civil authorities and work sessions with associations, movements, and other organizations in the health sphere; all of this, together with our presence alongside the sick, also greatly enriched our experience of the African sociomedical situation.

Facilities Visited

Twelve facilities in all were visited, including hospitals, maternity clinics, general surgeries, centers for the handicapped, and others

Zaire

* General surgery of the Archdiocese of Kinshasa in Kingasani.
* Maternity clinic of the Bakhitta Sisters of the Archdiocese of Lubumbashi.
* Sendwe Hospital of Lubumbashi.
* Center for the handicapped of Lubumbashi
* Polyclinic of the Salesian Fathers in Lubumbashi.

Zambia

* University Hospital of Lusaka
* Monze District Hospital
* Center for the handicapped of the St John of God Brothers in Monze * Maternity clinic of Chilenje

Malawi

* Likuni Hospital of Lilongwe.
* Madisi Hospital.
* Sanatorium of the Carmelite Sisters

Meetings with Church and Government Leaders

1. Church Leaders

* Most Rev. Alfio Rapisarda, Apostolic Pro-Nuncio in Zaire and Most Rev. Eugenio Sbarbaro, Apostolic Pro-Nuncio in Zambia and Malawi. We were guests of the two papal representatives and were welcomed with great fraternity and friendship.
* In Zaire we met with six Bishops, including the President of the Bishops' Conference, Most Rev. Laurent Monsengwo, and the Bishop in charge of the health apostolate in Zaire, Most Rev Dieu-donne M'Sanda In Zambia we conversed with four Bishops, and in Malawi, with three, including those responsible for the health ministry: Most Rev Raymond Mpezele of Zambia and Most Rev. Allan Changwera of Malawi.

2. Government Leaders

* The Zambian Health Minister, along with the Ministry's Permanent Secretary.
* The Permanent Secretary of the Ministry of Health of Malawi, and the Ministry's Technical Counselor.

Meetings and Talks

There were numerous encounters with health groups and associations:

* A work session with the President of the Bishops' Conference, the Bishop in charge of the health apostolate, and the group of collaborators with the Office for Catholic Medical Work in Zaire
* A lecture-debate with health workers in the Lindonge Center of Kinshasa.
* A visit to the office of the Family Life Movement in Lusaka.
* A lecture-debate with Catholic medical and paramedical personnel from Zambia at the Ecumenical Center of the University of Lusaka.
* Visit and lecture before the Executive Committee of the Medical Association of the Churches of Zambia in Lusaka.
* Meeting and lecture for those in charge of the Medical Work Offices in the diocese at the Likuni Secondary School in Lilongwe
* A lecture-debate for health workers at the parish church of Likuni in Lilongwe.

Health: An Ecumenical Reality

This visit to the Christian communities of Zaire, Zambia, and Malawi enabled us to gain renewed awareness as a Pontifical Office of the evident fact that health, as a deeply human and transcendent dimension, is increasingly becoming the good to which all peoples aspire, beyond ideologies, religions, and races, and that it constitutes a kind of crossroads of many cultures and, therefore, a platform for ecumenical cooperation. In Zambia, thanks to the commitment to life and health on the part of all, sixteen Christian communities find fertile ground for dialogue and bear witness together to Jesus Christ, Physician *par excellence* of bodies and souls.

FR. JEAN-MARIE MPENDAWATU
Collaborator with the Pontifical Council

THE SOVIET UNION: MOSCOW, KIEV, LENINGRAD

A Light That Is Starting to Shine

Some months ago, who would have imagined all these changes coming from the East. Walls are falling, official visits are taking place, and freedoms are being created.

It is true that we are still in the chiaroscuro of events, but many steps forward have been taken.

In this climate of change the Pontifical Council for Pastoral Assistance to Health Care Workers certainly could not be absent.

A delegation headed by Archbishop Fiorenzo Angelini traveled to Moscow, Kiev, and Leningrad, April 1-8, 1990. Fr. José L. Redrado and Fr. Ruffini, the Office's Secretary and Subsecretary, respectively, accompanied Monsignor Angelini, along with Professor Franco Splendori, Consultant to the Office, and the experts Dr. Gaetano Fiajese and Dina Nerozzi.

Fr. Redrado and Professor Splendori here reply to various questions and offer broad information on the content and significance of the trip.

1. Fr. Redrado and Professor Splendori, what was the purpose of the trip to Russia?

Everything came about almost spontaneously. The day after Gorbaciov's visit to the Pope a meeting was held at the Italy-USSR Association to deal with the subject of health in Russia. We were invited to attend this meeting and on that occasion met and spoke with Professor Chuchalin, Vice President of the Academy of Medical Sciences in Moscow. We invited him to visit our headquarters, and he did so the next day with a group from his delegation. Our visit arose there, since Professor Chuchalin invited Monsignor Angelini to speak at the Academy in Moscow. This was, then, the first purpose. Then other objectives appeared, for we received a visit from the Ukrainian Health Minister, Professor Anatoly Romanienko. And we thus gradually prepared the program—more and more intensive—for our visit to Moscow, Kiev, and Leningrad.

2. How were you received?

Exceptionally well. The persons accompanying us as guides and interpreters and, above all, those responsible for the program were most pleasant. We immediately became friends; we frankly stated our criteria, and everyone respected the different choices. We encountered great delicacy and sensitivity.

3. Tell us about the main events and meetings during the trip.

The program was intensive. In Moscow we visited the headquarters of the First Region and heard the mayor speak about all the health problems experienced in that area. We also visited a State-run establishment for 600 elderly people. In Kiev our visit centered around the Radiology Institute, and both the Children's Clinic and the hospital for adults, two hospitals with wards for those stricken by the Chernobyl catastrophe. In Leningrad we visited the Medical-Military Academy and the Medical Institute for Advanced Studies.

Among the academic events held, we must stress the talk given by Monsignor Angelini at the Academy of Medical Sciences in Moscow, another lecture at the Auditorium of the Pediatrics Institute of Kiev, and a third at a large meeting of more than 400 doctors, many of them chief physicians at the Medical Institute for Advanced Studies in Leningrad. At all of these events we observed great interest in human and ethical topics. At the end of one of these academic events, at which Monsignor Angelini dealt with the subject of "Dehumanization of Medicine," the Academician and former Ukrainian Health Minister Professor Romanienko stated, "We are grateful to the Church of

Rome for this meeting We did not think the ideals of the Church and our own were the same as regards the defense of life. We would never have imagined that medicine and humanization itself were so closely joined together in the Church For this reason we wish to collaborate with the Catholic Church. . "

We met major figures in the health field: the young Ukrainian Health Minister, Juri Spizenko; the Deputy Health Minister in Moscow, I.N. Denisoff; the Mayor of the First Region of Moscow, Vjaceslav Grigerievich; Academician Anatoly Romanienko, and Professor Chuchalin, Vice President of the Academy of Medical Sciences. And we could continue the listing, which would be interminable.

4. All that you have told us until now is closely related to the aim of the Office; but did you also have contacts on the level of the Church?

Certainly As regards the Orthodox Church, we can mention visits to the Patriarch of Moscow, H E Kirill; to the Metropolitan of Kiev, H E. Filarete; and to the Metropolitan of Leningrad, H.E. Alexi

As for the Catholic Church, every day we celebrated Mass in a church: St. Louis' in Moscow, Exaltation of the Cross in Kiev, St Peter's in Leningrad. They were animated, intense, emotion-filled moments; we felt these people were emerging from the catacombs. On every occasion we were surprised at the great throngs of people. The celebration in Moscow at the First Center for Social Services was special—a state facility where 600 elderly people reside. Fifteen Sisters of Mother Theresa of Calcutta live there, doing very simple and humble tasks with great receptiveness, particularly in regard to the neediest old people At their chapel, within the State hospital, we celebrated a memorable and moving Eucharist. None of those present would have imagined it, but it was a fact: the facility's Director was there, perhaps prompted by curiosity, or perhaps out of respect for the " illustrious " guests, but he was indeed there. We spoke openly of religion, vocations, and preparation of the Health Care Ministry. We also greeted a young priest who is the spiritual director of the Sisters and is charged with the religious service at the facility. We witnessed the sympathy and respect all display towards the women religious

The Director, Dr. Truttachen, in expressing his gratitude for our visit, said, " In 1989 Mother Theresa visited us and asked if she could organize a religious community, and we gave our consent; with the religious care has improved. They have been a big help. "

5. What is the experience of " perestroika " like in Russia, the whole process of change?

Nowadays perestroika is being lived through with enthusiasm and the awareness of coming to the end of a period. It is like experiencing a space flight: after take-off, everyone lives in the suspense resulting from a state of unimaginable and inaccessible risks. Indeed, perestroika is exposed to risks: an unlikely reaction by conservatives, an international crisis caused by the polarization of ethnic groups, an evident and swift economic decline among the people. In any event, the likelihood that perestroika will be checked is increasingly remote because the people—workers and intellectuals—know that they cannot turn back, though it is clear that they are now going through the most delicate phase of transition from the old to the new, and, as always, the night is darkest before the dawn.

6. Do you think the West can trust all these changes taking place in the Soviet Union?

Eight months ago the reunification of Germany was unthinkable; between now and the summer agreements will be carried forward to free Europe from American and Soviet arms and troops. In June Bush and Gorbaciov will sign the agreement to reduce strategic nuclear weapons. In the meantime, in Central Eastern Europe free elections have given power to non-Communist forces. The CPSU, Gorbaciov announces, will no longer have a monopoly on power, as it has for the past seventy years. Within the army reforms are being asked for. . .

The Pentagon's sovietologists forecast that before the year 2000 there will be a new European organization in which the EEC will also include the Eastern and Baltic countries In short, the process seems to be irreversible: the importance of international economic relations has overcome the threat of the armed forces.

GENEVA

Archbishop Fiorenzo Angelini Receives the Sasakawa Health Prize

On May 9, 1990, before 1,200 delegates from 67 Member States of the World Health Organization meeting in Geneva, May 7-18, for the Forty-Third Annual Assembly, the Sasakawa Health Prize was awarded to the Most Rev. Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers. This prestigious award was instituted by the Japanese industrialist Ryoichi Sasakawa so that WHO might honor " one or more persons or institutions that have carried out excellent innovative work in the field of health. " Its being awarded to Archbishop Angelini constitutes a high-level acknowledgement of his merits and the dynamic he instills into the work of the Council he heads, along with official recognition on the part of the world's leading health organism of the role he plays in the Catholic Church in developing health care universally In addressing the Assembly, the Archbishop spoke about " the human and ethical aspects of medicine, " stating that " science and practical medicine are called each day to confront the human person as a whole. Defending, promoting, and recovering health necessarily bring with them considering man as a whole. "

Archbishop Angelini was accompanied at the ceremony by Fr José L. Redrado, O H., Secretary of the Office, Professor Manni and Professor Splendori, Consultors, and a small group of friends of the award winner and of the Pontifical Council.

We congratulate Archbishop Angelini and the staff of the Pontifical Council he presides over

UNITED STATES

Two Dates for a Chronicle

Washington, April 25-26, 1990

Archbishop Fiorenzo Angelini was invited by the National Academy of Sciences in Washington to deliver a lecture at the Symposium on cross-cultural factors and the ethical dimension. Professor Corrado Manni, Consultor to our Office, accompanied Monsignor Angelini.

New York and Waterbury, June 13-20, 1990

Archbishop Angelini and Fr. Redrado engaged in the following activities

New York

* *Attendance at the Fourteenth World Congress of CICIAMS*, June 10-15, devoted to " Health Care and Values in a Changing World " The presence of officers of the Pontifical Council at the closing session, with a Message read by Archbishop Angelini and the celebration of the Eucharist, brought out the importance of the work being performed by this great health army of nurses, especially at this time, when it is necessary to improve the quantity and quality of service. In the next issue of the journal we shall set forth the main points dealt with at the Congress and the changes in the CICIAMS leadership.

* *Visit to Calvary Hospital* On the morning of June 14 we visited this hospital in New York City owned by the Archdiocese It is for terminal cancer patients and has 200 beds It is staffed by thirty Sisters from different Congregations. We were received by the administrators, who accompanied us to several hospital units and certain technical, human, social, and religious installations A whole complex of efforts, struggle for life and its quality but, when the time comes, it is hard for science and care to prolong life. At this hospital, the experience of what we are saying is abundant, as demonstrated by the 630 deaths each year taking place there; if we recall that its capacity is 200 beds, there is a complete turnover three times a year. In this struggle of life against death the need to join technical aspects of medicine with all humanitarianism in serving sick men and all the " spirituality " man requires at this culminating moment of saying farewell to life —that is, facing death—becomes clearer This was one of our reflections while visiting the hospital, and we thus encouraged the religious service group we greeted (priests, sisters, and lay people), and also the social service and volunteer group, to offer inpatient care this " extra bit of soul "; life is not thereby prolonged, but accompanied at its final stage more closely, humanely, and lovingly

Waterbury

On June 16 we traveled from New York to the city of Waterbury to visit the International Christian AIDS Network, a Christian center for AIDS patients

We were accompanied by a young priest, Fr James Graham, the center's coordinator The Archbishop was represented for part of the morning by Auxiliary Bishop Paul S. Loverde.

This new center for AIDS patients is a project initiated recently divided into four units of a " family residence " variety. Each will receive ten patients, and they will share a chapel, a social center, and other activities. We visited all the current installations which had been completed and were informed concerning the final project. One of the units was blessed by Archbishop Angelini and is dedicated to him: his name has been inscribed by the entrance.

The center has a special tie with St. Mary's Hospital to meet all the patients' medical needs. We also visited this clinic, greeting the administrators and medical staff, and inquiring about the new organizational installations

On returning to the AIDS center, Monsignor Angelini devoted some time to newspapermen, informing the media about some aspects of our International Conference at the Vatican and stressing the significance of the center we were visiting: the enthusiasm, the practical sense, the environment of welcome and charity perceptible, particularly in its coordinator, Fr Graham.

The celebration of the Eucharist concluded our day—a Eucharist participated in by patients, volunteers, and friends of the institution.

These visits have prompted abundant reflection. One point is quite obvious: these welcoming gestures, these initiatives must be multiplied. We greatly need them at this time

Before leaving for Rome, we visited Cardinal O'Connor, Archbishop of New York, and concelebrated the Eucharist at St Patrick's Cathedral.

As always, our human contact with patients, health workers, and friends was extensive and enriching On this occasion our very special gratitude goes out to Msgr. James Cassidy, Consultor to our Office, Chancellor of the New York Medical College in Valhalla, and Administrator of the Terence Cardinal Cooke Health Care Center. We were his guests throughout our stay and thank him for his fraternal hospitality

Fr JOSÉ L REDRADO
Secretary

Freedom Recovered

As a continuation of the pastoral work being done in Poland, the President of the Office, Archbishop Fiorenzo Angelini, and the Secretary, Fr. José L. Redrado, made a visit, June 20-25, 1990, invited by the Polish Bishops' Conference, stopping in Warsaw, Breslau, and Siedlce.

Warsaw

They were received at the airport by the Most Rev. Bronislaw Dabrowski, Secretary of the Polish Bishops' Conference, and the Polish Minister of Health, the Hon. Andrzej Kosiniak-Kamisz. During their stay in the Polish capital they were the guests of Monsignor Dabrowski at the residence of the Bishops' Conference, whose Secretary had also prepared the program for the stay in Warsaw.

They visited the new Apostolic Nuncio in Poland, the Most Rev. Josef Kowalczyk, who was also present at the meeting in the Government Palace with the Minister of Health, attended as well by Monsignor Dabrowski, Deputy Health Minister Andrzej Wajtaczak, Minister's Counselor Lidia Retkowska-Mika, and some representatives of the health sector. Conversation centered on specific health problems and on the possibility of holding an international conference on the humanization of medicine in Poland.

On the morning of the following day they met with the Italian Ambassador to Poland, H.E. Mr. Vincenzo Manno, who inquired about their program. Then, at 11 a.m., they were received by Prime Minister Tadeusz Mazowiechi. They were accompanied by Monsignor B. Dabrowski and the Minister of Health. The encounter was cordial and lasted longer than expected. Archbishop Angelini explained to the Prime Minister the reason for the visit, alluding to the objective of holding an international conference in Poland on the humanization of medicine. The Prime Minister showed great interest in health problems, placing special emphasis on those linked to ecology, a subject viewed with concern in Poland.

After the meeting with the Prime Minister, an exchange took place at the Ministry of Health on the projected International Conference. The Minister, the Deputy Minister, the Minister's Counselor, Dr. Constantino Sakellariocs, representing WHO in Europe, and official staff and experts participated. Wide-ranging and detailed dialogue concluded in the following terms: an international conference on the humanization of medicine would be held in Poland, sponsored by the Pontifical Council for Pastoral Assistance to Health Care Workers in agreement with the Secretariat of the Polish Bishops' Conference, with the support of the Ministry of Health and the WHO European Regional Office. Invitations would particularly be sent to the Eastern countries to prompt their active participation. The projected time was February 21-24, 1991. Conference organization would be taken care of by a representative committee. Archbishop Angelini stressed that the initiative sought to embody not just friendship, but also concrete assistance.

On the afternoon of the same day, a state-run hospital was visited which after forty years had recovered its original name: Child Jesus Hospital. Archbishop Angelini blessed some medical equipment previously donated by the Pontifical Council.

The Herb Center run by the St. John of God Brothers was then visited, along with the new hospital for the sightless. Afterwards they stopped at the Cathedral and paused in prayer by the tomb of Cardinal Wyszynski, the former Primate of Poland.

Breslau

Apostolic Nuncio Kowalczyk accompanied them from Warsaw to Breslau. Before leaving the capital, there was a meeting with a group of Catholic physicians interested in the activity of the Pontifical Council and the realization of the conference on the humanization of medicine. Meanwhile, the mass media—press and television—had offered broad coverage of the trip and its goals.

In Breslau they were welcomed by Cardinal Henryk Roman Gulbinowicz, Archbishop of this locality, accompanied by his four Auxiliary Bishops. The ceremony to receive the Apostolic Nuncio for the first time had been prepared with great solemnity.

After a fraternal meeting at the Cardinal's residence, where they were guests, they participated in the blessing of the building of the Pontifical Theological Faculty. After forty years the building had been returned to the Church by the State. The blessing was imparted by Archbishop Angelini. Later, at the Metropolitan Seminary, in the presence of the faculty, the history of this important cultural center and the people who made it famous was recalled in an official ceremony. The Cardinal, the Apostolic Nuncio, and Archbishop Angelini spoke. The latter stressed the importance of solid pastoral formation of candidates for the priesthood. In closing, Monsignor Angelini addressed the Cardinal Archbishop of Breslau, stating, "Your Eminence, send the seminarians to assist the sick at hospitals! Complete pastoral formation cannot, in fact, prescind from the health ministry!"

In the Cathedral there was a solemn Eucharistic celebration, in the course of which Minor Orders were conferred upon forty seminarians by Apostolic Nuncio Kowalczyk. In the church, for the first time since the end of the second world war, there were also two officers from the Military Academy among the authorities. The entire religious ceremony, performed with great solemnity, displayed a constant expression of homage and reverence towards the Pontifical Representative.

The following day, June 23, another solemn rite took place in the Cathedral with the ordination of fifty-three Deacons. It was presided over by Archbishop Angelini, accompanied by Fr. Redrado and Fr. Janak; the Cardinal Archbishop and the Apostolic Nuncio were present. In his homily, Monsignor Angelini reminded the new Deacons of service involving the Word, the Eucharist, and pastoral care, especially of the weak and the ill.

Siedlce

In Siedlce we took part in the blessing of the new diocesan seminary, able to accommodate two hundred seminarians. The rite was presided over by Cardinal Josef Glemp, in the presence of Bishops from the bordering dioceses, seminary professors, seminarians, and a large audience.

In the meeting on Sunday, June 24, with the Cardinal Primate of Poland, there was discussion of the exchanges which had taken place in the course of this visit and of the initiative of holding an international conference on the humanization of medicine.

* * * *

This recent visit to Poland disclosed a more serene atmosphere as a result of the freedom recovered. There are certainly multiple serious and pressing problems, from unemployment to the need for higher salaries and a better standard of living. In the health field pharmacies and proper equipment are needed.

It should be particularly stressed that the State is currently inclined to return to religious institutes facilities taken away from them by the previous regime. The religious institutes find it difficult, however, to accept these offers both because of a lack of personnel and because they involve facilities which would require extraordinary efforts

Poland's current situation no doubt poses a challenge for the Church and religious institutes as well. The recovery of democracy is a value which people must be able to defend and administer This demands a path of preparation, new and courageous choices, and the concrete solidarity of the friends of Poland.

In connection with this latest visit to Poland, all those encountered deserve a special word of thanks Our sincere, heartfelt gratitude goes out to Monsignor Dabrowski, our fraternal guide always generously at our side, and to his close collaborators at the headquarters of the Polish Bishops' Conference, Fr Sawinski and Fr. Sobieraj.

Fr. JOSÉ L. REDRADO

The Catholic Bishops of the Ukrainian Rite and the Pontifical Council

On Saturday, June 30 a meeting took place between the President, of the Pontifical Council and the Catholic Bishops of the Ukrainian Rite present in Rome, invited by Pope John Paul II.

In addition to the President, Archbishop Fiorenzo Angelini, the Secretary and Undersecretary, Fr José L. Redrado and Fr. Felice Ruffini, and Dr. Corrado Manni and Dr Franco Splendori, Consultors, attended the meeting

The Bishops present, accompanying Cardinal Myroslav Ivan Lubachivsky, Major Archbishop of Lviv, included:

Most Rev Volodymyr Sterniuk, Locum-Tenens of Cardinal M.I. Lubachivsky; Most Rev. Phlemon Kurchaba, Auxiliary of Lviv; Most Rev Julian Voronovsky, Auxiliary of Lviv; Most Rev. Mykhilo Sabryha, Auxiliary of Lviv; Most Rev. Sophron (Stefan) Dmyterko, Eparch of Ivano-Frankivsk; Most Rev. Pavlo Vasylyk, Coadjutor of Ivano-Frankivsk; Most Rev Irynej (Ihor) Bilyk, Auxiliary of Ivano-Frankivsk; Most Rev. Ivan Semedi, Eparch of Mukachiv; Most Rev. Ivan Marghitych, Auxiliary of Mukachiv; and Most Rev Josyf Holovach, Auxiliary of Mukachiv

The meeting dealt with basic subjects in the health care ministry as a means to make evangelization credible Cardinal Lubachivsky, the Most Rev. Volodymyr Sterniuk, Monsignor Mario Rizzi, Undersecretary of the Congregation for the Oriental Churches, the Most Rev. Julian Voronovsky, and Archbishop Fiorenzo Angelini spoke during the session.

A significant occurrence in connection with this encounter was the appointment of the Most Rev Julian Voronovsky as Bishop-Delegate for the Health Apostolate of the Ukrainian Rite Catholic Church.

The Bishops were also accompanied by Monsignor Glodz, on the staff of the Congregation for the Oriental Churches, Monsignor Ivan Dacho, and Monsignor Jaroslav Czukhnij, in addition to Monsignor Rizzi

Relations between the Bishops and our Department will be marked by continuity and be guaranteed by a fervent, concrete, and constant willingness to collaborate with an exemplary and heroic Church

The Pontifical Council's Attendance at Several Meetings

1. The Pontifical Council for Justice and Peace

On March 1 an interdepartmental meeting took place in Rome, coordinated by the Pontifical Council for Justice and Peace. The main topic was World Peace Day. After an analysis of the meaning of the message for 1990, different criteria for the 1991 message were studied. Fr. José L. Redrado represented the Health Care Workers' Office.

2. Pontifical Council for Dialogue with Non-Believers

On Thursday, May 10, 1990, at the office of the Pontifical Council for Dialogue with Non-Believers in Rome, an interdepartmental meeting was held on the subject of " Atheism in the West after the Failure of Marxism. " The Pontifical Council for Pastoral Assistance to Health Care Workers was represented by Fr. Jean-Marie Mpendawatu, collaborator with the Office. The talk by Professor Luis Clavel, the keynote speaker at the meeting, centered on the philosophical and social analysis of the failure of the Marxist system and its consequences for the Church. In his talk, the representative of our Office noted that, without a rediscovery of ethics, mankind itself is in danger. He concluded by pointing to our Council's commitment to dialogue with the East in the health field. Though a permanent facet of our work, he stated, events in the East in recent months had spurred it forward considerably. The President's last trip to Russia and his talk at the Academy in Moscow had fostered increased contact and the exchange of experiences.

3. Medicus Mundi International

The annual International Colloquium of Medicus Mundi took place in Geneva, May 12-13, 1990. The subject was " Possible Solutions to Meet Community-Level Health Costs: The Role of Government, Residents, and Nongovernmental Organizations. "

The theoretical reflections and practical experiences of those participating, from twenty-four countries, permitted in-depth examination of an aspect that has not been sufficiently considered, in view of the constant shrinking of health funding: the priorities to be established on the basis of the budget available and the role of local residents in sharing in decisions and health expenses to improve the quality of life and the care of the sick.

As a representative of our Office, Fr. Salvatore Renato, a Camillian, attended the sessions.

4. World Health Assembly

The Forty-Third World Health Assembly (May 7-17, 1990) benefited from a more favorable climate following upon the lessening of ideological and political tensions on a planet-wide scale. On the other hand, the serious economic situation has had negative repercussions in recent years on health development and prompts further effort to utilize available resources more rationally.

The topics dealt with at greatest length were:

a) national and international aspects of health development in the course of the coming decade;

b) the environment's effect on health (toxic residues);

c) the role of research in health;

d) report on the worldwide strategy in the fight against AIDS;

e) the fight against drug abuse.

Camillian Fr. Salvatore Renato attended on behalf of the Pontifical Council.

5. Caritas International

A working group of Caritas International met in Rome to reflect on AIDS, May 23-26, 1990.

Our Office was invited to speak on " What the Pontifical Council Has Done in the Wake of the AIDS Conference at the Vatican. " Fr. José L. Redrado represented the Office and explained to those present what our Conference had signified and how we had undertaken to gather data: documents from the Bishops' Conferences, criteria, values to be stressed and action being carried out.

A Permanent Fund for a Course on the Healt Care Ministry

The Pastoral Institute of the Lateran Pontifical University in Rome has offered students a course on the Healt Care Ministry since it was founded.

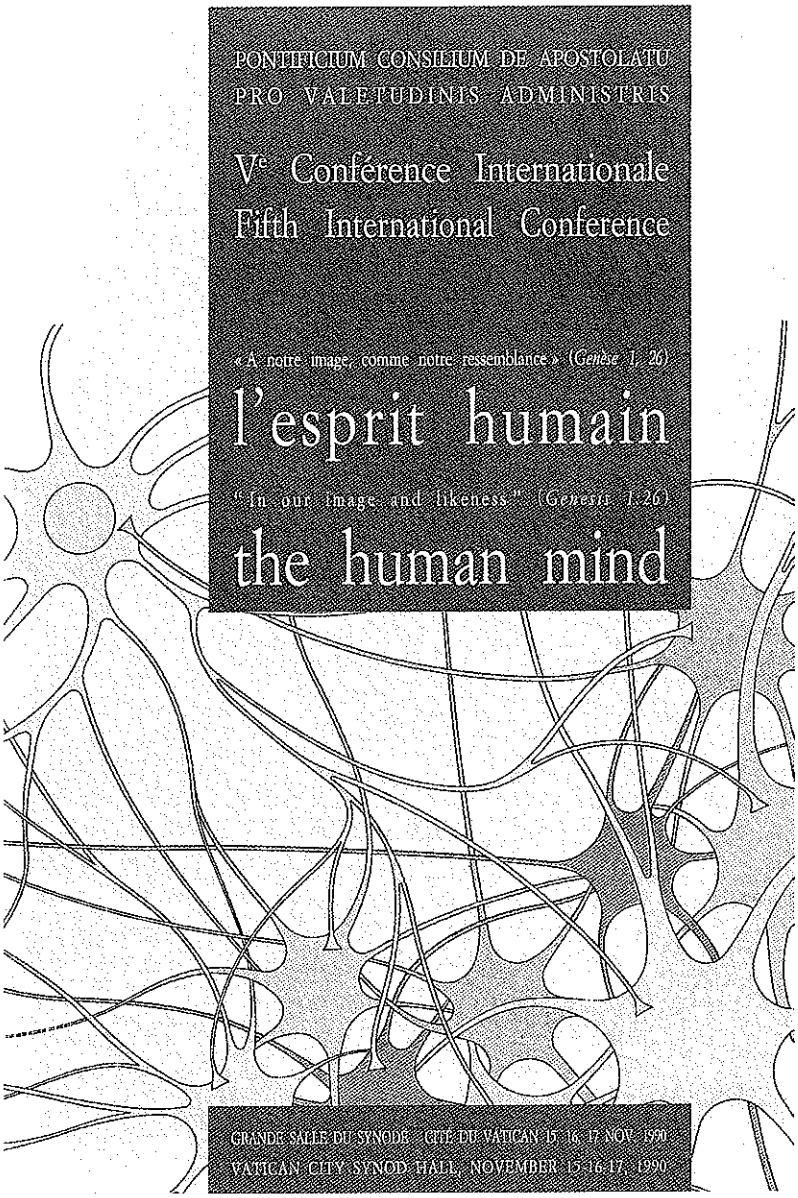
The Institute's Council and students have judged this experience to be quite positive and have expressed the need for this course to be inserted into the program on a stable basis. The Rector of the Pontifical University turned to the Pontifical Council for Pastoral Assistance to Health Care Workers to ask for support for a permanent foundation.

The President of the Pontifical Council, Archbishop Fiorenzo Angelini, replied as follows to the Rector, the Most Rev. Pietro Rossano: " After having heard the opinion of the Secretary and Undersecretary of the Pontifical Council, I feel it is fitting to accept your proposal. We are thus prepared to create a stable course on a permanent basis. "

The course will last for six months and meet two hours a week. The Professor will be desifnated by the Council of the Pastoral Institute after having listened to the opinion of the President of the Pontifical Council for Pastoral Assistance to Healt Care Workers. The University Bulletin will indicate that the course has been founded by the Pontifical Council.

Our thanks go out to the Rector of the University, Monsigor Pietro Rossano, and to the President of the Pastoral Institute, Monsignor Francesco Marinelli, for it is through their sensitivity and insight that this special course has been functioning in Rome for some time.

We express our wish that si,ilar initiatives will arise at other Pontifical Universities Theological Faculties, Advanced Institutes of Religious Culture, and Seminaries



The relevance and timeliness of the topic chosen for the Fifth International Conference organized by the Pontifical Council for Pastoral Assistance to Health Care Workers cannot escape us

Man's knowledge, whatever the discipline may be, involves increasingly well-grounded replies to questions concerning the nature and prerogatives of the human mind
Today we are witnessing a necessary affirmation of the interdisciplinary and complementary character of the different branches of knowledge, which do not proceed along parallel lines condemned never to meet, but converge like light rays towards one point of perspective, the unitary comprehension of the complex reality being studied Reflection on the human mind provides singular evidence in this regard since, as science indeed recognizes, the mind synthesizes and transcends the psychosomatic reality of man who, through the prerogative of thought is an integral human being and unrepeatable personal individuality The achievements of neurobiology, neurochemistry, and psychosomatic medicine and the new era of psychoneuroendocrinology also pose special problems for moral science, which can never prescind from thoroughgoing promotion and defense of life and its dignity, which, in the human mind, display the seal of the image and likeness of God

The Fifth International Conference seeks to respond to a felt need at this point of bold research in the field of the neurosciences, whose horizons open out towards affirming a civilization increasingly consistent with the greatness and nobility of the human person

✠ Fiorenzo Angelini
President

FRIDAY 16 NOVEMBER 1990

9:00 a m

Moderator: Professor CARLA GIULIANA BOLIS
Professor of Comparative Biology at the University of Milan Italy

The Wonders of Awakening to Life

Professor OLIVER W SACKS
Clinical Professor of Neurology at Albert Einstein College of Medicine, New York USA

9:20

Virus-Nerve Cell Interaction and Illness

Professor ADOLFO TURANO
Director of the Microbiology Institute at the University of Brescia Italy

9:40

The Illness of the Soul: Mood Disorders and Their Biological Aspects

Professor FREDERICK K GOODWIN
Administrator, Alcohol, Drug Abuse and Mental Health Administration, Washington, D C , USA

10:00

Reducing the Demand for Drugs

Professor HERBERT KLEBER
Deputy Director for Demand Reduction, Office of National Drug Control Policy Washington D C USA

10:20

The Roots of Violence

Professor RENZO CANESTRARI
Director of the Psychology Institute at the University of Bologna, Italy

10:40

Intermission

11:00

Risk Factors and Evolutionary Factors: Premises for Prevention

Professor CARLO LORENZO CAZZULLO
Director of the Institute for Clinical Psychiatry at the University of Milan Italy

11:20

Psychoanalysis and Psychotherapy

Fr IGNACIO CARRASCO DE PAULA
Rector of the Athenaeum of the Holy Cross Rome, Italy

11:40

Prospects for Psychopharmacology as a Means of Restoring the Mind

Professor BRUNO SILVESTRINI
Professor of Pharmacology and Pharmacognosy at La Sapienza University, Rome

12:00

Pharmacological and Psychosocial Recovery from Schizophrenia

Professor HERBERT Y MELTZER
Director of the Biological Psychiatry Laboratory at Case Western Reserve University, Cleveland USA

12:20

The Human Mind and the Future of Resuscitation

Professor CORRADO MANNI
Director of the Institute of Anesthesia and Resuscitation at the Catholic University of the Sacred Heart Rome

3:00 p m

Moderator: Professor GOTTFRIED ROTH
Professor of Medical Ethics at Alma Mater Rudolphina University Vienna Austria

The Contribution of Faith to Mental Health

Fr GUSTAVE MARTELET S J
Professor of Dogmatic Theology at the Theological Faculty of the Company of Jesus Paris France

3:20

Human Mind, Individuality, and Freedom

Professor FERNANDO ANGULO
Director of the Psychiatric Service at the St John of God Hospital, Barcelona, Spain

3:40

Current Problems Concerning the Brain

Professor OLEG V ADRIANOV
Member of the Academy of Sciences of Moscow, USSR

4:00

The Survivors' Syndrome

Dr ZDZISLAW RYN
Associate Professor of Psychiatry at the Medical Academy of Cracow Poland

4:20

The Development of the Doctrine on Man in the Old Testament

Fr NICOLA LOSS
Professor of Holy Scripture at the Salesian Pontifical University Rome

4:40

Intermission

5:00

Religious Experience and the Human Mind

Professor JORDI FONT
Technical Director of the Vidal y Barraquer Foundation Barcelona Spain

5:20

Culture as a Creative Project and Biological Emergency

Fr EDOUARD BONÉ S J
Professor Emeritus of Anthropology and Paleontology at the Catholic University of Louvain Belgium

5:40

The Human Mind's Capacity to Discern Good and Evil

Fr BONIFACIO HONINGS, O C D
Professor of Moral Theology at the Lateran Pontifical University Rome

6:00

The Secrets of the Memory

Professor MORTIMER MISHKIN
Director of the Neuropsychology Institute at the National Institute of Health Bethesda, USA

SATURDAY 17 NOVEMBER 1990

9:00 a m

Round Table

Cultures and Mental Illnesses

Moderator: Br. AIRES GAMEIRO O H
Professor of Clinical Psychology at the Catholic University of Lisbon, Portugal

Professor PIERRE NDIAYE
Director of the Neurology Service at the Fann Hospital of Dakar, Senegal

Professor SHEN YU-CUN
Director of the Institute of Health at the Peking Medical University, People's Republic of China

Professor FRANCISCO ESCOBEDO
Professor at the National Institute of Neurology and Neurosurgery of the City of Mexico

Rev HENRY BABEL
Pastor of the Calvinist Cathedral of St Peter in Geneva, Switzerland

10:30

Intermission

11:00

Round Table

Problems in Care: Human, Organizational, Ethical, Juridical, and Pastoral Aspects in Psychiatry

Moderator: Professor ELIO GUZZANTI
Scientific Director of the Child Jesus Hospital Rome

Juridical Aspects

Professor NICOLA OCCHIOCUPO
Rector of the University of Parma, Professor of Constitutional Law at the School of Jurisprudence Italy

Living with a Psychiatric Patient in the Family

Dr ANNA ROSA ANDRETTA
Founder and President of the Association for the Defense of Seriously Ill Psychiatric Patients Italy

Organizational Aspects

Br RAMON FERRERO, O H
Psychiatrist Director of the Catholic Hospital of St John of God in Thiés Senegal

Drugs and Alcohol

Msgr JAMES CASSIDY, Ph D
Chancellor of the New York Medical College USA

Professional Training to Work in Psychiatry

Br PIERLUIGI MARCHESI O H.
Director of Our Lady of Consolation Psychiatric Institute. Turin, Italy

Human Aspects

Sr TERESA LOPEZ
Psychiatrist Superior General of the Hospital Sisters of the Sacred Heart of Jesus Spain

Ethical-Pastoral Aspects

Fr DOMENICO CASERA M I
Professor of the Pastoral Theology of Health Care at the Camillianum International Institute Rome

3:00 p m

Moderator: Professor ALESSANDRO BERETTA ANGUISSOLA
President of the Italian Superior Council of Health

The Neurobiology of Language. The Basis of Human Communication

Professor GUY McKHANN
Professor of Neurology at the Johns Hopkins Hospital, Baltimore USA

3:20

The Influence of Ionizing Radiations on Psychic and Neurological Activity

Professor ANATOLY EFIMOVIC ROMANENKO
Director of the Center for Radiation Medicine at the Academy of Medical Sciences, USSR

3:40

The Scientist and the Mind

Professor CARLO RUBBIA
Member of the Pontifical Academy of Sciences Nobel Prize Winner for Physics Director General of CERN Geneva Switzerland

4:00

Children and Intelligence

JAMES P GRANT
Executive Director of UNICEF New York USA

4:20

The Difficulties of the Mentally Retarded

Professor FEDERICO MAYOR ZARAGOZA
Director General of UNESCO, Paris France

4:40

Epidemiology of Mental Disturbance Around the World

Dr HIROSHI NAKAJIMA
Director General of the World Health Organization Geneva, Switzerland

5:00

Decade of the Brain

LOUIS W SULLIVAN M D
Secretary of Health and Human Resources USA

5:20

Intelligence and Transcendence

ANDRÉ FROSSARD
Member of the French Academy

THURSDAY 15 NOVEMBER 1990

P R E S I D E N C Y

Archbishop FIORENZO ANGELINI
President of the Pontifical Council for Pastoral Assistance to Health Care Workers

Professor GIOVANNI BATTISTA MARINI BETTOLO
President of the Pontifical Academy of Sciences

9:00

COMMENCEMENT OF CONFERENCE

9:15

O P E N I N G A D D R E S S

JOSEPH Cardinal RATZINGER
Prefect of the Congregation for the Doctrine of the Faith

9:40

Brain, Mind, and the Center of Human Concern

Professor GERALD M EDELMAN
Nobel Prize Winner in Medicine. Professor of Neurobiology at Rockefeller University, New York USA

10:00

The Mind-Brain Interface

Professor FLOYD BLOOM
Director, Division of Preclinical Neuroscience and Endocrinology, Scripps Clinic and Research Foundation La Jolla USA

10:20

Brain Development and Molecular Genetics

Professor JAMSHED TATA
Director of the Evolutionary Biology Laboratory at the National Institute for Medical Research London

10:40

The Biological Bases of Thought: The Language of Neurotransmitters

Professor PIERRE MAGISTRETTI
Director of the Physiology Institute at the University of Lausanne Switzerland

11:00

Intermission

11:20

Structural Diversity of GABA Receptors in Human Emotion Regulation

Professor ERMINIO COSTA
Director of the Institute for Neurosciences at Georgetown Medical School Washington DC USA

11:40

Diagnosis by Images: Looking at the Brain at Work

Professor MARCUS E. RAICHLE
Director of the Radiological Sciences Division at the Washington University Medical School USA

12:00

The Functional Plasticity of the Central Nervous System

Professor MICHAEL GAZZANIGA
Director of the Psychiatry Department at Dartmouth Medical School, USA

12:20

Sleep: The Mind's Other Dimension

Professor MICHEL JOUVET
Professor of Experimental Medicine and Director of the CNRS-INSERM Molecular Oneirology Unit at the University of Lyon France

3:00 p m

Moderator: Professor WOLF D HEISS
Director of the Max Planck Institute for Neurological Research Cologne Germany

The Ethical Aspects of the New Biomedical Technologies

Professor JEROME LEJEUNE
Member of the Pontifical Academy of Sciences, Professor of Fundamental Genetics at the University of Paris France

3:20

Artificial Intelligence and Contemplative Intelligence

Professor PIETRO PRINI
Professor of the History of Philosophy at La Sapienza University, Rome

3:40

The Mental Development of a New Human Being

Professor ADRIANO OSSICINI
Professor of General Psychology at La Sapienza University, Rome

4:00

The Role of the Family in the Development of the Personality

Professor WANDA POLTAWSKA
Director of the Institute for the Theology of the Family at the Pontifical Theological Academy of Cracow, Poland

4:20

The Life of the Mind

Professor CARLETON GAJDUSEK
Nobel Prize Winner in Medicine Director of the Laboratory for Studies of the Central Nervous System at the National Institute of Health Bethesda USA

4:40

Brain, Behavior, and Aging

Professor MARAT VATANIAN
Chairman, Commission of Psychotropics and Narcotics, Pharmacological Committee Ministry of Health USSR

5:00

Intermission

5:20

From the Bible to Psychosomatic Medicine

Fr JUAN BAUTISTA TORELLÓ
Rector of the Church of St Peter in Vienna, Austria

5:40

The Spirit and the Body

Professor JEAN-DIDIER VINCENT
Professor of Physiology at the Faculty of Medicine University of Bordeaux, France

6:00

Psychosomatic Medicine 2000: Present State and Prospects

Professor FERRUCCIO ANTONELLI
President of the Italian Society for Psychosomatic Medicine Italy

6:20

Brain Mechanisms of Emotional Stress

Professor KONSTANTIN V SUDAKOV
Member of the Academy of Medical Sciences of Moscow USSR