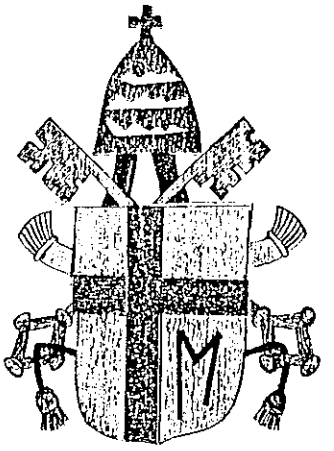


DOLENTIUM HOMINUM

No 18 – Sixth Year (No. 3) 1991

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

Editorial and Business Offices
Vatican City
Telephone: 698-3138, 698-4720, 698-4799
Telefax: 698-3139
Telex: 2031 SANITPC VA

Cover
Glass window by Fr Costantino Ruggeri

Published three times a year

Subscription rate: one year Lire 60,000
(abroad $ 60 or the corresponding amount
in local currency, postage included)

One copy Lire 20,000
(abroad $ 60 or the corresponding amount
in local currency postage included)

Printed by
Vatican Press

Sped. in abb. post. gr. IV/70%
III Quadrimestre 1991

contents

Excerpts from the Christmas Messages of His Holiness John Paul II

"Only the love that becomes a gift can transform the face of our planet, turning minds and hearts to thoughts of brotherhood and peace" (1986).

*

"In the mystery of Christmas the History of man—of each and every one—is called to overcome the limit which may internally block the way towards the salvation of God. Man may ignore this call. He may even not accept it. But 'salvation' cannot come to man except from God. And it has come! This very night" (1988).

*

"Come to the cradle of the defenseless Child who is the power of God. He is born for us. Come.... and you will see.... and be welcomed, for today the goodness of God and his love for men have been manifested" (1989).

*

"The shadows, though seeming to thicken on the horizon, are unable to obfuscate the light of Christ. Christ walks with men; He walks and lives with us. He is in our midst, alive and glorious in his triumph of mercy" (1990).

Gloria in excelsis Deo
et in terra pax hominibus bonae voluntatis

The Health Care Ministry and Promoting Vocations

Fiorenzo Cardinal Angelini

Since the Pontifical Council for Pastoral Assistance to Health Care Workers was instituted, the need to promote priestly and religious vocations specifically committed to the world of suffering and health care was observed to be one of the priority tasks of the Department. The first Plenary Assembly, held at the Vatican in February 1990, corroborated that need and placed it among the objectives to be pursued in the immediate future.

The underlying reason is threefold. In the first place, we observe a paradoxical fact: though nearly all men's and women's religious institutes provide for attention to and care of the sick in their apostolate, there are vast areas of the world with a predominantly Catholic population where priests and religious prepared to assist the sick spiritually and pastorally are lacking. In some Latin American countries—but not in this area alone—80% of the patient population dies without religious assistance. The data provided by the bishops responsible for the health care ministry within the Bishops' Conferences are a cause for concern.

In the second place, the enduring crisis in priestly and religious vocations, while aggravating the above-mentioned phenomenon, on the one hand, coincides with insufficient training of those responsible for the health care ministry, on the other.

Finally, our Office is firmly convinced —sustained in this by the approval and growing support of the bishops and men's and women's religious superiors—that pastoral care in health, as both an integral part of priestly and religious training and a concrete experience of ministry and *diakonia* in relation to suffering, constitutes a privileged field for stimulating and promoting vocations precisely because serving those who are suffering daily reveals itself to be a particularly effective course for the new evangelization and the re-evangelization which the Holy Father, John Paul II, points to as the urgent mission of the Church in our time.

Just after the Plenary Assembly in February 1990, the Pontifical Council for Pastoral Assistance to Health Care Workers wished to receive suggestions and proposals directly from the men's and women's religious institutes working in the world of health policy and care as well as from those interested in or devoted to pastoral activity for vocations and priestly and religious formation. At the same time new indications have come from the Bishops' Conferences, not a few of which have begun to insert expressly in their documents orienting the local churches a reminder of the importance of the health care ministry for pastoral work in vocations itself.

This material, along with other elements emerging from the Pontifical Council's contacts and collaboration with other Departments of the Roman Curia, was discussed in the course of the special meeting held in Rome on March 13, 1991, exclusively devoted to our Office's commitment to promoting priestly and religious vocations.

In the meantime, in addition to the support offered to the fledgling Camillianum Theological Institute, established in Rome in 1987 to grant academic degrees in theology in the specialization of pastoral care in health and the acquisition of permanent funding—thanks to our Council's contribution—for the Course on the Health Care Ministry included in the program of the Pastoral Institute at the Lateran Pontifical University—we have sought to give a clear vocational slant to the three educational aids which the Pontifical Council has published in several languages on the occasion of the Synods of Bishops of 1987 and 1990. In particular, the text on "Priestly Formation and Pastoral Care in Health" (1990) deals directly with promoting vocations. An audiovisual aid is also being prepared which aims to make more people at all levels of the Church community aware of the health care ministry, not to mention the space devoted to this problem by our journal *Dolentium Hominum. Church and Health in the World*.

All of these elements frame a strategy and concrete initiatives which must be worked out, especially to overcome a rather widespread error—i.e., that pastoral care in health can be taken for granted within pastoral work as a whole and thus requires no specific attention. That it is something belonging by nature and almost self-evidently to pastoral care as a whole is true, but this does not mean that exercising it does not involve preparation attentive to the complexity of situations and, above all, to the many new ethical and moral problems posed by medicine and care of the sick. And not just that, but precisely because the health care ministry approaches human beings in what unites them most, it remains particularly fertile ground for stimulating and promoting vocations.

The Holy Father's letter to priests written for Holy Thursday of this year deals with a problem which was already noted quite clearly by Pius XII in the Encyclical *Fidei Donum* (April 21, 1957): the need, especially on account of the crisis in priestly and religious vocations, for exchanges and mutual aid among dioceses which have greater and lesser reserves of priests and religious as well.

Mankind's beginning to form what is today called the "global village" gives special current interest to an indication by Vatican II which has been rather widely forgotten; in the Decree *Apostolicam Actuositatem,* 10, it stresses the need for interchurch cooperation not to be limited to the confines of the parish and the diocese, but to "extend into the interparochial, interdiocesan, national, or international domain," since the growing shifts of population, the development of mutual relations, and the facility of communications no longer permit any part of society to remain closed in itself.

As regards pastoral care in health, the growing socialization of medicine, the breadth of medical and hospital facilities, and the development of preventive medicine make it increasingly difficult—as does the vocation crisis as well—for individual religious institutes and the diocesan clergy, too, to deal exclusively with the pastoral care of certain hospital and nursing facilities or particular milieus. To carry out these tasks the creation of new hospital institutes or those mainly devoted to the health care apostolate does not suffice, nor could it be the object of any planning. It is, however, becoming increasingly urgent to favor two sectors: interdiocesan and intercongregational collaboration and a simultaneous stimulation and promotion of vocations to be carried out in the framework of that collaboration.

Some attempts made in this regard have provided extraordinary results, though they have encountered organizational difficulties which are not easy to overcome.

It has been a matter of isolated instances, however, for there still persists a corporatist mentality in pastoral work for vocations, inasmuch as each institute tends to be concerned only about its own vocations.

The willingness of hospital religious institutes to associate religious from other institutes with the formation of their own members to prepare them for pastoral care in health represents a valid contribution, but it cannot be sufficient, if only because not all men's and women's religious institutes mainly devoted to the health care ministry are present everywhere with institutions suitable for this common formation. Moreover, the subject concerns not only religious, but the clergy, permanent deacons, secular institutes, and consecrated lay people as well. It should not be forgotten, for example, that permanent deacons, in less than two decades, have risen from under a thousand to over fifteen thousand around the world; the secular institutes under Pontifical law now number more than 150, and it is astonishing that statistics on consecrated people generally continue to overlook this phenomenon, which Pius XII —with the Apostolic Constitution *Provida Mater Ecclesia* (February 2, 1947) and the Motu Proprio *Primo Feliciter* (March 12, 1948)—hailed as a providential sign of our time and as a fruitful field for new consecrated vocations, both clerical and lay (cf. CIC, cc. 710, 711).

According to the Motu Proprio instituting it, the Pontifical Council for Pastoral Assistance to Health Care Workers was created to be an "organism coordinating all the Catholic institutions, religious and lay, engaged in the pastoral care of the sick" (Motu Proprio *Dolentium Hominum,* February 11, 1985, no. 6). There is express mention of the "pastoral care of the sick" and, therefore, of an apostolate which, not exclusively, but certainly in an essential and preeminent manner, priests, religious, and consecrated lay people, above all, are called to conduct. Action to coordinate existing forces is obviously unthinkable where there is a lack of simultaneous action to promote vocations so that the addition of new generations to former ones—which are insufficient in number and threaten to undergo further diminishment—will be fostered.

I would at once like to add mention of the special current relevance of the health care ministry to vocational work. In the face of the recognized value crisis afflicting the young in particular, the prospect of such an

authentically evangelical and humanly ideal apostolate as is attention to those who suffer holds a definite attraction. Experience has already shown us how many priestly and religious vocations have found consolidation of the vocational decision and a valuable verification of it in carrying out the health care apostolate.

It is my firm conviction that a suitable instrument for promoting vocations to pastoral care in health would be the creation of a *form of association* (League, Alliance, Union) *uniting priests of any diocese, men and women religious of all institutes, and clerical and lay members of secular institutes who are engaged, in either a stable or temporary manner, in either the territory in which they live or elsewhere, in the health care ministry on a full- or part-time basis.*

Such a form of association, when regulated by a special Statute, would link up with the Pontifical Council for Pastoral Assistance to Health Care Workers, which, in agreement with the Bishops' Conferences, dioceses, and major superiors of the religious and secular institutes, would take on the following tasks: to ensure essential training in the health care ministry for association members; to indicate the areas, places, and needs requiring action by the personnel available; to collect all possible information concerning the most pressing human, social, medical, religious, and pastoral problems from members engaged in the health apostolate; to take care of the pastoral updating of members, by means of job rotation as well; to offer personnel suitable instruments for vocational work; to provide concrete aids to help new vocations to priestly and consecrated life get started, with full respect for their aspirations.

The future development of this form of association would be followed up locally by the Bishop Delegates for the Health Care Ministry within the Bishops' Conferences, in full communion of purpose and decision with the diocesan Bishops and the superiors of institutes of consecrated life.

The above-mentioned initiative, in addition to gathering together all possible initiatives for vocational work proceeding from the Pontifical Council, could mark the dawn of a new day for the health apostolate, which the Church regards as an "integral part of her mission" and which in our time remains a factor contributing to unity, peace, and cooperation among peoples, for safeguarding and recovering health, as well as assistance to those suffering and turning their condition to the best possible account, are aspects linked to basic human rights.

Bioethics in the Christian Perspective

1. The Questions in Bioethics Posed for the Church

The great progress in human biology and medical technologies, while opening up enormous possibilities for good, at the same time poses new and disturbing questions, in the face of which the biologist and the physician do not want to be left alone to decide and thus seek enlightenment and comfort in society from those felt to be more competent in regard to what is human.

How much legitimate space can be accorded the physician's artificial intervention in the sphere of procreation in order to remedy a couple's sterility? What are the ethical limits to intervention in human genetics seeking not only "radical" therapy for certain illnesses, but also having the chance to improve or, in any case, modify certain specific or individual characteristics? What are the criteria on the basis of which we can judge the application of special treatments to patients in particularly critical or terminal conditions? What response can be provided for the pain of people in these extreme conditions? How should we behave towards the possibility of diagnosing, even before birth, anomalies for which we are not yet in a position to offer therapeutic solutions? What criteria should be used in organ and tissue transplants, especially as regards respect for the donor?

The immediate concern of researchers, physicians, and health workers is to have precise ethical answers on what may or may not be done. Their admirable effort to make medical science progress at the service of man, their dedication, often totally unselfish, and their deep human sensitivity cannot be called in question by the abuses which some—under the pretext of medical progress or responding to dramatic, pained requests—commit against the very nature of medicine and against the respect due man's dignity. The request for ethical suggestions and the willingness to receive counseling themselves testify to the nobility and generosity with which most doctors live out their mission.

In the crisis of ethical orientations, the Church appears as the representative of a great moral tradition, capable of shedding light on values, but also of suggesting models for reasoning on difficult questions and finding adequate, articulated solutions to hard cases.

What does the Church offer, then, as a specific contribution which the Catholic faith can make to solving some of the most burning questions in bioethics, which emerge, above all, in the context of the current practice of medicine?

2. To the Roots of a Difficulty in Comprehension

The answers proposed by Catholic moral teaching, however, frequently meet with difficulty in being understood—they sometimes seem to be inhumanly harsh. The situation thus presents itself as paradoxical. What is asked of the Catholic moralist or of the Church Magisterium itself as regards bioethics is precisely, moreover, what they are reproached for providing in all other spheres of human activity and also, paradoxically, what they are reproached for providing in the field of bioethics—definite rules, limits which could never be overstepped, rigorous prescriptions.

Why this difficulty in comprehension, just when there is great demand for enlightenment? The Church in fact speaks from a global perspective on life's meaning, and it is therefore not possible to thoroughly understand the particular responses she gives unless one is prepared to enter into the logic of that perspective.

Christian morality is reproached for taking away man's responsibility by prescribing absolute norms for behavior. But this very reproach directed at Christian morality depends on the fact that from the outset there has been a refusal to take responsibility for the ultimate questions she poses and really

listen to the radical answers starting from which she indicates all the other specific ones. It is precisely and mainly in terms of the ultimate questions that she invites man to assume his full responsibility. In other words, when disconnected from the global perspective of faith and their moorings in a coherent image of man, the specific ethical replies of Catholic teaching can only become incomprehensible and be misunderstood.

We must thus grasp the intimate nexus joining applied *ethics* (understood to be the search for particular responses to specific moral cases) to *morality* (as knowledge on human action in relation to the ultimate meaning of freedom) and *Christian faith,* which takes in that very light which Revelation projects upon man, his supernatural vocation, and his responsibility

3. "Limit Experiences" and the Temptation to Forget

The questions bioethics deals with refer to "limit experiences," not only in the sense that they concern the extremities of man's life —its beginning and its end—but also, and above all, in the sense that they always involve a man (the research scientist or the physician) placed before another man whose personality, whose "being a person," whose capacity for development appear not to be realized or to be wavering. In these limit situations the researcher or physician is faced with a human being who has not yet expressed the potentialities of his personal being or who, instead of tending to realize himself as a person, threatens to fall back into the simple state of a living being, a living organism, manipulable biological material.

Bioethics may also be said to always involve a man (scientist or physician) faced with another man whom he is *tempted* to not consider and not treat as a person, for reasons of utility which may even be noble, such as the welfare of other people. It is precisely here that the decisive moral question is posed—and it is for this question that the Christian faith offers its irreplaceable light.

The great scientific progress achieved in the domain of biology has been made possible by a methodological choice characterizing "modern science" as such since its origins: to take into consideration only measurable quantities in reality, arrived at through experiment, and seek to establish models of relation among them resembling mathematical laws.

This methodology, in itself perfectly legitimate, is effected by reducing the other, in his physicality, to an object of my observation —indeed, to an object, somehow constructed by methodological reduction, considered in only some aspects of its reality.

A further element to be recalled is the connection of this type of scientific knowledge with practical applications to solve specific problems. The great effectiveness of technology, achieved on the basis of modern science, constitutes its leading accreditation in the eyes of contemporary man. But it is precisely the emergence of disturbing questions on the possibility that biological discoveries will be transformed into terrible threats to humanity and new occasions for dominion over man which makes him aware of the need to situate the scientific knowledge of biology within more comprehensive knowledge about man which will regulate its use for his real benefit.

Dualism between technical reason capable of increasingly broad dominion and astonishing successes and a body reduced to the object of such activity intrinsically involves the temptation to forget. Man, who has gotten a technical grip on the beginning and end of his life, on the very structures constituting his physical organism, might be led to forget the mystery of being. The metaphysical experiences of birth and death, of pain and one's own limits, which refer us to the ultimate question of life's meaning, are thus easily censured and redirected from the realm of being to that of acting. Perhaps it is precisely to flee from these anguishing questions that man seeks to guarantee himself complete mastery over those key moments in life, har-

boring the illusion that he possesses himself through absolute freedom—he might achieve the ancient dream of making himself, not leaving anything to uncertainty, chance, or mystery.

In this perspective moral norms can appear only to be incomprehensible limitations dictated by irrational fear in the face of the marvelous possibilities which human reason creates for freedom.

But in reality the forgetfulness of being and of one's original experiences through technical activity reveals itself to be an illusion which may lead to destruction. In reality, life is not solely and above all the phenomenon the biological sciences successfully investigate—it is, first and foremost, an experience of the person, charged with exigency and promise. Without such dimensions of responsibility, recognized and accepted under their dramatic aspect, freedom is frustrated and the human subject disappears. And, accordingly, the benefits which technology ought to guarantee him prove senseless and vain. The moral question in this way regains its preeminent, decisive character from within biomedical practice itself.

12

4. Faith and the Question of Ultimate Meaning

The radical question posed by the emergence of bioethical inquiries cannot, then, be avoided under pain of losing the possibility of comprehending the very replies of ethics as well. And such an inquiry is the one regarding the meaning of life itself, of the ultimate end, therefore, which reveals itself in the light of faith.

Through faith man discovers the limitless value of his personal being: God wishes to enter into communion with him; and he discovers, at the same time, the supernatural end for which he has been created, the only ultimate end for which he exists—to be united to God. The moral life can only be the *dynamism* by which man, in aspiring to this union, makes himself increasingly available for it.

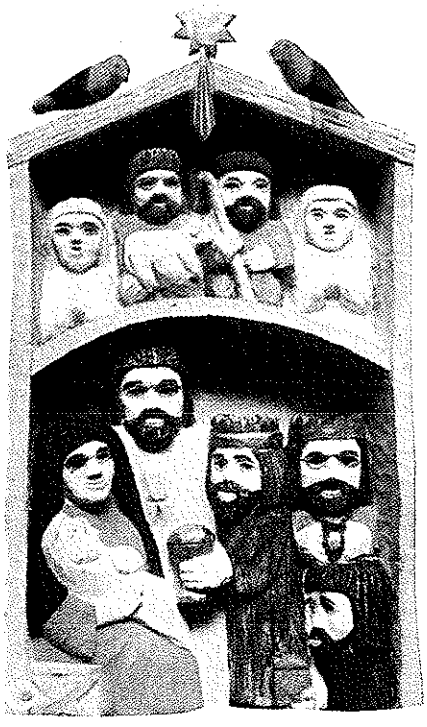
All the secondary ends of man, including that which presents itself to him as connatural in the light of reason alone—to live happily on the earth—must thus be conceived of in the dynamism of this ultimate end, to which they are ordered. Christian revelation encompasses man's natural desire for happiness. St. Augustine confirms it at the beginning of his first systematic treatise on Christian morality, *De Moribus Ecclesiae Catholicae*: "What, then, will our starting point be...? Let us search through reason for the way man ought to live. Certainly, all of us want to live happily, and in the whole human race there is no one who does not fully agree with this affirmation even before it has been fully stated." Now, in revealing to man the ultimate end of his vocation to communion with God, faith at the same time teaches man that happiness is, in essence, something which is received and not something which is conquered. It shows him that we can never be happy alone, in the sense that the only thing an individual can do to be happy is to create the conditions for the happiness of others—i.e., to give himself to them unselfishly. As the Second Vatican Council affirms and the Holy Father loves to repeat, "Man is the only creature on earth that God has wanted for himself; he can find himself fully only through an unselfish self-giving" (*GS*, 24; *RH*, 13; *MD*, 7).

Happiness, even on earth, consists of a mutual, gratuitous gift which demands that each one seek not his own good, but the other person's good and that he seek it for the other person himself, treating the other according to his full dignity as a free person.

The realization of man's secondary ends and of his natural end as well belongs to reason. And yet the natural end is situated within the supernatural end. The natural end is to be happy, and that is not possible except by taking part in a common humanity, in a united human community—a community which is *communion*. And even God wishes to join to Himself not just each man individually, but all mankind in a fraternal communion. If man's natural end is union with other men in full reciprocity, this natural end is, as it were, attracted within the dynamic of the supernatural end.

To carry out its task validly in the field of morals, reason must let itself be enlightened by faith, which knows something more. Faith in fact knows the context in which the limited sector, in itself accessible as well to the rational faculty alone, is included. And since everything takes on meaning in terms of its context, this knowledge of faith is decisive.

Christian moral norms, which appear inhuman when they are separated from their context, in reality express the conditions for man's happiness, the conditions for the realization of his natural end, understood in the light of his ultimate end. They can only remain incomprehended and be rejected by whoever does not enter into the dynamism of the ultimate supernatural end and thus readily ends up erring about his natural and immediate ends as well. They remain incomprehensible for whoever does not sincerely take on responsibility for others and hence



does not agree to enter into the logic of the gratuitous gift of himself, with a view towards the authentic good of the other person, the gift of himself so that the other may live.

But, from another standpoint, this self-giving is possible only on the condition that we discover firsthand that we have been the object of a radical, absolutely primary gift in terms of any response by ourselves. At bottom, I cannot give myself to another person if I fail to discover that God has been the first to give Himself to me. I can thoroughly take upon myself the risk of the other, the risk of accepting him just as he is, with his limitless value, but also with his defects and the unease he may possibly cause me, I can accept the risk of giving myself gratuitously to him only if I discover that God has been the first to take on the risk of my personhood God is the ultimate guarantee for the gift of myself, the ultimate guarantee making gratuitousness possible Gratuitousness is in fact not possible except through confidence in God

The mystery of redemption and forgiveness thus takes its place as the keystone of Christian morality.

In this light even suffering and death are no longer an incomprehensible enigma. They remain a trial for whoever experiences them firsthand, for whoever loves, and for the physician sharing in them, inasmuch as they reveal man's weakness and urgently and dramatically confront him with the question as to what makes living and dying worthwhile. They are an appeal for human company capable of understanding and accepting the depth of the question—within every question about health and healing a more radical question is always contained as well which at bottom concerns salvation—i.e., a question concerning one's ultimate destiny. When this question is accepted and meets with the light of faith, then suffering and death can be taken on and even transformed into occasions for the gift of oneself. The temptation to reject them, censure them, and, finally, the supreme temptation to remove, along with the disturbingly posed question, the subject asking it as well, can thus be overcome. Christian ethics' opposition to euthanasia finds its deepest justification in the light shed on all life by the mystery of the cross and resurrection of the Lord—there is no longer anything useless, not even suffering.

5. The Complete Dimensions of Christian Morality

If morality appears as the reflective grasping of a dynamism and a vital option, ethics

can be defined as the statement of principles deriving from this dynamism and this option.

Morality cannot be constructed on the basis of ethics—i e., on the basis of the search for particular solutions—without being confronted with the basic choice sustaining and motivating all of them. Mere conventionality stipulating agreements on certain ethical questions is not capable of truly guaranteeing a global moral attitude of respect for man. In the extreme, it may be transformed into hypocrisy. From this standpoint Christian morality is the opposite of legalism—for legalism moral norms are only isolated expressions of the will of a legislator who has promulgated them; for the Christian, on the other hand, it is a question of truths on the good of the person which are rooted in being and grounded in God's creative wisdom and redeeming grace

Nor can it be said that Christian morality is constituted by a list of beautiful principles deduced from an elevated anthropology, almost as if it were a matter of applying abstract knowledge mechanically to the diversified, dramatic situations in existence. Morality instead arises from knowledge of the value of the person, as is displayed by God's attitude towards man, by his limitless donation in Jesus Christ. It takes in all that God has done and does for each man; at the same time it derives man's value and the proper way to relate to him therefrom.

6. The Basic Rule of Bioethics

Bioethics, when taken up in the Christian perspective, strives to keep its fundamental gaze fixed upon man and open to his complete truth. As already pointed out, in the face of the temptation to conceive itself simply as a technical relation to living beings, bioethics may be said to be called always to save the truth of the relationship of a person (scientist, physician) to another person who is in a condition of fragility, a person asking to be helped to realize himself in his personal potential

At bottom, the basic rule of bioethics is not different from that "golden rule" always glimpsed by the wisdom of peoples and promulgated, in its definitive, positive formulation, by Jesus in person: "Do to men everything you want men to do to you" (*Mt* 7:12). A rule which Kant translated as follows: always act in such a way as to treat humanity in yourself and in others as an end and never merely as a means.

The basic rule of bioethics is the basic rule of any ethics—it always treats man as an end. But this takes us back to the considerations we developed previously: to take someone as an end always means somehow to *give oneself* to him unselfishly. To a certain extent it is possible to understand this, even in the framework of a morality constructed simply in the light of reason. Indeed, if we reflect carefully, only on this basis can a society really function. And yet this unselfish gift is possible as a human response only on the basis of the gratuitous, redeeming gift of God. Aside from this gift, aside from this guarantee offered by God in the gift of his very own person, aside from this commitment by God to man which alone justifies limitless confidence, man is always tempted by a form of utilitarianism. By himself *he cannot* be thoroughly unselfish.

If man must guarantee his existence and future by himself, he cannot be completely unselfish. The other will always appear to him to some degree as a means for his happiness, a means for himself, to guarantee his existence

Through an apparently strange, but at root very logical reversal, the ethical problem, when detached from its moral bases, will simply become the problem of establishing limits to this inevitable objectification of the other (for instance, by prescribing that an attempt not be made on his life when he has been born or when he is still in a conscious state), for the purpose of making life in society possible still. The logic of selfishness tends, however, to push the areas in which the logic of gratuitousness comes into play as far away as possible.

All of the problems of bioethics could be dealt with in this light, and in this perspective we could find the starting point for a judgment adapted to the interpersonal situation essentially qualifying them from a moral standpoint.

In separating the origin of new life from the marriage act, artificial procreation tends to regard the child simply as a response to the couple's desire; euthanasia refuses to help the other to suffer and to remain a person in suffering; genetic interventions are licit when they help the embryo to heal and develop his personal being; and so on

7. The Identity of Medicine

In the light of these considerations we can also grasp the importance of an ethics committee within a Catholic hospital. It will be called to provide answers on particular questions concerning the practice of medicine, in relation to the most advanced technologies available today. It should not limit itself, though, to working out merely casuistic solutions through rational coordinates restricted

to practice of medical deontology in accordance with the principles accepted by Catholic morality It must continually draw upon the major perspectives of meaning in Christian morality and faith as its own vivifying fount

Precisely by doing so, in explicitly taking up the Christian vision of life and death, suffering, sexuality, and procreation, it will contribute to protecting the identity proper to the medical profession Today the challenge moves in this direction as well The doctor is called to watch over the original Hippocratic nature of his profession involving responsibility for man's health which is intrinsically animated by an ethical dimension of respect for and promotion of the other person He cannot limit himself to being a professional providing scientific competence at the request of the user (no longer a patient), free from ethical responsibilities, which would devolve exclusively upon the applicant, the services, or society

To include scientific research on bioethics in a Christian perspective does not remove rationality or openness to dialogue with all on the part of this effort, but broadens horizons and roots reflection in truly important questions, those concerning which it is vital for ideas to be contrasted

I would like to conclude with the words of one of the greatest pioneers in Catholic theology, Clement of Alexandria († ca 215), who writes, "This is the most divine work by God and the one most worthy of the King of the Universe: to bring healing to humanity" (*Paed.* 1, 12, 100ff) Christ, in this text, is regarded as the real Asclepius, the divine physician, the model and measure for every doctor Christ's main title—*Soter*, savior—should be interpreted along these lines: the compassion of God towards us, realized in Christ's Passion, is our healing—a healing not only of the soul, but of man in his indivisible totality As the ancient world had expressed at once the sacredness and rationality of medicine in the figure of Asclepius—its ethical as well as technical core, in the original sense of the word "technique" (i e, 'art')—so the Christian religion now found all of these elements recapitulated in the figure of Christ

The sacredness of human life: whoever touches human life enters into the reserved domain of what belongs to the divine,and the doctor's profession is thus not just any occupation, but a sacred one in a very deep sense Sacredness implies ethical duty—i e, it excludes the objectification of the person, who never becomes a thing available for purposes different from himself, but is always sacred Sacredness also implies the duties of professionalness, the duty of art, and is opposed to all quackery It was not an accident that the first medical schools sprung up around the sanctuaries of Asclepius Tiber Island, which from 293 B C on was a sanctuary of Asclepius and a center for the medical art, offers us an example right here in Rome

The more we begin to advance today on down to the deepest sources of human life, the more urgent and indispensable awareness of this sacredness of the medical art becomes Purely technical, utilitarian action would eventually lead to the self-destruction of human dignity When, on the other hand, the art, increasingly well mastered, becomes an expression and instrument of respect for the dignity of human life, the physician's action partakes of the dignity of the saving action of the divine physician, according to the words "This is the greatest and worthiest work of God: to bring healing to men"

The Health Care Worker's Awareness of Ministry

1. The Semantics of the Concept of "Awareness of Ministry"

Proper methodology requires us to clarify the terminological confines of a subject before going into it in depth In the case at hand, we must thus ask, first of all, about the meaning of *ministry* in order to analyze how such a ministry falls within the province of the health care worker and how the latter can and should be "aware" of it

The Latin *ministerium* corresponds to the Greek *diakonia,* which can be rather faithfully translated as "service "

The original Greek concept has an essentially pejorative meaning, identifiable with the idea of slavery/servitude [1] The primitive Church's taking up the "technical jargon" in the semantic area thus denotes a very precise choice leaving no room for doubt or reductive accommodation: "service" is understood to be "slavery to another " It was not mere happenstance that a great "health professional" of the past, Camillo De Lellis, called the religious in the Order he founded "ministers"—i.e., "servants"—of the sick.

"After long discussion on this, spurred by their immense charity towards the sick (regarded by them as their Lords and Masters) they had nearly resolved to call themselves servants of the sick. But, as they later recalled that in the Church of God there was a Religious Order called Servants, in order not to cause confusion they dropped that opinion. Then, as Camillo remembered that in the Holy Gospel mention was made several times of the name *Minister,* to imitate Jesus Christ in holy humility they were satisfied to be called *Ministers of the Sick.*" [2]

In speaking of "awareness of ministry," therefore, we must refer to the perception the health care worker has or should have of himself as a *subject/at the service of/another.* We shall thus attempt to analyze the meaning and expressions of that ministry from a standpoint that is both generically human (or, as people are accustomed to saying today, "secular") and specifically Christian.

2. The Ministry of the Health Care Worker in History

To speak of the health care worker's ministry means to go to the root of one of the most authentic and original components of the medical art.

The most authoritative testimony on the past constantly stresses the health worker's ethical commitment to *service.* And this is not all, but he is often associated with a divine "mandate" to fulfill. *Maimonides' prayer,* for instance, thus states, "In your Eternal Providence, You have chosen me to watch over the life and health of your creatures I am now about to devote myself to the tasks of my profession. Sustain me, O Almighty God, in this important enterprise, that I may be of benefit to mankind." [3]

A similar atmosphere was to be found in *Asaph's Oath,*[4] where the idea of ministry takes on even more markedly religious tones:

"He has made the plants grow beneficently; He has instilled into the hearts of the wise the ability to heal by means of his numberless benefits and to make his marvels known to the multitude, in such a way that those living may know that He has created them and that apart from Him there is no one that can provide salvation."

In dealing with the contemporary period, we are struck by the delicate, touching beauty of the significance for ministry of the health profession as it appears in the *Islamic Code of Medical Ethics*:

"The practice of the medical profession represents God's compassion towards his subjects. Being a doctor, then, is first and foremost an act of goodness and charity and secondarily a way of earning a living. But all may enjoy the mercy of God—the good and the bad, the virtuous and the vicious, friends and enemies, just as all enjoy the sun's rays, the relief provided by the breeze, the freshness of water, and the abundance of harvests" [5]

3. The Health Worker's Ministry in a Christian Perspective

From what we have set forth in summary fashion it can be seen that the very idea of ministry, as regards the health profession, is common to many ideological-cultural tendencies.

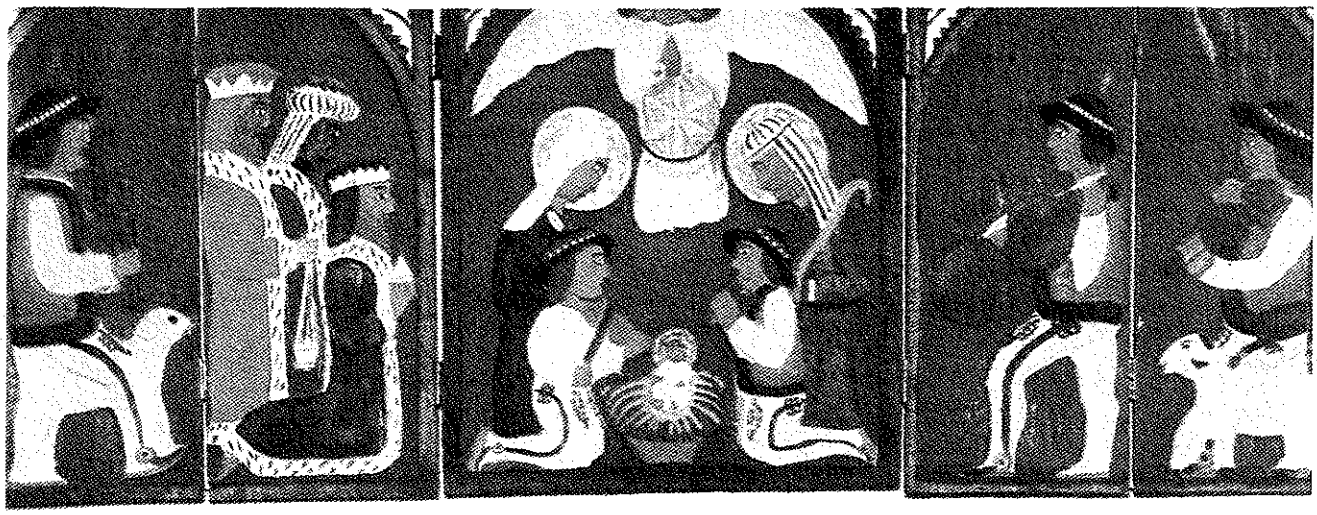
It is, however, in Christianity that this idea takes on a significance and meaningfulness that are utterly unique: "If every health worker must consider the practice of his profession as a 'service' provided to the person who suffers, with all the more reason those who are moved in their action by the example of Christ are called to make this conviction their own " [6] The essential motivation is found in the reference to the ministry of Christ, the Father's "deacon" for men, the servant of God because He is the servant of his brothers and sisters—precisely in this dimension of service He identifies the dimension of his existence (cf *Mt* 20:28, *Mk* 10:45). It was not by chance that Polycarp at the close of the first century called Christ "a deacon, a servant of all "

Further ecclesial-theological development was grounded on Christ's identification with his Mystical Body It was then that ministry began to take on the variegated typological expression we find in the New Testament texts which, far from being exhaustive, contains a synthesis of many-sided communicativeness of the Holy Spirit (cf. *1 Co* 12:4-11).

In substance, ministry belongs to the Christian as an *alter Christus*—baptismal "Christification" in a certain sense constitutes the Christian as a "servant."

It is under this sacramental aspect that it should be more deeply studied. We are used to thinking of Baptism as the sacrament which makes us children of God, which cancels out original sin, and which introduces us into the Church, but precisely by reason of all of this it is also necessary to see therein the sacrament which makes us servants, ministers, and deacons to our brothers and sisters.

In this sense, an interesting perspective might involve correlating "embryonic *diakonia*"—if we may so term it—as conferred by Baptism, with a more mature *diakonia* which would be specifically expressed in the sacrament of Confirmation. From this standpoint differentiation among vocations and charisms could then be introduced as well, by virtue of which existential events, states of life, and the work environment become occasions and commitments for ministry. Wherever a profession includes very direct involvement with the existential needs of others (as with the health professions), the perception of such ministry (the *awareness of ministry*, as it is termed in the title of this article), becomes a priority commitment of an inescapable nature:



By virtue of their baptized state, which makes them sharers in Christ's own mission, Catholic health workers are called to cooperate in promoting the Kingdom through the practice of their profession [7]

4. Expressions of the Health Worker's Ministry

After having made a basic reference to Christ's ministry, we must once again refer to it in connection with the concrete expressions of the health worker's ministry, not so much to glean from them detailed case histories as to identify some guidelines with a clear Christological derivation.

The starting point should be constituted by Christ's threefold *munus* as *king, priest, and prophet*. Kingliness, priestliness, and prophecy ought, then, to constitute the three directives according to which the health worker's *diakonia* is to be oriented—or, in more ecclesiastical-pastoral terms, the task of governing, sanctifying, and teaching.

a) *Munus regendi*. If Christ's kingly function appears to be rather clear—from the abundance of Scriptural references as well—the allusion to the Christian's kingliness is less immediately comprehended. And even less immediately is the relation to the health worker understood.

The basic expression of kingliness is represented by the government of a collectivity which in some way "belongs" to its ruler. Even if such a function has been manifested in history by the constitution of a relationship involving the people's subjection to the king, it has been most authentically expressed by the king's service to his people—i.e., by his acting for the good of the people belonging to him. However, this does not exclude aspects which, for varying reasons, may be said to involve "imposition," as carried out in all the ordinary manifestations of government.

If we shift all of this to the domain we are dealing with, kingliness ought to be expressed essentially in *charity* (the aspect of *service*) and *professionalness* (the aspect of *government*).

Charity, first and foremost—but charity which is robust, strong, intelligent: not the pietistical parodies of charity we often witness, made up of sighs, invitations to re-

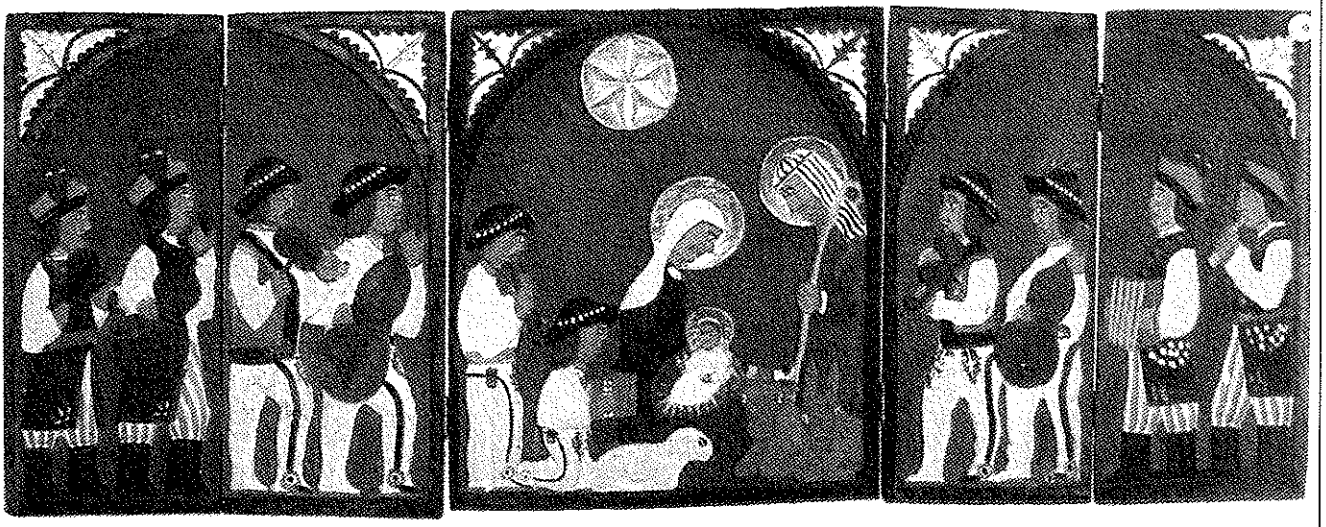
signation, slaps on the back. *"You bear into the patient's room and onto the operating table a bit of God's charity, of the love and tenderness of Christ, the great physician of the soul and the body. This charity is not a superficial sentiment. It is in fact love which embraces the whole man, a being who is a brother in humanity and whose sick body is still vivified by an immortal soul and whom all the rights of creation and redemption unite to the will of his Divine Master."* [8] A charity which can represent the historical realization of a "mystery": the one involving the encounter between a Catholic health professional and a patient—a mystery, certainly, for it implements a reality I would not hesitate to term "quasi-sacramental" *The sacrament of the encounter with the sick* in fact effects a two-fold presence of Christ: the patient's being Christ in relation to the health worker and the health worker's being Christ in relation to the patient.

I, as a health worker, find Christ in the patient and am Christ for the patient.

Charity, but also *professionalness*, which may be deemed a qualified expression of charity. The first of the patient's rights is the right to adequate care. From the standpoint of ministry and kingliness in particular, I would see in professionalness a special, indispensable aspect of that 'ruling of the world' which falls within the Christian's province. The Christian must be not only a qualified professional, but an *especially* qualified one—that is, the Christian must become a qualified reference point in his professional sphere. If it is true that not the great but the small have made history, it is just as true that thanks to the intervention of the "great" those small ones have been able to transform the world. Christianity came out of the catacombs when the Empire's first officials were converted, and the sons of St. Francis would not have reached the year 2000 without the intuition of a Pope who made the institution official. And where are the chief physicians, department chairmen, and researchers who with their authoritative witness can be qualified elements for building—or, rather, *re*-building—a Christian culture for our time?

b) *Munus sanctificandi*. The exercise of priesthood is ordinarily identified with the functions of worship. And this is exact. But the function of liturgy/worship is nothing but the highest point of expression of priestly action, in itself identifiable with consecration to God of oneself and the world. "Sacred" and "holy," though today diversified in language usage, in reality express the same idea of *separation from the world for God*. The priest is *par excellence* the "separate one" (therefore the con-secrated) and, consequently, the entire chosen people [9] and the people of the New Covenant [10] as well. But the sacredness/holiness of the priestly people is not just passive—that is, the expression of something the priest is "in himself"—it has a social function, an active one, involving *holiness-for-others*, or, in other words, sanctification.

In this light the priestly perspective of the health ministry takes on a threefold value:



sanctification of oneself, of one's work, and of one's environment

Of oneself. It would be simplistic, in addition to being false, to assert that one's work does not present difficulties, weariness, vexation, and boredom and that it does not arouse envy, jealousy, gossip, and resentment. These are precisely the occasions to live it out in the spirit of Christ, to whom the Christian belongs, to evaluate them with supernatural sight, to offer them to the Father, and to practice the Christian virtues (an ethical dimension which is no less binding than the Decalogue)

Of one's work. We are now used to regarding work in terms of pragmatism, self-realization, economics, or labor relations. It is hard for us to perceive therein a sharing in the creative action of God continuing through our work. The world has been placed in our hands to be respected and "cultivated." In the part which is up to us we must give it back to God enriched, perfected, enhanced, and "brought to fulfillment" by our work.

Of one's environment. Evangelization remains the final term of sanctification. We cannot be saints without involving others as well in our sanctification. Holiness is a gift and commitment which is received so as to make others, too, sharers in it. This is probably the most difficult aspect of sanctification and of ministry in general. Human respect, personal contingencies, life situations, and individual attitudes sometimes render this task arduous. But the difficulty should not lead to the commitment's being abandoned—for the Christian, it is a response to a specific summons by Christ, though not itself a commandment [11]. It is, then, up to each one, heedful, on the one hand, of his own nature and situation and, on the other, of the suggestion of the Spirit, to find his own way, mode, and congeniality.

c) *Munus docendi.* In close correlation with the task of sanctifying one's environment by effective evangelizing action, this expression of ministry must aim essentially at adequate Christian *formation* (though it must often be simply *human* formation!) of health personnel. Preconceived, outmoded, or sometimes even childish ideas constitute the substrate in which the Catholic health worker frequently finds himself working. Proper respect for pluralism, on the other hand, cannot exempt one from the duty of announcing (in the most opportune modes and forms, without stupid fanaticism) the message of Christ. The tolerance which is so strongly invoked in our day must not be deemed an entirely Christian value. Understanding, respect, and love are Christian, but not "tolerance" of an ideological universe not in keeping with God's plan—a plan which certainly contemplates diversity among individuals and communities, but which is wholly oriented towards the fulfillment in Christ of every earthly reality. We, too, contribute to that project. The design of "recapitulating all things in Christ" also goes through us.

In this perspective of formation the need to re-found the health profession ethically is situated as well. In a confused, faltering manner this need is beginning to be observed. Symptomatic of such notice is renewed attention to bioethical problems. But everything cannot be relegated to an occasional meeting or a refresher course—all health professionals must be adequately prepared, not just in terms of *knowledge* or *know-how,* but also in regard to their *way of being.*

SALVINO LEONE, M.D.
National Board Member
Catholic Medical Association of Italy

[1] In connection with this part in its entirety, cf. E. Lodi, "Ministero/Ministeri", in *Dizionario di Liturgia* (Rome: Ed. Paoline, 1984).

[2] S. Cicatelli, *Vita del P. Camillo De Lellis* (Rome: Camillian General Curia, 1980), p. 70.

[3] It is a prayer attributed (with some uncertainty) to the Jewish Egyptian physician Moses Maimonides (1135-1204).

[4] This oath concluded *The Book of Asaph the Physician,* the oldest medical text of the ancient world, written in about the sixth century A.D.

[5] The Declaration drafted at the end of the International Conference on Islamic Medicine, held in Kuwait in 1981.

[6] *La pastorale della salute nella chiesa italiana,* a Note by the National Consulta of the Italian Bishops' Conference on Pastoral Care in Health, p. 52.

[7] *Ibid.*, p. 51.

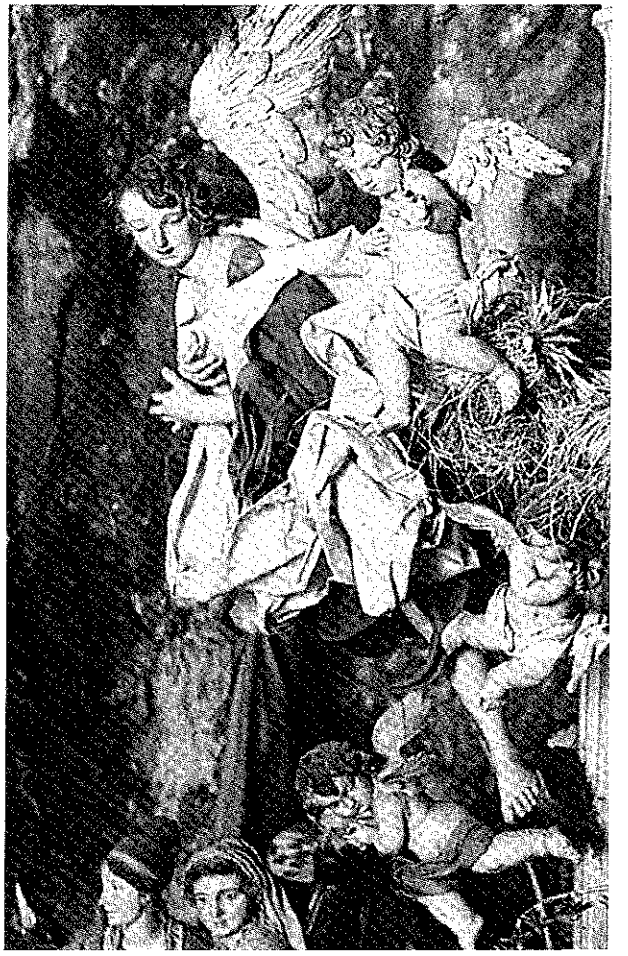
[8] Pius II, *Allocution to the Personnel of the St. John of God Brothers' Hospital,* as quoted in *ibid.*, note 23.

[9] Cf. *Dt* 4:20, 14:2.

[10] Cf. *1 P* 2:9-10.

[11] Cf. *Ac* 10:42, *Rm* 10:14-15.

Magisterium of the Church



Excerpts from Addresses by the Holy Father

Mystery and Message of the Cross: The Redemptive Value of Suffering

On Sunday March 10 1991, the Holy Father visited Rome's Ophthalmic Hospital There on the Fourth Sunday of Lent, he reflected on the meaning of suffering in an address to the patients and health care workers.

1. Praised be Jesus Christ!

I thank Dr. Muzzi, the Medical Director, for the kind words of welcome which he addressed to me. I also thank you for the welcoming address expressed to me in the name of all by one of the patients.

Together with the Pro-Vicar, Archbishop Camillo Ruini, and Bishop Brandolini, his Delegate for Religious Assistance in Hospitals, I especially greet all of you present here.

The Bishop of Rome's pastoral visit to this hospital takes place precisely during this last part of the Lenten season, when we are projected towards Easter, towards the great event of *Christ's death and resurrection*. It is an event which gives a particular pastoral significance to our meeting.

The liturgy of these days, in fact, reproposes to the faith and attention of everyone *the mystery of the cross*, which is the full and definitive revelation of God's love to humanity and, therefore, the essential content of the Christian message.

The cross of Christ is the supreme sign of God's love, through which each person can say with St Paul: "He has loved me and given himself up for me"! (*Gal* 2:20)

May this profession of faith be a cause of consolation and trust for everyone, but especially for those whom God calls to unite themselves to the cross of his Son through the many sufferings which afflict the body and spirit of a person. And you, dear patients, are among these!

2. Jesus' cross is not only a "mystery" to contemplate and adore, but it is also a message to accept and to trust in; it is a message to announce so that it may become a source of salvation for all.

The last word, in fact, which explains the tremendous reality of suffering, as well as of every form of injustice and violence, of oppression and death, is certainly that of the cross!

It has two sides: on the one hand, it declares the undeniable reality of suffering and death, denounces the wickedness and misery which characterize personal existence and human events; on the other hand, it proclaims victory over evil and death, and, therefore, the love of God, who pardons, redeems, and restores to life.

Here, and nowhere else, should we look for the answers to the great questions which people ask about the meaning of life and death, of suffering and the ultimate destiny of the earthly pilgrimage; here we should look for the springs of the hope which does not disappoint; here also we should seek the ultimate reasons for a life lived as a gift of love for God and one's brothers and sisters.

3. In order to be accepted in faith and proclaimed to the world, "the message of the cross" (*1 Cor* 1:18) demands an *on-going conversion*.

It demands, that is, on the part of the person who accepts it and submits to it, that he or she turn to him who has been pierced (cf. *Jn* 19:37) and believe in the love of him who has given the supreme proof. It asks, further, that, in a world marked by selfishness, pride, special interests and the insatiable desire to have, the person enter into the "logic" of a *love capable of giving itself* totally and freely, so that all may have life, and have it to the full (cf. *Jn* 10:10). Last of all, it asks of those who, through the *Gospel of the cross*, have let themselves be transformed by the Spirit, to conform their way of living to that of the crucified and risen Christ, in the awareness that life flows from death, that from suffering offered in love, hope is reborn.

4. Dear brothers and sisters, patients in this hospital, it is you, first of all, whom I want to address, and through you, all the sick who belong to the Church which is in Rome.

The "message of the cross" is addressed especially to you who are called to make up in your flesh what is lacking in the suffering of Christ on behalf of his body, which is the Church (cf. *Col* 1:24).

Accept it in faith and with hope; testify to it with love!

You know very well the suffering involved in not seeing well, which is also accompanied by a sense of loneliness and abandonment. Therefore, you rightly want to regain your sight fully and, with it, the joy of living and feeling useful to your family and society. And, therefore, you entrust yourselves to the care and skill of those who can treat you.

This moment is a period of trial for you; it makes you experience the terrible reality of suffering. But if you are able to accept it in faith, you can become *collaborators in the work of salvation* realized by Christ the Lord in the mystery of his passion, death and resurrection.

The entire Church, and particularly the Church which is in Rome, challenged by the *Diocesan Pastoral Synod* to be renewed in the faith and to be ever more conformed to Christ in order to proclaim to everyone the Gospel of the cross, expects of those who suffer in body and soul the contribution of their prayer and the sacrificial offering of their life in order to fulfill such a demanding program.

There are indeed types of darkness to dispel in the realm of the spirit which are much more serious than those related to the loss of physical sight. They are the darkness of unbelief and indifference, and, therefore, the rejection of God and his loving plan. Whoever does evil is in this darkness and does not enter into the light (cf. *Jn* 3:20).

5. For you health-care workers, too, called to care for and promote the total health of the person, the "message of the cross" is a demanding one.

On the road that leads to Calvary, and at the foot of the cross, the Gospel places several figures, Mary first of all, who through their words and acts of love and compassion show their solidarity with Jesus.

At the side of the sick, in whom in a certain sense Jesus' passion is prolonged, you are called to accomplish that same mission. In that perspective your profession as doctors, nurses, technicians and volunteers is filled with meaning and rich in possibilities. Your work demands not only professional and technical skill, but also human, spiritual and moral sensitivity; it also requires generous devotion to overcome the temptation to indifference, disinterest, and absenteeism, and thus to give witness to a love that is always ready to make a "gift" of itself. This is all the more so when your commitment draws its inspiration and support from the faith.

In order to perform such urgent and delicate tasks in the world of illness, welcome the initiatives of human, Christian and ethical training which are offered you. Seek to create a harmonious activity, overcoming the impulses to corporatism or individualism which jeopardize the smooth running of the institute. In this regard I invite you also to overcome those forms of tension which can spring up in a situation of uncertainty, keeping in mind the condition of the sick person, who must be the primary beneficiary of health-care service.

Be good witnesses of Christ in all that you say and do. Thus it will be easier to transform the hospital from a house of suffering into a "place of hope."

May the Lord sustain all of you and may Mary, "Health of the Sick," intercede for you.

Encourage Solidarity: Refugees, Health Care, and Families

On May 28, 1991, the Holy Father addressed the participants in the Fourteenth Assembly of Caritas Internationalis

The 14th General Assembly of *Caritas Internationalis* is taking place during the year of the Church's social teaching at the time when we are commemorating the Encyclical *Rerum Novarum*. I thank your president for the kind words he has just addressed to me, and I am happy to welcome you at this time, since the theme chosen to inspire your work, *Christian Charity—Human Solidarity,* highlights a fundamental aspect of the Christian approach to social life.

I would like to mention three of your more specific concerns which are particularly dear to me. I am thinking first of all of the help which you must bring to *refugees,* who are currently so numerous, particularly in Africa. Next, there are all the problems connected with health care and the disturbing *epidemics* which are currently rampant; some of them could be curbed if means of prevention and care were better allocated. Moreover, in the case of AIDS no cure is yet available. All of this invites us to redouble our efforts to prevent the spread of epidemics and care for the victims. Finally, I would mention the aid which *families* deserve who find it so difficult to live, welcome children and raise them, and ensure a dignified old age for their elderly: their condition is a primary concern of the Church, for family life touches the vital root of each person and also his chances of development and of being faithful to his vocation. You can make a great contribution to seeing that one does not remain indifferent or inactive when faced with the difficulties they have.

In conclusion, I would again like to express my confidence and my encouragement. Your mission is at the heart of the social ministry and is a witness to the Gospel. With the ardour of that love which comes from God, continue to live charity in the Church and manifest it in all of society.

May the Virgin Mary, who hastened into the hill country to visit Elizabeth, guide your steps! May the Lord, who came to show the love of the Father by putting himself at the service of his brothers and sisters, support you each day!

May God bless you!

The Family Needs Protection: Parents and Children Should Acknowledge God's Fatherhood

The Holy Father's homily at the Mass celebrated in Kielce Poland on June 3 1991

"Beloved, love is of God," says St John (*1 Jn* 4:7) You cannot strengthen weakened family ties, you cannot heal the wounds inflicted by human weakness and sin unless you return to Christ, to the sacraments. "I remind you," St Paul wrote to Timothy, whom he himself had consecrated bishop, "to rekindle the gift of God which is within you through the laying on of my hands" (*2 Tim* 1:6).

I call out to you, brothers and sisters, to *rekindle the divine charism of spouses and parents* which is in you through *the Sacrament of Matrimony* Full forgiveness, reconciliation and a resumption of the common journey is possible solely in relying on that grace which renews and invigorates human love and restores the identity and veracity of human promises. The charism of the Sacrament of Matrimony is also *the charism of grace and the gift of life* "Honour thy father and thy mother," says the fourth commandment of God. But for the children to honour their parents, they must be considered and accepted as *a gift from God.* Indeed, each and every child is a gift from God. That gift is always priceless even if it is sometimes difficult to accept First, the attitude towards the newly-conceived child must change. He is never an intruder or an aggressor, even if one assumes that he has arrived unexpectedly. *He is a human being,* and, therefore, has the right to receive from his parents the unstinting *gift of themselves,* even if that would require particular sacrifice on their part.

The world would become a nightmare if the spouses enduring material hardship perceived their unborn child as a mere material encumbrance and a hazard to their financial stability; or, for that matter, if well-to-do spouses regarded their child as a costly, unnecessary appendage. For that would mean that love no longer counts in human life. That would mean that the great dignity of man, his true vocation and ultimate destiny, have been completely and utterly forgotten

Genuine love between spouses is the foundation of genuine love for their child, while reliance on God is the foundation of both marital and parental love.

Spouses correctly model their parental outlook when they strive to make gifts of themselves to each other. The raising of a child does not consist solely in making sacrifices for him. The point is that a sacrifice should be wise, serving the education of the child in genuine love. They educate a child in total love by demanding, but only by loving can they demand They can demand, but they should be demanding in regard to themselves. That is why it is necessary that, with the good of the future generations in mind, spouses should strengthen, purify and deepen their love for one another. Only then will their children be able to establish their own genuinely Christian families one day, and love their parents.

No Society Has the Right to Make Laws Which Are Contrary to the Law of God

The Pope's homily at the Holy Mass celebrated in Radom, Poland on June 4 1991

1. *"Blessed are they who hunger and thirst for justice"* (*Mt* 5:6). I greet the city of Radom with the Gospel of the eight Beatitudes of Christ's Sermon on the Mount. I also greet the Churches of the Diocese of Sandomierz-Radom I greet all those gathered here.

It is with particular veneration that I now turn towards *ancient Sandomierz,* the town in which the annals of Poland, the annals of the nation and the Church, have been written since time immemorial.

I salute the whole land, remembering with gratitude both its distant and its more recent past. It is *the land of saints,* beginning with the martyrs of Sandomierz, Blessed Vincent Kadłubek, Ladislaus of Gielniów and Salomea, all the way to *St Casimir,* who as a royal son ruled the Polish Kingdom in place of his father King Casimir Jagiello, who was from Radom. Born in Wawel, he returned to Vilnius as a saint to serve as patron of the People of God in Lithuania.

I salute *the land of John Kochanowski, John Długosz* and of so many others who did work of great merit for Polish culture and science. My mind turns to *the heroes of national uprisings*, saluting the officers and men of the last war, especially members of the underground army, to whom we owe Poland's place on the map of Europe.

2. During today's visit I paused at a stone monument bearing the inscription, *"In memory of those wronged in connection with the workers' protest of 1976"* These are recent times which Radom, and indeed all of Poland, has stored in its memory. One can say that the year 1976 was the prelude to the developments of the 1980s. The cost to the victims was great indeed: arrests, humiliation, torture (especially those of the type known as the "health tracks") and death (including the death of a priest of Sandomierz), but through these they blazed a trail for the human search for justice.

"Blessed are they who hunger and thirst for justice" (*Mt* 5:6).

Can a thirst for justice be expressed by a protest? Like the workers' protest of 1976? The hunger and thirst for justice most certainly denotes striving to overcome everything that is unjust and harmful, everything that violates human rights.

3. Along the path of my Polish pilgrimage, I have been accompanied by the 10 commandments, the 10 words which God pronounced forcefully atop Mount Sinai, and confirmed by Christ in his Sermon on the Mount, within the context of the eight Beatitudes. This is the foundation of human morality given as a task to man by his Maker. The Creator is also the supreme Lawgiver because, by creating man in his own image and likeness, he inscribed in the human "heart" the entire order of truth, which is a requisite of good and of the moral order and in this way serves as the basis for the dignity of man, the image of God.

In the very centre of that order is the commandment "Thou shalt not kill," a strict and absolute prohibition which is at the same time the affirmation of every person's right to life, from the moment of conception to natural death. This right first and foremost takes up the defence of the innocent and the most defenceless.

To "hunger and thirst for justice" means to do everything to ensure the observance of this right, so that no one ever falls victim to an assault upon his life or limb, and the innocent person is never killed, tortured, mistreated or endangered. In his Sermon on the Mount Christ extends the range of the Decalogue's fifth commandment to cover all *actions stemming from hate or vindictiveness* aimed against one's neighbour even if these stop short of manslaughter. "Whoever hates his own brother ," Christ says in the Sermon on the Mount.

4. Man's legal codes defend life and punish murderers. At the same time, it would be hard to deny that *ours is a century weighed down by the deaths of millions of innocent people*. That death was caused by a new way of waging war, which amounts to mass attempts upon and annihilation of noncombatant portions of the populace. Suffice it to mention aerial bombardment (including the dropping of the atomic bomb), concentration camps and mass deportations of innocent people to be exterminated by the millions. Among the nations of Europe the Polish people had an exceptionally large share of suffering in this slaughter. On Polish soil the commandment "Thou shalt not kill" has been violated by millions of outrages and crimes.

Among these outrages *was the particularly appalling systematic killing of national groups* —the Jews, first of all—but also of other ethnic groups, such as the Gypsies, motivated solely by membership in a certain nation or race.

5. Was it merely a fact of exceptional cruelty, of spontaneous cruelty? One must admit that the genocidal consequences of the last war *had been spelled out by entire programs of racial or ethnic hatred!* These programs rejected the moral tenet of "Thou shalt not kill" as being absolutely and universally binding. Drawing upon demented ideologies, they equipped privileged human institutions with the right to decide about the life and death of individuals and entire groups of people and nations. The divine "Thou shalt not kill" was replaced with "You are free to kill" or even "You must kill."

Thus, vast areas of our continent became the graves of innocent people, victims of crime. The root of such crime is imbedded in man's usurpation of the divine power over the life and death of others. One can hear over all this the distant, persistent echoes of the words that man accepted "from the very beginning," in defiance of his Creator and Father. These words are: "Like God, you will know good and evil" (*Gen* 3:5), that is, you will decide for yourself what is good and what is evil. You yourselves, like God, like God, against God!

6. Pardon me, dear brothers and sisters, but I shall go even further. That cemetery of the victims of human cruelty in our century is extended to include yet another vast cemetery, that of the unborn, of the defenceless

whose faces even their mothers had not seen before allowing, or being pressured into allowing, that their lives should be taken away from them before their birth. They were alive, they had been conceived and were growing in their mothers' wombs, unaware of the mortal threat which was looming large. And when that threat had become a fact, those defenceless human beings tried to defend themselves. A film camera has recorded a desperate defence against aggression by an unborn child in its mother's womb. (I once saw such a film and to this day I cannot free myself from what I saw. I cannot free myself.) It is hard to imagine a more appalling tragedy, bearing in mind its moral and human impact.

This is the root of the drama—how broad and far-reaching it is! Here, too, are the secular authorities, all those groups, sometimes even "pressure groups" and legislative bodies, who make "legal" the taking of life from an unborn human being. What human institution, what parliament has the right to legalize the killing of an innocent and defenceless human being? What parliament has the right to say "You are free to kill," or even "Killing is in order," when the greatest efforts should be made to protect and help life in the first place?

7. Let us pause to note that the commandment "Thou shalt not kill" is more than a mere proscription. This commandment, in fact, calls upon us to adopt a definite outlook and assume positive ways of acting.

"Thou shalt not kill," but, rather, you should protect the life and health and respect the dignity of each and every person, regardless of his race or religion, level of intelligence, degree of consciousness, or age, of his state of health or sickness.

"Thou shalt not kill, but rather you should try to help your neighbours to accept joyfully their child who, speaking in human terms, according to them has arrived "at the wrong time."

At the same time we must step up our social concern, not only about the unborn child, but also about the parents, the mother first and foremost, if the arrival of their child has forced them to face troubles and worries which seem to be beyond them. This concern should find expression in both spontaneous actions and attitudes and in the creation of institutionalized forms of assistance to those parents whose situations are particularly difficult. I hope that parishes and religious communities will also join the movement of social solidarity with the unborn child and its parents who are in difficulty.

8. *"Blessed are they who hunger and thirst for justice." Christ said these words, and he took them with him to the cross.* He was sentenced to die on that cross, and die he did, and that was the death of the holiest of the sons of man. His life was taken away from him, too.

The Son of God died on the cross to give the most radical confirmation to the power of the commandment "Thou shalt not kill."

Mary, his Mother, stood at the foot of the cross, as she stands in so many sanctuaries throughout the earth. I remember the shrine at Błotnica near Radom and the crowning of the Mother of God in 1977.

"Thou shall no kill!"

On the cross, death was inflicted upon her Son. In the sign of the cross we seek ways of redemption and deliverance from all our sins.

Behold, on the timber of shame dies the one who proclaimed to mankind the message of the eight Beatitudes, *the Son of God, who is "the First and the Last"* (*Rev* 22:13) *among those who hunger and thirst for justice*: the one who links that hunger and thirst for justice with the assurance that *"they shall be satisfied."* Yes, "for they shall be satisfied."

Dear brothers and sisters of Radom and this entire country, *let us build today the future of our homeland in conformity with the divine law,* in conformity with that eternal Wisdom which never loses its validity in any era, in line with the Gospel of Christ. Let us build, or rather, let us rebuild, because so much has been destroyed. Yes, destroyed in people, in human consciences, in customs, in public opinion, in the media. We implore you, O Redeemer of the world, O Christ crucified and risen, through your Mother and ours, through all the saints and daughters of this land, *that the future may belong to those* who truly and unflinchingly *"hunger and thirst for justice."*

Suffering Is Understood Only in the Light of God's Love

The Pope's words to the children at Olsztyn Hospital on June 6, 1991

1. Dear Children,

I am very happy to be among you today. I am always happy to meet with children. The Lord Jesus was also happy to! "*Let the children come to me; do not stop them,* for it is to such as these that the Kingdom of God belongs" (*Mk* 10:14).

The Lord Jesus said, "Let them; don't stop them," when the Apostles, on account of their Master's weariness, kept the mothers from going near Him. And He was truly weary. When He told the Apostles, then, "not to stop them," He thus led them to understand that the closeness of children, contact with them, dialogue, were restful rather than wearisome for Him. *And it is a joy rather than an effort.*

It really was that way. When the Lord Jesus was surrounded by children, He had special reasons for joy. Remember that He said, "To such as these the Kingdom of God belongs." And in another place He expressed it like this: "Their angels in heaven constantly look upon the face of my Father who is in heaven" (*Mt* 18:10).

The Father's face, which we do not see on earth, is the joy of the kingdom of heaven —it is to that definitive joy that we tend by way of faith throughout the entire earthly pilgrimage. You, too, are walking along this road. *The Kingdom of God is in you by means of the grace of holy Baptism.* It belongs to you, if you do not allow it to be destroyed within you by serious, mortal sin. It is hard for children to commit those sins. For this reason the Kingdom of Heaven is in them. And for the same reason the Lord Jesus finds a special joy and a special rest in contact with children.

Children, for their part, *also seek contact with the Lord Jesus,* both when He is a child and when they see Him agonizing on the cross for the sins of the world; and later, once He has risen again.

2. I am glad, then, to be able to be with you a moment today. This encounter is taking place in a hospital. I would certainly have preferred to hold it during an outing, for example, or at a park for play. But this place is also necessary. Adults need it, but sometimes children do as well. You well know that *people come to the hospital on account of health, to recover health,* to free themselves from various illnesses.

We hear the blind man's cry in the Gospel today: "Rabbi / that is, 'Master' /, let me see!" (*Mk* 10:51). This is that sick man's response to Jesus' question: "What do you want me to do for you?" (*Mk* 10:51). *"Let me see!"* Similarly, you, too, say to the Lord Jesus: *"Let me be healthy,"* so that I can go back home, to school, to play.

Moreover, you also pray for your loved ones in this way: "God, grant health to my mother and my father ... and my other loved ones."

3. The Lord Jesus was pleased to hear the blind man's request. In that circumstance He pronounced these significant words: *"Go —your faith has saved you"* (*Mk* 10:52). The blind man knows that Jesus has saved him with his divine power. And yet Christ Himself says, "Your faith has saved you." This means that faith in a certain sense permitted the manifestation of the power residing in the Lord Jesus, who always employed his supernatural power for the purpose of *prompting faith in divine omnipotence and in divine love.* The miracles of Christ are signs of the Kingdom of God.

4. The Kingdom of God is in you by means of *faith.* And although faith "works miracles," the Kingdom of God is a *greater "miracle"* than all the miraculous cures worked by Christ and his Apostles—and also greater than the miracles which today still take place in different parts of the earth.

For this reason, dear children, I offer my heartfelt prayer, together with you, for the health of each, above all of those who are most seriously ill; but, even more, *I ask for the gift of faith.* I ask for this gift *for each one of you,* now and throughout life. And I ask for this gift, together with you, for your loved ones. I request it for all men. Ask for it yourselves as well. The Lord Jesus hears your prayers in a special way.

5. I hope that the adults present here, the other patients, the doctors, the nurses, and other health workers will not be angry with me for having given priority to the children during our encounter. The word of God which we announce to children is not different from that addressed to adults. It is the joyful message that God loves man and makes him capable of loving the Creator Himself. Each of you, even if advanced in age, needs a childlike confidence to open himself to this gift of the other, so that the love of God will be transformed into the light and joy of our lives.

At this moment I am thinking of all patients, wherever they are. *Suffering is an* impenetrable *mystery* and, for that reason, often quite difficult to understand and accept. *Man,* when affected by an illness or by any kind of suffering, frequently *wonders, "Why must I bear the pain?"* Almost at once another question is formulated: "*Why? What is the meaning of the suffering* which has fallen to my lot?" *Suffering* is not a punishment for sins or God's response to man's evil. *It can be understood only and exclusively in the light of God's love,* which is the definitive meaning of all that exists in the world. Suffering *"has been joined to love,"* I wrote in the Apostolic Letter *Salvifici Doloris*; "to the love which creates good, drawing it even from evil, drawing it out by means of suffering, just as the supreme good of the redemption of the world has been drawn out of the cross of

Christ and constantly takes its start from the cross Therein we must also pose the question on the meaning of suffering and read the answer to that question to the end" (no 18) In illness, or in any other suffering, it is necessary *to abandon oneself to the love of God,* like a child entrusting what he most wants to those who love him, mainly his parents. We therefore need that capacity which children have to trust in the One who is Love (cf *1 Jn* 4:8). *What deep value and meaning the words of St Paul take on in this context "I can do all things in the One who comforts me"!* (*Ph* 4:13)

6. He who suffers or is sick also needs concrete professional help. He has need of a presence alongside him and with him, as well as appropriate medical attention. For that reason, I address you, those who work at this hospital carrying out various functions according to your training and profession. I am thinking of the doctors, the nurses, and all the hospital personnel, and also of everyone who performs this service of the Good Samaritan in our country Your job is a difficult job, full of responsibility, for man's life is involved But how beautiful and evangelical it is! *In each one of you, in each one of us, suffering must call forth love and human solidarity*

I manifest to you my gratitude and profound recognition because you serve sick children with your knowledge and capability. I am grateful to you because you provide help to man in suffering. I address the same words of gratitude to all the doctors and nurses and to the health service in Poland The whole society ought to appreciate your exertion and effort and respect those who carry out this service in a spirit of sacrifice.

7 Dear brothers and sisters who share in the sufferings of Christ, every Sunday and feast day a word is addressed to you by radio during the Holy Mass, especially to those who cannot go to church. I know that most patients take part in this Mass In this way the suffering of thousands of our brothers and sisters at hospitals, hospices, sanatoriums—wherever patients are found—is united as a single sharing in the cross of Christ, in the Eucharist of Christ. I ask you to accept the words I am addressing to you; accept, too, the blessing I offer you. Every day I especially pray for you, for all of you, called to "complete"—with your sufferings—"what is lacking in the tribulations of Christ" (cf. *Col* 1:24).

I would like to add that I do so every day at the most emotional moment in the Holy Mass, when Communion approaches. I believe it is appropriate for all the sick to be especially close to Jesus precisely at that moment and for Jesus to be especially close to all the sick and suffering so that they may be embraced in a significant way by that salvific communion which is the Eucharist

Moreover, I would like to add that this place is very beautiful. This whole land is very beautiful. I have been familiar with it for many years, with experience of its waters, above all. Yesterday I saw it from the helicopter: waters and forests. An extremely lovely land. And this place forms part of it. But there is also another beauty. You, the children, are this beauty The child is the beauty of human existence Yes, the Lord Jesus confirmed it with his gestures I spoke about that at the beginning. The beauty of a child! We adults should always fix our gaze upon the beauty of the child. Didn't Jesus say to us, "Whoever fails to receive the Kingdom of God like a child will not enter it"? We need children, for they guide us towards God, towards the heavenly kingdom... Here we see the beauty of so many children and, in addition, sick children, who are particularly beautiful I was able to observe this when I was in their midst. Here we have a third dimension of beauty, an invisible dimension: it is the beauty of love, the love of the Good Samaritan, if we wish to use Gospel language, of love manifesting itself in the care of the sick, of a sick child. This is the immediate, continuous beauty. It fills the whole life of those who put it into practice, who give it. But there is another dimension to this beauty, a larger dimension, an ultimate dimension In a word, Christ states, "I was sick, and you cured me, you came to visit me. Whatever you did to one of the least of my brothers you did to me." Just as if He were speaking of a children's hospital: "You did it to me " My wish is that all of you may always share in the three dimensions of beauty, which manifest themselves so evidently to the eyes and the heart—may they always be an inspiration for you and for all who come from the whole of Poland and other countries

May God reward you for this encounter. The Polish children of Lithuania have intoned beautiful songs. I thank you for the songs and for your presence here with us. May God reward the Polish children of Lithuania. May God reward everyone for everything. Receive my blessing.

Topics

Health and Urbanization

Psychoemotional Stress as a Problem for the Survival of the Human Race

The Health of the Poor and Structural Adjustment in Third World

The Role of Catholic Hospitals in the Environmental Crisis

Health and Urbanization

The address delivered by the Most Rev. Justo Mullor, Head of the Holy See Delegation at the Forty-Fourth World Health Assembly (1991)

Once again the World Health Assembly has set its sights on the future. An acceptance of the challenges—which are so numerous—posed by whirlwind urbanization for individual and collective health is a new merit to be added to the long list of "pioneering efforts" by WHO

The basic documents, of high quality, which have been proposed for discussion offer an impressive picture of the large-scale movement of migration which, from rural areas to vast urban centers, is gradually taking shape to some extent everywhere in the world and particularly in the developing countries. The countryside is being abandoned, and the megalopolis, above all, sought out. Twenty years ago there were eleven cities around the world with more than five million inhabitants; at the end of this decade there will be thirty-five, eleven of which will have over twenty million inhabitants

It is a reality which poses problems in civilization Enormous cities are the manifestation of ambiguous progress, whose grandeur and indigence march side by side and on more than one occasion cancel each other out, for the grandeur becomes the mask of indigence and the latter brings out the high human and social price of development which illogically favors the wealthiest classes. The multitudes crowding together on the outskirts of the large cities seek well-being and freedom from the slavery of traditional rural work, and there they undoubtedly find the advantages of industrial work, services, and urbanization However, while the minorities controlling capital and landed property increase their financial power, the masses of the uprooted, alongside some benefits, also encounter new calamities and dangers for both their health and their daily lives. The basic documents list these drawbacks very precisely Inadequate low-cost housing, insufficient health and hygiene infrastructures, poor nourishment, a lack of school attendance among children, and excessive population density in urban areas are some of the realities which both individually and collectively contribute to disease on a constant basis. And it is not just a question of physical disease, as with illnesses resulting from the growing risks of a structural origin such as the installation of sometimes toxic industries close to densely populated areas, insufficient garbage removal, or air pollution—the megalopolis also provokes dangers for psychosocial health: "Urban stress often translates into depression, anguish, suicide, alcoholism, drug addiction... In elderly people in large cities an increase in mental disturbances is being recorded, and the problems deriving from juvenile delinquency, violence, and different forms of maladjustment are also quite significant" (A44/2, p 15)

One might say that urban gigantism, alongside its more or less real advantages, has perverse, unexpected effects. To remedy these, prejudice-free dialogue among all the social forces confronting the challenges being posed should be initiated Medicine alone is not enough in the face of the breadth of the problem and its sociological, cultural, and political implications. There are situations in which science—even the best equipped variety—cannot take up all the challenges of the moment

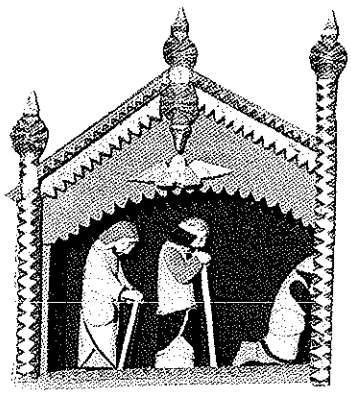
Let no one be astonished, then, if the Delegation of the Holy See from this tribune today invites health workers to pursue constructive dialogue with all the other branches of knowledge and action to respond to these challenges. Containing epidemics and promoting hygiene is never reduced—and even less so today—to carrying out a technical, mechanical function. It instead requires the creation of a new awareness in men and women, in young and old involved in the physical and psychological threats deriving from the rural exodus and the urban sprawl resulting therefrom.

In the judgment of the Delegation of the Holy See, physicians as a group have a right to pose certain questions to planners of the development which has created the megalopolis and to themselves The following queries may serve as examples:

1) What criteria inspire development which, alongside some advantages (not always secure and stable ones), has created such a high number of patients?

2) Is it really licit to go on regarding the economy as something abstract without taking into account its cost in terms of physical health and psychological balance?

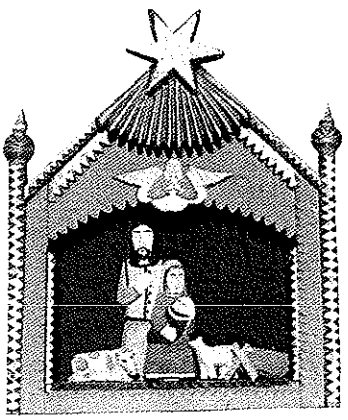
3) Why do certain planners maintain such stubborn silence —even internationally—on the physical, spiritual, and cultural needs of the men and women who are the subject (and not just the object) of development?



4) The profusion and diffusion of artificial paradises (the consumption of alcohol and different drugs), along with the trivialization of sex and the progressive loss of its affective and biological dimension—aren't these factors actually related directly or indirectly to the appearance of new illnesses characteristic, above all, of the urban environment?

5) Why does the dehumanization of medicine so evidently assail health institutions in the large urban centers, where anonymity represents the greatest and most insidious temptation to forget the personal dimension of medical care?

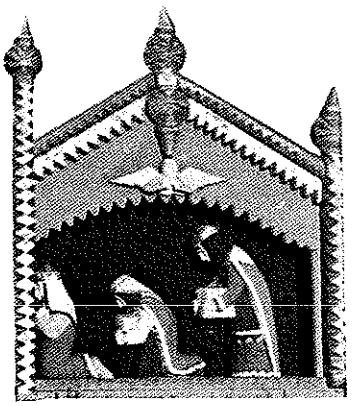
An increase in the number of new health facilities and their modernness, the implementation of new health policies, equipment which grows richer and more sophisticated by the day, new scientific patents, and ever more numerous and effective vaccines can never respond alone to these and other similar, equally pressing questions.



We all agree by now on the idea that the world and medicine, along with it, are at a turning point in their long history. The protagonists of the ferment which is currently called development are, on the one hand, the countries in the northern hemisphere, traditionally characterized, over the past two hundred years, by the separation between metaphysics and science, and, on the other, the countries of the southern hemisphere, which have become suppliers of raw materials and are subjected to a system of economic and cultural dependence. And it is precisely in the obstinate forgetfulness of metaphysics and the privileged role of the economy that we ought to seek the root of the evils and illnesses this Conference is confronting. Soulless progress can never have a brilliant future. If man, who is the subject of both progress and medicine, is considered from an exclusively physical, biological, or economic standpoint, he will remain exposed to growing, blind manipulation. Man will be nothing but an animal that is more noble and complex than the others. Like every other animal, he will be subject to the implacable rules of observation, of physical and quantitative improvement, of selectivity according to criteria of strength and efficiency. The darkest possibilities will present themselves.

To deal with the problems of physical and mental health posed by urban gigantism in depth and breadth, doctors and politicians and economists—this is the hope of the Holy See Delegation—must finally reach agreement on the "proper notion of the human person and his unique value." This idea, which binds together the latest Encyclical by John Paul II, *Centesimus Annus* (which has attracted so much comment in recent days), as its inner structure and guideline, deserves to be borne in mind when we are dealing with human beings we seek to heal or make happier. Progress will otherwise be only material, and medicine might become an increasingly sophisticated technique, exposed to the temptation of growing dehumanization. I well know that those attending this Assembly, though starting from very different positions from a philosophical or religious standpoint, are aware of this. This legitimate diversity should not, however, keep us from finding at least a minimum basis for agreement on the unique character of man as a metaphysical and spiritual being. In reality, man is the only living being capable of thinking and loving freely. To place this reality at the root of all economic and medical progress amounts to offering man a reason for existence able to check the dehumanization of man's habitat and the negative consequences deriving therefrom for the health of such an elevated number of human beings.

May 10, 1991



Psychoemotional Stress as a Problem for the Survival of the Human Race

The understanding of stress —and, in general, the aspecific adaptation syndrome—was first formulated in papers by Canadian Researcher H H B Selye.

Selye recognized stress to be a reaction involving exertion which arose as a nonspecific response by the organism to the effect of harmful extraordinary stress factors, among which we can include pathogenic agents, toxic substances, substances foreign to the organism, physical factors and dynamic processes.

In regard to its biological nature, stress, as Selye assumed, aims at adaptation and activates defense mechanisms whose goal is to ward off action upon the organism by factors harmful to it.

For Selye, stress is characterized by stages which quite frequently alternate: the state of alarm, the state of resistance, and, finally, that of exhaustion, which leads the organism to its defeat. According to this researcher, the stress reaction in all aspecific cases is mediated by the activation of hypophysis/suprarenal mechanisms

Selye has compared "life stress" to the genesis of stress itself—stress in fact plays a substantial role in man's life, which begins with the stress of birth, is reinforced through the overcoming of different instances of habitual and produced stress, and often ends with the stress inherent in illness

Human Psychoemotional Reaction

Among the other aspects of stress, we must place the human psychoemotive reaction in the first position; it is one of the numerous factors causing harm to the external environment, mainly in terms of social relations.

Psychoemotive stress, as an initial emotional reaction by man to the action of stressing agents, is characterized, like other aspects of stress as well, by a complex of aspecific vegetative and hormonal events in relation to the initial factor

The foundations of the theories proposed in regard to emotional stress have been organized by the American researcher B. Kennon and developed by the Swede L. Levi.

It has been demonstrated that during emotional stress adrenal-sympathetic mechanisms are activated which at that specific stage lead to a situation of adaptation Later, in the event that phase is overcome, they lead to its inhibition (eustress and distress, according to Selye). This phase is characterized by the cessation of different physiological functions on account of exhaustion Man's entire life is rich in emotions determined by his needs and their relative satisfaction, but also by external factors surrounding him and, first of all, by the social situation. All of this represents man's varied emotions.

Emotions accompany man's whole life and all his actions, extending from instinctive acts to the loftiest forms of social activity.

The spiritual world of the emotions is variegated.

There are negative emotions of hatred, fear, offense, disdain, sadness, disgust, envy, and others

There are also positive emotions of happiness, good fortune, enthusiasm, enjoyment, and so on

Characteristically, man reacts to internal influences before the act and explicit actions.

The emotional reaction is the first reaction to different stimuli

Negative emotions mobilize the organism for the satisfaction of cardinal biological or social needs.

They arise and are reinforced every time the subject, on perceiving the need to surpass, has no chance to attain the result required

The emotional reaction manifests itself negatively when one perceives an element contrary to the satisfaction of social or biological needs.

On the other hand, in cases where the individual attains the result that is indispensable to him, that which satisfies his main need, positive emotion is manifested.

It has been observed that in the balance of the biological and social environment, the emotions of living beings and of man have an episodic nature As a rule, episodic negative emotions swiftly manifest themselves when positive emotions cease. Episodic negative emotions, accompanied by man's different vital needs, favor his activity aimed at individual development and the progress of society. They are constantly individual

Episodic negative emotions have the purpose of adaptation and are not harmful to health.

Quite another thing is psychoemotional stress, which arises in what are known as "conflict situations," wherein the subject, motivated by an intense need of vital biological or social importance is prevented over a long period from satisfying that need.

In these conditions negative emotions take on a clear character of irritation, indignation, disdain, and agitation

A habitual lack of satisfaction in the results of social activity —linked to the prolonged impossibility of attaining the result hoped for by man, uncertainty and discontent in problem-solving, and repression in behavior conditioned by norms of social conduct—modifies cerebral peculiarities through a purely negative emotional condition

It is for this reason that negative emotion loses its capacity for adaptation, and to the impossibility of resolving conflict situations on account of their

magnitude there is added the blockage of certain physiological functions.

The repression of emotional manifestations is not always conditioned by justified social norms of behavior; it often leads to what the human being experiences as a lack of tranquillity in spirit and psychoemotional balance. All of this adds internal and external conflicts in him.

On the basis of human conflicts, there can be lasting difficulties in satisfying social and biological needs, in the conflicts among different social interests, and a failure to meet the individual's personal needs, in connection with social injustices.

The numerous conflict situations are provoked by the prevailing low level of culture in men's mutual relations and by the inability to defend their own interests reasonably and properly take into account the persons around them.

These conflicts are linked to a lack of culture in individual behavior, to the inability to find the right path to solving the problems posed, to a lack of interest in appreciating adequately the results of behavioral attitude and in controlling one's emotions.

All of this is manifested in a preponderance of negative emotions and also in the unconscious manifestation of one's inadequacy and incapacity to foresee the appropriateness of actions and the final result of the emotions manifested.

The origins of such conflicts are inherent in moral formation and mental individuality.

In addition to the aforementioned, there is a special series of inner conflicts alongside which man painfully lives through dramatic life events and which cannot be modified; or he may for long periods experience a sense of remorse, repentance, or discontent over his existence.

Dramatic personal events have always existed in life, as have factors determining emotional stress as well.

The prolonged illness and death of loved ones bring about profound modifications in man's psyche—they change his perception of the surrounding environment and of mutual relations with the people gravitating in that environment. Such relations can by themselves increase a negative emotional state.

Once a direct nexus has been established between prolonged psychological uneasiness and neuropsychic trauma, the evolution of excessive emotional tension may have acute cardiovascular disturbances as its outcome.

Stress and Technical-Scientific Progress

The problems of psychoemotional stress take on special meaning in the field of technical-scientific progress.

The progress of the technical sciences has modified the living conditions of man and provided humanity with social goods such as an abundance of products, comfortable dwellings, the possibility of rapid communication, and so on. All of this has negative features, however. Technical-scientific progress—if we take into account an increased pace of living, expanded information, a lack of movement, monotony, a need to work under conditions of extreme discomfort, urbanization, and social conflicts—leads to the increased psychoemotional tension of modern man. Qualitative modifications in man's intellectual and emotional life originate therefrom.

In the inner structure of the emotions permeating all of man's life and actions this also increases the share of emotional negativity to be suffered, and there is an even greater reduction in the periods characterized by positive emotional conditions linked to relations with nature, religious rites, works of art, and, finally, human contacts.

Need for Adaptation

The increasingly frenetic pace of life and, with it, the violation of phylogenetic biorhythms, the complication of social relations and the destruction of the environment surrounding man, the appearance of chemical and physical factors influencing the organism, and the need for swift adjustment to these factors have, to a greater extent in this closing phase of the century, modified the life of modern man considerably. The circumstances alluded to play the role of risk factors in the development of emotional stress and facilitate an increase in excessive emotional stress in most people.

The risk factors of technical-scientific progress often lead to what modern man perceives to be a lack of tranquillity and psychoemotional balance.

Emotional stress calls up social conflicts linked to the political and economic spheres, to social and international relations, and to society's spiritual life and leads to catastrophes of the Chernobyl variety and, finally, to war.

The intensification of socioeconomic activity in modern life brings with it a sharp increase in the demands of schooling and leads to greater interpersonal cooperation, the activation of different forms of social relations, the creation of a vast exchange of information, coordination and collaboration with different partners, a need for decisions on socioeconomic and technical-scientific problems which are contrasting and hard to solve.

All of this leads to a marked increase in man's emotional level

and generates conflict situations linked to competition, hatred, and command. One of the factors influencing conflict behavior and the development of emotional tension in the norms of technical-scientific progress seems to be a lack of time to solve the problems of responsibility against the backdrop of man's deep interest in reaching his goal

Modern conditions of production frequently do not reflect man's physiological possibilities

Man is often limited in his ability to control and organize work conditions in accordance with his needs and possibilities When working on an assembly line with complicated technical equipment, man is forced to adapt to the pace of performance imposed upon him, which is not optimal for him as an individual The result is emotional stress, at the root of which there is excessive physical and mental fatigue It is not uncommon for those working in different professions not to have fixed norms such as systematically prescribed rest periods, and the workload over the course of the day becomes continuous and irregular

City dwellers are especially subject to emotional stress Growing urbanization, the considerable amount of information, numberless obligatory contacts with other people, and a lack of time suddenly reduce the periods in which man can enjoy inner peace

To this are added adverse ecological factors such as noise, chemical pollution of the atmosphere through gas emissions of cars and factories. The citizen, constantly conditioned by his work activity, rarely turns his attention to the factors which dynamize the spirit, like nature and art.

Different kinds of personalities find a solution to the problem in alcoholism, often creating even greater conflicts in the family and at work

Excessive systematic-emotional effort alters man's spiritual world. For no apparent reason, a state of irritation in one's mood begins—or a state of depression, an imbalance between negative and positive emotions. This situation provokes effects not only in the individual's mind, but is reflected in social problems as well—productivity drops and creative initiative becomes aggressiveness, malice, and intolerance in interpersonal relations.

Technical-scientific progress, in addition to the ecological problems surrounding us, has generated the no less serious problem of the "obstruction" of man's spiritual life

Man's Spiritual Weaknesses and Their Consequences

Man's spiritual world becomes ever weaker, and it is precisely this which seems to be one of the causes of the emergence of the problems of drugs, alcoholism, psychosis, and suicides To solve these problems we must look to their origins, which are

connected with a commonplace emotional disharmony and the fact that man's inner world, too, needs to be strenuously defended.

What is even more dangerous in this situation is that on the basis of psychoemotional stress so-called psychoemotional diseases can arise, such as neuroses, heart attacks, arterial hypertension, ulcerous lesions of the gastrointestinal tract, immune deficits, endocrinopathies, and even neoplastic diseases.

Psychoemotional stress, as has been ascertained, appears as the leading cause of sudden death from cardiac arrest, heart attacks, and strokes. Myocardial ischaemic disease is connected with psychoemotional stress.

As experts have shown, the deaths due to the aforementioned causes are steadily on the rise.

Effects on internal organs in emotional excitement are always selective, and this leads to unfavorable consequences if one organ or another, as a result of different stimuli, proves to be more subject to the action of emotional stress

Here lies the cause of the regularly increasing overload and the premature impairment of various internal organs leading to the development of cardiovascular illnesses, intestinal spasms, neurodermatites, stenocardias, and asthma attacks.

It should, moreover, be stressed that the initial changes taking place in the organism in conflict situations, generated by emotional stress, manifest themselves at the expense of the central nervous system.

One of the leading adverse factors facilitating an increase in psychosomatic and, to some extent, cardiovascular diseases as well appears to be the insufficient motor activity of modern man—hypokinesia.

Technical-scientific progress has, on the one hand, made man's work simpler; on the other, it has reduced his motor activity, provoking adynamia and monotony. Mental workers, above all, workers assigned to centralized controls, telegraph operators, and mass transit drivers seem to be most subject to hypokinesia.

It has been determined that a reduction in motor activity, provoking a drop in energy consumption, has repercussions on the organism's different functions and reduces its capacity for an adequate reaction to inevitable emotions.

The problem of emotional stress, together with a medical significance, has taken on an important social orientation and, along with other relevant social problems, has become a pivotal question for the survival of humanity in modern times. As a result, the problem of emotional stress has become a social and broadly human challenge as well, in addition to being a strictly medical one. It is clear that for an effective fight against the negative consequences of emotional stress and the realization of sociomedical programs not only is the aid of medical science indispensable, but, in addition, a vast group of specialists must take interest in sharing in

this task and such work must be granted the status of a social action organization.

Universally, little attention is now devoted to the negative influence of technical-scientific progress.

Technocracies and old-style technical orientations seem to be the cause of the fact that the healthy individual—we are not speaking of invalids—is helpless before technical-scientific progress. Technical structures are not made to the measure of man, who must, however, work therein. When, on the other hand, technical structures are constructed—such as an airplane or a spaceship, for instance—only afterwards is the individual found who is to pilot them, and, in addition, the latter must be subjected to special training. It is, then, technical structures which should be created for man and not vice versa, as now happens.

The physiological possibilities of man are not proportional to the technical-scientific possibilities of progress. Accordingly, the individual, who is not protected, regularly feels the effects of stressing "charges" leading him to neurosis, cardiovascular diseases, ulcerous dystrophies, neoplastic illnesses, serious affections, and immune and endocrine alterations which increase excessively as a result of man's work.

As a consequence of this situation, a considerable percentage of young people are already unable to solve significant social problems which come to be created without straining the organism's basic physiological functions.

Technical-scientific progress, after years of burdensome work, leads to interference with the evolutionary development of physiological laws of normal life activity in episodes of emotional tension and with self-regulation mechanisms, wherein the complex of factors which initially reestablish such functions eventually predominates over the complex rejecting them.

The Laws of Adaptation

The laws of biological adaptation, refined over the millions of years of evolutionary development of living beings, may be formulated as follows:

1) The episodic nature of emotional stress in living beings in a balanced biological environment.

2) The rhythmic character of physiological functions, which is conditioned by exogenous and endogenous factors.

3) Self-regulation as a general mechanism of stability of different physiological functions, which is determined by the activity of the organism's different functional systems.

This means that, thanks to the activity of the different functional systems of self-regulation of the organism, homeostasis and living beings' adaptation to the conditions of surrounding life are fostered.

Emotional stress, which arises in prolonged, continuous conflict situations, leads to a violation of the mechanisms for self-regulation of homeostatic and psychic functions.

In cases of prolonged conflict situations, according to modifications of the neurochemical properties of the brain, subjects' adaptation behavior is upset. First of all, the mechanisms for mastering motivation suffer, and, on this basis, approval of the decision and judgment of the results achieved.

As a consequence of violation of self-regulation mechanisms in individuals, in the case of prolonged conflict situations, the transgression of biorhythms manifests itself, partially in the rhythms of respiration and cardiac activity.

In the case of psychoemotional tensions which are repeated every day, physiological defense mechanisms (the physiological measure of defense, according to I.P. Pavlov) become unsatisfactory in individual subjects for the safeguarding of physiological functions.

For this reason, biorhythms and mechanisms of the self-regulation functions are altered, and the premises are established for stimuli which can contribute stress through early dysfunctions in the development of the psychosomatic pathology which follows.

Experimental research demonstrates that stress in conflict situations not only provokes a change in rhythmic physiological functions, but also leads to evident changes in the reproductive apparatus, leading to abrupt modifications in hormonal functions and in descendants.

All of this has been explained in recent times by the fact that emotional stress can lead to a deterioration of the human genome.

The genesis of emotional stress in general terms can be established as follows.

When an individual in a state of hereditary or acquired predis-

position on a stable basis finds himself in a conflict situation, there are various ways in which emotional stress may develop

In the event there are genetic or acquired characteristics of stability and adaptation, stress does not produce brain or somatovisceral lesions In other cases brain alterations may develop in the form of neuroses or somatovisceral insults such as arterial hypertension, stenocardia, bronchial asthma, ulcerous disease of the gastrointestinal tract, or sexual impotence

Finally, cerebral and somatovisceral alterations may develop at the same time

Emotional stress in itself represents man's—and living beings'—normal reaction in a conflict situation

Given the presence of genetic mechanisms or those acquired individually by disposition, stress, in conflict situations which are long and uninterrupted or which act swiftly and gravely, the result may be a form of pathology accompanied by alterations in cerebral-visceral functions.

In a stable organism, on the other hand, emotional stress may not arouse the violation of self-regulatory mechanisms for physiological functions.

Social Norms and Individual Behavior

On a social and behavioral level, in addition to these alterations, we can note a development of creative energy, the overcoming of obstacles, and activity leading to the progressive development of society

On account of the appearance of insurmountable, conflict-provoking obstacles to reaching certain goals as a result of which man cannot—for a whole series of reasons—arrive at the targets established and satisfy by himself his social and biological needs, negative emotions are produced whose end product is a set of permanent excitatory situations.

The brain's chemical properties are, therefore, considerably modified.

Social norms of behavior require of the individual the ability to check his behavior when intense emotions arise A cultured man, when taking an interest in social problems, can repress negative emotions, thanks to these elements. In spite of this, such unexpressed emotions are dangerous from a medical standpoint as well In this manner the emotions, on not finding an outlet, are transmitted to the internal organs

This problem is becoming harder and harder for mankind: how, with technical-scientific progress continuously making headway, can we be protected from the negative consequences of emotional stress—i.e., how can health be defended in the context of a constant increase in technical-scientific progress?

For lack of proper attention and rescue measures, all of this brings man an increase in psychoemotional stress and psychosomatic diseases.

The unbridled race to technology—with no attention to the human beings working therein, devoid of effective forces to oppose emotional stress, without medical facilities for readaptation, and, in particular, without prophylactic measures—augments even more the chances of a demographic and social crisis.

Society must, first of all, defend *itself* from excessive conflict situations; it must find suitable means to remove the causes of emotional tensions; and it must defend the health of individuals in the event that unforeseen conflict situations are repeated.

With the renewed drawing-up of effective recommendations for the defense of man against the harmful effects of emotional stress, there appears an explanation of the conformity with basic physiological laws determining subjects' stability during emotional stress and the mechanisms with the aid of which people can counteract the development of stress. The perfecting of scientific methods for prophylaxis and ways to avoid emotional stress depends on the solution to this problem

Prophylaxis of Stress

If we bear in mind that the increase in psychosomatic illnesses is closely linked to technical-scientific progress, it would appear fully legitimate to wonder whether its containment—or outright blockage—is not appropriate. It is clear, though, that it would be naïve and ridiculous to ask that the thrust of science and technology be checked. Science and technology will inevitably progress. This means that the only possibility is to defend man from increasing technical-scientific progress. In this project measures for advance warning of stress on account of undesirable consequences are effective. For this reason we must first of all bear clearly in mind a golden rule holding a place in a balanced biological environment: negative emotions must always have an episodic character; but, even better, they must end with positive emotions. According to this premise, the condition of perceiving a permanent disappearance of negative emotions is even more important Many practical recommendations to achieve the prophylaxis of stress follow upon this very rule. According to such recommendations, a change is necessary in stressing "charges" of negative emotions; and such change is provided by a gratifying occupation wherein the individual receives positive emotion, which eliminates from the organism the alterations produced by negative emotions

In this way a change is obtained in relations with nature, art, religious rites, music, literature, and family members

The curative action of positive emotions in the course of some psychic illnesses has been ascertained.

No less effective is the modification of negative emotions obtained in physical activity. In this case, nervous impulses and the numerous active biological substances pass into the voluntary muscles and then on to the central nervous system, where they also contribute to the normalization of brain functions.

There are other reliable physical procedures as well to do away with the unpleasant consequences of negative emotions, such as running, swimming, sauna, and so on. All the procedures listed for dominion of emotions concern the various unpleasant emotions appearing in man.

The mastery of emotions, in the profound sense of the term, must consist not of the capacity to repress some of their internal components or to "discharge" the emotion generated in the activity taken into consideration, but of the capacity to prevent their arising at all

The coincidence of personal and social interests, the conditions for a complete development of the personality, better opportunities to choose one's profession, and special attention and solicitude towards the younger generations, invalids, and the elderly contribute to the development of awareness, discipline, and social activity.

In these situations the various methods for mastering emotions can be more effective.

The problem of the production of negative emotions must occupy a more important place in pedagogy. Unfortunately, at present this work is being done insufficiently. Scientific studies have not yet been elaborated which are capable of dealing with this problem. The question may also be posed as to whether negative emotions are necessary. Yes, they are. They are a source of internal energy and an aid to man in overcoming life's hardships.

Without sorrow there would be no happiness; nor would real gladness be appreciated without misfortune.

Negative emotions foster goal-oriented activity.

In reality, we must always remember that *negative emotions should not be prolonged*.

Otherwise they might become the cause of serious illnesses.

Prof K.B. Sudakov

P.K. Anokin
Academy of Medical Sciences
Institute for Research
on Normal Physiology
Moscow

The Health of the Poor and Structural Adjustment in the Third World

Presentation of a Problem

In the message which the Burkina Faso Bishops' Conference sent to Christians in the country as a preparation for the Special Assembly for Africa of the Synod of Bishops we find a sentence which deals precisely with *structural adjustment,* providing a rapid evaluation of it. "The Structural Adjustment Program which has been imposed upon us," the document states, "provokes more anguish than hope in minds and hearts."

Structural adjustment has been imposed by the World Bank and the International Monetary Fund on the debt-ridden countries of the Third World as a condition for continuing to grant them loans. Adjustment should, in theory, lead these countries towards construction of an autonomous, productive economy, but many doubt it will succeed and fear the situation will worsen as a result.

a) *The Context of the Problem*

In Africa, after the proclamations of independence and the formation of new States, there was a need to go from a colonial economic structure to an autonomous economy of development managed by the leaders of the new countries. A Euro-African project conceived in 1958, at the same time as the birth of the European Community, offered the illusion that the passage might be effected swiftly and successfully. The project contemplated an exemplary co-development through the institution of economic and human complementarity between Europe and Africa. In other words, the project presented itself as a natural prolongation of the construction of the European Community.

This conception contemplated the stabilization of raw material prices, the control of agricultural markets, and, above all, forms of bilateral collaboration which were to ensure reaching a new kind of contract. In other words, it planned on a dialogue between one State and another with the following ideas as an underpinning: the training of leadership cadres, making the most of natural resources, and the development of infrastructures. With roads, plantations, mines, leaders, and a State, it was thought that the new African economy would rapidly be constituted.[1]

In the 1960's Euro-African relations were indeed animated by this spirit of collaboration, and the young nations began their development filled with hope. Collaboration was also fostered by the fact that Europe was living through an exceptional period of economic growth and the homogeneity of the African countries' problems facilitated the solution of concrete cases.

But the 1970's came, the years of crisis. In Europe there was economic crisis. In Africa there was an awareness that something was not working, that the structures planned on did not suffice to arrive at an autonomous economy—the agricultural foundations diminished (on account of drought as well); industrial infrastructures were not created; and, as a result, the autonomous industrial take-off did not occur. At the same time imports increased more than the market permitted, and savings were unable to cover needed investments.

In that context the politician and the ideologist began to count more than the economist; changes in countries' leadership started to succeed one another unforeseeably without taking into account the real preparation of the new leaders; and reforms were limited to fine speeches and some interventions in the modern sector precisely when this sector was in difficulty in Europe as well.

In practice, Europe and Africa each began to follow its own way, forgetting the exemplary projects of co-development —Europe felt attracted by the workshop States of Asia and by the Arab and oil-producing nations; Africa, in the sophisticated strategies suggested to it, perceived the seal of European paternalism and decided it could continue upon the course embarked on in the 1960's, resorting to international loans. It was the onset of indebtedness.

Loans artificially sustained African growth until the start of the eighties. Then, as was foreseeable, the capital flow between North and South changed direction: half of the proceeds from southern exports had to remain in the North as reimbursement for the loans obtained. In 1987 debts amounted to 147 billion dollars, equal to three times the total aid granted the Third World.[2]

It was to rectify this situation that the Program for Structural Adjustment was conceived. It is easy to intuit that it assumes a structure and plasticity in economies which in Africa are not frequent. The solutions suggested are those adopted by the large-scale economies with centuries-long experience which are sustained by traditions and laws —price liberalization, free trade and a market, and denationalization of enterprises. Through these initiatives adjustment ought to achieve the normalization of the main sectors of the national economies over the span of a few years. The International Monetary Fund takes on this task as a mission!

On considering these suggestions, one might say that the International Monetary Fund does not believe in the real fragility of structures and the current poverty of the young African nations. And it is this which creates all the ambiguity in the Structural Adjustment Plan

which prompts the Burkina Faso Bishops to state that it generates more anguish than hope, and also because most of the bordering countries which have already adopted the plan are still in a crisis state.

b) *In the World of Sickness*

While speaking of ambiguity we recognize the possibility of modifications which may make the proposed plan successful. It is not our task, nor do we presume to offer suggestions in this regard. We work in the specific field of illness and are concerned about the negative consequences which inadequate interpretations of SAP directives may occasion to the detriment of patients, especially the poorest ones.

In this country there are those who say that health cannot be free—or, rather, it cannot be free because the government lacks the capacity to cover the health costs of nine million citizens. It is also said that people must be educated to pay for their own health care—care should be denationalized. As a result, there is talk of opening private clinics and pharmacies. We do not intend to reject wholesale all that is being said—we could also find some attractive features therein—but it would be absurd to introduce denationalization of care and consider it exclusively, without taking into account the concrete context.

A local newspaper, *Sidwaya,* of January 7, 1991 dealt with this problem in relation to a news item which, according to the columnist (an officer of the Ministry of Information and Culture), had a meaning going beyond the event itself. The headline read, "Paga La Yiri Pharmacy Closes. What Is Happening?"

To provide a response to his question the columnist began by evaluating the purchasing power of the average Burkina Faso inhabitant. How many of them, he asks, have sufficient income to eat three times a day and at the same time sustain pharmaceutical expenses? Burkina Faso has more than eight million inhabitants, of whom only 143,740 received a salary in 1989—31,129 from the State and 112,611 from State-controlled and private employers. Wage-earners are regarded as a privileged group, but the poor are found in this category as well. The poor, with a salary ranging between 150,000 and 180,000 Italian lire on the average, must conduct real acrobatics to survive.

The other categories are not better off. Among farmers, who represent 95% of the population, the well-to-do are those of the cotton-producing area, those living in certain regions with orchards, and those belonging to cooperatives who can take advantage of irrigation. But when we realize that until 1986 Burkina Faso had only 350 hectares of irrigable surface, it is immediately clear that farmers with a fairly good income are not very numerous.

Pluviometrical factors exert a marked influence on farm income. If they are not negative, farmers have enough to live on, but in the absence of market outlets, surplus millet is good only as a reserve for drought years—over the last twenty years droughts have recurred with impressive frequency.

In the stock-farming sector there are also some well-off people. In overall terms, stock-raising follows the vicissitudes of agriculture, but in recent years it has suffered a sharp drop—in the 1978-1980 period Burkina exported 45,000 head of cattle; over the last few years, it has been able to export only 8,000 a year.

These summary data allow us to grasp the idea of the *Sidwaya* columnist: according to him, only a very low percentage of inhabitants has the financial capacity to pay for personal health care.

And we come to the Paga La Yiri (meaning "Brotherhood") Pharmacy. It had existed for some fifteen years through the initiative of Camillian Fr. Eligio Castaldo, chaplain at Yalgado Hospital in Ouagadougou. It was proposed that the medicines the hospital did not supply be made available to patients at cost price, the value of the product plus shipping charges, so as to be able to replenish stocks. In the city this step was regarded as a blessing of God, for at local pharmacies the same products might cost as much as three or four times more. The hospital contributed to this humanitarian effort by supplying a storage room and a worker engaged in distribution.

In November 1990 the new Director of the Hospital ordered Fr. Egidio to close the pharmacy, with the justification that the hospital had now taken on a different legal status, having become a public body in financial terms with an autonomous administration.

Many have wondered how this new status clashed with the presence of the Brotherhood Pharmacy and whether some solution other than a closing might not be sought in any case "This Paga La Yiri Pharmacy," the aforementioned columnist writes, "does not compete with either the future hospital pharmacy or the other pharmacies in the area, where, with no concern for health care, the dominant factor is money Every time action for development is decided upon, the everyday realities experienced by the people must be taken into account."

Some years ago the World Health Organization launched the slogan "Health for All by the Year 2000" One wonders what meaning those pushing for structural adjustment attach to this phrase, how they intend to integrate it into their programs. We feel that structural improvement, with its pedagogy of self-discipline, may open the way to the future, helping the country to build an economic structure which is less dependent on the outside—but it must be conceived within concrete, long-term frameworks

The future of Africa will depend on the capacity of African leaders and foreign aid to conceive their projects in this perspective. If adjustment is conceived only in terms of "economic measures," there is a risk that it will be rendered useless and have to be paid for by the poor alone through the exploitation of their lives.

Fr. Renato Di Menna, M I

[1] Th. Bucaille, "Métamorphoses du problème africain," in *Etudes* (July-August 1990), pp. 8-14

[2] "Initiative de Bamako," in *L Enfant en milieu tropical* nos 184-185 (1990), p 10

The Role of Catholic Hospitals in the Environmental Crisis

The environmental crisis is not new, but our consciousness of it has heightened in the last few years. Perhaps we can liken our awakening to that of the successful plantation owner suddenly faced with the moral consequences of his or her cheap labor (slavery) system, or the wealthy owner of strip coal mines finding himself or herself responsible for the soil erosion and flooding caused to local people by the mining practices.

In economics these are called externalities, i.e , costs not paid but ignored. Gradually the externalities are forcing themselves on our consciousness Usually they are paid by the poor and powerless, by developing countries, by women or through taxes. The current focus on externalities includes both environment and health, the hidden exploited sectors bearing the cost of our market excesses. Health professionals should be in the front line in contributing to the dialogue on the true costs of automobiles, nuclear generators, incinerators, toxic waste dumps, and water pollution Those costs have overextended the health care system and overburdened medicare and Provincial Health programs, to say nothing of clean-up and legal costs

The health care system in general and the hospital system in particular lie in the center of the problem As a part of society they are a part of the problem They, too, externalize the costs to environment and health of their practices They are also running to keep up with the tragic consequences of lifestyle and pollution excesses: cancers, drug and alcohol abuse, AIDS, rises in infectious diseases, Alzheimer's, toxic shock syndrome, mercury poisoning, lead poisoning.

There are two general parts to my reflections: 1) hospitals as part of the problem, and 2) hospitals as part of the solution. Under the first heading, part of the problem, we will consider the management of hazardous materials; endangerment of patients and staff; endangerment of the environment, the general public and future generations. Under the second heading, hospitals as part of the solution, we will look at the responsibility of good example, advocacy and concerted action and sleuthing

Hospitals as part of the problem

Some of the traditional behaviour of hospital personnel places them in the careless corner when it comes to externalizing the true costs of their activities In particular their self-sacrificing attitude can be self-destructive (or worker destructive) and the sectorial approach can neglect or minimize the focus on minor illnesses which give us the clues to preventive medicine When I use the term preventive medicine, I mean just that and not early detection. There is apparently a pre-disease state of instability or stress which is clinically detectable but usually dismissed as variations on the normal or a state requiring no treatment. These are the states where prevention operates to restore stability and prevent cancers or other debilitating breakdowns. These states, requiring nonmedical responses, but providing nontraumatic clues, are important for species survival.

Hospitals handle extremely hazardous materials, including medicines, nuclear tracers and contrast materials, Xray and cobalt therapy equipment, and other dangerous technology. We might also add video display terminals, asbestos insulation, particle board furniture which emits formaldehyde, synthetic rugs, which emit some 300 chemicals, anesthetics, cleaning agents, lead pipes, biological/pathological hazards, etc etc. Two of the world's worst radiological accidents have involved hospitals which carelessly disposed of cobalt 60 and cesium 137 sources. The cobalt source was discarded by a Texas hospital, ended up in

a Mexican junk yard and was fashioned into metal kitchen tables marketed as far away as California, Florida, and Chicago. The cesium 137 source from a hospital in Brazil became a hazardous curiosity for poor families, seriously irradiating about 250 people and causing death to four. The long-term effects are still unfolding in the town of Goiania, Brazil.

Every medicine administered to a patient is considered released into the biosphere. Its subsequent persistence and distribution, usually via the toilet, sewer system, water treatment facility, aquatic food chain, irrigation system, land fora and fauna and again humans are part of the release consequences. Imagine the impact of all the doses of antibiotics administered to humans, pets and farm animals over the last 40 years, imagine all the digitalis, prednisone, aspirin, and other drugs out there with the toxic chemical soup, crack cocaine, LSD, and alcohol! Imagine the level of the more persistent pollutants growing daily. Imagine banned first world medicines being dumped in our global life support system by developing nations which are being economically exploited by first world drug dumping. Remember, every dose of medicine, radioactive tracer, and contrast medium is a release to our biosphere. Some quickly degrade or decay to harmless forms, but many persist and are recycled into the life support system and food chain.

Sustainable development certainly demands a major shift toward nontoxic medicines wherever possible. It means consciousness of cradle to grave responsibility: where does the material come from? Where does it go?

Some major hospital problems arise from the overuse of plastic disposables. Subsequent incineration of the waste releases dioxin and difurans. Tritium, carbon 14, and other radionuclides are released in the burning of low-level radioactive waste, including experimental animal carcases and other debris. Besides being an immediate hazard to people in the neighborhood, airborn toxic waste released by incineration eventually is deposited on water or on land surfaces to be washed into the waterways. It makes its way to the sinks of the oceans, there to be recycled by the earth's beautiful sharing mechanisms, as if it were nourishment for the plankton, fish, and food chain. The persistent pollutants come back to the dinner table to harm the next generation of children.

We who release to the biosphere and use the rivers for toxic waste disposal are ultimately responsible for the sickness and deformity, species depletion and biosphere degradation which we cause. Heroic efforts to "cure" cancer and recombine shattered DNA cannot possibly replace stopping the damage in the first place.

There are some immediate changes called for in hospitals. Recent admission by the International Commission on Radiological Protection that the radiation safety practices of the last 40 years were not protective of health means that hospitals should immediately update their practices to meet or exceed the new, stricter limits. These limits are now considered the tolerable level of exposure within which there will be health effects judged regrettable but tolerable, given the benefits of the activity. Exposures permitted to workers are being reduced to 20 mSv/year from the former 50 mSv/year (in the VS the same restrictions are 2 rem/year in place of 5 rem/year). The general public is allowed only 1 mSv/year, rather than the 5 mSv/year previously allowed (in the US 0.1 rem rather than 0.5 rem/year). This means many nurses who care for patients who have received iodine 131 in preparation for scans or cancer patients with radium implants must now be classified as radiation workers. It also means that sending a patient for sonograms while waiting for the distribution of a radioactive tracer in their body is bad practice. It exposes the ultrasound technician to ionizing radiation.

One of the most hazardous aspects of hospitals from the patient's point of view is the high likelihood of acquiring an infection. Control measures traditionally focus on the transmission of infections, sterile practices, and other vector-related aspects. In my opinion the high rate of infections is due in large part to host response rather than poor procedures. Many modern medicines and diagnostic procedures weaken the immune system, making the patient highly vulnerable. Some of these may be superfluous or unnecessary. It may be also that immune boosts are needed, such as calf thymus therapy. I have been studying the effect of radiation on the stem cells in bone marrow which produce the monocyte, a phagocytic white blood cell. A person's lymphocyte immune system can be completely intact, but if the monocyte system is damaged or depleted, the trigger is not activated for an immune response. The monocytes are one of those bioindicators normally ignored on laboratory reports. It may well be the key to better environmental standard-setting for health.

Hospitals share in the general local, national, and global pollution problems. For example, the tap water may contain lead, the air contain krypton 89, and the food contain pesticide residues. This can impact on survival rates although it is usually not calculated in internal hospital self-assessments. A physician in charge of the kidney floor in a major Polish hospital told of the post-transplant fatalities during the Chernobyl accident. Patients already on immunosuppressors were further suppressed by the toxic fallout. This could have been compensated for with proper notification and response plans. How many of us will be ready to respond to the high tech types of accidents spun by a 21st century lifestyle?

Hospitals as part of the solutions

Hospitals touch the lives of millions of people daily—host to births and deaths, profound joys and sorrows. They touch people in their most vulnerable crisis times, and in their deepest questioning of the meaning of life, death and suffering.

The opportunity for providing a nontoxic environment, natural remedies, responsible management of toxic waste, wholesome food and drink, equitable treatment of personnel, and concern

for the local nonhospital environment cannot help but keep us busy for many years to come. Cooperative efforts and dialogue, gentle teaching and making solutions both visible and attractive will count immeasurably for a healthier future. The health professional is held in high regard and trusted in our society.

Beyond that, hospitals can assist in sleuthing the causes of environmental illness. We are basically at the hand-washing phase after the discovery of germs. Of course it is complicated, just as it was difficult, with so many bacteria in the human body, to discover the causes of infectious diseases. But we can role up our sleeves and begin. Here are some very much needed areas of investigation: toxicological examination of diseased tissues removed in surgery; geographic mapping of chronic disease incidence; studies of reproductive experience and health of offspring of workers in hazardous industries; community health profiles related to lifestyle and pollution; development of sensitive bio-indicators based on the abnormal percentage in a community rather than severity of individual illness. In Malaysia, where I was working with an ethnic Chinese community exposed to an industry with very toxic waste, we found four children with leukemia and one with a brain cancer. About one childhood cancer every 10 years was expected. All were being treated by different physicians and neither the hospital nor the oncologist noticed that the children were all from one community. We had identified 45% of the children of this community as having abnormal white blood counts two years before. None of the children were considered in need of medical care, and nothing was done to help normalize the children's blood parameters. Each child was treated in isolation from the community and its pollution problem. Hospitals and laboratories could identify more such clusters of abnormality before they erupt in frank disease. However, this will mean changing the way information is collected and analyzed.

Toxicological studies of spontaneous abortions, and perinatal and infant deaths is imperative. Babies are the products of our lifestyle and environmental exposures, as well as our genetic composition. The future depends on their health and genetic integrity.

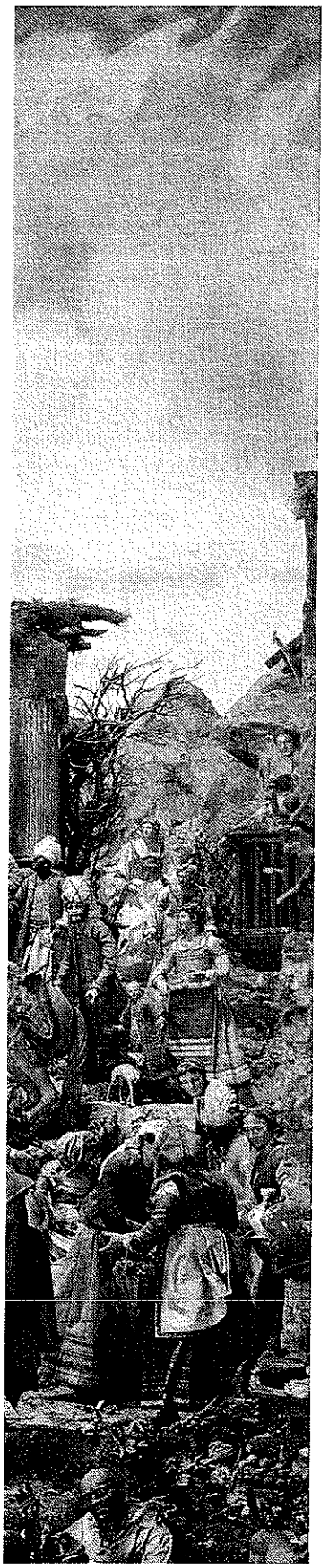
Self-evaluation in hospitals needs to include responsibility for former employees whose health may have been damaged by working at the hospital. Hospitals should have their own water filtration and purification system for both incoming and outgoing water. Incinerators are probably unacceptable in most cases. Sorting of waste, isolation of radioactive and biologically hazardous waste, and designing of nontoxic environments are essential.

The Catholic Hospital Boards need to become active participants in local megaproject environmental assessment hearings. Taking an active position requires dealing with the health costs of chronic exposure to toxic chemicals, high tension wires, and other hazards. As more information on these costs becomes available, a clear voice for community health needs to be heard. Environmental health problems cannot be handled in the piecemeal fashion of the past.

The ultimate environmental health disaster is war, in which all manner of damage to humans and their life support system is deliberately perpetrated. Even prior to the Gulf War, Iraqi hospitals suffered a 40% loss of staff, were forced to close 50% of the beds, had no insulin or anesthetics. The war brought deliberate bombing of chemical warfare factories and two nuclear reactors, 600 oil well fires, a 160 kilometre long congealed crude oil slick, as well as typhoid, cholera, and other diseases caused by destruction of the drinking water and sewage systems. Certainly, the Catholic Hospitals need to be a voice for the peaceful solution of international disputes.

Survival of the human race, the joyful and fruitful Body of Christ, is part of the mission of the Catholic hospital. This call is to prevent illness and genetic damage, not just pick up the fragments of broken lives.

Sr. Rosalie Bertell,
Ph D GNSH



Testimony

The International Federation of Catholic Pharmacists

The House of Hope and Brotherhood

Address to Nurses at Pastoral Care of the Sick Seminar

Benedictine Congregation of Sisters for Reparation to the Holy Face

The International Federation of Catholic Pharmacists

In November 1990 the International Federation of Catholic Pharmacists celebrated its fortieth birthday. It was, in fact, in early September 1950 that an International Congress of Catholic Physicians in Rome, organized in the framework of the Holy Year, made the decision to create a permanent Federation Arising in the Roman Forum, where the headquarters of the College of Fragrance Preparers was formerly located, the Federation experienced a new stimulus

Historical Notes

The rise of the Federation had been prepared over a long period. Contacts among European students of pharmacy had been continuing since 1932, beginning at a congress for Catholic students of the Pax Romana movement. There were already scattered associations of Catholic pharmacists, confraternities, etc.

After the last war, which interrumpted communications, starting in 1946, a Pharmacy Undersecretariat appearing in the framework of Pax Romana and its previous branch, M I I C., under the direction of Maurice Perat, one of the pioneers in 1932, sought to create and reinforce links among the local organizations, the renewal of whose activities was fully under way. In the spring of 1949 a French national congress held in Lille was the occasion for a Franco-Belgian meeting in Bruges. And precisely at St. Andrew's Abbey in Bruges the decision was enthusiastically made to organize an encounter/pilgrimage in Rome for the Holy Year associated with the Pax Romana pilgrimage. The pilgrimage to the four major Basilicas and to Assisi as well was enormously successful. The loftiest and most unforgettable moment for those participating was the papal audience at St. Peter's Basilica, which was incredibly crowded. It was in the midst of this throng that on September 2, 1950 Pius XII directly and extensively addressed the pharmacists gathered together under the statue of St. Andrew. It was the first time a Pope had addressed pharmacists, recognizing their specificity, their difficulties, their exertions, and their responsibilities: "In addition to its technical aspect, /your responsibility/ has a moral aspect as well, to which the deviance and current confusion of consciences today give a greater weight than ever before."

The text of the address, published in French in *L'Osservatore Romano,* aroused a great deal of interest and was reproduced integrally in France in the Pharmacists' national bulletin (1950, no. 9).

The first stone had been laid. The topic for the first Rome meeting had been "Pharmacy Is A Service: The Pharmacist's Rights and Duties." The next congress was held in Spa, Belgium, in 1952, on "Patients and Their Rights."

The general orientation had been clearly established and would never be abandoned thereafter: service to patients, pharmacists' duties as well as their dignity

The Spa Congress was quite important, above all because it inaugurated a series of congresses which has never been interrupted until the present and also because a German delegation led by the pharmacist Iskenius, who worked specifically for European reconciliation, attended.

The Federation was taking shape. In 1956 it was recognized through a letter from the Secretariat of State, and its Statutes were definitively approved in 1962. Links with Pax Romana-M.I.I.C. gradually grew weaker. The International Federation recognized by the Holy See (F.I.P.C.) was admitted to the I.C.O. Conference.

Participating through its President and Ecclesiastical Advisor in the organization chart of the Pontifical Commission—later designated Council—for Pastoral Assistance to Health Care Workers, F.I.P.C. confirms the solidity and stability of its relations with the Holy See.

From its origins until today F.I.P.C. has had five presidents: the pharmacists Ledoux (Belgium), Degand (Belgium), Leis (Germany), Dréano (France), and Scheer (Austria); two general secretaries: Maurice Prat and Manfred Schunck; and three ecclesiastical advisors: Rev. Marc Dubois, O.P., Rev. Michel Roy, S.J., and Abbot Pierre Schaller.

To Bring Together and Stimulate

In the course of its forty years of existence the Federation has held twenty international congresses which from time to time have brought together between 150 and 300 people to deal with subjects prepared by the national groups. It has organized about ten "federal sessions," weekends of work and reflection for specific areas, and numerous meetings of the Executive Committee (two or three a year, on the average). All of these gatherings have been made possible by the generosity of participants and officers, since the individual organizations making up the Federation have scanty resources available. This is an aspect which deserves to be stressed and also explains why the Federation's development has been restricted mainly to

Europe, with lesser travel costs.

The Federation's prime objective has always been to bring together existing associations and create them in the countries still without them. This objective has gradually been attained in Western Europe, with the existence of well-structured national associations. Some, after a period of splendor, have not survived their founders—such is the case with Spain, Great Britain, and the Netherlands. The Catholic Pharmacists of Ireland, in spite of an excellent congress in Dublin, have not thereafter come to organize themselves into an association. But there are certainly hopes for renewal in these countries. The example of the Italian Association—very active today after a period of "hibernation"—confirms that renewal is also possible if sustained by dynamic, highly motivated personalities.

In all the groups, changes in membership and contact with younger pharmacists different from their predecessors, in a much more secularized social context, interpellates the officers regarding a new form of action. Very stimulating contacts have been under way in Poland and Hungary for some time. The recent opening of Eastern Europe gives rise to many hopes.

Having appeared in Europe, F.I.P.C., in spite of the efforts of the General Secretariat, has always found it difficult to develop on the other continents.

In the Western Hemisphere there is a National Catholic Pharmacists' Guild in the United States, whose development is also impeded by the distances separating members. Other groups exist in Mexico, Peru, and some other countries. Congresses have been organized in these regions—in Montreal (1969) and Mexico City (1973). The very promising Cuban section has disappeared for political reasons. Contacts with Vietnam have been interrupted as well.

Africa and Asia have some analogous organizations. Some pharmacists from Zaire have been invited to our congresses. These countries are well known to us, above all for their great need for medicines. The European national associations work consistently to provide aid in this field.

In any case, it is indispensable for F.I.P.C. to be able to develop its action overseas. The poverty of populations, the exaggerated wealth of some, the lack of essential pharmaceuticals, the reduced number of competent professionals, and the absence of social assistance—all of this demands that pharmacists and their collaborators be highly aware of their moral and social responsibilities. The Christians engaged in health care, often a minority, are among the best contributors to the development of these countries. But we must not cherish vain hopes.

If F.I.P.C. has the instruments for a European strategy, we must recognize that it does not as regards the other continents. It must reckon with the scanty economic resources of many of these pharmacists with uncertain, precarious work. The existence of the Pontifical Council for Pastoral Assistance to Health Care Workers justifies new hopes. The gatherings in Rome for the conferences organized by this Office are positive. The presence in individual countries of bishops responsible for pastoral care in health must make it possible to discover the pharmacists—frequently unknown—and recognize their specific, indispensable role, too often hidden behind commercial façades. "The labors and responsibilities of the pharmacist are known and appreciated neither at all times nor by everyone as they should be" (Pius XII, September 2, 1950).

Gathered Together for What Ends?

Pharmacy and Christianity are two specific aspects. As *pharmacists* we are engaged "body and soul" in a professional life which is individualized to the utmost and increasingly contracted by a multiplication of administrative bonds linked to the development of social welfare and thus invasive of even private life. Like the physician, the pharmacist is *marked,* even during his vacations, even if retired.

Christians in an ever more secularized world, we are also *marked* by a difference which should not confine us to a ghetto, but translate itself into positive witness, providing permanent and needed support for our Church, which teaches and prays. For Christians who work as pharmacists it is essential to succeed in binding together these two specific characteristics, under pain of losing their very existence.

The *meeting grounds* are numerous. We shall limit ourselves to recalling two: professional efficacy and ethics.

1. The Christian's *professional efficacy* must be exemplary for the quality of his service, with full responsibility, of course, for everything connected with continuing education, in particular, but, above all, by orienting his activity towards the best service to the sick and the poorest. Aside from those devoid of all economic means, it should be remembered that the patient is always a poor person in psychological terms.

There is a serious risk that commercial and economic pressures and the exigencies of social services themselves will cause the pharmacist to lose his sense of the patient. Marketing with respect to the consumer is encouraged and facilitated and is immediately remunerative. A *marketing of the heart* aimed at the sick is, however, often difficult, and sometimes discouraging, rarely pays, but always enriches the spirit. It is precisely this daily contact which gives real meaning and purpose to an occupation which might otherwise prove unrewarding and illusory in the light of the considerable training received.

In this dialogue with their *neighbors* (the closest neighbors), the Christian, more than others, will be a bearer of *hope*, since he believes in eternal life, in addition to exclusively human hope, which is nothing but the hope that one will get better.

The Christian pharmacist can be a messenger of the Gospel for the patient, without forgetting that the patient, too, will be a messenger of the Gospel for the pharmacist.

Our industrialized world —men and women—is sad, depressed. The pharmacological arsenal strikes them as the means to come out of their depression or not fall into it; the antidepressant makes it disappear just as the snow conceals the roughness of the terrain, but the deep-seated causes remain. Is this not perhaps the classic case in which the pharmacist may add a supplementary value to the medicine prescribed, with a message of hope, of self-confidence, which will help the patient to restore meaning to his existence and rediscover the joy of living?

This professional efficacy passes through verbal communication, along with the technical quality of service and products, proper administration, a rejection of waste, and up-to-date information for customers, regarded as a duty in keeping with honesty.

The F.I.P.C. congresses and publications have always sought to prompt pharmacists to advance along these lines and have made valid contributions to enriching the notion of the "pharmaceutical act" and "service to the patient," in both the mentality and professional vocabulary itself.

2. Ethics has always been part of the pharmacist's reflections on his art; but the progress of scientific research poses and will continue to pose multiple serious problems for him concerning life. I am referring to *bioethics*.

These very complex problems constitute a permanent concern of our Federation and have already been the object of meetings and congresses (Bruges, 1985). The complexity of these problems and the moat opened between public opinion, manipulated by the media, and the positions of the Magisterium of the Church bring out the full importance of the Federation's work.

The pharmacist, in his daily practice, cannot ignore these problems, even if he wished to. Customers' requests, the availability of new substances, and legislative innovations cannot leave him indifferent.

For the past twenty years there has been an invasion of contraceptives, with their effects on morals; today we are faced with abortifacient pills. What will tomorrow bring? Another problem we have to confront —with increasing urgency—is drug addiction.

The pharmacist has always been the custodian of poisons and the protector of society. The main narcotics, morphine and cocaine, are abundantly present today in profitable parallel commerce; this does not, however, prevent the possibility of the pharmacist's being tricked. More insidiously, we are witnessing —especially among the young— the deviant use of pharmaceuticals: serious problems for isolated pharmacists subjected to brutal pressures.

The legal right to refuse to sell must be asserted, even in the face of some deviant or obliging medical prescriptions, as well as the right to refuse sale on the grounds of conscientious objection in the case of substances making an attempt on life (abortion, euthanasia of the dying or the elderly). This is the significance of the campaign F.I.P.C. is promoting to obtain the right to a special "clause"—i.e., *conscientious objection*—too often overlooked or rejected by pharmacists.

On this terrain as well, the union of Christians engaged in this profession remains indispensable in connection with defending the rights of the person.

To Keep Watch and Alert

Catholic pharmacists, open to universal problems, must be people who keep watch and alert, both individually and in their associations.

Keeping Watch. The pharmacist is the one who finds himself in the best position to identify the public's health problems and the difficulties linked to medicines, their use, contraindications, and price, as well as the deviations involving them, from simple overconsumption to pharmacomania, and to discover, in addition, waste and fraud to the detriment of the common welfare of patients. In his labor of vigilance, he will see to it that information gets to those responsible.

Alerting. Through his advice, the pharmacist will play the role of a health—and also moral—educator. "Morality can be a medicine." The spread of AIDS and requests for syringes and condoms may be an occasion for dialogue, though difficult.

The "open door" of our pharmacies is a more eloquent symbol in our time than the former mortar.

Everyone can come in, even without money or an appointment. The pharmacist, when properly trained—and this is the task of our associations—is there to receive people who are often marginalized, cut off from traditional religious values, and disinformed because of so many messages from the media accepted without a critical spirit.

Current Objectives of F.I.P.C.

As a Federation of autonomous associations adapted to their environments and with isolated "corresponding members," F.I.P.C. has a threefold function as an organ for *a) liaison* by conveying information and directives from one point to another; *b) stimulus* by proposing topics for reflection and organizing meetings around three main themes: 1) analysis of the patient's needs; 2) attention to the spiritual needs of the Christian pharmacist so that he can nourish his faith more fully; and 3) future-oriented research into the permanent evolution of the profession; *c) communication with others* by way of communiqués, publications for other pharmacists, leaders of the profession, health authorities, and the general public; and *internally,* to convey specific information to the Church—its hierarchy and Magisterium—in the spirit of the document on the "lay faithful," so as to participate in the ecclesial community.

If the sheep do not inform the Shepherd, how can he know the problems of the flock?

A *mediator* and source of information between the physician and the patient—capable of "moving from the medicine aimed at treating a certain disease to the one suited to the patient, the human person—the pharmacist is always a mediator, in the face of both the medical prescription and the request to treat oneself. The Catholic pharmacist must be aware, on both personal and collective levels, of the significance of his presence in a society promoting the irrational use of pharmaceuticals" (F. Angelini, F.I.P.C. Congress, 1987).

In Conclusion

In view of increasingly complex university studies far removed from human sciences, heavier and heavier pressure from capital (hardly compatible with generosity and gratuitousness), and the burden of administrative requirements suffocating the spirit, Christians engaged in the field of pharmacy need to unite in order to live out their faith and share the Gospel with colleagues and customers. All who have participated in the life of our associations acknowledge the enrichment and openness they have received therefrom.

An Appeal

I would like to close with an appeal to university professors to make their students aware of human problems, to our sister associations and federations (CICIAMS, FIAMC, etc.) to make our Federation known to their pharmacist friends, and to all bishops, priests, and religious responsible for pastoral care in health to take pharmacists to heart. In this way isolated Catholic pharmacists living in geographical areas where F.I.P.C. is not present will be able to participate in the life of the local community of Catholic health professionals and receive F.I.P.C. information.

JEAN DRÉANO
F.I.P.C. Honorary President

The House of Hope and Brotherhood

1. Definition

The House of Hope and Brotherhood is a community organism able to assume responsibility for terminal cancer patients and offer their families special services tailored to their needs in the Braga region of Portugal and bordering areas.

It consists of a family-type house with a capacity for twenty beds and oriented towards the care of cancer patients in the terminal phase; a network for collaboration with regional home care services which fosters support for patients and their return to the family environment at any age, if possible; and a training and research center devoted to improving the quality of terminal care.

At the House of Hope and Brotherhood, all activity is centered on the patient and is defined in terms of a multidisciplinary approach.

The working group is made up of the House's staff, the home care team, volunteers, and the patient's family. It ensures individual, personalized care for the patient and tends to create an environment capable of helping him to live through life's final stage. In addition, family members are guaranteed services to meet their particular needs.

This work is carried out in collaboration with, and as a complement to, already existing top-level resources: hospitals, health facilities, social security —and in accordance with the norms generally established for such programs.

2. Philosophy

The care and other services provided by the House of Hope and Brotherhood are based on the following principles:

2.1. The person is a totality of energies expressing his or her vitality in various ways: corporally, emotionally, mentally, and spiritually.

2.2. Death is a stage in the process of personal growth, just like birth, childhood, adolescence, adulthood, and old age.

2.3. The terminal patient is a person going through the last stage of the human condition. In this phase, Life offers a final opportunity to integrate all the dimensions of existence and to become more human.

2.4 The efforts of a multidisciplinary team made up of different professionals and volunteers is required to facilitate the expression and satisfaction of the many-sided needs of these patients and their families once their state demands care of a special quality.

2.5 The spirit animating such people and giving meaning to their teamwork is based, on the one hand, on recognition of the principle that one is responsible for one's life and, on the other, on the notion that to develop and fulfill one's mission one needs others.

2.6 The main objective of those intervening—once the patient's survival can no longer be hoped for—is to improve the quality of the life remaining, with relief of "total pain" and a better preparation for death.

3. Values

"The value of social justice obliges us to provide services and care on an equal basis for all.

Dignity, truth, and respect are the values deriving from this fundamental value.

3.1. *The value of dignity* is a basic right of the terminal patient. Its exercise restores to individuals the chance to live out their own death. This dignity in dying is translated into the possibility of being relieved, of receiving care in a humane atmosphere, and also of choosing, insofar as possible, life conditions in the terminal stage.

3.2 *The value of truth* is equally fundamental for the patient. Its exercise allows the ill to be informed about all that concerns them. Services to the dying based on truth respond to patients' questions by always helping them to undergo their reality. Such services enable them to move through the final stage and conclude life.

3.3 *The value of respect* leads us to regard patients as people clearly undergoing an intense drama, but remaining whole persons; it also includes respect for their options, modes of expression, reactions, interiority, and physical and moral integrity. To respect terminal patients is, in sum, to regard them as human beings under all aspects." *

* Taken from A.H.Q.'s guidelines, *Care for the Dying: Approach and Development* published in Spanish as *Cuidados a los moribundos, aproximación y desarrollo* (March 1982), p. 19.

4. Objectives

4.1 *Care for the Dying*

The care provided for the dying basically seeks to relieve their total suffering through a

minute control of symptoms and basic care assiduously and lovingly offered and to accompany the dying in their journey towards death.

4.1.1 *The Dying*

The terminal cancer victim is a person who has reached the ultimate phase of an incurable, fatal malady. All available treatment aimed at a cure has been carried out, and all available resources have been exhausted.

This terminal phase is situated in the final weeks of life. In order to improve the quality of remaining life, the dying are encouraged and helped to live through this closing stage by expressing and satisfying their physical, psychological, and spiritual needs

4.1.1.1. *Physical Needs*

The House of Hope and Brotherhood a) offers the dying a physical environment which is their natural one or approximates it as far as possible and which fosters comfort, repose, and sleep; b) actively controls their pain and symptoms, being careful to preserve their capacity for communication and self-awareness; c) provides assistance and support to meet their need to breathe, drink, eat, and evacuate; d) furnishes care and support in regard to their personal needs for hygiene, mobility, activity, and security

4.1.1.2. *Psychosocial Needs*

The House of Hope and Brotherhood a) offers a secure environment in order to prevent isolation by allowing for intimacy, protect the patient's personal environment, foster the family's presence, and permit contact with nature; b) recognizes and encourages the expression of needs arising from habits, customs, or specific cultural traditions—for instance, selecting food or clothing, types of rest, and artistic, intellectual, and social activities; c) offers a supportive community wherein the dying and their families can feel respected in their identity and dignity, communicate with warm people who welcome, listen, and converse, establish meaningful relationships, and be helped to communicate among themselves; d) offers the possibility of more specialized help, if needed, by accompanying patients on the way to death and helping them to express their reasons and emotions and to achieve awareness of what they are undergoing and of the irremediable consequences arising therefrom for themselves and those dear to them, and by respecting their capacity to understand and select the options for which they alone are responsible.

4.1.1.3 *Spiritual Needs*

The House of Hope and Brotherhood offers the dying, in the searching of their spiritual journey, all necessary help, particularly as regards treating the wounds of their spirit; accompanying them in the search for the meaning of all they are undergoing; helping them to make adequate moral decisions; and respecting their way of living and beliefs and enabling them to express their faith concretely.

4.1.2. *Family Members*

The family and its friends, as they are very closely associated with the death process of a loved one, represent at one and the same time "resource people" and "beneficiaries" for the House of Hope and Brotherhood. They are invited to adapt, insofar as they are capable, to each stage in the care process, in order to improve the patient's quality of life. Their presence is an indispensable aid to staff members at the House and in the Home Care Service.

4.1.2.1. The House of Hope and Brotherwood offers family members, in the capacity of helpers, the chance to convey all the information they deem necessary for better knowledge and comprehension of the patient to the team; get involved, as far as possible, in providing care; and visit the dying at any hour of the day or night.

4.1.2.2. The House enables people to benefit from the human and physical resources of the environment in order to feel at home and use the equipment necessary for their participation and well-being.

4.1.2.3. The House provides family members with adequate, thoroughgoing information on the state of the dying; appreciates their needs; shows them confidence so that they feel attended, comprehended, and aided in their trial; and offers a human chain ensuring human warmth and presence at the moment of death, separation, or mourning.

4.1.3. *The Treatment Team*

The work of the treatment team aims mainly to ensure individual, personalized care for the dying—i.e., to identify individual needs with sufficient precision; to plan out needed care on a daily basis; and to intervene competently, with respect for each person's role.

Volunteers, like the relatives of the dying, are incorporated into the treatment team on an equal footing with staff members both at the House and at home.

The spirit animating all of these people is one alone, involving collaboration, respect, and mutual assistance.

4.1.3.1. *Staff*

The multidisciplinary team brings together people from different professions, such as pastoral workers, doctors, nursing personnel, pharmacists, psychologists, social workers, and other helpers, to respond to the many-sided needs of the dying and their families.

In addition, it has all the service personnel which is essential to carrying out the House's day-to-day activities.

It is our hope that the House of Hope and Fraternity will provide a well-organized physical space and adequate working conditions; offer an ongoing program for training and information; supply a life-oriented environment wherein each person may realize himself or herself in a tranquil, worthy setting by way of work; and offer the psychological and spiritual support needed to influence the quality of one's work as a collaborator, interpersonal relations, and participation in the team.

4.1.3.2. *Volunteers*

Volunteers carry out important work in the care team. They are supplementary, varied human resources, and, at the same time, a friendly, unselfish presence. Their role corresponds to the need for society's intervention in the care of the dying.

It is our hope that the House will welcome those volunteers who are capable of working in a team and accompanying the dying; provide training on the care of the dying and a conception of how to assist them; provide a life-oriented environment and appropriate working conditions; and offer all necessary support for them to carry out the tasks requested of them.

4.2. *Training*

Aware of the lacunae existing in our society as regards the approach to and care of the dying, the House of Hope and Brotherhood, on a short and long-term basis, seeks to effect certain changes in attitudes towards the dying, in terms of both society itself and the two kinds of people working alongside the dying.

Accordingly, it seems essential and indispensable (4.2.1) for the training programs aimed at the different people intervening at the House of Hope and Brotherhood to be drafted, planned, and carried out according to those people's needs; (4.2.2) for the House to offer its participation and collaboration to educational institutions and other organisms for the initial and ongoing training of people interested in the care of the dying.

4.3. *Research*

Since improvement of the quality of care of the dying cannot be achieved without a dimension of "research," it strikes us as indispensable that (4.3.1) with competent people every research program which can contribute to deepening knowledge leading to improvement of the quality of care for the dying should be elaborated and carried out and that reflection may be devoted to the following aspects: models for care, psychological attitudes and reactions, and the control of symptoms.

Conclusion

The philosophy and the objectives formulated in this document constitute the basis for our individual and collective action in the approach to and care of the dying.

Every action and initiative carried out in the context of the project for the House of Hope and Brotherhood ought to reflect this philosophy and its objectives, in both spirit and activity. We hope this document will enable all who intervene to work in a single spirit of collaboration, understanding, and friendship, and thus be capable of responding in the best manner to the expectations and hopes of all who find themselves at the close of their lives.

Fr Augusto Vila-Chã
Chaplain

Illness as a Moment of Trial

Archbishop John Njienga's remarks to nurses engaged in pastoral care of the Sick during the Seminar held at the Dimesse Sisters Centre in Karen, Kenya February 10-15, 1991.

Mark 1 32-35

"On leaving the Synagogue, he went with James and John straight to the house of Simon, Peter, and Andrew. Now Simon's mother-in-law had gone to bed with fever, and they told him about her straightaway He went to her, took her by the hand, and helped her up. And the fever left her and she began to wait on them."

"That evening after sunset, they brought to *him all who were sick* and those who were possessed by devils The whole town came crowding round the door, and *he cured many who were suffering* from diseases *of one kind or another*; he also cast out many devils, but he would not allow them to speak, because they knew who he was.

In the morning, long before dawn, he got up and left the house and went off to a lonely place and prayed there "

I am glad to be here with you yet again as you attend this seminar on Pastoral Care of the Sick I took a bit of time off my Retreat.

I would like to thank the Camillian Fathers for being available whenever we have invited them to conduct these seminars, *Missio* Aachen for finances, the Medical Department (Sr Umberta), and all of you who have come.

We have had two series of seminars in 1987 conducted by Fr. Arnaldo Pangrazzi of the Camillian Fathers. Those of you who attended the 1987 seminars will agree with me that they were good I am sure you are here either because you attended these seminars or because you heard about them

Sickness is a hard and difficult time when the body is weakened and suffers pain, and one can barely keep hoping; it is a "trying period" for all mankind It is a result of Original Sin, which we all inherit

Genesis 3 16

"To the woman he said, 'I will multiply your pains in childbearing, you shall give birth to your children in pain. '."

Genesis 3.17

"To the man he said..., 'Accursed be the soil because of you With suffering shall you get your food from it. With sweat on your brow shall you eat your bread...' "

Being descendants of Adam and Eve, we are all bound to suffer, to be sick, and to die.

It is during this trying period of sickness that one counts his friends and foes. A simple visit to the sick person means a lot to him or her

As Christians we follow the concern Christ showed for the bodily and spiritual welfare of those who are ill. What we cited above in St Mark shows how Jesus was concerned about the sick—he even went on curing them at night—"That evening after sunset... he cured many who were suffering from diseases of one kind or another ... ."

Perhaps here we are also reminded of our night duty—do we sleep and neglect patients?

It is the responsibility of all Christians to visit the sick, console them, pray with them, pray for them, and celebrate the Sacrament with them whenever possible.

The family and friends of the sick, doctors, nurses, and others who care for them, and priests with pastoral responsibilities have a particular role to play in this Ministry of Comfort.

A sick person is not only lonely and displaced, but he or she is suffering in both body and mind. He or she is anxious about the outcome of the illness and the treatment prescribed He or she now needs to be comforted, needs company and reassurance. He or she now needs to be given hope and trust in the loving providence of God—needs to be listened to with care and, above all, *to be shown love*. Here I think of those suffering from terminal disease and especially AIDS patients (Jesus loves these, too!)

The staff involved in patient care should be encouraged to consider this spiritual care of the sick as part of their responsibilities. Accordingly, they should be well instructed in the pastoral care of the sick

The Medical Department of the Catholic Secretariat has organized this seminar and others before, because they recognise the need for this important Ministry of the Sick Scholar-

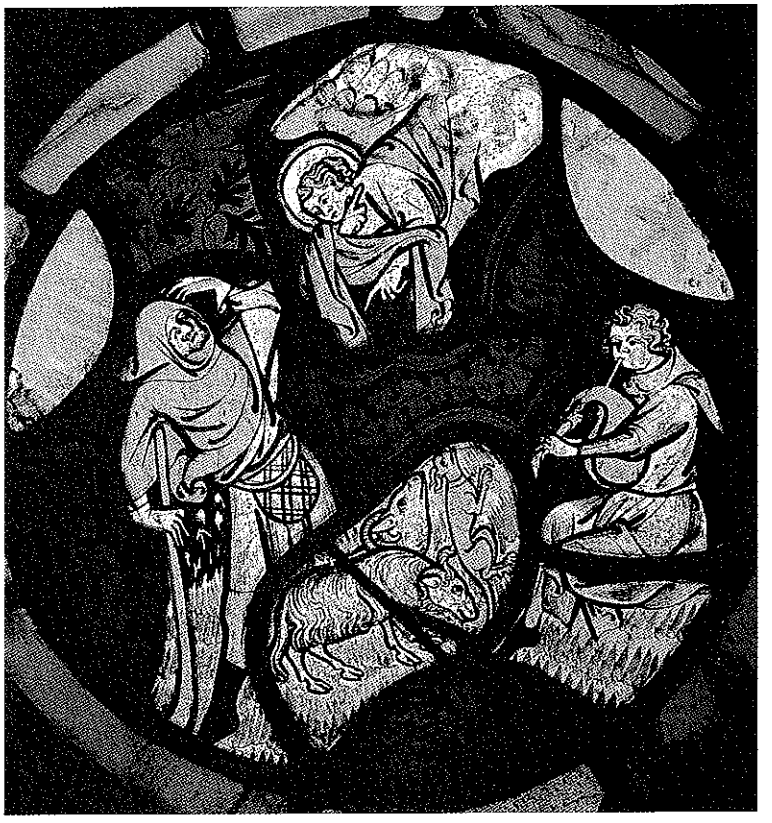
ships have been offered by Camillian Fathers to study the Theology of the Pastoral Care of the Sick. We are indeed very grateful.

In Latin there is a saying, "Anima sana in corpore sano," i.e., "a healthy body breeds a healthy soul." Although it would be impossible to prevent all sickness, suffering, and death, we should at least make it easier for the victims to cope with them by first of all accepting them as part of life, for even the Son of God had to suffer and die.

In conclusion, I would like to remind you the words of Our Divine Lord as He identified himself to mankind.

"For I was hungry and you gave me food, I was thirsty and you gave me drink... I was naked and you clothed me, sick and you visited me...

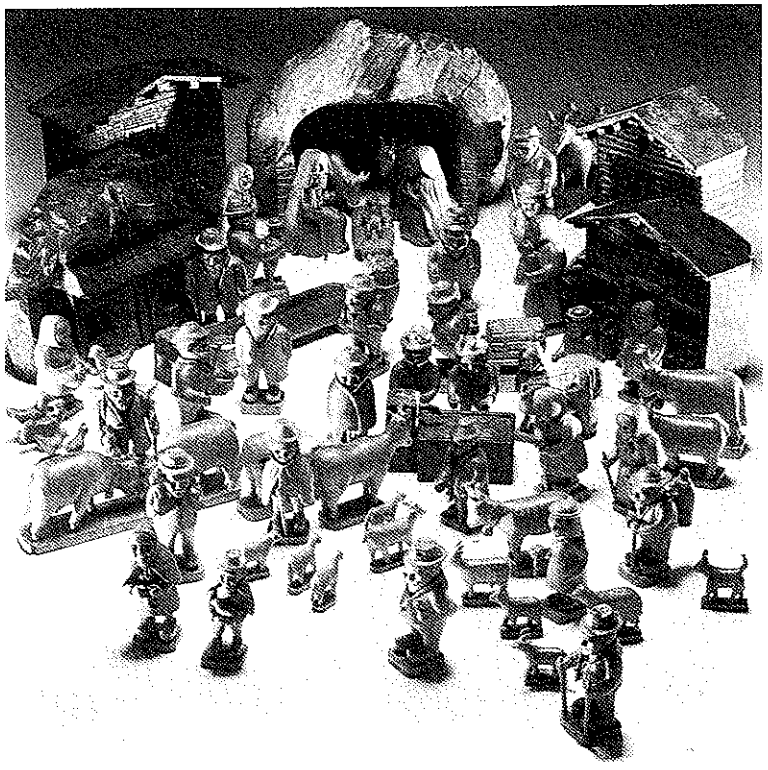
"Come, you whom my father has blessed; take for your heritage the Kingdom prepared for you since the foundation of the World" (*Matthew* 25:34, 35)



Benedictine Congregation of Sisters for Reparation to the Holy Face

Who They Are

At the end of World War II (1945-1946), and through circumstances later confirmed as providential, Abbot Hildebrand Gregori took in some poor and abandoned children, offering them complete assistance. In a short time, they grew in number to such an extent that, arising from the very small group in Bassano Romano, an impressive charitable movement was born, for which Fr. Gregori availed himself of the assistance not only of his brothers, but also of the first nucleus of young persons wishing to consecrate themselves to God through service to abandoned children and youth. It was from this first nucleus that there was born the Benedictine Congregation of Sisters for Reparation to the Holy Face of Our Lord Jesus Christ.



Founded in 1950 as a Pious Society, the new religious Institute was established as a religious Congregation under diocesan jurisdiction in 1973 and, five years later, on February 7th, 1978, it was recognized as a Congregation under pontifical jurisdiction. And, in the meantime, the charitable movement of Fr. Gregori grew to embrace also the aged and infirm.

The Benedictine Congregation of Sisters for Reparation to the Holy Face of Our Lord Jesus Christ presently includes fifteen religious communities in Italy, almost entirely dedicated to assistance to the sick in their privately owned hospitals.

Fulfilling a long-time desire of Abbot Gregori, with the inauguration of the Abbot Hildebrand Gregori Memorial Center in Makkiyad (Kerala, India), the Benedictine Sisters for Reparation to the Holy Face are preparing their first foreign foundation.

For the past four years Fr. Gregori's spirituality and a growing devotion to him have been spread by the quarterly Journal of information and spirituality entitled *The Father*, requests for medals and images of the Holy Face of Jesus, and the distribution of his biography.

What They Do

The Benedictine Congregation of Sisters for Reparation to the Holy Face of Our Lord Jesus Christ has a triple *purpose*:

— the glory of God
— personal holiness
— the good of souls

The specific characteristic of the Congregation is manifested in two ways:

— Benedictine spirituality: "Ora et Labora"
— devotion to the Holy Face of Jesus.

Its apostolate of care to the infirm, to those who are weakest and alienated, reflects this dou-

ble manifestation: laboriousness, spiritual commitment, the austerity and concreteness of St. Benedict's spirituality; and at the same time, these characteristics are lived through the contemplation of the Suffering Face of Christ, and the constant effort to recognize His Face in all of suffering humanity

Referring to his long residence in Deo Gratias House at Via della Conciliazione, 15, in Rome, near St Peter's in Vatican City, where he passed from this earth to the life that does not die, Abbot Gregori loved to say over and over again: "So many tears have been dried in this House"

The Benedictine Sisters for Reparation to the Holy Face of Our Lord Jesus Christ seek to follow in the footsteps of their Founder, especially through the care of the infirm in body and in spirit, and through the education and formation of the young

Sisters, because they are sisters of those who are in need

Benedictine, because they are committed to prayer and work.

For Reparation to the Holy Face, because they are consecrated to the Lord for reparation and atonement, through exemplary life and through prayer, for the offenses committed against God; because they are dedicated to spiritual and corporal health care in response to the numberless crosses carried by those who suffer at heart and in spirit.

The Roman Deo Gratias House is a place of pilgrimage, increasingly popular, for visiting the room in which Abbot Gregori left this earthly life.

His tomb, located at Bassano Romano (Viterbo), has also become a place of prayer and grace.

To live and promote the spirituality of the Holy Face. This is our ideal

Why They Do It

To choose a way of life, consecrating themselves to God by holy vows; to follow the path of Christian perfection; to be completely available for service in the Church's work of evangelization

To devote themselves to the human and Christian education of children—especially the neediest—adolescents, and young people; to the spiritual and sociomedical care of the sick, the elderly, the handicapped; and to all the services which are proper to religious formed in the Benedictine monastic spirit.

To share in and appreciate the value of human suffering in body and in spirit, like the devout women in the Gospel who followed the Passion of Jesus and with Our Most Blessed Lady of Sorrows were the first to make reparation, the first to console Jesus, the victim of love

Young women wishing to receive more complete information may write to the

Benedictine Congregation
of Sisters for Reparation
to the Holy Face
of Our Lord Jesus Christ
Via della Conciliazione, 15
00193 Rome - ITALY

To be received as Aspirants or Postulants, young women should be introduced and recommended by their parish priest or by another qualified priest who can testify in writing concerning their desire to embrace the religious life and their moral, spiritual, cultural, and physical suitability

One Letter: a Sign of the Vocation

My Dear Young Friend

Unexpectedly and from afar, from Rome, the Centre of Christianity, I am sending you some brief information on the lifestyle of my religious Congregation. This text which you are holding in your hands may have little importance, but it might also be a sign of God's Providence and Holy Will. Read it. The prayer and meditation necessary for choosing a way of life are indeed so important that they cannot be considered as if simply human realities. The choice of a life consecrated to God and to the Church in order to serve in justice and charity our neediest and most suffering brothers is indeed a grace which in His infinite Love God grants to souls dearest to Him. The text which you are holding, together with my letter, are meant to be the expression of best wishes from a spiritual sister who has for many years now enjoyed the unique gift of the religious vocation, enlightened by the Holy Face of Jesus and guided by our Founder, the Silvestrine Benedictine Abbot Hildebrand Gregori, the man of Charity, "the man of the Beatitudes," and for this reason considered holy. My wish is that you may also hear the Voice of God, in prayer and under counsel of his priests, and responding with complete freedom of spirit.

My Congregation is also at your disposal if you so desire. All of my sisters are united to me in this wish for you, and we assure you of our prayer for you at the altar of the Holy Face of Jesus.

Sr M. M. BIANCUCCI
Superior General

Activity of the Pontifical Council

Talks

Chronicles

The Hospital for the City

Fiorenzo Cardinal Angelini's address for the third centennial of the canonization of St. John of God at Tiber Island, Rome, on June 18, 1991.

1. The phrase "hospital for the city" is charged with meaning. Not the hospital alone, not the hospital just for individuals, but the hospital for the city—i.e., for everyone, for health, to be defended or recovered, is a problem concerning everyone.

2. Among the community's essential services, the hospital occupies the first place, and I love to call it the most frequented temple, since anyone entering a hospital does so with faith, faith in life and health—a faith which joins together all men without any distinction. Perhaps because of this faith, from a terminological standpoint, in some languages we find the concept of hospital associated with that of a house of God open to all, *hotel-Dieu,* as the French once said.

3. In this conception of the hospital, any idea of ghettoization, of separation, has been completely superseded—or, rather, cancelled out. The hospital is not something isolated from the city, is not a jail, but is *in* the city and *for* the city. It is a service for all; it is a house open twenty-four hours a day—the house at whose door nobody likes to knock, but which no one would ever want to find closed. The hospital, then, is a service understood to be availability, a guarantee, a sense of security. Something that happens to all of us, when we find ourselves in localities without a hospital or far away from one, is to observe a a sense of insecurity, almost of fear.

4. These concepts take on a very special meaning in our time. Indeed, the socialization of medicine and health care now involve, nearly everywhere, entrusting to the State the management, maintenance, and efficiency of the hospital. Having arisen from the impulse towards justice sustained by charity, public health, as a set of institutions, experiences the risk of politicization. But the hospital is not to be parceled out as spoils—it is a service to the whole community which involves the whole community in the performance of this service. Mankind passes through hospitals and therein is forced to come to grips in real fashion, and not just verbally, with the facts of the human condition.

5. I shall limit myself to some reflections on three aspects of this service to the city: why it is a primary service; who should carry it out; and how it should be carried out.

6. *The Reason for this Service*

With the development of preventive and rehabilitative medicine, in particular, all the ages of life need this specific service.

Today, to indicate a positive evolution in the administration of a city, or even a country, the first parameter is constituted by the way in which citizens' health is provided for. The "hospitals which function properly," which are "clean," which have serious-minded, effective health professionals, and so on are a city's best visiting card. The opposite generally indicates a city's state of decay.

The spirit running through the law instituting the National Health Council, above and beyond reductive applications and persistent deficiencies, involves a real humanization of health care and its full inclusion in our whole national life.

In the life of a city, a model hospital is not an aspect of progress or one of its desirable achievements—it is a measure of the progress of human and civil community life. Every new problem and difficulty on man's individual and collective way has its implications for hospitals, which reflect the whole problematic of health, and health, considered as physical, psychic, and spiritual well-being, involves the whole of man.

7. *Who Should Perform the Hospital Service*

As a human being has a soul in addition to a body, so the hospital must have a soul. There is a contradiction in our time which can escape no one. The extraordinary development of science and technology has made it possible in modern hospitals to reach goals which were once unimaginable. If, however, there is no soul, spirit, and will to care for the human person physically, psychologically, and spiritually which will sustain and guide science and technology, technical progress itself manifests very serious limits.

For the modern, well-equipped hospital for terminal patients in Havana, Cuba Fidel

Castro in 1985 requested and obtained a community of Sisters of Mother Theresa, as the facilities and hospital personnel were unable to contain the growing number of suicides.

Pastoral care in health, then, at a hospital, is not a mere addition, independent, discretionary, and,even less, confessional. It is part and parcel—and often decisively so—of medical care. Moreover, just as medical care needs authentic professionals, spiritual and psychological care needs personnel—priests, men and women religious, and lay volunteers—that is adequately prepared. I would further state that at a hospital which has been entrusted to the responsibility of a religious institute, the same care must characterize the selection of medical and paramedical personnel and the choice of those in charge of the health ministry.

Administrators, doctors, nurses, chaplains, religious, and lay personnel must all be aware of this complex reality in their hospital environment. Well-coordinated joint efforts should emerge from this awareness. Just as the patient does not devote a certain time to the physical aspect of illness and another period to its psychic and spiritual implications, so the care offered must present itself with the note of unity.

8 *How the Hospital Service Should Be Performed*

I will not go into particular aspects, but indicate some orientations which I deem indispensable.

First of all, those serving the sick must never forget they are *serving life*. Those responsible for hospital activity are servants, not arbiters, of life. When death enters a hospital through the practice of abortion, euthanasia, or other more or less hidden forms, the hospital betrays its function. Accordingly, scanty care, the abuse of medicines aimed at making the patient less troublesome, strikes to the detriment of the hospitalized, insufficient cleanliness, and numberless additional details quite familiar to anyone accustomed to the places of suffering and care are also anti-life.

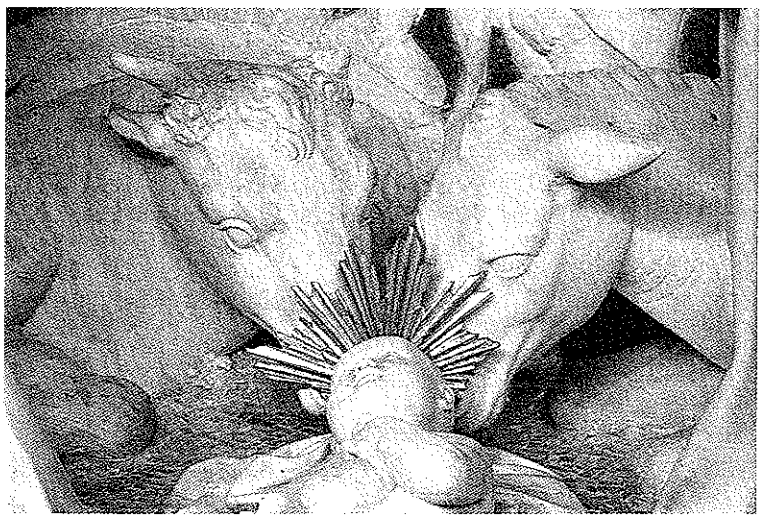
Hospital care must be *humanized* and *humanizing*. At Catholic hospitals, furthermore, this humanization of care is a premise for and instrument of evangelization, as it was in Christ's own action as a physician of souls and bodies.

The hospital must be *open to the collaboration* of individuals, groups, and associations which directly or indirectly propose to contribute to the care of those suffering by profession or by a voluntary choice. This willingness and openness must not be merely passive, but active. The hospital must make its voice be heard in the entire social community. If it is for the city, the city must be for it. The hospital reality must move in a unified fashion, without opposing corporatisms.

Those entering a hospital are always accompanied by fear. A fear deriving from the inefficiency of the facility must not be added to that initial fear. The hospital must be a place of hope, not the anteroom of despair. By vocation and mission, health professionals are mediators of hope and comfort for both patients and their families.

These essential orientations must constitute the underpinning for the deontological code of health workers at all levels.

We who view concern for those suffering from a Gospel standpoint cannot and must not regard such concern as an expression of charity and mercy, but of justice. A justice which in charity finds a further impetus and force so as to be implemented.



This Church is a Door of Hope for the Place of Suffering

The homily delivered by His Eminence Fiorenzo Cardinal Angelini at the Eucharistic celebration on the occasion of his installation with the title of Cardinal Deacon at the Church of the Holy Spirit in Sassia on July 6, 1991

There is no need for me to dwell upon my extraordinary and deep emotion this evening in the Roman church which has been the House of God for over a millennium and sings his praises. This temple, over a thousand years ago, was originally dedicated to the Most Blessed Virgin and later became dedicated to the Holy Spirit—shifting from the Mother of Divine Love to God the Spirit, who is Love. This church for eight hundred years has had another church joined to it close by, even in a material sense—the church of suffering and pain represented by the Arch-Hospital of the Holy Spirit in Sassia, which, in spite of the inevitable difficulties of the times, still preserves a tradition of care for the human person, as a compound of spirit and body, soul and matter—the human person, whom God wanted to create in his image and likeness. Two churches, but in reality one single church. I would say that one depends on the other, since—and we should always remember this, beginning with us priests, for us a magisterial and ministerial church—without the spirit, without the soul, it is not possible to promote and conduct any enterprise, even if humanly perfect. Especially when human enterprises, our enterprises, concern health, pain, suffering, it is not possible to be responsible, genuine health professionals by caring for the body while overlooking the soul—as happens when men are lacking in training which I would not even term Christian, but simply humane, in the sense that the patient must be considered and treated at all times and by everyone at least as we treat ourselves.

These two "temples," the church and the hospital—or, rather, one single temple—come to signify, in the immense radius extending throughout Italy and the world, my main pastoral task, my privileged mission as a priest and a bishop. It has been a vocation within the priestly vocation to have been assigned to the service of the sick and health workers, since no pastoral ministry in health can be conceived without intense, difficult work, often deprived of human gratification, related to training those—doctors, nurses, technicians, and so on—who hold in their hands, so to speak, the lives of others at the special moment in human existence which involves suffering, the time in which anyone—even if far from God, even if a nonbeliever—is led, nearly forced, to think of transcendence and seek it out.

And it is for this reason, dear sisters and brothers, that we ought to accustom ourselves not to wait to encounter God until, diminished in body and mind and having reached the age of 70, 80, 90, or perhaps 100, we may not be able to give God even the "small change" of our existence. I mean that human suffering is the reality which benevolently, providentially—even if none of us desires it—comes to us as a gift of God inducing us to reflect on the reality of our existence, on what we are, on what we are doing here below, on our future destiny. And this evening I especially thank God, who since September 15, 1955 has led me by the hand in a field about which I had never thought in a definite, particular way. And this is precisely what has always happened to me to the present day—to have always done—I repeat: always; God hears me and sees the truth of these words of mine—his will.

I would never have imagined that the vast continent of human suffering—that is, the sick—would become the task that would almost completely absorb my existence as a priest and bishop. In my years at the parish, how many patients I have aided and assisted! Hundreds, or, rather, thousands! I am not thinking only of the bombing of Rome in 1943, which indelibly marked my existence as a young priest alongside human suffering. Perhaps there, there alone, I grasped what a priest would have to do, must do: immerse himself in the reality of the existence of others, live with others, at the service of others, giving his life—yes, giving his life, if God should so desire—for others. And today, as I love to repeat, I am a happy man, a most happy priest.

This evening I am seeing again so many people whom I have not encountered for a long time; well, I also repeat to them, in the event they have lost sight of me, that I am a happy man, a most happy priest—my soul is truly filled with the gifts of the Lord. I would not go back, would not change my vocation, would not change any of what God has had me accomplish; I would only strive to do what I have accomplished until today much better. And I thank the Pope, the Vicar of Christ, beginning with Pius XII, before whom I found myself with the youngsters of my parish at that time, San Lorenzo in Lucina. They took us, I recall, to an audience with the Holy Father. I have a photograph which was given to me recently by the family of one of my little companions then, whom I learned died at just 17 years of age. Well, on that occasion, the Pope grasped my head, raised it towards his face, and said to me, "We'll make something of this one!" I in fact became a priest.

Yes, there are things, like this one, which one jealously guards, and I have grown accustomed to concealing my most personal feelings, particularly those which have characterized my existence—involving fatigue, work, suffering, and—why not say so?—tears as well. Yes, tears as well. There are aspects in our

lives which God alone creates, permits, consents to, and conserves in an inexorable computer and which we must jealously respect and conserve in ourselves, recalling that what must triumph in us and with us is God alone, Christ alone, the Church alone

On June 28, we newly appointed Cardinals swore fidelity to the Church to the point of bloodshed! The intensity of this oath must not and cannot be a secret of my soul. I merely wish to state that I have formulated this oath from the first moment —that is, when I made my First Communion at that parish of San Lorenzo in Lucina, where I was later confirmed, where I attended the funeral of my father, where I celebrated my first Mass. That oath, I repeat, was made by me precisely at that moment, and I can assure you, if it may be useful as an example, my dear friends, that this oath has never been broken That is why I would even have let myself be killed—and would let myself be killed—not only for the Pope and the Church—gestures which would be showy and spectacular—but for the Eucharist, the Sacraments, the dogma of the Church, what represents God, Christ in our midst. The oath pronounced the day I was created a cardinal, then, was simply a renewal of a former commitment which has decisively accompanied me throughout my life.

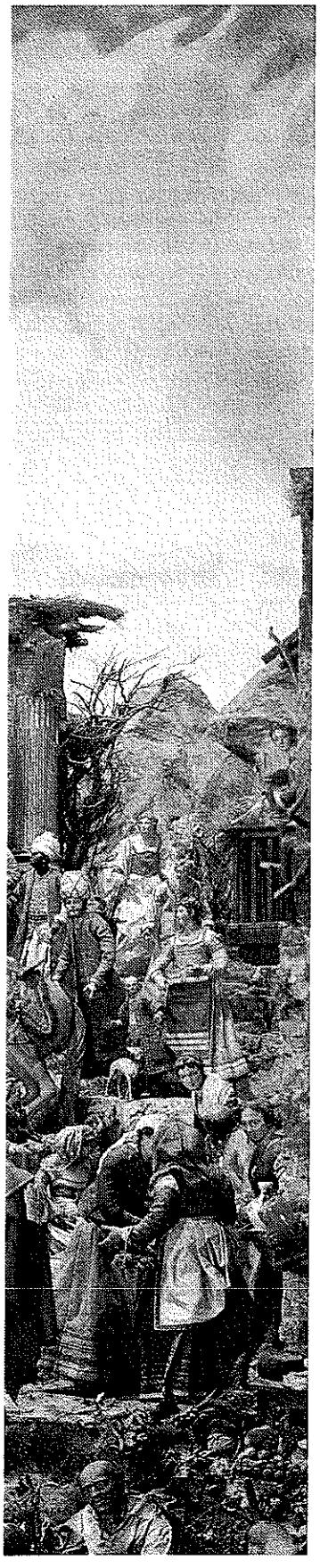
Our coming together in prayer this evening is a source of special emotion to me because it also reminds me, among other things, of the day I was installed at this church as *Praeceptor Sancti Spiritus*, a phrase poorly translated into Italian as *Commendatore* of Holy Spirit. There were a great many people then, though not so many as today There were chaplains and nursing sisters I particularly recall the chaplains; some with a little smile of self-sufficiency, and nearly of pity, were gazing at me and certainly thinking, "I really want to see how he finds a way out, because Rome is not commanded or governed." I well knew, dear friends, that there are no privates in Rome, but all are lieutenant generals In any case, those priests knew me and loved me, and I now greet those who are present here along with Bishop Luca Brandolini

This is, however, also the church where I celebrated the funeral rites for my mother This is the church where I celebrated the funeral rites for a holy monk, the father of my soul, Abbot Ildebrando Gregori, the zealous apostle of devotion to the Holy Face of Jesus, the man of heroic charity, the man of the Gospel beatitudes, the man who with formidable intelligence and will, with three university degrees, sometimes appeared as the least of the poor—and, even though he did not hold out his hand, passers-by sometimes felt like giving him some change.

This church, this place, is a coffer with a thousand memories: the prayers invented—many of you are familiar with this—every year on the evening of December 31st, prayers that issued forth from my soul and interpreted and interpellated the conscience of doctors and health workers, recalling their problems and not overlooking the ordinary and extraordinary difficulties of that whole complex, variegated, tough, often impossible world called health care

These are themes that I have been weaving together and relating since 1955, and I hope to be able to go on relating them —especially through the example of my life—for many years to come.

In this fascinating Rome, this great Rome, this noble Rome, once reddened—as we have heard in the opening hymn today—by the blood of the princes of the Apostles, Saints Peter and Paul, in this Rome, about which, as I love to repeat good-naturedly, everyone speaks badly, but where everyone would like to arrive, for everyone wants to be in Rome In this Rome,which has been my birthplace, in this Rome I feel so greatly attached to; in this Rome, which has given me a sense, not of pride, but of true Romanness, which in the Church, especially, has always been characterized by simplicity, by true humility, by truth, by a sense of friendship Friendship which is not shattered in whatever circumstances it finds itself, in confirmation of the stupendous bibli-



cal maxim: "The true friend is always a friend; in misfortune he becomes a brother."

And so, with these impromptu thoughts, which have come out straight off, as you must have noted, let us continue our prayer. Endure—let us all endure—this heat for a few minutes more; let us offer it to God for our souls, above all for the good of the sick, of all the sick whom I have now encountered throughout the world and shall continue to encounter, bringing them the sincerity, the simplicity and the practical dynamism that is as resolutory as possible by which I feel—indeed I recognize myself to be—Roman. It is possible to resolve tough situations when we are prepared to pay ourselves Romanness also offers this sense of all-out preparedness.

Having named Rome, I cannot fail to convey my congratulations and best wishes to Archbishop Remigio Ragonesi, who today has been appointed Deputy Manager of the Pope's Diocese. A very dear friend, an appropriate choice for the post, for Rome is governed, above all, with the heart, even before Canon Law comes into play; pastoral care involving the heart, paternity, simplicity, going in search of outstretched hands which are often unable to come across the hands being sought. Dear Archbishop Ragonesi, I affectionately extend my very best wishes that you may be able to do good, and a very great deal of good, alongside the new Cardinal Vicar.

Dear friends, let us resume our prayer! May Our Lady help us; may Our Lady, the Health of the Sick, give us the strength to be able to pray for others as well. The patients at the adjacent Hospital of the Holy Spirit represent the patients of the whole world. The Hospital of the Holy Spirit has given its name, in past centuries, to about two thousand hospitals scattered around the world. This hospital, then, is a most glorious name and a most noble reality. Let us all be worthy of it—it must be a symbol of health and holiness in Rome, not just in past centuries! May it be such for future centuries as well, at least insofar as it depends on me and on all of you.

The Human and Christian Meaning of Life in the Face of AIDS

Cardinal Angelini's address to the National Congress of the Catholic Medical Association of Portugal in Fatima on September 21, 1991.

The special characteristics which have accompanied the rise and spread of AIDS and the difficulties of medical science and research in containing and defeating this pandemic have posed some new problems concerning the criteria to be followed in preventive action and the care of AIDS patients for humanity and, therefore, the Church as well.

As soon as the data on the spread and fatal nature of this disease became threatening, the attention of public and private institutions was concentrated almost exclusively on prevention. It was then that the Church, especially where AIDS was most widespread and health facilities least adequate, in pioneering fashion undertook the work of care for AIDS victims—often condemned to forms of inhuman abandonment—along with preventive action.

In January 1988, while speaking as the representative of the Holy See at the World Summit of health ministers coming from 148 countries on programs for the fight against AIDS, I stressed the urgent need for scientifically grounded action which was at the same time ethically enlightened. The Church, an "expert in humanity," knows that suffering man awaits a life-giving response from science. Perhaps as never before—in the face of the reality and nightmare of AIDS—medicine as a science is called to gather together the interdisciplinary contributions of other sciences, such as ethics and bioethics, anthropology and psychology, sociology, and moral theology itself.

Prevention of AIDS and care of the victims of this disease call for the true human and Christian meaning of life. The Holy Father, John Paul II, became a spokesman for this need in his address to the Fourth International Conference—devoted to AIDS—organized by the Pontifical Council for Pastoral Assistance to Health Care Workers, which I have the honor of presiding over, and held at the Vatican in November 1989. An address which, in view of the depth of content, the attention to the whole problematic connected with AIDS, and the directives included for the purposes of prevention and care at the service of the dignity of the human person, may be regarded as a fundamental "charter" on the subject.

In what sense, then, can we and should we speak of the human and Christian meaning of life in the face of AIDS?

As John Paul II recalled, "We are not far from the truth if we affirm that, running parallel to the spread of AIDS, a kind of immune deficiency on the level of existential values has gradually been reinforced which cannot fail to be acknowledged as a genuine pathology of the spirit."

There are many illnesses whose cause or concomitant cause acting as a trigger is man's behavior, which always refers to a scale of values. However, whereas for some pathologies the relation to behavior includes mild, easily containable forms, this is not the case with AIDS. Indeed, in the appearance and transmission of AIDS the decisive influence has been confirmed of the very serious phenomena of drug addiction and the abuse of sexuality. The call for moral behavior, both individually and socially, is direct, and this relation is all the more decisive if we consider that the AIDS victims are not only those who have chosen or choose moral behavior tending to expand the disease, but are also innocent ones whose numbers can only increase in the foreseeable future.

The reminder of the human and Christian meaning of life in the face of AIDS is stressed by a circumstance which the Holy Father himself expressed in describing the Church's position in regard to AIDS. Since, as far as care for AIDS victims is con-

cerned, the Church views them as she does all other patients, as regards prevention,the Church's teaching is not limited to formulating a series of "no's" to certain forms of behavior In other words, the Church does not exhaust her directives in indicating what ought not to be done, but defends AIDS prevention by proposing a lifestyle which is thoroughly meaningful for the person—a positive ideal capable of leading to behavior freed from the destructive suggestion of recourse to drugs and the abuse of sexuality.

The most recent indications recall the importance of a prevention which accompanies the whole educational and training process. The following factors are, then, decisive for prevention: the growth and education of children for love in a united, responsible family; cultural training in a school which is really a school of life; correct and complete information; and an emotional maturity capable of sacrifice and renunciation in the perspective of full personal realization. In other words, the collapse of the noblest ideals provoked by the nightmare and reality of AIDS demonstrates the utter insufficiency, and confirms the illicitness, of prevention based on resorting to means and remedies which offend the authentically human meaning of sexuality, while the responsibility of individuals and society is called for.

If the crisis in existential values, as has been shown, remains the seedbed for the appearance and transmission of AIDS, the response for prevention and care can only be the recovery of these values—i.e., the recovery of the human and Christian meaning of life.

Another exigency which the Church has expressed in translating her concern into numberless practical initiatives should be traced back to this meaning. It involves the information sector and the need to create living conditions which, particularly under the aspects of hygiene and health, will eliminate very serious risk situations As I have repeated on the most varied occasions and on the highest level as well, the AIDS pandemic presents itself as a kind of revenge by the poorest and least developed countries in regard to the richest and most highly evolved ones—a revenge which is fostered today by the enormous facility for travel and the growing migration of peoples. Prevention for the most defenseless countries and populations is a rightful act of justice and international solidarity.

The Church's innumerable health facilities and institutions around the world are today engaged in vast action for prevention and care.

In the framework of the Church there has also been talk of AIDS as 'a sign of the times' Fatima, with its history and message, which take on special current interest today, seems to confirm the relevance of regarding the AIDS pandemic as a sign of the times As a sign of the times, AIDS can no doubt take on a meaning leading to a negative reaction, but also to a positive, constructive one. This very serious threat in fact interpellates consumer civilization, above all, to warn about the limits of freedom turned into licentiousness; fear over this malady and its immediate consequences can, in turn, prompt new forms of human solidarity, on the one hand, and recall people to stricter moral conduct, on the other. This does not imply an ethical judgment of AIDS victims, whatever the causes may be of their having contracted the illness.

The human and Christian sense of life in the face of AIDS is rooted in the Church's constant doctrine and action

Following the example of Christ, the physician of souls and bodies, the Church regards man, in his physical, psychological, and spiritual completeness, as her "way," and deems him a "special way" when suffering enters into man's life

The importance, seriousness, and weight of suffering are the measure of the dedication the Church seeks to offer man as the real or potential victim of suffering Under this aspect, AIDS patients must be considered privileged beneficiaries of pastoral care in health, which, as the Holy Father has recalled, aspires to be a "pastoral approach based on hope "

The example offered by Christ spurs the Church to carry out pastoral action aimed at disclosing the value of suffering itself The Church, indeed, stands alongside those suffering so as to recognize in every man the image of Christ, who became man to share with the least ones and rescue the human condition, beginning with these.

Life appears in its full greatness and dignity particularly in those who feel it to be threatened. The recovery of the human and Christian meaning of life is, then, the task to which both the threat and the spread of AIDS call us. A task which is a vocation to love—to a love which here, in Fatima, is recalled to us in its deepest expressions, since in this land love has manifested itself in the solicitude of the Most Blessed Virgin, the Mother of God, for the welfare of all mankind in our time.

To Serve the Sick with the Same Love with Which a Mother Cares for an Only Child

Homily delivered by His Eminence Fiorenzo Cardinal Angelini to inaugurate the celebrations for the Fourth Centennial of the elevation of the Congregation of the Ministers of the Sick (Camillians) as a religious order —Bucchianico, Italy, September 29 1991

The Bull *Illius Qui Pro Gregis,* with which Pope Gregory XIV elevated the Congregation of the Ministers of the Sick—founded by St. Camillus De Lellis in 1584—to the status of a religious Order on September 21, 1591 opens with the following words: "In performing the function here on earth, *though without merit,* of Him who, for the salvation of the Lord's flock did not refuse to be sacrificed on the altar of the Cross, We are prompted by diligent solicitude and spurred by constant remembrance to take to heart all those activities which have been charitably instituted in our City to meet the needs—not only corporal, but spiritual as well—of Christ's sick poor."[1]

On opening today, at the birthplace of St. Camillus De Lellis, the celebrations recalling the Fourth Centennial of the aforementioned Papal Bull, I would also like to repeat Pope Gregory XIV's interpolated phrase, *though without merit.* It is, indeed, significant—or, rather, providential—that the first thought prompted by today's date, by the place we are in, by the whole history of your illustrious religious order, is and should be a recollection of humility, of sincere recognition of our smallness, and the exaltation and adoration of the greatness of the works of God.

God is admirable in his saints, whose vicissitudes are sublime and immortal because they are not the work of man, but the work of God. And the saint is one who, in discovering and receiving in himself the presence of God, is able to measure personal nothingness more than anything else.

A thought and sentiment of humility, then, to celebrate a man and an event that continue to confirm the truth of the Virgin's words in the song of the *Magnificat:* "Deposuit potentes de sede, et exaltavit humiles."[2]

A call to humility reaches us from the place of today's celebration as well.

When the citizenry of Bucchianico asked St. Camillus De Lellis to open a community of Ministers of the Sick in his native city, the Saint accepted the request with the explicit intention of making reparation for the bad example which as a young man he had given his fellow townspeople.[3] And in recalling the years of dissipated youth, St. Camillus prayed, "Lord, I thank You, for You have changed me from a thorough scoundrel into your servant."[4] This was not rhetorical language, but a faithful reading of that spiritual X-ray which is sincere humility. Moreover, how could your Founder have served with heroic charity the humblest, and also the most humiliating, of conditions—that of people suffering in body and in spirit—without real, deep, authentic humility?

Humility, both spiritual and intellectual, was the prime trait in St. Camillus De Lellis' life and work. A humility not learned at classroom desks, but in the school of life. Camillus, in fact, before entering upon the road which would reach us, was familiar with—indeed, nearly touched—the depth of physical and and spiritual suffering: disorder, dissipation, illness, and wretchedness.

At age thirteen Camillus lost his mother, and at nineteen, his father. Until he was twenty-five, the vice of gambling seemed to be ruining him. Then came his conversion, which he always dated to February 2, 1575, Feast of the Purification of Our Lady. For years, though, he was afflicted with a painful wound on his right foot. This incurable "wound," in an almost showy way, marked the decisive, definitive orientation of his life and was no doubt at the root of that complete availability to the patient—even if afflicted with the most repugnant illnesses—which he impressed upon his witness.

Camillus De Lellis' spiritual parabola implemented the words of Paul the Apostle: "God has chosen what is foolish in the world to confound the wise, what in the world is weak to confound the strong, what in the world is ignoble and deprecated and what is nothing to reduce to nothingness the things that are."[5]

In a time like ours, accustomed to measuring even good more on the basis of immediate results than in terms of nearly always painful effort, valuing improvisation over prayerful reflection and external quantification over the supernatural estimation of events, God indicates to us, through reference to the conceiver and promoter of a vast enterprise, that one sows and another reaps and that what is im-

portant to guarantee our work is never immediate success, but the willingness to sacrifice—not achievement at all costs, but silent preparation, courage, and a supernatural spirit, not receiving, but giving

Another saint, so similar in life and work to St Camillus as was St John of God, seems to have signed always as "I, brother Zero," by way of an enigmatic cryptogram [6] That is true humility, the humility the Lord indicated to St Catherine of Siena in a vision, disclosing to her the ontological etymology of the biblical name of God: "I am He who is; you are she who is not"

The Bull whose Fourth Centennial we are celebrating summarizes the general and specific end of the Family founded by St Camillus as follows: "Anyone proposing to devote himself forever to this service of charity should decide to be dead to the world and to everything in the age and to live only for Christ, and unite himself to us to expiate his sins, under the very sweet yoke of perpetual poverty, chastity, and obedience and the perennial service of the sick —even if stricken with the plague—not only in hospitals, but also in the infirmaries of jails, where the ill are greatly afflicted by both corporal and spiritual needs." [7]

This text is four centuries old, but in its essential terms it might have been written yesterday For this reason, Vatican II, in speaking of the right and proper renewal of religious life, formulated a basic principle on asserting that "renewal of the religious life involves a continual return to the sources of every form of Christian life and to the primitive spirit of institutes, and at the same time the adaptation of the institutes themselves to the changed conditions of the times" [8] It should be noted that adaptation to the changed conditions of the times does not regard the way to go back to the sources of every form of Christian life and of the original spirit, but only the institutional structures necessarily linked to the social, cultural, religious, and political conditions of the times

In your religious family, it is not the original intuition, the truest spirit of St Camillus, that must adapt to the present moment in your history, but you yourselves, in the new and different situations of today, must be capable of returning to this spirit, the condition for discovering the perennial up-to-dateness of your religious charism And it is not by chance that the renewed text of your current Constitutions also bears the name *Bucchianico Constitution,* in reference to the Fifty-Second General Chapter of your Order, the first in your history held in Bucchianico, in 1983.[9]

What, then, is your original spirit? What was the impulse which moved St Camillus, calling so many spiritual sons for centuries along the trail blazed by him?

The core of your charism, it seems to me, its truest soul, is an aspect we find in a recurring image with a biblical flavor in the texts of your origins: *to serve the sick with the same love with*

which a mother cares for her only child when ill An expression and image related by the Saint's contemporaries,[10] by the original pontifical documents themselves,[11] and in one of the Saint's first instructions to his spiritual sons

In the health care of his time, Camillus De Lellis discovered with daily consternation that *the heart was missing,* and precisely in a sector where only a "mother's heart" can respond to the call for corporal and spiritual help and comfort Benedict XIV would thus call St Camillus' foundation the *nova charitatis schola.*[12] In Rule 27, among the first St Camillus wrote for his companions who left St James' Hospital in Rome to move to the nearby Hospital of the Holy Spirit, we in fact read, "Let each first ask the Lord for the grace of being given motherly affection towards his neighbor so that we may serve them in all charity, in both soul and body, for we desire the grace of serving all the sick with the affection which a loving Mother usually displays towards an only child who is sick." [13]

With this spirit of total—because it is motherly—dedication, St Camillus wished to associate complete detachment from the things of the world, poverty in the Gospel sense of the term

A few days before his death, in his *Testament Letter,* the Saint vigorously reasserted the unrenounceable need for poverty in the Order founded by him: '...With all precise diligence and spirit we should maintain the purity of our poverty in the mode established in our bulls, for *our institute will maintain itself insofar as poverty is observed ad unquem*..." [14]

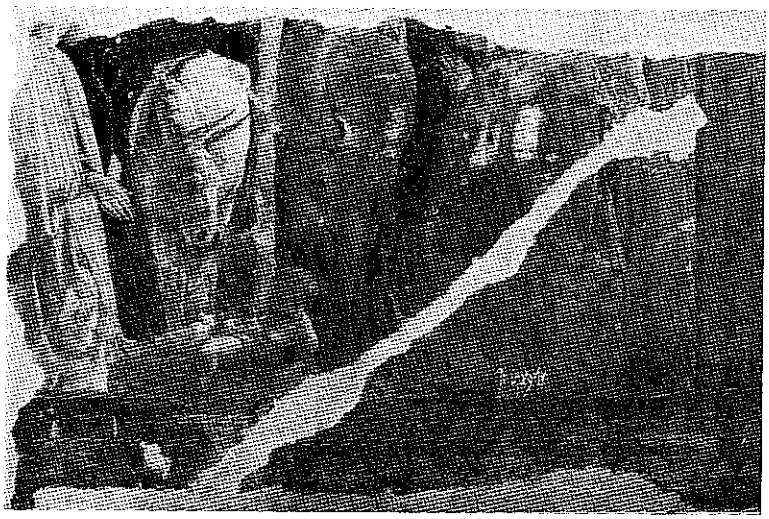
In the years in which he had worked as a salaried employee at St James' Hospital in Rome St Camillus had experienced all the risks of an activity which, in the name of, and fulfilling the duty of, service to the poor, in reality spurred many to take advantage of the poor Times in which—as a biographer who was St Camillus' contemporary wrote—hospitals were in such a sorry state that, even with the promise of considerable remuneration, there were scarcely priests to be found who were willing to carry out essential pastoral care of the sick [15] In evangelically embraced poverty, the Saint felt, the "new school of charity" was to affirm itself

For St Camillus, then, poverty did not mean just a lack of self-interest and calculation, but a condition for freedom in serving the sick with love.

This was the spirit and the heritage of Camillus The group of the first followers wanted "to be a Company of men such as would fulfill in the world those things which were lacking to the

passion of Christ." [16] An organization of people prepared and specialized, "founded in the precept of charity" [17]—a charity to be manifested through a motherly tenderness to be inspired by the Mother of Jesus herself, as has recently been explained in a broad study by one of your brothers in religion.[18]

The centennial celebrations beginning today should, then, be under the sign of a return to the origins. When you drink at the fount—a proverb states—remember its source. Here, in the midst of these walls, amidst the houses of this locality, from this land, there has flowed forth the source of your spirituality. In opening the community of Bucchianico St. Camillus wished to offer a testimony to make reparation to those who had received a negative example from him. In humility, in a spirit of expiation nourished by a boundless, exclusive love, he learned to



love the least ones, to serve the very person of Christ in them.

The first chronicler of the Order tells us that, when taking leave of those he assisted, St. Camillus would "kiss their hands, head, feet, or wounds, as if they were the wounds of Jesus Christ." [19] For this reason "Camillus, austere and rigid, accustomed to the hardships of war, when speaking of his patients and his hospitals, manifests touching, poetic accents." [20]

"Camillus did not regard the patient as if he were the person of Christ. For Camillus the patient simply was Christ. As a consequence of this faith vision, the entire spirituality of Camillus is centered on the patient, in whom he sees the wounds of the Crucified Lord opened once again and aching" [21]

By drinking at the source of your founder's spirituality you will find the strength and courage to propose anew his up-to-date message in our time.

The world of health policy and care today is one of the great challenges posed for modern civilization. The extraordinary progress of science and technology, the socialization of medicine, and the achievements which are predicted as imminent in the fields of prevention, diagnosis, therapy, and rehabilitation run the risk they ran in St. Camillus' time, though the situation has changed—the risk that all of this will lack a heart.

If the recovery of this *heart* constitutes the prime commitment of your Family in the immense work of renewal which you are carrying out, adjustment to the changed conditions of the times demands serious preparation—indeed, specialization—so that the heart's generous impulse and religious consecration itself will be accompanied by a concrete—and also organizational—capacity to face the new problems posed by health care.

The institution of the Camillianum in Rome to grant degrees in the pastoral theology of health care as a specialty is situated along these lines of structural adjustment.

Your Order, which—not only because of its poverty, as the Bull *Illius Qui Pro Gregis* stresses,[22] but also for the priority given to timely action wherever need is most urgent—has many affinities with the itineracy and creativity typical of the Mendicant Orders, in its centuries-old history has always managed to find new responses to the new needs of the times.

With the understanding that the integral purity of your Founder's original spirit must preside over everything, it is necessary not only for you to be most attentive to the demand for bodily and spiritual health rising from humanity today, but for your Family to be on the front line in preparing priests, men and women religious, and lay people for pastoral care in health. Among the branches of pastoral care in general, the health apostolate is, indeed, the one which mainly, and in priority fashion, interpellates the Church, as the places of hospitalization and care are the most frequented temple in the world.

Your fourth vow—to devote yourselves entirely and without any conditions to the service of the sick—can represent today an ideal for so many young people seeking radical, definitive choices. One text going back to your origins speaks of the hundreds of your brothers who, during several plague epidemics, died happily as a result of what they underwent in caring for the infected; and it recalls these brothers as worthy of the memory of those holy martyrs who, in Alexandria in Egypt, died during an epidemic while serving the sick and whose deeds are celebrated by the *Martyrologium*.[23]

The *golden legend* of your history continues today in the communities of your Order working in modern metropolises, mission territories, and the frontier outposts of pastoral care in health. How many of your brothers I have met all over the world, receiving from them edification and encouragement for the activity of the Pontifical Council for Pastoral Assistance to Health Care Workers itself, which I have the honor of chairing. But we cannot hide from the fact

that there are too few vocations in our time which respond to St. Camillus De Lellis' call and mission at the service of the sick and fulfill the duties we shall be called to answer for as Christians—but especially as consecrated souls—the day on which we are judged: "I was sick and you visited me." [24]

St. Camillus remains a lofty example of responding to this duty, whose full urgency he observed on the eve of the feast of the bodily Assumption of Mary into Heaven in the far-off year of 1582, when he received the first inspiration which would lead him to found your Family.[25]

May remembrance of the Blessed Virgin, then, accompany the celebrations of this fourth centennial, just as it constantly accompanied the work of your Founder. The maternal love which St. Camillus indicated as a dimension of your service is the love of Mary towards her Son Jesus and all men, in keeping with the indication of John Paul II: "Possessing a clear perception that the mercy of God extends over those who fear Him, Mary in fact enters actively into the history of the Church and sets out alongside men, who have become her children, to be a sign of this mercy. And thus, as a motherly inspirer of vocations and dispenser of graces, she stands at the head of a multitude of volunteers who for two thousand years have formed the unbroken chain of Christian solidarity at the service of our fellows." [26]

St. Camillus was an extremely solid link in this unbroken chain, and your Family, in the life of the Church, is a decisive part of that multitude of generous witnesses to the love of Christ.

In this awareness and in the spirit of your Founder, may these centennial celebrations add an important date to your history of love and service to those suffering. A history which each of you, by vocation and mission, must continue to write in our time, extraordinary and dramatic, but also a time of grace for the whole Church.

[1] *Bulla S.mi D.N.D. Gregorii Divina Providentia Papae XIV Approbationis et Confirmationis Religionis eorum qui Ministri Infirmorum appellantur* Romae, Apud Impressores Camerales, 1591, 3.

[2] *Lk* 1:52.

[3] Testimony at the Beatification Process states, "On finding myself in that land with the aforementioned Fr. Camillus, he said to me—showing me two places there—that he had been accustomed to gambling there as a youth and that he had given a bad example by wasting his time, and in those places he delivered some spiritual sermons on certain occasions, asking those people to forgive him while saying that he had scandalized them in the past by offering them a bad example by gambling and with similar words he would raise his eyes to Heaven, saying, 'Lord, I thank You, for You have changed me from a scoundrel into your Servant,' and other such words..." Quoted by F. Ruffini and G. Di Menna, *Bucchianico e San Camillo De Lellis. Guida ai luoghi sacri* (Rome: Camillians, 1990), pp. 5-6, note 4.

[4] See preceding note.

[5] *1 Co* 1:27-28.

[6] See C. Newcombe, *Brother Zero. A Story of Life of St. John of God* (New York, 1955).

[7] Bull *Illius qui pro gregis*, cited in Newcombe, p. 4.

[8] Decree *Perfectae Caritatis*, 2.

[9] *Bucchianico Constitution* was the title of the document the Camillian General Council sent to the whole Order on behalf of the General Chapter on May 25, 1983. Cf. "Vinculum caritatis", *Bollettino della Provincia Romana dei Camilliani*, 26, no. 63 (1983), pp. 35-42.

[10] S. Cicatelli, *Vita del padre Camillo de Lellis* (manuscript), p. 39: "...to institute a Company of devout men bent on doing good who, not for pay, but voluntarily and out of love for God, would serve them with that charity and kindness which mothers are accustomed to show towards their sick children." *Processo Napoletano* p. 96: "...There was no Mother who loved her children as much as he loved his dear poor and sick people..."

[11] The image is recalled by the Founding Bull of the Congregation of Ministers of the Sick. Cf. P. Kraemer, *Bullarium Ordinis CC. RR. Min. Infirmorum* (Verona, 1947), p. 7.

[12] Benedict XIV, Bull *Misericordiae Studium* (June 29, 1746). Quoted in P. Kraemer, *Bullarium*, p. 231.

[13] M. Vanti, *Scritti di San Camillo de Lellis* (Rome, 1965), p. 67 (*Regole della Compagnia delli Servi delli Infermi*, reg. xxvii).

[14] *Ibid.*, doc. LXXVIII, *Testament Letter*, p. 457, v. 40.

[15] S. Cicatelli, *Vita del P. Camillo de Lellis* (manuscript), p. 108: "...Those places (hospitals) were so abhorred and loathsome to men of all conditions that priests were hardly to be found who wanted to remain there, not even if offered good, substantial payment."

[16] Quoted in *Ibid.*, p. 62.

[17] *Ibid.*, p. 384.

[18] Cf. F. Ruffini, *"Doveva essere tutta sua." La dimensione mariana di S. Camillo de Lellis* (Rome: Camillians, 1988), pp. 222-228.

[19] Quoted in Cicatelli, p. 317.

[20] E. Spogli, *La diakonia di carità dell'Ordine camilliano* (Rome, 1988), p. 23.

[21] *Ibid.*, p. 22.

[22] "We wish our poverty to be that of the Mendicant Religious—that is, of those not receiving any profit or income as either individuals or communities." Quoted from *Illius qui pro gregis*, p. 6.

[23] Cicatelli, p. 5: "Their deaths were virtually another martyrdom; we read in the *Martyrologium* (as Eusebius continues to relate) that in Alexandria on other occasions the memory was honored of many holy priests and deacons who, in the company of a great number of Christians at the time of the Emperor Valerianus, while there was a vast plague raging, promptly serving the sick in a most joyful manner, were killed by the pestilence, and their charity was honored by the religious piety of the Christians like that of the Holy Martyrs." Cf. quote in Spogli, pp. 319-320.

[24] *Mt* 25:36.

[25] Cicatelli (1615 edition), p. 23: "This happened to Camillus in 1582, which was the eleventh year of the Pontificate of Gregory XIII, around the Most Holy Assumption of the ever-Virgin Mary in August..., a rough sketch from which Our Lord God extracted the religious order."

[26] John Paul II, Florence, Church of the Annunciation, October 19, 1986. Cf. *L'Osservatore Romano* (October 20-21, 1986).

The New Frontiers of Bioethics

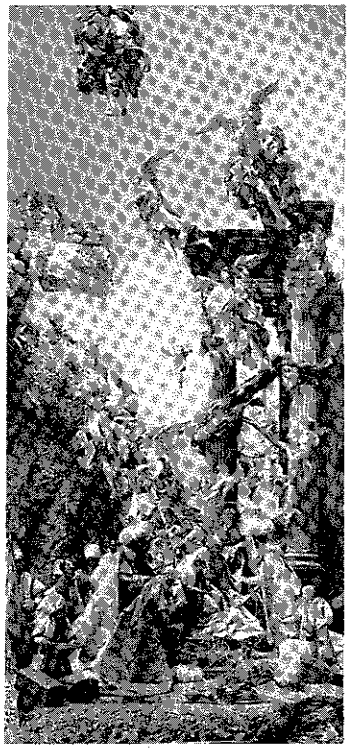
His Eminence Fiorenzo Cardinal Angelini's words during the award ceremony of the San Marino Prize for Medicine on October 6, 1991

The undeniable relationship between medicine and morality, in the context of the progress of medicine as a science and a practice, has led to the growth of bioethics as an autonomous discipline. By definition, bioethics is the set of principles and behavioral norms (ethics) regarding life (*bios*)—life understood, etymologically, not so much as human life alone, but as the existence, duration, and condition of man's living. A concept of life, then, which, while comprehending that of human life, enlarges and extends it in many respects.

The concept of life, in the notion of bioethics, also traces the confines of the concept of ethics, which becomes precisely the set of principles and behavioral norms regarding the defense, affirmation, and promotion of life, particularly human life from conception to its natural close.

In the Christian vision of the world and man—which, moreover, has inherited and ennobled what is known as the natural vision as well—human life is at the summit of the values of the universe. Furthermore, science does not contradict, but confirms the principle that it is always personal life.

In reality, when we commonly speak of a person, our thought often turns to a specific, intelligent being—a singularity individualized in a body, in a historical tradition, and as such unique, unrepeatable—a subjectivity which, precisely in its individualization, is at once capable of opening itself to the values of all that exists. In other words, when the person is mentioned, reference is generally being made to a finished, mature concept of man.



It is, then, inevitable for us to ask when the human being becomes a person. The Church's position is this respect is quite clear: "The human being should be respected and treated as a person from conception on and, therefore, from that very moment the human being's rights as a person must be recognized, including, first of all, the inviolable right of every innocent human being to life" (Sacred Congregation for Catholic Education, the Instruction *Donum Vitae*, 1987, I, 1).

Though this position has a very solid rational foundation, some feel, for example, that the human embryo is not a human person from fertilization on, just as there are also some who, to justify euthanasia, challenge the idea that the human being, when undergoing certain conditions of very serious, irreversible illness which has even canceled out consciousness, can still be regarded as a person.

I would like to limit myself to recalling, on the basis of rational motivations alone, two principles. Firstly, to define the concept of human person, we must have a clear notion of "end." The end of a thing—or, as Aristotle would say, of an *entity*—is that by which the entity exists, begins to exist, is structured in its development, and matures in its fulfillment. The end is what explains the existence of a specific entity and reveals its meaning. This signifies that the *end* of an entity does not lie simply at its terminus, but at the outset of its development. It is the human person, then, that is directed towards becoming such from conception on.

The second principle, which has enormous methodological value, is the following: Doubt concerning the personal identity resulting from conception is sufficient to make us ethically and morally obliged to adopt the safest behavior to avoid, therefore, any risks in regard to the human person. Indeed, morality requires us to refrain not only from an act which is *certainly* evil, but also from an act which would *probably* prove evil.

To act while doubting about whether or not there is a human person as a result of conception means to expose oneself to the

risk of suppressing a human being—and that in itself is demonstrably a moral disorder.

The frontiers of bioethics are the frontiers of life itself. Allow me, then, to assert—not only in obedience to the faith I profess, but also as a witness to an extraordinary confidence in science—that it is improper to speak of *new* frontiers in bioethics. If, indeed, the frontiers of bioethics are the frontiers of life itself, science and faith meet and open out to increasingly constructive horizons, if these frontiers are regarded as virtually limitless.

This is a classical point or aspect wherein Christian faith—or, if you will, the Christian vision of life and the human person—does not impose limits on science, but spurs and incites it towards boundless progress.

The higher the price or value attached to something is, the more interest there is in it. If man, from his conception to his natural death, is taken to be a human person and creature of God—indeed, a creature who is privileged enough to deserve the title of "son of God"—in drawing near to study his nature, even under its physical and psychological aspects, we shall experience the curiosity and even the exaltation of one who feels he is approaching a mystery. This enthusiasm—allow me to say so—is an essential condition for the effective progress of all research—indeed, it is the only force which can enable science itself not to halt in the face of difficulties.

Too often, in evaluating the so-called negative or limiting positions of Christian and Catholic morality in this area—as regards, for example, safeguarding human life from conception on, scientific experimentation, and genetics and genetic engineering—this thoroughly positive presupposition of the valiant defense of human life, unstintingly considered to be the life of a human person, is overlooked. This is the first and greatest "yes" of Christian morality; its "no's" come later and all of them remain in the light of this positive position. And not just this, but in that "yes" Christian morality joins with that of Hippocrates and of the most noble medical-scientific tradition.

The frontiers of bioethics, then, are traced out by the notion of life. And since there is no new notion of life, in the sense that there cannot be any vaster and more comprehensive than the one which recognizes in the human person the very vestiges of God's life, we cannot speak of new frontiers in bioethics either, at least in principle.

There are, however, new problems, or, more precisely, new postures towards the solution of the problems concerning the defense and promotion of human life.

In the inaugural lecture for the anatomy classes offered in Copenhagen from January 29 to February 8, 1673 by the scientist, doctor, and later bishop Nicholas Stenone, beatified by John Paul II on October 23, 1988, we read, "The things observed without recourse to dissection are beautiful; even *more beautiful* are those which dissection renders manifest by removing them from the most hidden zones; *by far the most beautiful* are the things which, while escaping the senses, can nevertheless be recognized by reason through their sensible appearance" (Nicolai Stenonis, *Proemium Demonstrationum Anatomicarum in Theatro Hafniensi anni 1673. Opera Philosophica,* II, 263).

If we look at life, observing its "crossing" into the very life of God, its "landing" in God, Creator of life, the road science is called to travel is illuminated, and the morality, ethos, and behavior of scientific research and practice will always involve rigorous service to life. It is not morality which traces out the frontiers of science, but rather the integral notion of life, precisely because bioethics means the ethics of life.

The real drama of a scientific culture which forgets this fundamental truth is given by the fact that, particularly today, science and technology are in a position to obtain incredibly surprising, but ethically unacceptable, results.

Let us take the example of nuclear weapons. Theoretically, the large-scale construction of such devices, while, on the one hand, representing an affirmation of high-level science and technology, has made possible, on the

other—fortunately, only theoretically—the destruction of the earth itself One might say that the balance of terror has been a deterrent which may well have spared the earth a third world war Today, however, the decision to proceed to destroy, though gradually, the nuclear arsenals is hailed as a motive for universal relief

Pardoxically, I would like to state that precisely some aberrant applications of scientific and technological achievements in genetics ought to be regarded as tangible proof of risks life—in its fullest meaning—runs and may run when science and technology renounce the sole aim which justifies them—to serve life, all life and the life of all.

If, then, it can be meaningful to speak of new frontiers in bioethics, this meaning involves understanding bioethics to be the continued effort to multiply the modes and instruments to defend and affirm life—human life, above all. I say "above all" because bio-ethics—that is, the ethics of life—in its etymological meaning may embrace, in subordination to service to man, all manifestations of life Furthermore, never as in our time has the ordered harmony of nature confirmed itself as indispensable for the defense of human life itself And both defense of the environment and the ecological culture and policy which are called to safeguard man's habitat fall within the notion and finalities of bioethics.

Twenty years ago, when speaking at a medical congress in Assisi, I referred to an ecology of the spirit for an ecology of human life For millennia man in many respects and in varying circumstances has been forced to defend himself from nature For the first time in history, to defend himself he is called to defend nature

If the frontiers of bioethics are those of life itself, we are today in a position to measure—hopefully, but also fearfully—the demand for life emerging from the entire universe threatened by progress in danger of turning against man

Bioethics, which has become an autonomous discipline only in recent years, is faced with an immense task impressed upon its very name—to indicate the path to the defense and service of life to science It is an interdisciplinary task able to contribute decisively to that culture of life, increasingly threatened by a culture of death The frontiers of bioethics, then, are the frontiers of an ethics of life—or, rather, of an ethics for life

BUCCHIANICO, ITALY

Visit by Cardinal Angelini

Bucchianico, the birthplace of St Camillus De Lellis, witnessed two solemn celebrations presided over by the President of the Pontifical Council for Pastoral Assistance to Health Care Workers, Cardinal Angelini, who was accompanied by the Secretary and Undersecretary of the Council, Fr. Redrado and Fr. Ruffini, respectively.

Cardinal Angelini's first visit to Bucchianico took place on July 15, the feast of St. Camillus De Lellis. He was received by Archbishop Antonio Valentini, the Prefect of Chieti, the Mayor, and the Community of St. Camillus. At St. Urban's Church the Eucharist was presided over by the Cardinal. In the afternoon he visited the St. Camillus House of Consolation, run by the Daughters of St. Camillus, and visited all those residing therein.

On Sunday, September 29, the President of the Council returned to Bucchianico to inaugurate the Fourth Centennial of the Order of St. Camillus and receive honorary citizenship in Bucchianico. The Archbishops and Bishops of the Abruzzo Region attended: the Most Rev. Enzio D'Antonio de Lanciano, President of the Abruzzo-Molise Bishops' Conference; the Most Rev. Antonio Iannucci, Emeritus Archbishop of Pescara; the Most Rev. Giuseppe Di Falco, Bishop of Sulmona; and Monsignor Panfilo, Vicar General of the Diocese of Chieti-Vasto.

Cardinal Angelini was received by Fr. Angelo Brusco, Superior General of the Camillians, accompanied by the General Council of the Order, and by Mother Serafina Dalla Porta, Superior General of the Daughters of St. Camillus, with her General Council.

Fr. LUIGI SECCHI, M.I.

MOSCOW

New Contacts

Cardinal Angelini briefly visited Moscow, September 2-4, 1991, accompanied by Consultors and experts of the Pontifical Council. The purpose of this trip was to continue and augment contacts with the health authorities of the Russian Republic. In the course of this and two previous visits there were cordial discussions on exchanges of health professionals. In this connection the Pontifical Council offered its complete collaboration for both attendance at the Conference on Drugs and Alcoholism—for which several Russian speakers were scheduled—and a year-long research exchange program offered to two doctors, as well as a professional visit arranged for ten Russian nurses, who spent fifteen days in Italy touring health facilities and speaking with nurses and administrative personnel.

In the context of these visits mention should also be made of the Pontifical Council's hosting a group of forty children suffering from effects of the Chernobyl disaster. These children spent a month's vacation, from July 13 to August 13, in Bassano, in the Province of Rome. During their stay they were received by the Hon. Giulio Andreotti, President of the Council of Ministers. On July 24 they attended the Pope's General Audience, at the conclusion of which the Holy Father chatted personally with the children and those accompanying them.

FATIMA, PORTUGAL

AIDS, Ethics, and Christian Morality

Under the auspices of the Catholic Medical Association of Portugal, the First National Conference on AIDS, Ethics, and Christian Morality took place in Fatima, September 21-22, 1991. These two days were marked by intense activity and the presentation of high-level scientific papers

Starting from their scientific dimension, the sessions revolved around several values: the juridical-legal profile, the principle of the dignity and rights of the human person, human and ethical problems, and the subject of information.

Since AIDS is the result of a specific lifestyle, of adopting certain forms of behavior, the malady cannot be combatted without condemning the behavior which provokes it.

The human problems posed by those suffering from AIDS were brought out in terms of philosophical reflection and pastoral inclusion: if society isolates AIDS victims, it does not consider their condition as human persons, fails to recognize them as persons in their otherness—i e , in their relationship with others. If AIDS, more than any other affliction, places limits on human life, limits which are perceived on a short-term basis, what meaning does life have under such conditions?

It is here that Christian faith appears in its full brilliance, in the measure in which suffering and death encounter an answer in the apparent failure of the life and death of Jesus Christ

The scientific, human, and pastoral topics were dealt with by experts who displayed broad knowledge of the subject matter

Monsignor Cassidy, Ecclesiastical Advisor of the International Federation of Catholic Medical Associations, read a text prepared by Cardinal O'Connor, Archbishop of New York, who was unable to attend

The closing session was chaired by Cardinal Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, who was accompanied by Fr. Redrado, Council Secretary.

Cardinal Angelini presented a paper on "The Human and Christian Meaning of Life in the Face of AIDS," the text of which is included in this issue of our journal. The Conference concluded with the celebration of the Eucharist at the Grotto of Our Lady of Fatima It was presided over by Cardinal Angelini, and there were several priests concelebrating, including Ecclesiastical Advisors of the Catholic Medical Associations in different dioceses.

At the end of two days of work the 450 participants approved the following conclusions:

1. AIDS victims must be accepted and respected by all health professionals as human persons.

2 It is not licit to adopt legislative measures which limit the right to privacy, free circulation, a job, or employment insurance because of AIDS.

3 No legislator should annul penal provisions punishing those who intentionally or by omission infect others with the AIDS virus.

4. The education of health personnel and the general public is of capital importance in helping patients to overcome suffering on a psychological and social level.

5 The Church's action is needed through both doctrine and daily practice and should be presented by way of the mass media with an explanation that the essential purpose is to win the fight against this malady by a victory obtained through love

6. We need education for a healthy lifestyle, a responsible orientation of life free from forms of dependence, and adult sexuality, overcoming the immense challenges posed for the Church pedagogically in this context.

7 The Church's pastoral approach, by means of different methodologies applied to each concrete situation, seeks to develop a spirit of receptiveness and listening, helping AIDS patients to avoid undergoing a "social death" before the biological one

8. The Church is carrying out pastoral care based on hope and gives meaning to limitations and human suffering, loving each person according to the needs involved: in the family, at the hospital, or at residences specially conceived for certain situations

Rev. VICTOR FEYTOR PINTO
Director of the National Commission for Pastoral Care in Health, Portugal

REPUBLIC OF SAN MARINO

Award for Cardinal Angelini

In the context of the International Conference on Recent Medical Studies in the Fields of Virology, Immunology, and Oncology held in the Republic of San Marino, October 2-6, 1991, His Eminence Fiorenzo Cardinal Angelini was awarded the 1991 San Marino Prize for Medicine.

The Republic's Minister of Health announced the award previously by letter in the following terms:

"Acting on behalf of the Government and in my own name as well, I take this occasion to inform you that, in view of the significant contribution you have made for many years by way of your intense pastoral dedication to promoting human values in the defense and protection of health, we are honored to confer upon you, for this reason, the San Marino Prize for Medicine, in the presence of Their Excellencies the Captains Regent.

"This same Prize has been conferred by the Scientific Committee *ex aequo* upon Professor H.M. Pinedo."

The ceremony took place at the Government Palace on October 6. The Captains Regent and numerous representatives of the San Marino Government and

the health field were in attendance.

Cardinal Angelini was accompanied by the Pontifical Council's Secretary, Fr Redrado, and Consultors Corrado Manni, Adolfo Turano, and Lino Motironi.

LOURDES, FRANCE

Pilgrimage of the Council

Staff members and friends of the Council, brought together and accompanied by the President, His Eminence Fiorenzo Cardinal Angelini, undertook a pilgrimage to the sanctuary of Our Lady of Lourdes, November 1-3, 1991. The group was made up of doctors, pharmacists, and nursing sisters, together with members of their families, all of them invited by our President.

The purpose of the pilgrimage was to thank the Blessed Virgin, Protectress of the Council; in fact, both the papal document *Salvifici Doloris* and the institution of the Pontifical Council for Pastoral Assistance to Health Care Workers are linked to the date of February 11, the Feast of Our Lady of Lourdes. Our Plenary Assembly is always convened for that date as well.

These three days of vacation, enriched by the spirituality of the All Saints and All Souls celebrations, revolved around the sanctuary and the grotto from which Our Lady continues to bestow graces generously as the focus of communion and prayer.

The group of 130 met twice with experts of the Lourdes Medical Bureau.

VATICAN CITY

1. International Conference on Drugs and Alcoholism

The Pontifical Council for Pastoral Assistance to Health Care Workers held its Sixth International Conference, November 21-23, 1991, devoted to a topic of considerable current interest for society—drugs and alcoholism.

Some ninety speakers dealt with the scientific, social, and ethical aspects involved.

Two Nobel Prize winners were included among those presenting papers: the American Murray and the Italian Levi Montalcini. Well-known public figures were also featured, such as Javier Pérez de Cuellar, Secretary General of the UN; Jaime Paz Zamora, President of Bolivia; Giulio Andreotti, Italian Prime Minister; Louis Sullivan, US Secretary of Health; Queen Sofia of Spain; Hiroshi Nakajima, Director General of WHO (World Health Organization); Juan Antonio Samaranch, Chairman of the International Olympic Committee; Inga Grevesheva, Deputy Prime Minister of the Russian Republic; and Federico Mayor Zaragoza, Director General of UNESCO.

Mention should also be made of the participation by fourteen ambassadors to the Holy See in a round table on the fight against drug traffic and use.

The opening address was delivered by Cardinal Pérez Trujillo, President of the Pontifical Council for the Family.

In inaugurating this Sixth Conference, Cardinal Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, repeated once more that the central purpose expressly animating his Office for this occasion was to consider the phenomena of drugs and alcoholism in the framework of the fundamental values and rights of the human person.

His Holiness John Paul II closed the Sixth Conference with an address which will be published in the next issue of *Dolentium Hominum*.

1800 people from 101 countries took part in the Conference, whose *Proceedings* will also be appearing in the forthcoming special issue of our journal (No. 19, 1/1992).

2. European Synod of Bishops (November 28-December 14, 1991)

Our Pontifical Council actively participated in this significant Church event through the presence of our President, Cardinal Angelini, at the Synod sessions.

3. Other Departments' Meetings

Cardinal Angelini attended the meetings of the Pontifical Council for the Family (September 31-October 5, 1991) and Propaganda Fide (October 7, 1991) in his capacity as a Member of these organisms.

4. Interdepartmental Meeting

Fr. Jean Marie Mpendawatu, a staff member of our Council, represented our Office at the interdepartmental meeting organized by the Pontifical Council for the Unity of Christians, October 15, 1991, devoted to the topic of "Dialogue Between Catholics and Methodists."

OTHER ACTIVITIES AND MEETINGS

In summary fashion we would like to mention some other activities comprising the work of our Council in which it has been represented in a significant way by either its officers or those —Members, Consultors, or Experts—officially designated to form part of the office

1. The Council President

Cardinal Angelini, accompanied by the Secretary, the Undersecretary, or Consultors, took part in the following events

— A Round Table held on Tiber Island, Rome, at the St John of God Brothers' Hospital, on June 18, 1991, as part of the ceremonies commemorating the Third Centennial of the canonization of John of God. Cardinal Angelini spoke on "The Hospital for the City," an address included in this issue

— At San Omero Cardinal Angelini's visit for the feast of Our Lady of Sorrows, September 15, 1991, brought together a large public for celebration of the Eucharist. Afterwards the Cardinal visited the local hospital, seeing patients and different facilities, and spoke with administrators about its management.

— On October 1 the inauguration of the social year took place for Catholic physicians and pharmacists. The two contingents gathered at the Church of St. Ignatius in Rome for Holy Mass, presided over by Cardinal Angelini. During the homily His Eminence invited those present to be "consistent witnesses to the Gospel in professional life at the service of suffering men."

— A Symposium was held in Siena on "Memory and Pharmaceuticals," October 6-8, 1991. Cardinal Angelini took part in the Round Table on October 8, commenting upon some ethical aspects related to memory and pharmaceutical products

— In Milan, St. Raphael's Hospital held an International Meeting on "AIDS, Justice, and Health Policy," October 10-12. Cardinal Angelini spoke on "the human reality of AIDS at the start of the third millennium" at the round table on October 10.

— The First Conference of Ministers Responsible for Policy Favoring the Handicapped took place in Paris, November 7-8, 1991. In his address to participants, Cardinal Angelini recalled the major principles which have always guided the Church in her initiatives on behalf of the handicapped.

— The Catholic Medical Association of Switzerland held a meeting in Lugano on "Health and Salvation," November 16-17. Cardinal Angelini opened the conference on November 16 and provided the closing remarks on the 17th as well.

— On Sunday, October 27, 1991, the centennial commemoration of the birth of St. Maria Goretti officially concluded with a solemn concelebrated Mass presided over by Cardinal Angelini at the Basilica of Our Lady of Grace and St. Maria Goretti in Nettuno. The highlight of this centennial was Pope John Paul II's historic visit on September 29, 1991 to Cascina Antica di Le Ferriere, the house where Maria Goretti spent the last part of her life.

2. Other Representations

— In Louvain, Belgium, the Sixth Meeting of Medical Schools took place, August 11-14, 1991, organized by the International Federation of Catholic Universities. The Pontifical Council was represented by Professor Juan de Dios Vial, Member of our department and Rector of the Pontifical University of Santiago de Chile.

— Fr. Aires Gameiro, O.H. represented our Office in Budapest at the Congress on Changing Psychiatry in a Changing World, August 23-25, 1991, and presented a paper on "The Work of Catholic Associations in the Field of Mental Health."

NOTE TO OUR READERS

The Pontifical Council has new telephone and fax numbers replacing the former ones:

698-3138/698-4720/698-4799
Telefax: 698-3139
The telex number remains the same: 2031 SANITPC VA