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To Know, Love, and Serve Life

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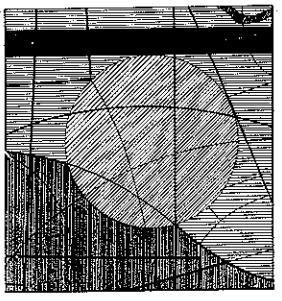

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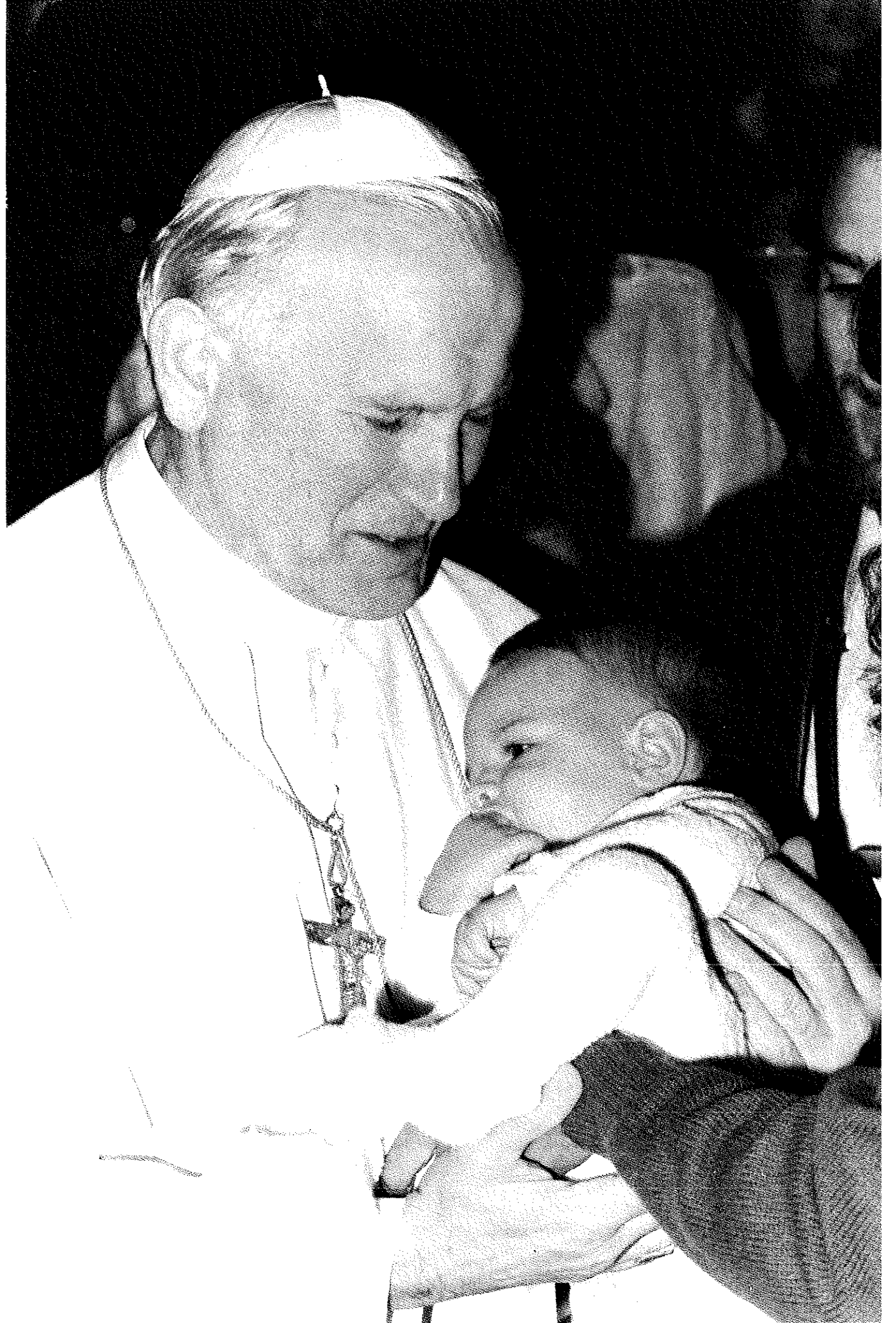


CARDINAL ANGELINI'S WORDS OF GREETING FOR THE HOLY FATHER

Holy Father:

Thank you for having wanted, this year as well, to welcome us and thus crown with your words the work of this Ninth International Conference, entitled " Homo Vivens Est Gloria Dei: To Know, Love and Serve Life. "

We know, Holy Father, how much the subject addressed by this pastoral scientific encounter, like previous subjects, is at the heart of your magisterium and ministry–dedicated as they are to the stewardship and defense of life from its conception to its natural eclipse and thus to the recognition and promotion of the undeniable standards of the advance of human civilization.

The papers and contributions offered to public opinion by the eminent scientists, researchers, theologians, philosophers, and health and pastoral workers who have taken part in this international conference are the gift that at this moment, Holy Father, we would like to present to you. They are an expression of enlightened hope in the happy existence of a strong and heroic commitment and undertaking led by the Church. We hope that it will comfort you to know that once again, at the present time, we are near you in an attempt to give practical expression and effectiveness to your courageous and constant appeal for the promotion, defense, and celebration of life.

During the work of this conference we have felt the strong and vital spiritual presence of our dear friend and master, Professor Jérôme Lejeune. The creation of the Pontifical Academy for Life, which took place on the eleventh of February last year, amounts to a new instrument by which to achieve that evangelization which your extraordinary generosity has wanted to give to mankind. The Academy is with us this evening, near to you, Holy Father, with its president, vice president, and eminent members. It is an institution which is already at work and is determined to be at the service of the Church that you, by divine will, are now guiding.

Your words, which we are eager to hear, are for us the highest and most noble conclusion of the work carried out over these last few days. They are an inspiration which we will carry in our minds as a renewed call to be servants of life, in the name of the Lord, the Giver of life. Thank you, Holy Father.

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

ADDRESS BY THE HOLY FATHER

The Alterative to the Culture of Life Is the Negation of Life Itself and of Every Other Human Right

1. *I am particularly pleased to conclude the sessions of this Ninth International Conference, which the Pontifical Council for Pastoral Assistance to Health Care Workers has wished to devote this year to the subject of life, in the threefold dimension of* knowing, loving, *and* serving, *starting from the right and proper, and very lofty, assumption that in the measure in which life is known it can be loved, and only if loved is it also worthily served.*

I greet Cardinal Fiorenzo Angelini and thank him both for the sentiments he has just expressed on behalf of everyone and for the dynamism with which he directs and stimulates the Pontifical Council entrusted to him. My thanks extend to his co-workers and also to the eminent scholars, researchers, and representatives of States and governments who have wished to honor this Symposium with their presence and their scientific contribution.

Through a happy coincidence, together with the Conference today marks the start of the First Plenary Assembly of the Pontifical Academy for Life, the organism instituted by me last February for the purpose of fostering inquiry, information, and instruction on all that concerns the vast and complex problematic of advancing and defending human life in the light of the extraordinary progress of science, irrepressible ethical and moral demands, and the contribution of Divine Revelation to knowledge of the mystery of life.

I extend a very warm greeting to the President of the Academy, Professor Juan de Dios Vial Correa, and to each of the distinguished Members of this Assembly, which is especially dear to me. I also feel the need to remember with deep gratitude the first President of the Academy, the late lamented Professor Jérôme Lejeune, recalling his generous and consistent dedication to the noble cause of the defense of life.

2. *The central topic of the First Plenary Assembly of the newly-instituted Academy, "Rational Foundations for the Sacredness of Human Life at All Stages of Its Existence," is linked to the subject of this International Conference, in confirmation of the close bond–both ideal and operative–between the two Institutions.*

Respect for human life–as has rightly been observed–has rational motivations which explain universal agreement on the fundamental human right to life. Indeed, for man, it not one right among others, but rather the *basic right. "There is no other which touches the person's very existence so closely! The right to life means the right to be born and, in addition, to persevere in existence until its natural end: 'As long as I live, I have the right to live'" (John Paul II,* To Cross the Threshold of Hope, *1994).*

The Pontifical Academy for Life–stimulated by the Pontifical Council for Pastoral Assistance to Health Care Workers itself, among whose founding aims is to disseminate, explain, and defend the Magisterium of the Church in the field of health policy and care–proposes to work towards seeking a preliminary, but decisive, convergence of all who, from the most varied and noble heritages, see the right to life as the right which is the cornerstone of authentic civilization.

The enlightened copyist who in the thirteenth century–as evidenced by the valuable document conserved in the Vatican Library–wished to transcribe the Hippocratic Oath by arranging the text in the form of a cross certainly recognized that rational argumentation on the right to life had value as a preparation for the Christian conception of the human person and the sacredness of life–indeed, for full recognition of the mystery of life. Such recognition does not humiliate or circumscribe the impetus of science, but spurs it on and ennobles it.

3. *At this particular moment in history, marked by contradictions which show all their negativity when confronted with the demands posed by respect for human life, the Church,*

while encouraging and supporting science, is grateful to it for the help she receives therefrom The ecclesiastical Magisterium, when entering into the spheres which are the object of the research of men of science, does not do so by virtue of a special scientific competence she possesses " The Church intervenes only by virtue of her evangelical mission: she has the duty to bear the light of revelation to human reason, to defend man and safeguard his dignity as a person endowed with a spiritual soul and moral responsibility and called to beatific communion with God' (Congregation for the Doctrine of the Faith, Donum Vitae, *no. 1). When, in fact, man is concerned, the problems go beyond the domain of science, which cannot explain the transcendence of the subject or dictate the moral rules deriving from the centrality and primordial dignity of the subject in the universe " (John Paul II,* Address to the Plenary Assembly of the Pontifical Academy of Sciences, *October 28, 1994)*

The questions dealt with in the course of this Conference have further confirmed that the extraordinary results obtained by science, such as, for example, the progressive discovery of a genetic map and the increasingly precise information on the sequence of the genome, not only do not contradict, but rather support the Church's doctrine on the sacredness, inviolability, and grandeur of human life The Church, for her part, invites us to look confidently at the most lofty mission of science and encourages every form of research which is respectful of man's dignity, for she sees in what we could term the inexhaustible capacities of intelligence the reflection and imprint of the intelligence of God At a time when human life is experiencing such serious and dramatic aggressions, the Church, by virtue of her pastoral mission, feels the duty to support scientific research in the awareness that faith and science interface in that wisdom wherein God's design fully unfolds

4. *It is precisely in this perspective that the concepts of* knowing, loving, *and* serving *life take on all their cultural and operative significance.*

Science and faith do not exhaust their relationship in the realm of the abstract knowledge *of the mystery of life, but introduce the intelligence and the heart into the* experiential knowledge *of all the values which cluster around the reality of living. They must work together to build up around the fundamental human right to life the proper hierarchy of every other individual and social human right, for the alternative to a culture of life is nothing but the negation of life and, with it, of every other human right.*

From this integrally human knowledge there flows love for life, *which is the first, most intense, most universal, and most widely shared form of love granted to man Progress in the field of science and technology translates into an impassioned commitment of service to life in every human being, particularly if just conceived or nearing death.*

Both the best knowledge of life and convinced love for it must lead to this service. Knowledge and love, however, may appear to be powerless arms in the face of the boundless request for service rising from the human race, subjected to most painful limitations in advancing and defending its first and fundamental right.

The recent Ordinary Assembly of the Synod of Bishops, devoted to consecrated life and its mission in the Church and the world, brought out the contribution of service to human life and its improved quality that is made by the religious Institutes which, through their original charism, have arisen and developed to serve man in all that is most valuable and essential in him. The Magisterium of the Church, spurred by the very " wonder " which the achievements of science and technology prompt, does not cease to speak out everywhere on behalf of this request for service.

*Serving life is a basic measure of justice among men. The Church, which has her unfailing example in her Divine Master, Jesus, " who came not to be served, but to serve " (*Mt *20:28), unceasingly asks God, the Giver of life, to raise up within her and in society new forces at the service of life*

5. *The hope I express on this occasion is that the sessions of this Ninth International Conference and the conclusions reached by the First Plenary Assembly of the Pontifical Academy for Life will be an effective interpretation of the ministry of service to life, which the Church, on the threshold of the third millennium, wants to express, promote, and carry out alongside every person of good will.*

*The civilization of our time, in its most authentic impetus, moves in search of a synthesis of values capable of restoring hope. But this cannot be achieved without a renewed choice in favor of life whereby all will be concertedly engaged in defending and advancing this fundamental value, at whose origin is the initiative of God Himself, the " lover of life " (*Ws *11:26).*

I entrust you and your loved ones to Him, and, requesting His continuing assistance to your activities in the service of life, bestow my Blessing upon all of you

INTRODUCTORY REMARKS BY CARDINAL ANGELINI

This Ninth International Conference of the Pontifical Council for Pastoral Assistance to Health Care Workers has as its title " To Know, Love, and Serve Life. " The biblical quotation which precedes this title (Homo Vivens Est Gloria Dei) is a reference to God, the source of life.

Announced last November, at the end of the Eighth International Conference, the subject we have chosen has turned out to be of great topical relevance. Last March, indeed, the Holy Father created the Pontifical Academy for Life, while the recent Cairo conference on " population and development " brought all those questions connected with the advancement and defense of life to the very forefront of attention.

The Pontifical Academy for Life (which is holding its first plenary assembly at the present time) has the task of studying, informing, and shaping attitudes on all those matters connected with life insofar as they impinge on bioethics.

The rich program of papers, speeches, and contributions which will be presented in the course of this ninth international conference by scientists, scholars, and experts of the highest level (as was the case at the other international conferences) is organized along three lines: it seeks to offer the most up-to-date knowledge on the actual make-up of life; on the future of life and its expression in the individual and social spheres; and on life's highest significance and all the ethical implications of that significance.

The reception given to the previous international conferences and the prestige and importance accorded to their papers are a guarantee of the value and quality of the program of this Ninth International Conference.

The Church certainly defends life from its conception to its natural end because she considers life to be a gift of God which man, individually and as a society, is called upon to foster and defend. However, it should be pointed out once again that the advancement and defense of life are, first and foremost, values with a very sound rational foundation. An attempt to deem this position of the Church a mere question of religious approach amounts to a diminishing of the decisive role of human intelligence and of science. According to the Hippocratic oath, science is either the science of life or it is not science.

A testimony to this fundamental assumption is to be found in the participation–through direct contributions–in this conference by scientists, scholars, and the representatives of various disciplines and of widely varying religious faiths and ideological and scientific positions. In such diversity there is, however, a point of common ground in the recognition of the character of the primary and basic value of human life throughout its existence.

The solution to the complex problem of how to reconcile the promotion and defense of all life and of the life of each and every human being with a responsible and ordered development of the world population is to be found in an identification and fostering of a loving service to life in harmony with an authentic and scientific knowledge of life.

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

JOSEPH RATZINGER

Life in the Design of God and the Project of Man

Is there still space for a project of man if we recognize that there is a design of God in relation to human life? Is there not perhaps a radical alternative which necessarily obliges us to renounce every pre-established and absolute truth in order to be really responsible towards the future and the challenges which it involves for the life of man on earth? In the eyes of many this was the dilemma which the recent Cairo conference on demographic problems and the resources of the planet placed before us. To tackle the imposing challenges of population growth (which it is predicted will be dramatic in at least some areas of the world) in responsible fashion, it is suggested that we should abandon anachronistic dogmatism and thus have our hands free to govern the development of mankind. In addressing ourselves to this dilemma it seems that we are presented not only with the macroscopic questions just outlined, but also with the more individual and at times daily sets of problems provoked by the new powers over life and death, over illness and pain, over procreation and even over the genetic inheritance, which biomedical science today makes available. Does not all this compel us to change our concept of life and to leave behind us as obsolete those traditional means and methods by which life was judged, beginning with all references to its sacredness?

I. The Foundations of Responsibility Towards Life

The alternative outlined above seems to lead us to that radical opposition between two fundamental ethical approaches which was established by Max Weber. He set the ethics of belief or principles (*Gesinnungsethik*) against the ethics of responsibility (*Vorantwoetungsethik*). The argument runs that the first could be suitable for a saint, that person who aims at an unblemished consistency in his personal behavior, but it should not be adopted by a politician, for he has to consider not only principles but also, and first and foremost, all the practical consequences that actions will have for the community for which he is responsible.

If we accept this opposition, then we have to admit that the freedom of man is truly real only if a design of God which would bind and limit it does not exist. Room for effective responsibility could subsist for man only in a distancing from a truth prior to acting and in a distancing from a law which governs man by imposing absolute duties upon him.

The implicit conception of modern sciences which dominates the contemporary mentality seems to lead to this. This mentality has involved the predominance of an instrumental and technological rationality which is the very negation of the idea that a truth of the creation exists and that this must be recognized, or that there is a design of God in relation to life which must be accepted. Linked from the time of the Renaissance to a project of effective intervention on reality, modern science has established ambiguous relationships with power (Bacon: " scire est posse "). Withdrawal from the inquiry into immutable essences (Galileo) and the connected attempt to establish the mathematical relationships between measurable quantities, which in turn allow effective intervention in the natural sphere, has led to the progressive obscuring of the truth of the creation. Only if the being of the world does not spring from a creative act of God, if it does not express his wise design, but comes instead from chance, only then can everything be different from how it is in fact, and everything thereby becomes open to unlimited manipulation.

Hans Jonas, the German philosopher of Jewish origins, who died recently, described this situation in the following way: " if there is nothing final in nature, no structure in its prod-

ucts which answers to a purpose, then it is legitimate to do what one wants with it and this does not violate its integrity. This is because there is no integrity to violate in a nature conceived exclusively in terms of the natural sciences, a nature neither created nor creator. If nature is a mere object and in no sense a subject, if it does not express a creative will, then man remains the only subject and the only will. The world, therefore, at first an object of the knowledge of man, becomes the object of his will, and knowledge of it becomes placed at the service of man's will, which is obviously a will to power over things. This will, once increased power has gone beyond need, becomes mere desire, a desire which no longer has limits."[1]

No longer *mater*, nature now appears as *matter*, open to all the manipulations of man. Or rather, of those who hold power among men.[2] Certain statements of a French medical doctor, the former Grand Master of the Grand Masonic Lodge of France, in this regard are shocking. These statements preconize a form of medicine conceived as being a project by which to change the life of man: " If the great victory of medicine in the past was that of pushing back the frontiers of death, the second victory will be that of changing the very notion of life..... Human life is today losing its absolute character, which it had in Genesis and which was espoused by Aristotle or Buffon, to become a concept which is modeled and evolves in line with laws, ideas and knowledge. Life is what the living make of it: culture is its determinant. " " And we are well aware that this battle is not merely technological in character; indeed, it is philosophical. *Life as matter*: this is the principle of our struggle – The establishment of the principle that life is matter, in the ecological sense of the term, and that it is for us to manage it–this is the driving idea."[3]

Certainly, when one realizes that in this way everything could be in the hands of power and the power of the strongest, elements which are no longer constrained and can impose their plan, even by violating the freedom of others, on those who are economically, culturally, or physically weaker, then fear is provoked. To a " freedom without law " (*1 Co* 9:21: *anomoi*) is added the attempt to flee into the refuge of a " law without freedom."[4] The link with truth has disappeared. Every kind of intervention on the part of man then comes to be seen as a threat, which by overturning the balances of nature can destroy the possibilities of life. The laws of physical and biological nature are those which once again are made sacred and considered as being an inviolable value in themselves. Each project of man involving the exploitation of resources is perceived as a presumptuous interference, pregnant with destruction and destined for failure. Moreover, and here we encounter something truly singular, matters have come to such a pass that Christianity itself is held responsible for that de-sanctified vision of the world which has led to this civilization of unlimited exploitation. " Christianity itself is said to have degraded the great fraternal powers of the world to the level of mere objects to be used, and to have thus promoted the abuse of plants, animals and the energies of the world in general by giving force to an ideology of growth which thinks about, and is only interested in, itself."[5]

In reality, however, the point of departure of this degeneration, which leads man to distrust his freedom and turn his back on any project, is precisely that approach which sees the creation only as the outcome of chance and necessity, with the accompanying disappearance of the idea that there effectively exists a design of God which should be collaborated with freely. Indeed, we can be truly " creative " only in union with the Creator. We can be really responsible only if we know how to link ourselves with the inner dimension of a wise design which precedes us, and of which we are a part. Our projects are really judicious only when they are placed within the design of God.

That the loss of reference to the wise design of God is the deep root of the bewilderment of modern man and of his fear in relation to freedom, can be suggested to us by a reflection on the second chapter of the book of Wisdom. There reference is made to the ill-founded conclusions of the " ungodly " (that is, those who do not recognize any meaning to existence) and who say: " We were born by mere chance, and hereafter we shall be as though we had never been " (2:2). Scandalized by the fragility of life and by the prospect of death, which seems to be its conclusion, they deny the existence of any wise and good design and in this way decide to dedicate themselves to the unrestrained enjoyment of the moment. But inevitably the denial of a meaning and responsibility leads to the abuse of power, to injustice towards the weakest, to the persecution of the just man who bears witness to a meaning. In reality, the ungodly have made a pact with death, " by their words and deeds summoned death; considering him a friend, they pined away " (1:16). A freedom detached from a responsible reference to the wise design of God and left to itself in a world of

chance, is secretly undermined by a covenant with death, which ends up by destroying it.

II. The " Gospel of Life " and the Vocation of Man

But what is this wise design of God in relation to life and how is the work of man placed within it? This design has a name–Jesus Christ, He who is the " the life " of men (*Jn* 1:4), who came " that they may have life, and have it abundantly " (*Jn* 10:10). He " abolished death and brought life and immortality to light through the gospel " (*2 Tm* 1:10). This is the " Gospel of life " which reveals the profound value of each life, its precious nature, and its destination within that design of the Father given " ages ago, and now manifested through the appearance of our Savior Christ Jesus " (*2 Tm* 1:9-10).

The concept of life, in itself simple and immediate, bears in the biblical message a great semantic complexity. In its sphere of relevance three fundamental levels of meaning can be distinguished: the *biological* level, which man shares in fundamental fashion with the other living beings; the level of *spiritual* life, which in man derives from the spiritual principle of the soul, and which confers upon him the quality of a unique and unrepeatable person; and, finally, the new plane of participation in divine life through the grace of supernatural life. In the Gospel according to St. John the first level is described with the term *bios*, and the third is designated with the word *zoé*. The specificity of man lies precisely in the fact that these three levels are related to each other and strictly connected to each other, and this means that the biological dimension takes part in the other two, which in their turn presuppose its existence. The specific purpose of the redemption, for which one can speak in an exact sense of the " Gospel of life," is naturally that of the *zoé*. But this last sanctifies and renders inviolable the *bios* as well, without an identification being thereby derived.

In the " Gospel of life," which shines in Jesus Christ, we learn to be called to that life which consists in communion with God, which will be eternal, and in which the communion between men will also be perfectly achieved. The unimaginable heights of this vocation to the fullness of life, in the participation in the life itself of God, unveils in corresponding fashion the precious worth of the temporal life of each person. Indeed, the former is the beginning of the latter, its basic condition. Life in time is a precious gift of the Creator, a sacred reality entrusted to us, which we should administer responsibly and render perfect through the giving of ourselves to God and our brothers and sisters.

In this way human life, because it is the life of a person created in the image and likeness of God and called in Christ to take part in divine life, is under the special protection of God. Each man, however poor or high in rank he may be, sick, suffering, apparently useless or important, born or not yet born, incurably ill or full of energy and health, is an image of God. He bears within him his breath. " This is the deepest reason for the inviolability of human dignity and upon this, in essential terms, any civilization rests. Where man is no longer considered as he who is under the special protection of God, is no longer seen as he who bears within himself the breath of God, there ...begin the barbarities which trample man underfoot."[6] Where the meaning of the individual dignity of each person is lost, in the light of the design of God, there the project of man becomes fearfully deformed and his freedom, deprived of a rule, becomes monstrous. For this reason the destiny of all of us depends on the ability to remember this moral dignity of man in the light of the creative wisdom of God, in the world of technology and all its possibilities.

The value of the life of man, in the perspective of the " Gospel of life," springs from his being the " image " of God, from his having in the " likeness " to the Creator an orientation towards placing himself in a relationship to Him. Yes, man is really great precisely because he is " capable of God," because he is called to enter into a relationship with God and to say to him: " You." Yes, to the question: " What exactly distinguishes man from an animal and why does the life of man deserve such absolute respect? " one must reply: Man is the being capable of thinking of God; he is the being capable of praying.[7] For this reason the likeness to God also means that man is a being of the word and of love, a being in movement towards others, destined to give himself to others and to truly possess himself only by giving himself generously in the right way. Here we find the profound meaning of life and of the freedom of man as well, who is called to carry to fulfillment the gift of life with a responsible reply to that gift. Vatican Council II admirably captured the Christian vision of man by linking his irreducible dignity to the vocation to giving: " This likeness [to God] demonstrates that man, who is the only creature on earth that God wanted for himself, cannot find himself fully unless he

engages in a sincere giving of himself."[8] With the suggestive meaningfulness of poetry the great Christian writer Paul Claudel expressed the same idea in the following way: " Is it perhaps that the purpose of life is living? Is it perhaps that the children of God will remain with firm feet upon this miserable earth? Not to live but to die, and not to reduce the cross but to climb up onto it and give with joy that which we have. Here is the joy, the freedom, the grace, eternal youth...! What is the world worth compared to life? And what is life worth if not to be given? "[9]

" Gloria Dei vivens homo."[10] The glory of God is living man! In the wise design of God man is called not only to respect but also to " till and keep " (*Gn* 2:15) the creation, to develop and promote life in line with the vocation and destination written into the design of God And, indeed, the greatness of God is such that it manifests itself in all its power not by eliminating but, on the contrary, by giving rise to the very causality of the creatures.[11] In this way the glory of God shines forth in a new and special way in man, created in his image, precisely when man makes himself an active collaborator of Providence and, through his freedom, enters into a perfecting of the design of God, with his own projects.[12] Above all, man is called to promote life by making his projects an expression of that giving of himself, a realization of that charity which shines to the full in the face of Christ, the perfect image of the Father and a model for every man.

There is, however, a final expression to be reflected upon, that which completes the sentence of St. Ireneus chosen as the title for our conference: " Vita autem hominis visio Dei."[13] But the life of man consists of the vision of God. This is so because only when man recognizes his true end in the relationship with God, only then is his dignity secured, only then is his freedom oriented, and only then is his project built.

JOSEPH Cardinal RATZINGER
Prefect of the Congregation for the Doctrine of the Faith

[1] H. JONAS, *Dalla Fede Antica all'Uomo Tecnologico* (Il Mulino, Bologna 1991), p. 263.
[2] See M. SCHOOYANS, *Maitrise de la Vie Domination des Hommes* (Le Sycomore, Paris-Namur 1986).
[3] P. SIMON, *De la Vie Avant Toute Chose* (Mazarine, Paris 1979), the quotations are from pp. 13, 85.
[4] In the opinion of H.U. VON BALTHASAR these are the two alternatives which present themselves to the modern man who rejects the Christian vision of freedom. See H.U. VON BALTHASAR, *Le Persone del Dramma: l'Uomo in Dio*, vol. II of Teo-drammatica (Jaca Book, Milan 1982), p. 84.
[5] J. RATZINGER, *Creazione e Peccato. Catechesi sull'Origine del Mondo e sulla Caduta* (Paoline, Cinisello Balsamo [MI], 1986), p. 30.
[6] Cf. J. RATZINGER, *Creazione e Peccato*, pp. 37-8.
[7] Cf. *Ibid.*, p. 39.
[8] Cost. past. *Gaudium et Spes*, no. 24.
[9] P. CLADUEL, *L'Annonce faite à Marie*, act IV, scene II (Gallimard, Paris 1975), pp. 204-5.
[10] ST. IRENEUS, *Adversus Haereses*, IV, 20, 5-7.
[11] Cf. ST. THOMAS OF AQUINAS, *Contra Gentiles*, II, no. 67 (Marietti, Turin 1961).
[12] Cf. ST. THOMAS OF AQUINAS, *Summa Theologiae*, I-II, Prologus.
[13] ST. IRENEUS, *op. cit.*

GIULIO ANDREOTTI

Human Life and Government Policy

Human history has been marked by pendulum swings between extreme forms of collectivism and high-points of cold and at times ferocious individualism. The recent post-Communist experience has been a good example of this process based on two extremes and we have seen not infrequent reactions of disappointment at the failure of the so-called market economy to produce automatic miracles.

I think back with a certain nostalgia to ideas about social formation which were held in high esteem in Catholic circles when I was young. In reaction against the ascendant state expansionism of the time, great importance was attached to the role played by intermediate communities which diversified and varied a broad range of situations and contexts. In addition, they acted to give support to shared decisions and were useful as instruments by which to inject harmony and balance into the life of society. The New *Catechism of the Catholic Church* might appear to be too emphatic in one of its statements (no. 2372): " The state has a responsibility for its citizens' " well-being." But it goes on to add: " In this capacity it is legitimate for it to intervene to orient the demography of the population. This can be done by means of objective and respectful information, but certainly not by authoritarian, coercive measures. The state may not legitimately usurp the initiative of spouses, who have the primary responsibility for the procreation and education of their children."

The rejection of abortion as a policy instrument by which to control birth-rates was one of the outcomes of the recent Cairo conference. It should be pointed out in this context that there is a strict link between economic development and population policy. Nonetheless, abortion remains largely unpunished in international laws on the subject, and this is for two reasons. On the one hand, weight is given to a notion of modernity which looks askance on any attempt to prevent divorce, abortion, or euthanasia. On the other, there is an exaggerated view of what constitutes women's rights. One such right would be freedom to choose as to the destiny of the life which already exists within the female body: it is argued that the woman should have the right to decide between giving life to, or taking life away from, the conceived child.

I have always kept in mind a historic sentence of the Supreme Court of the United States of America (Roe v. Wade 1973). This sentence maintains that the right of the woman to carry out an abortion derives from her right to privacy, a right upheld by the fourteenth amendment to the constitution. The Supreme Court adjudged that during the first three months of pregnancy the state could in no way intrude on the right to abort. For the exercise of this right all that was needed was agreement between the woman herself and a medical doctor.

The Supreme Court subsequently revised this liberal judgment and allowed individual states of the Union to apply certain restrictions. For example, it approved the state legislation of Missouri which outlawed abortion in public hospitals or carried out with the help of public employees, doctors, or nurses. Over these last two decades the public, cultural, and religious debate in favor of or against abortion has grown in intensity. It is for this reason that much attention has been paid to the beliefs and attitudes of judges when a vacancy has occurred on the Supreme Court. The chief tendency over the last years has been towards a more severe and rigorous position.

Two years ago the Press paid much attention to a decision by the Supreme Court over what had been done in Pennsylvania. The sentence was carried by five votes in favor and four against and rejected the idea that the woman had to inform her partner about her decision to abort. The debate, however, as to whether or not there is independent life in the unborn child remains very open. And at this stage I would

like to present an argument which could have a number of very important consequences.

As occurs with other aspects of the field of human rights, there is taking place an increasing search for objectivity. We should therefore strive to give rise to an overall and objective philosophy to be applied to the utmost to the whole field of bioethics. In line with arguments which by no means involve prejudice, the unborn being could be deemed a person in legal terms from the very first moment of conception. If this principle were upheld and enforced, the choice would no longer be in the hands of the female parent and one could go beyond the sphere of legal transgression.

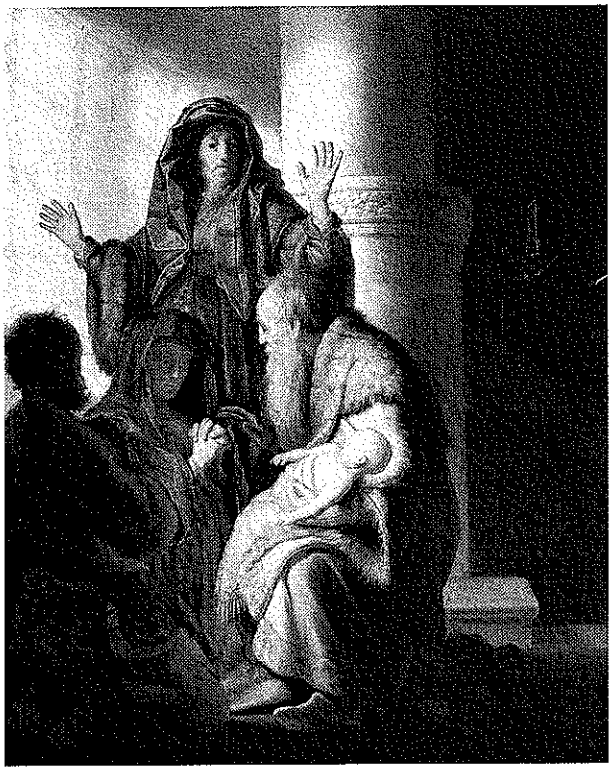
The way forward in this direction is hard and perhaps impossible. By an unhappy coincidence the Italian parliament approved the law on the partial legalization of abortion precisely at the time (April and May 1978) when we were fully involved in trying to save an innocent victim of political terrorism from death. I am referring, here, of course to Aldo Moro.

In order for changes to be effected to existing legislation–especially in instances where they were carried by large and heterogeneous majorities and then approved (as was the case in Italy) by even greater positive referendum votes–a great change in opinions and attitudes must take place, and this change must be promoted by the united efforts of moral authorities and men of science.

Once the independent personality of the conceived human is deemed to exist from the very first moment of existence, no constitutional court could possibly allow attacks on its survival. It is my opinion that the new *Academy for Life* and the associations of Catholic jurists could initiate steps in this direction. Such an initiative would certainly not be easy, but at the same time it would not be without solid juridical arguments to begin with.

Just as a world-wide campaign against the death penalty within the sphere of penal law is now underway (even though there are moves in the other direction, as recent developments in New York well demonstrate), so a culture of life could be promoted. This culture would also direct its attention to the defense of the most defenseless–I am thinking here of the unborn child. It seems almost paradoxical that such a culture has not yet emerged while there are a large number of very active organizations which defend certain species of animals and combat threats to the health of the natural environment.

Even though this is the most striking and in a certain sense preliminary aspect of the whole



question of the right to life, the matter does not stop there. It should also be stressed that the defense of man takes a whole range of all-embracing forms which should not be listed by order of priority–they are all extremely important. I am thinking of the promotion of peace, the right to education, religious freedom, internal security, hopes of equally remunerated work carried out in safe environmental and technological conditions, a protective attitude towards the family (the fact that the Constitution of the Italian Republic requires the state to be especially concerned with the welfare of families with many children comes to mind), care for the elderly, care for the disabled, and a similar protection of the environment.

With regard to the family, I would like to quote the preamble of a French law passed this June: " The family is one of the essential values upon which society is based. The future of the nation depends on this institution."

But there are three questions of very great topical importance which must be taken into consideration when we consider the whole subject of the right to life. The first concerns the territorial presence of population. A terrible reality marks the modern world–one year ago there were twenty million refugees. Events in Bosnia and Rwanda have forced another two million people to leave their homes and cities, the victims of war and of ethnic and tribal conflict. The doctrine of " ethnic cleansing " has even reared its head. Programs which do not recognize that families and individuals have the right to go back to where they were born and grew up (after all, their reasons for doing so are also of a purely moral character–their relatives are buried in their home localities) must not be accepted, as indeed they often seem to be.

Then there is the question of minorities. An overall and effective defense of minorities is called for, not least to avoid the return of forms of nationalism which threaten many areas, especially on the borders between countries in Europe and elsewhere. The response given by Italy to the minority problem in the South Tyrol/Alto Adige region might be taken as offering a model by which such difficulties could be solved.

The third and final question concerns the terrible social inequalities at an international level which not only have not been reduced but which are actually getting worse. In his recent book/interview the Pope declares that " What we call Communism has its own history–it is the history of protest against injustice." And the Holy Father continues: " How can the gulf between the rich North and the ever poorer South be explained? Who is responsible? Man is responsible: men, ideologies, and philosophical systems. I would say that the fight against God is responsible, the systematic elimination of what is Christian–a fight which to a great extent has dominated the thought and the life of the West for three centuries."

Solutions to these three problems cannot be achieved merely by using the resources and instruments of the state. The interconnections and spaces are by now limitless. And in trying to find answers to these concentric circles we must seek to establish shared agreement and rules at the very highest levels–I am thinking here of the United Nations and its various organizations.

I would like to conclude by paraphrasing a prayer which I once heard Monsignor Helder Camara utter: " Lord, who made one world, not a first world, a second world, and a third world, help us to move gradually towards becoming less distant from this unity."

Hon. GIULIO ANDREOTTI
Italian Senator

HIROSHI NAKAJIMA

An Appeal for Solidarity

" The intelligence of knowing is born with the experience of the bond which unites us with others, " writes Michel de Certeau. All theoretical knowledge remains inert knowledge. In order for knowledge to become operative, the medical doctor must above all recognize its limits and the conditions for its successful application.

Medicine will never be just science or technology. Medicine is the men and the women who utilize science and technology in their attempt to search out, identify, and treat the suffering of other human beings who in their turn request and promote or obstruct this therapeutic help. Medical science and technology take their concrete form from the relationship which is lived out day by day, involving the doctor, the medical team, and the sick person or, at a more general level, society.

The therapeutic act is first and foremost a relationship and a communication. It implies dialogue and listening, a process of mutual learning and assent to exchangeable trust. Each person " gives to the others that which he receives from them, " writes once again Michel de Certeau. In order for the medical action to be practicable and effective, the medical doctor or the medical team must know how to make themselves accepted. The other person's presence must be recognized, there must be an attempt to understand questions, anxieties, and resistance. There must be a search for a common language which enables both sides to act together against the affliction, each person performing his own tasks and shouldering his own responsibilities.

All cultural and religious traditions have given the word an essential role in the healing process. The gesture of the healer is always accompanied by a word which is not imposed but exchanged. Gesture and words are already a relationship, a movement towards another person, an exchange of concern and expectation. In nearly all traditions the healing of the body is accompanied by the consolation of the spirit. It marks the reconciliation of an individual with himself and with the community. And the presence of the community is asked for, whether as a witness or as a participant.

The validity of this way of doing and seeing things persists to this day. Indeed, it is within the net of relationships which go to make up every human being that the medical doctor must understand the needs of the patient, apply his knowledge to the illness and evaluate the relevance of the treatments which are available.

The therapeutic act must take into account the different factors at whose intersection the illness or the affliction appear. Biological factors, but also factors linked to the environment, to the personality and to the behavior of the patient –those factors which influence the history and the unfolding of the condition. But also social, economic, and cultural factors which define the way in which the family, the medical institution, and society as a whole can take care of the patient.

And it is also within this network of factors and relationships that the medical doctor can inform the patient and his relations and supply them with the means by which to have a better understanding of the illness, and thus join in the process of treatment and prevention. The therapeutic relationship has as its purpose the protection and promotion of the health of everybody and the concurrent development of every individual's independence.

The task of the World Health Organization is to help in the construction of this therapeutic relationship all over the world and in all sections of society without any kind of distinction. In the evident presence of the extreme differences which characterize its one hundred and eighty-nine member states, the World Health Organisation strives to remove all obstacles to health care action.

Poverty, above all, is the principal factor in vulnerability to illness, to social degradation

and to exclusion from treatment and care. The World Health Organisation will continue to appeal to national and international solidarity in the performance of health care action in order to counter selfishness and short-term economic policies. It will continue to uphold and promote the principle of open access for all to health care which is safe, effective, and of an affordable cost. This is a minimum condition if we really want to serve and recognise the dignity and humanity of our brothers and sisters, that dignity and humanity which we claim for all men.

To economic obstacles are added social and cultural obligations which impede the action of the medical doctor and inhibit access to medical care and treatment. An attempt to ignore the influence of these factors, to seek to cancel them through denial, condemnation, or mere prohibition means an adherence to mere form and amounts to a policy of impotence. It also means a failure to draw near to those who have the mission of service, that is to cure and to care. This is because serving life is not a matter of serving a word which has become an idol. To serve life means to live with others, to strive–in weakness and uncertainty–to help them to live, and to find in them a reason for living and, indeed, the joy of living.

Marked in its practices and its language by Western rationality, modern medicine is all too often presented as a closed cultural system which is legitimized by its power, deaf to the language of other peoples, and closed to other ways of thinking. In order to act and to heal we must acquire the means by which to communicate; we must be able to listen, we must understand and make ourselves understood. This is another challenge that the World Health Organisation must face up to if it wants to ensure the implementation and application of health care policies in the broad range of cultures of the present-day world. Medicine has much to learn from initiatives of inculturation which have been successful in a number of contexts.

In order to ensure the economic vitality and the acceptability and cultural rooting of health care services, the World Health Organization suggests that there should be a basic community participation in primary health care. With this in mind as well, the WHO now suggests that in order to achieve an intersectorial intersection, health care activity should be centered once again upon the family.

The family is to the highest degree a relationship of commitment and mutual help–that is, of love, the creator of life and the yeast of socialization. It is the place where one learns to communicate, where illness, modes of action, and responsibility towards others take concrete form and expression. Its members share ways of living which at the same time influence their health in positive or negative ways. We are well aware, in particular, of the impact of these ways of living on the increasing incidence of non-transmissible illnesses such as cancer, diabetes, and heart disease.

A health care approach (such as that embraced by the World Health Organisation) of acting through the family involves going to the heart of many problems and reducing the impact of health care action. It involves heightening awareness and promoting the sharing of responsibilities within the family and extending the tasks of health care education to everybody, including men. It involves striving to reduce infant and maternal mortality rates and to combat nutritional deficiencies. It also means preventing violence and drug addiction. It includes fighting against sexually transmitted diseases and the AIDS-HIV virus, not to speak of containing their social consequences and impact. WHO will dedicate the first day of December–the World AIDS Day–to the subject of " the family and AIDS. "

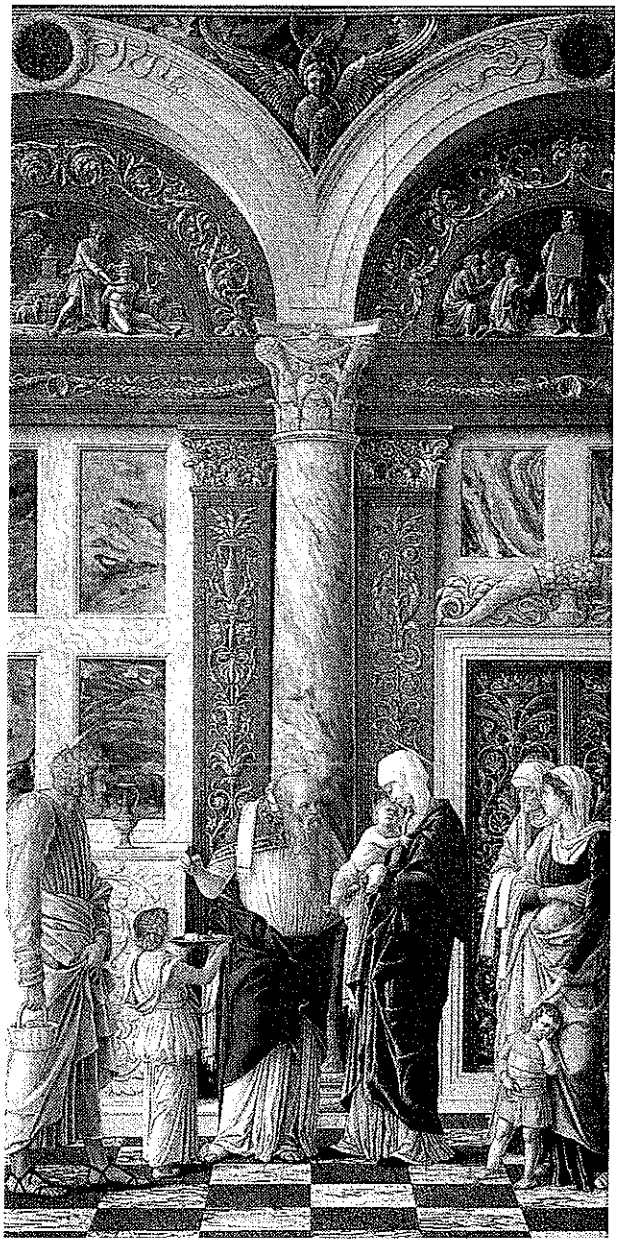
The promotion of the health of the family means trying to preserve generational bonds and thus facilitating care for elderly people within the family or the community. It means strengthening the independence of the family by encouraging it to adopt practices and forms of behavior which can improve its health and quality of life.

The family is an indispensable social force. We know that we can turn this necessary linchpin into our best ally. Health policies and initiatives will be accepted and implemented in lasting fashion if people and families see them as effective and relevant in the light of their needs and their systems of perception. For the medical doctor and health care teams there is no question of a denial of knowledge or scientific methods whose effectiveness has been demonstrated. On the contrary, one is dealing with an attempt to move towards the other person, to find the language and the means by which others can acquire this knowledge and these methods.

In shared daily experience, in listening and mutual respect, in the acceptance of the other person as he is with all his differences–in such contexts can there be born that suitable word which can open up the road to change and to a greater independence for everybody. In his encyclical *Ecclesiam Suam* Paul VI wrote: " The climate of dialogue is friendship; service even more so. "

Dr HIROSHI NAKAJIMA
General Director of the World Health Organization

Homo Vivens Est Gloria Dei



To Know, Love, and Serve Life

KLEMENS STOCK

Life in the Word of God

As in the title of this Conference, " *Homo vivens est gloria Dei,*" we also find in the Word of God, in the various books of Sacred Scripture, a most intimate connection between God and the life of man. We can even say that Sacred Scripture's principal theme is the relationship between God and humanity, the immeasurable significance of God for the life of man. Without God, man would not exist, the " life of man " could not be discussed. I am restricted to a very limited selection of a few scriptural themes that pertain to the relationship between God and the life of man. I hope that these themes can paint the essential outline of this relationship.

1. God Himself is the Living God.

2. Every life comes from God the Creator, the Giver of existence and life.

3. The observance of God's Word, of His commandments, gives life.

4. In the Resurrection of His Son, God has conquered death.

5. In Christ, God gives humanity the fullness of life.

6. Life consists of communion with God and with men.

We will briefly consider these themes.

1. God Himself is the Living God

So often in the Old and New Testaments, God is called the Living God. He is seen in opposition to the dead, impotent idols and is experienced as full of life and power. Yet there are no reflections and speculations about development and the internal content of God's own life–instead, His life is manifested in His actions and reactions to what is external to Him. He is not a distant, idle or indifferent God, but rather is engaged in the most active and vigorous bond with His creatures. The prophet Jeremiah contrasts the nothingness of idols and the power of the Lord:

But the Lord is the true God; he is the living God and the everlasting King. At his wrath the earth quakes, and the nations cannot endure his indignation .. It is he who made the earth by his power, who established the world by his wisdom, and by his understanding stretched out the heavens When he utters his voice, there is a tumult of waters in the heavens, and he makes the mist rise from the ends of the earth. He makes lightnings for the rain, and he brings forth the wind from his storehouses (10:10-13).

So the act of creation itself and the continual relationship between God and natural phenomena are manifestations of the vitality of God.

In the Apocalypse, the last book of the NT, John the visionary sees God and the celestial worship of Him:

And whenever the living creatures give glory and honor and thanks to him who is seated on the throne, who lives for ever and ever, the twenty-four elders fall down before him who is seated on the throne and worship him who lives for ever and ever; they cast their crowns before the throne, singing, " Worthy art thou, our Lord and God, to receive glory and honor and power, for thou didst create all things, and by thy will they exist and were created " (4:9-11)

Two characteristics are observed in this vision of God: He is seated on the throne, and He lives for ever and ever. In other words, He is the uncontested Lord and Master, and He possesses life without end. In the worship of Him, another of His traits is mentioned: through His will, He created all things. Here also, God is therefore seen as the living God, Whose life is manifested in creation and in His universal dominion Man does not have an unmediated experience of the life of God, but, in considering the works of God, man begins to fathom the immense and limitless nature of God's life. It is to this God that man's most intense and profound desire is directed: " My soul thirsts for God, for the living God When shall I come and behold the face of God? " (*Ps* 42:3; cf. *Ps* 84:3). Only the living God suffices to satisfy the hunger of life which burns unextinguished in the heart of man

2. Every Life Comes From God the Creator, the Giver of Existence and Life

God's life is manifested in His works. Conversely, every being apart from God owes its existence and its life to God the Creator Everything that exists is a creature of God and depends in every way on God.

The first chapters of the book of Genesis insist on the fact that heaven and earth (in other words, everything that exists) were created by God. It is specifically affirmed, in a metaphoric and creative manner, that God created man:

then the Lord God formed man of dust from the ground, and breathed into his nostrils the breath of life; and man became a living being (*Gn* 2:7).

Here, it is particularly emphasized that man's life is a gift of God.

Disregarding the presence of diverse intermediate causes, the mother of the seven Maccabee brothers affirms that every single man receives life from the Creator:

I do not know how you came into being in my womb. It was not I who gave you life and breath, nor I who set in order the elements within each of you. Therefore the Creator of the world, who shaped the beginning of man and devised the origin of all things, will in his mercy give life and breath back to you again, since you now forget yourselves for the sake of his laws (*2 Mt* 7:22-23)

The life of the first man, the life of every single man, every single human life comes from and depends on God. Furthermore, the vital power of God is so great that one can expect a new life from Him after having endured death. As it is expressed in *Psalm* 36:10: " With thee is the fountain of life." And the words of the Maccabee mother radically express the confidence that the observance of God's commandments is the sure path to life. Her sons prefer death to breaking the laws of God and because of this, they have the hope that God will restore them anew with spirit and life.

3. The Observance of God's Word, of His Commandments, Gives Life

It is a fundamental conviction in the OT and NT that God's commandments are not a burden or punishment, but rather a God-given grace. God, who has given life to man, shows him, in the commandments, the way by which he can preserve, develop, and bring his life to completion.

In His first response to the Tempter, Jesus quotes Deuteronomy 8:3 and says, " It is written, 'Man shall not live by bread alone, but by every word that proceeds from the mouth of God' " (*Mt* 4:4). It is obvious that man needs food in order to live, and it is one of the principal tasks of humanity to provide the necessary food for the life of all men. But " man shall not live by bread alone "–material food is not enough to provide for a truly human existence, because the Word of God is also needed to show man the right way of living and acting.

In one of the most impressive scenes of the OT, the people are asked to choose between life and death, between God and idols, between the observance of and disregard for God's commandments:

See, I have set before you this day life and good, death and evil. If you obey the commandments of the Lord your God which I command you this day, by loving the Lord you God, by walking in his ways, and by keeping his commandments and his statutes and his ordinances, then you shall live and multiply, and the Lord your God will bless you in the land which you are entering to take possession of it. But if your heart turns away, and you will not hear, but are drawn away to worship other gods and serve them, I declare to you this day, that you shall perish; you shall not live long in the land which you are going over the Jordan to enter and possess. I call heaven and earth to witness against you this day, that I have set before you life and death, blessing and curse; therefore choose life, that you and your descendants may live, loving the Lord your God, obeying his voice, and cleaving to him; for that means life to you and length of days, that you may dwell in the land which the Lord swore to your fathers, to Abraham, to Isaac, and to Jacob, to give them (*Dt* 30:15-20)

It is not possible to lay greater stress on this fact that God is the life of His people and that they can only live in union with Him, which is expressed in faithfulness to His person and to His commandments as expressions of His will.

The same line of thought is taken up and continued by Jesus. A typical example is His encounter with a scribe in *Lk* 10:25-28:

And behold, a lawyer stood up to put him to the test, saying, "Teacher, what shall I do to inherit eternal life?" He said to him, 'What is written in the law? How do you read?' And he answered, 'You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself.' And he said to him, 'You have answered right; do this, and you will live'"

The path to life remains the same: Do what is written in the Law. The scribe is concerned about eternal life. Jesus responds simply and comprehensively, "Do this and you shall live." One lives by loving God and loving neighbor, without restrictions. It is already apparent here that life is realized, not in narcissism and selfish aloofness, not in the ideal of self-sufficiency, but in openness to God and neighbor. To love God with all one's heart, with all one's soul, with all one's strength, with all one's mind means to center one's life, in the most complete manner possible, on searching for, and desiring the most intimate possible union with Him, to orient all of one's self toward God in the most comprehensive manner possible. I have received my life and my total self from God. God is everything for me, God is my whole life. Union with neighbor, who is on the same level for me, has the same value, and deserves the same commitment as I myself do. There should be no difference between my neighbor and myself in regard to interior and practical love, in regard to esteem and solicitude. Everything is oriented toward communion and union–this is the conception of life and the path to life as it is expressed in the word of God!

4. In the Resurrection of His Son, God Has Conquered Death

The days of every man's life are numbered–every man is mortal, his life ends with death. Sacred Scripture compares it to a flower:

As for man, his days are like grass; he flourishes like a flower of the field; for the wind passes over it, and it is gone, and its place knows it no more (*Ps* 103:15-16).

Every man dies; for a certain time perhaps some memory of him lingers, but in time, every trace of him is lost.

Already in the OT, there emerges the hope that God overcomes death and gives new life. We have heard the words of the mother of the Maccabean brothers: God "will give life and breathe it back to you again" (*2 M* 7:23). Jesus Himself decisively rejects the opinion of the Sadducees, who deny the resurrection of the dead, and says to them:

Is this not why you are wrong, that you know neither the scriptures nor the power of God? ...He is not God of the dead, but of the living; you are quite wrong (*Mk* 12:24-27).

When it concerns the resurrection of the dead, God Himself enters in the game. Jesus imputes to the Sadducees their mistaken conception of God. They do not recognize the power of God, nor do they see in Him the God of the Living. According to Jesus, God has the power, and at the same time, the will to overcome death and give imperishable, eternal life. With existence itself, there is created, between God and every single man, a relationship which is not only for a limited time, but which is a definitive and permanent relationship. Every man receives his existence from God. From that moment on, man is forever marked with life. And even though death intervenes, God remains for man the God of the living, Who conquers death with His power.

This intervening power of God is already verified in the Resurrec-

tion of Jesus. This is the content of the Paschal message: Jesus, Who was crucified, has been raised by God (cf. *Mk* 16, 6) Jesus has shared the common destiny of men and has endured death, the cruel and violent death of the crucifixion He was buried, but He has not remained in the tomb. God has raised Him, has exalted Him at His right hand, has brought Him to eternal life and perfect beatitude From the beginning, this has been the nucleus of the Christian proclamation In his first letter to the Corinthians, Saint Paul reminded them that

I delivered to you as of first importance what I also received, that Christ died for our sins in accordance with the scriptures, that he was buried, that he was raised on the third day in accordance with the scriptures, and that he appeared to Cephas, then to the twelve (15:3-5)

The living Jesus was revealed to the predestined withnesses and convinced them of the reality of His Resurrection, through which God has definitively conquered death and confirmed the message and all the work of Jesus. The announcement of the Resurrection of Jesus is the proclamation of the victory of life without end. Christian faith is based on this victory, faith which is centered on the God of the living, Who has expressed His life-giving power by means of His Son.

5. In Christ, God Gives Humanity the Fullness of Life

The Resurrection of Jesus has a universal effect and is not restricted only to Him.

Saint Paul says,

" But in fact Christ has been raised from the dead, the first fruits of those who have fallen asleep. For as in Adam all die, so also in Christ shall all be made alive (*1 Co* 15:20-22)."

All people participate in the victory of Christ over death This fact, present throughout the NT, is particularly confirmed in the Johannine writings In all manners of His presence, Jesus communicates life, and is the source of life. At the beginning of his first letter, John describes the experience of the disciples who were the eyewitnesses of the earthly presence of Jesus:

That which was from the beginning, which we have heard, which we have seen with our eyes, which we have looked upon and touched with our hands, concerning the word of life–the life was made manifest, and we saw it, and testify to it, and proclaim to you the eternal life which was with the Father and was made manifest to us. (*1Jn* 1, 1-2). Here all the experience of the witnesses with all their senses, as well as the entire manifesto, is concentrated on the fact that in Jesus, imperishable and eternal life has become present. Our life, which we recognize and experience, proceeds relentlessly and most certainly toward death We have no means to prevent this, we are powerless, and we are simply subjected to this destiny. But with the presence of Jesus, Who is life, the situation is changed completely. Death is conquered, and life without end, immortal life, has become attainable

To bring life, to lead to the fullness of life, is precisely the purpose of Jesus' mission. He says about Himself, " I am the resurrection and the life; he who believes in me, though he die, yet shall he live, and whoever lives and believes in me shall never die " (*Jn* 11:25-26) and " I am the way, and the truth, and the life " (*Jn* 14:6) And, in describing His mission as the Good Shepherd, Jesus asserts, " I came that they may have life, and have it abundantly " (*Jn* 10:10)

But in what way can the life of Jesus become our life? Jesus explains, " I am the bread of life; he who comes to me shall not hunger, and he who believes in me shall never thirst " (*Jn* 6:35).

Throughout our earthly life, we depend on bread; without food we cannot continue this life very long It is necessary that we eat bread, that we enter in most intimate contact with it, for otherwise its nutritive forces cannot play a productive role for our life. In the same way, the most intimate contact with Jesus is needed in order to participate in His life Eating the Bread corresponds to believing in Jesus. To believe means to recognize Jesus as the Messiah, the King through Whom God gives the fullness of life to humanity, and as the Son of God (cf. *Jn* 20:31) To believe means to trust one's self and one's own destiny fully to Jesus, and to allow oneself to be led by Him in an unconditional discipleship. This faith creates the most intimate communion with Jesus and the very participation in His life.

Such union is not restricted to earthly life, but is destined for eschatological fulfillment. Before His death, Jesus said to His disciples,

Let not your hearts be troubled; believe in God; believe also in me. In my Father's house are many rooms; if it were not so, would I have told you that I go to prepare a place for you? And when I go and prepare a place for you, I will come again and will take you to myself, that where I am you may be also (*Jn* 14:1-3).

In a simple and human manner, Jesus describes this eschatological fulfillment: to be together in the Father's house.

6. Life Consists of Communion with God and with Men

Communion is the most characteristic trait of life. Separation, division, isolation, and animosity instead all lead to death. The first commandment–the Word of God–concerns the love of God and the love of neighbor, that is, the vital affective and effective realization of communion. Jesus, the Son of God, is the personified communion between God, the source of life, and humanity. For this reason, death is conquered in Him, and in Him the gate to immortal, indestructible life is opened.

God is life and the source of every life. Only in communion with God, which is at the same time founded on communion with men, does human life become fully real. This is, concisely, Sacred Scripture's word about life.

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Rector of the Pontifical Biblical Institute
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MARIE-ODILE RETHORÉ

The Human Being

" Thank you, Professor Lejeune. Because of you I am proud of myself! " This was the testimony which Bruno wanted to render to the memory of Professor Jerome Lejeune on the day of the latter's funeral in the basilica of Notre Dame in Paris.

Bruno is a man afflicted by an illness to which Professor Lejeune dedicated his whole life. He was one of the newly born children who enabled Jerome Lejeune to discover the trysomy 21 in 1959. Bruno's chromosomes were shown to the whole world. He knows about this and he is very proud of it. He says with great enthusiasm: " You know, I am chromosome 21. " In order to echo this testimony–a testimony which moved those present–I would like to repeat those words which John Paul II spoke to the families which were gathered around him in the basilica of St. Dennis in Paris:

" We render homage to motherhood because faith in man is expressed in motherhood. ... The act of faith in man lies in the fact that his parents give him life. The mother who carries him in her womb bears witness to the value that is in her and that goes beyond her, the value of him who–still unknown and hidden deep within her–will come into this world as her child. " And the Holy Father continued: " But perhaps this baby will be weak, handicapped for the whole of his life.... " However, he immediately added: " The value of humanity is also demonstrated by these children, by these men and by these women, through whom humanity experiences painful degradation. "

" Blessed are you Mary, who believed in him whom you carry in your womb.... In him there will be expressed the truth about man, about his mystery, about the vocation of every man, even of those whose humanity will perhaps not achieve complete and normal development; about every man without distinction, without reference to levels of intelligence, of sensitivity or sensibility, or of performance, but in relation to a man's humanity, to the fact that he is a man. Thanks to this, and thanks to his humanity, he is the image and the likeness of the Infinite God. "

Some time ago I received the urgent visit of a woman of thirty. She also suffered from the condition of trysomy 21 and it was causing her very great distress. Her friend had said to her in brutal fashion: " Now that I have seen your mother I know that she is not your mother because you are ' mongoloid ' and she isn't. "

Poor Françoise had always known that she was handicapped and it caused her suffering in the same way as we all suffer because of our difficulties. She had often heard the word " mongoloid " because many people go on using this term even though it means nothing and serves only to humiliate these patients rather than make them feel members of a family. After all, Mongolia is far away. But what Françoise had never imagined was that perhaps her mother was not actually her real mother.

I therefore received her and tried to explain to her what the situation was. I told her that her nose was indeed somewhat flatter than that of her parents and that her eyes were a little smaller; that she was more delicate and that she knew all this from her birth even though she did not know why this was so. I showed her her chromosomes. She saw that instead of two chromosomes 21 she had three. I explained to her that a secret was written into each chromosome, as was the case with her little toy boxes. I told her that if she listened to this secret and the secret written into the chromosomes of her parents and her grandparents she would see the part of the secret that she had received from her father, from her mother, from her grandfather and from her grandmother. I think she understood me. In particular, she understood that she is above all else Françoise, the dearly loved daughter of her parents.

I saw Françoise the next year. After having asked the mother to leave she asked me: " When I am dead will my extra chromosome be always with me, will it be the same? " We then talked a great deal about the secret which she alone possessed, and I said that nobody could take her place, either in the hearts of her parents or in the heart of God.

Day after day genetics gives us ever greater proof that we are both unique beings (and thus cannot be replaced) and parts of a chain which is handed down through the generations. In all species generations are connected to each other by a material bond–the DNA molecule. This molecule forms a double helix which spirals upon itself. Its lateral parts are united by bars created by the association of two bases–adenine with thymine and guanine with cytosine. It is by

means of these bases that the genetic code is written, that secret of each one of us The unit of this code (codon or triplet) is made up of a series of three bars and measures 7/10000 of a millimeter It can take sixty-four different forms on the whole length of a the DNA molecule which in man is a meter in length One can well understand how this structure can be responsible for the originality of each living being!

We have known for some time that things might be even more complicated and wonderful The hereditary message is deciphered in the DNA molecule which comes from the ovule in a way which is different from the way it is deciphered in that DNA molecule which comes from the spermatozoa For life to begin, these two molecules must unite; indeed this process is a sufficient condition for the creation of life In other words, the geneticists, in their very great wisdom, discovered that for a baby to be produced one needs both a mother and a father!

This link given to us by our parents links us to our children and is present within each of our cells throughout our lives These are our roots! Roots which enable us to anchor our personality in a family, in a country, or in a race

This link continues whatever may happen in our lives, such as fractures within our family Indeed, for those young people who have left home to " lead their own lives "(almost as if one could create a life already given to us) nothing is ever completely lost They can always come back and say with truth: " Father, I have been treated badly, but I remain your child " These parents, who are desperate because they have not received news about that son or daughter who remains " their little one, " can find their child again in their hearts This link continues beyond death What makes me live today made my parents and my grandparents live yesterday How could I ever forget them? For a geneticist, therefore, the communion of saints is more than evident!

This marvelous mechanism discussed above not only strengthens the faith of the Christian I am but fills it with wonder and the action of grace. Is not the secret that is in me, which is what is essential in me, the personal creation of each one of us?

Is not the history of the development of my body the same as that of the incarnation of the particle which the Lord entrusted to me and of which I am the sole owner? This other person before me, who is different from me, is he not the carrier of another message, another light, another particle of the Infinite? Is it not possible that this meeting with another person, rather than being an opportunity for struggle, competition, or combat, might be a chance to engage in mutual exchange, to participate in communion? Whether a person has white skin or black skin, Chinese eyes or awkward movements, or whether he has a clumsy way of speaking, what difference does all this make? The only ditch which really exists is between God and man, and this ditch, as we well know, has been bridged forever What really disfigures us is hatred, hardness of heart, wickedness, not a chromosome too many or too few

But let us not get things wrong The DNA molecule, however marvelous it may be, is not what makes each of us a son of God or a brother of Jesus Christ This molecule is universal, it is present in all living creatures And man, in biological terms, is nothing else but a species like all the rest A mosquito is a wonderful creature, no man could rival it It even knows how to protect itself against AIDS, but it is nothing more than a mosquito!

Man, according to the faith, has a special place and role within the creation Let us hear what Basil of Cesarea said about our creation in the fourth century:

" God says: ' We will create man in our image and likeness.' If the Lord, when he created us, had not first taken the precaution of saying, ' We will create ' and ' in our likeness,' if he had not graced us with the power to become in his likeness, we would never have been able to acquire this likeness to God through our own efforts But he has created us nonetheless with powers and the ability to be like Him In giving us this power He enabled us to be the builders of this likeness so that we could obtain a reward for our labors, and ensured that we were not like portraits produced by painters–mere inert objects Indeed, when one sees that the picture conforms to the model one admires the portrait rather than praising the painter In the same way, so that I might become the object of His admiration, God entrusted me with the responsibility of becoming in His Likeness How blessed we will be if at the end of our life the Lord will be happy at seeing Himself in us! "

" Do not be afraid, open the doors to Christ He knows what is in man, " John Paul II declared to the world on the day of his elevation to the papacy on f October 22, 1978 " Today it very often happens that man ignores what he bears within him He is very often uncertain of the meaning of his life on this earth He is beset by a doubt which becomes despair Allow, then, Christ to speak to man "

This word of Christ was understood and expressed marvelously by a little girl seven years old Violaine was abandoned at birth on the advice of doctors because she is a Downe syndrome child and suffered from a cardiac condition She knows about her own history and prays for her mother every day, that mother who was afraid that she would not be able bring up her child in the right way, for the doctors who [SIC] were afraid that they would not be able to treat her properly, and for the mother and father who had faith in her The other day Violaine was alone in her room Her father could see his daughter through the half-closed door She was standing up and watching herself in the mirror, singing in a loud voice: " Thank you God, for having made me the wonderful thing that I am "

The bringing of a handicapped child into this world is very painful indeed and nobody can alleviate the suffering that it involves Those who have the task of following the parents, especially at the outset, have a very heavy responsibility Upon their attitude will depend, in large part, the future and the harmony of the family

These crippling illnesses are terrible Research being carried out to

understand them and to reduce their impact must continue. One's very life should be dedicated to such research. As Professor Lejeune often said: " We will never give up. " But research must not be done at any cost. We must stop believing that research is neutral and that only its application can be deemed good or bad. It is at the point of actual discovery that choices must be made

What should be said to those parents whose child is not like other children? It seems to me, essentially, that one should say: " Do not be afraid. " Do not be afraid of expressing your worry and concern, your sense of rebellion, your dejection. Do not be ashamed of crying, do not be afraid of giving voice to your suffering. Tell yourselves over and over again that no parent is better equipped than yourselves to be a parent of a child who is not like other children Do not be afraid to ask yourselves questions, those questions that are in your heart. Questions regarding the illness of your child, his development, the risks that the illness can re-appear in your family. But also questions about daily life.

Do not be afraid of loving your child, of holding him every morning when a day is to begin which perhaps will be very difficult. or which will be the monotonous repetition of all those days which have gone before

Do not be afraid of being happy with your child, of saying that you are happy, of showing this happiness, of sharing the joy of his achievements and his discoveries with him–and these will be very great! Allow him to live the life of a child (forgetting that good advice and re-educational methods) Let him experience things Let him discover the world in his own way, and re-discover it with him yourselves. Believe in him, in his ability to make progress. But believe also in his ability to love. Love him and let yourselves be loved by him!

Do not be afraid of hating his handicap, his illness Do not be ashamed of crying because of this illness The good Lord does not ask you to be heroes but to be holy–they are not the same thing at all!

Do not be afraid, do not be ashamed to give voice to the rights of this child in strong and prominent fashion It is your duty as parents to do so. It is not easy to do this when you are alone, but you are not alone! If parents' associations did not exist, we would have to invent them immediately. But they do exist and all the medical staff must inform you about them.

The same may be said about the Communities of Faith and Light which operate all over the world, even in disadvantaged countries, and are very active indeed, managing to perform true miracles.

In this age, when the media give wide coverage to the advances in science and technology, the health of a child becomes something which is due; it is no longer a gift Illness, suffering, handicap, death –all these things have become unacceptable and intolerable. There is an attempt to find the guilty party, the person who is responsible. There is a desire to suppress, and suppress right away, what is not absolutely right. There is a desire to turn the page, to find an immediate solution, and thus to ensure that life takes on a human aspect as quickly as possible.

This philosophy gives rise to the requests for pre-implant diagnosis, for prenatal diagnosis But it also gives rise to advice to abandon a child which is born with a malformation or with an illness which was not foreseen. In Paris today 25% of Downe syndrome children are abandoned at birth in line with the advice to parents supplied by doctors Such doctors are not monsters. Most of them argue that they are acting according to the dictates of their conscience. I really want to believe that this is so But whatever the case, it is not for me to pass judgment

But Christian doctors like us are not called upon to have a good conscience. We have been baptized and confirmed into the Church, and we are called upon to illuminate our conscience with the light of the Holy Scriptures, the teaching of the Church, the life of the sacraments, and prayer We are called upon, therefore, to assume our responsibilities, and to have no fear of going against current trends and ways of thinking We should do this in firm but humble fashion, in full knowledge that we are sinners and vulnerable, that evil exists, but that a Man came to this earth to carry its burden upon his shoulders. This burden killed him, but he died to undergo resurrection!

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The Status of the Human Genome

1. Introduction

" The Status of the Human Genome "[1] is at first sight a puzzling title and one which certainly puzzled me for some time whn I was invited to talk about it at this Conference. We have become accustomed in recent years to discussions in the literature of bioethics of the status of the human embryo. These discussions are sometimes concerned with what is called the " ontological status " of the human embryo, sometimes with what is called " the moral status " of the human embryo, and sometimes with both. Discussion of the ontological status of the human embryo is concerned with what kind of being the human embryo is; discussion of the moral status of the human embryo is concerned with the claims and entitlements of the human embryo, claims and entitlements we need to recognise if we are to treat the embryo rightly. Some contributors to the discussion of the moral status of the human embryo claim (rightly, in my view) that it is impossible correctly to elucidate the moral status of the human embryo; put more simply, we should be clear what kind of being the human embryo is (or might be) if we are to give a correct account of what is required of us in our behaviour towards the human embryo [2] I shall regard the question of the status of the human genome as analogous to the question about the status of the human embryo, in other words as a question both about what kind of thing the human genome is (section 2) and a question about how much answering that question enables us to determine what we may rightly do to the human genome (section 3)

It is, however, easy to appreciate why the title " The Status of the Human Genome " is somewhat puzzling; a human genome is not analogous as an entity to a human embryo. A human genome is the total collection of genes in a single set of human chromosomes. Human chromosomes carry about 100,000 genes of which scientists have identified and located about 2,000 Genes are made of the chemical DNA (deoxyribonucleic acid). DNA is synthesised linearly from four different building blocks called nucleotides (referred to as A, T, C and G) Some genes contain thousands of these nucleotides, which are ordered in quite specific wyas The role of these ordered sequences is threefold: to specify the make-up of the protein molecules of the body; to contribute to the control of when proteins are produced; and to serve as a template for the production of copies of themselves, including the copies contained in the germ cells (sperm and ova) through which life is transmitted. There are about 3 billion nucleotides in the normal complement of human chromosomes. The Human Genome Project is the undertaking by an international group of scientists to identify the precise sequence of nucleotides in a single but presumably typical set of human chromosomes. One of the difficulties in understanding the claimed utility of the project is that it has been estimated that " any two human beings will differ on the average in about 600,000 nucleotides."[3] So the attempt to specify what is *typical* seems a somewhat elusive task However, my subject is not the Human Genome Project but an enquiry into what kind of thing the human genome is and how we should treat it. In discussing the human genome I shall always have in mind the individual human genome, and what it is, and not Mr Average's genome (an abstraction), nor what is sometimes called the population genome.

2. What Kind of Thing is the Human Genome?

Chapter 1 of the *Book of Genesis* expresses a certain understanding of the transmission of life. In verse 12 we read: " The earth produced vegetation: plants bearing seed *in their several kinds*, and trees bearing fruit with their seed inside *in their several kinds*." The modern theory of evolution itself presupposes the idea of the transmission of life, and therefore of the capacity of a living creature to reproduce itself *according to its kind*. But theorists of evolution characteristically seek a mechanistic explanation of this phenomenon, specifically in terms of the interaction of genes and environment. But the capacity for reproduction cannot be *identified* with a combination of some specific structure of DNA together with circumstances (the environment) as mechanistic explanations of evolution would have it. For there is no single structure (of DNA) across species associated with reproduction, and the circumstances in which reproduction occurs are (on the evolutionary hypothesis) continually changing. On a mechanistic view the transmis-

sion of life would therefore require an accidental conjunction of structure and circumstance which was precisely apt for reproduction in most instances of a species in each generation. The requirement is fantastic!

It is unnecessary to indulge in such fantasy if we refuse to be reductionists and accept " that the life of an organism is to be thought of as one with naturally continuing actualities."[4] This means that what it is rational to expect of genes, just as what it is rational to expect of the functioning of a liver, depends on the life of the kind of animal in which DNA and the liver have roles, and on the characteristic natural and *irreducible* powers of living, growing and reproducing exhibited by such animals.

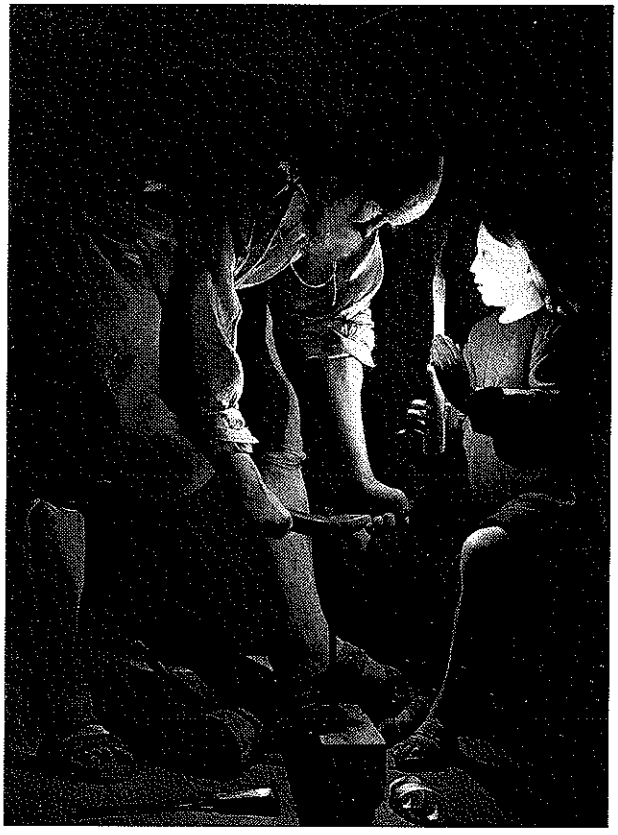
The relation of DNA to the organism to which it belongs is not like the relation of a tree to the forest to which it belongs. The tree has a life-cycle of its own which is in important ways independent of the forest. It will complete that life-cycle if left to do so when surrounding trees are removed. But DNA on its own does not have a life-cycle which naturally involves it playing the role it plays in an organism, like a tree which naturally grows and stays growing in a single place. The specific roles genes have to play depend on the ongoing life of the organism and its natural powers.

Genes (and the individual human genome) should be thought of as fundamental information-bearing structures within a complex organ of development and heredity *through which* an organism exercises its natural powers of growth and reproduction. For a growing human being to be growing is for it to be *growing into an adult human being*, and not simply for it to be growing " as the genetic code allows," which then turns out in the circumstances to be a mature human being. There is a natural law (of a teleological kind) which characterizes the *organism* (and so the *form*) in characterizing what living things are *up to* in growing. Such laws are fundamental for understanding the roles of genes. " Of course, in the inheritance of individual differences, the genes are determinants but... there [has to] be a growing organism, with a fixed way of growing, for the genes to be said to be determining anything. They are chemical arrangements and in a fixed system a chemical arrangement can be said to determine something, but then only because that is the way the thing is determined in the system." When we speak of genes determining, say, eye colour, we do not of course mean that " eye colour proceeds by rigid and absolute necessity from the genes, but rather that, in the way an organism grows, and the way in which colour is imparted to the eye, the place of the gene is such that *where things go on normally*, the nature of the gene will fix the colour of the eye."[5]

The question, then, about what kind of thing the human genome is to be answered in general terms by saying that it is a fundamental structure within a complex organ of development and heredity through which individual human beings exercise their natural and irreducible powers of growing as human beings and sharing in the transmission of human life.

The functions carried out by those basic structures of which the human genome is a key part make them a more fundamental organ than the human liver or heart, for example. For they have a determinative role in the formation of the human body, and an essential role in the transmission of an organized body of specific potentialities which are apt for actualization in a living human being through God's creation of a rational soul. Our modern knowledge that the organized potentialities of the human genome for developing a body include organized potentialities to develop precisely those organs required for rational life is what justifies the assertion that a human conceptus withy those genetic potentialities is as such in a condition to receive a rational soul.

What needs to be emphasized here is that the human genome that comes together through the fusion of sperm and ovum, while not necessarily itself unique (because of



the phenomenon of monozygotic twinning), is a quite particular organized set of structures which have a determinative role to play in development, and which when " expressed " (gene expression) result in a distinctive human body. Human life is essentially a bodily life. And for any person his or her life is the life of a particular body which has developed within the constraints and in virtue of the causal influence of a particular genomic constitution.

This answer may seem an excessively modest conclusion to have arrived at, but its significance should not be underestimated given some of the ideological positions influential in our society. To clearly identify the human genome as a fundamental structure of an organ of individual human beings is to give a *subordinate* significance to it. And this in turn helps to explain why what we do with the human genome should be governed by those moral principles which govern our conduct towards human beings. This implication of our conclusion would not be supported by those reductionist understandings of human life, widespread among biomedical scientists, for which human life is fundamentally the blind vehicle for the stategies of " selfish genes."[6]

I turn now to consider whether the facts about the relationship between a particular human genome and a particular bodily life have any bearing on what kinds of modification of the human genome are morally acceptable.

3. The Status of the Individual Human Genome and Proposals to Modify It

Knowledge of the nature of the human embryo straightforwardly determines, in conjunction with a simple moral norm, the wrongness of nontherapeutic experimentation on human embryos. But not all our answers to questions about how we should act in regard to embryos can ben arrived at quite so straighforwardly. We have to introduce distinct and more complex considerations to arrive at the conclusion that human embryos should not be brought into existence " in vitro," and indeed should be conceived only as a natural causal consequence of normal marital intercourse.

It will emerge, I think, that knowledge of the nature of the human genome is even more limited in the moral conclusions it yields. An adequate determination of which modifications of the human genome are morally acceptable requires reliance on a number of quite distinct moral considerations. So it would be a mistake to expect from this paper an adequate treatment of the ethics of somatic gene therapy and germ-line gene therapy.[7]

I can best explain the moral significance of the human genome by an oblique approach beginning from some reflections on what kind of relationship is required of parents in the begetting of a child. We say the relationship required is *a marital* relationship, that is, a relationship in which a man and a woman unreservedly commit themselves to a self-giving love, in which each is treated by the other as *irreplaceable*. And sexual intercourse should be expressive of precisely that relationship. Now sexual relationships are required to have this character for the good of children. For when intercourse is expressive of an unconditional love, the child who may be conceived is conceived precisely as the fruit of an unconditional love. The child thereby belongs within a community of persons founded on the unconditional love which is consummated in marital intercourse. In entering the relationship of husband and wife precisely as the fruit of an unconditional love the child has a recognisable claim to be accepted unconditionally. It is only such acceptance which is adequate to the true dignity of the child.[8] Unreserved marital commitment, then, is required for the unconditional acceptance of the child, an acceptance which is in turn required for recognition of the dignity of the child.

But if it is necessary that parents unconditionally accept the child who is given to them by God, one reason why this is necessary is because such acceptance is conducive to the child (and the adult into whom that child develops) himself accepting the life *he* has received from God through his parents. It is important to emphasise here exactly what in his first coming-to-be a human being *does* receive from his parents: he receives, through the paternal and maternal germ cells, a full complement of human chromosomes, and therewith a particular human genome. A particular human genome codes for the development of a particular human body. The developments of which the genome is determinative are, of course, only actualised in virtue of the living form (the rational soul). Nonetheless, the genome plays a causal role in a person becoming the living bodily being he is. My identity as a human being is not something specifiable apart from the bodily being I am.

To some extent, then, acceptance of the life I have been given through my parents seems to commit me to acceptance of the genome I inherited, for this genome conditions the particularity of the human bodily being I am.

It would be implausible, however, to suggest that it commits me to *unconditional* acceptance of my inherited genome. For some of the limitations determined by the genome do not merely have the character of limitations which in some degree or other are inseparable from being human, but are deficits in bodily structure or function which seriously impede normal bodily functioning. We need to distinguish between, on the one hand, limitations which it would be *unreasonable* to expect not to exist, because a body must be thus and so in its finite particularity; and, on the other hand, limitations which it is *reasonable* to expect not to exist, since they represent aberrations in respect of normal bodily functioning. The former type of limitation it is important that we accept and work within as human beings. It is true that our dignity as human beings finds its distinctive expression in the exercise of the capacity for rational self-determination. But it is no part of human rationality to seek to alter the non-pathological limits of our given constitutions. We are called to realise and capitalize on the talents we have been *given*.

The distinction I have made between two kinds of limitation more or less coincides with the distinction between gene modification for purposes of therapy and gene modification for purposes of enhancement, that is, with a view to improving a natural capacity. Let us prescind from the fact that the sort of capacities (*especially those relating to aspects of intellectual performance*) which parents would like to see enhanced in their children are unlikely to admit of improvement by genome modification, except in a science fiction scenario. What interests me here is the issue of principle. And what I am proposingis that if such modifications were possible, even if the suggested mode of carrying out the modification were not in breach of other moral principles and did not involve unwarranted risks, it would still be unacceptable *as involving a wrong attitude to a particular living human being in the particularity of his or her bodily existence*. We are already aware of the way that attitude is exhibited by parents who impose conditions on the acceptance of children (as when undergoing prenatal diagnosis with the option of selective abortion) or who think of children as desirable precisely as meeting their own needs and requirements (as in the search for assisted conception when employing techniques like IVF). But such attitudes are not confined to parents in relation to their children. How could a moral disposition of that kind be so confined? We exhibit it in relation to the particularities of our own bodily constitution and condition. The spread of this attitude is one of the roots of the demand for euthanasia in our society.

I am suggesting, then, that proposals to exceed nonpathological limitations imposed by our organic

constitution through modification of the genome involve a manipulative, objectifying attitude to one's own body which is inappropriate. inappropriate because I am a bodily subject. *It is clear that this is not as such an objection to developing or improving one's natural capacities. But most of the capacities which people esteem are properly developed through* chosen activity *(or at least activity which can come to appear* eligible *to the maturing moral agent) In chosen bodily activities we define ourselves as* embodied subjects. *By contrast, when the body is treated as an object of manipulative control we are not acting as* selg-defining subjects *but behaving as* alienated subjects. *We would not truly* own *che " achievements " to which our performances appear to testify if those performances were significantly a result of modifications of the genome precisely with a view to securing such " achievements. " Enhancement interventions would threaten human lives with the sort of hollowness which overtakes athletes whose " achievements " depend on drug-enhanced perfomance.*

There are, then, limitations of our bodily constitution which I believe we should accept as the condition of accepting the particular life each of us has been given. But there are other limitations which we may have good reason to think should not be there: those that arise from failures of function (or structural formation) which should not exist in *any* living body. These are the failures characteristic of ill-health; for health is to be understood as the well-functioning of the bodily organism as a whole.[9] Since they are limitations we have good reason to think ought not exist in *any* living body, we have good reason to seek to remove or modify them. If they arise because of a causal role played in development by some gene mutation, and a modification of the genome would be possible which corrected the influence of this mutation, and other considerations did not count against the proposed gene therapy, then one could rightly carry it out. Certainly nothing I have said about the status of the human genome would stand in the way of one's doing so.

I am aware that even in using the relatively narrow, Aristotelian conception of health on which I rely, the distinction between the therapeutic and the nontherapeutic is not completely clear-cut; there is a grey area within which the application of the distinction is debatable. But this gray area is rather like dusk, the time between day and night. You may debate about whether to call dusk " day " or " night," but for most of the time you have no reason to doubt what is day and what is night. Other, more expansive conceptions of health (especially that promoted by the World Health Organization) destroy the possibility of drawing a non-arbitrary distinction between those bodily limitations which it is reasonable and those which it is unreasonable to seek to change. In destroying this distinction they destroy the possibility of thinking coherently about what is required for acceptance of the particular bodily life which each of us has been given. *If we are at a loss over what we should unconditionally accept in the particular bodily life which has been given to each of us we will not achieve the kind of self-acceptance which is a condition of authentic moral agency.*

4. Conclusion

There are many ethical issues which arise in connection with proposals to modify the human genome. They cannot be settled simply by considering the status of the human genome. But in responding to the invitation to talk to you about the status of the human genome I have come to think that understanding *what it is* gives us some reason for thinking that modifications of the genome designed simply to alter nonpathological limitations are contrary to moral wisdom.

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[1] In the context, " status " is obviously the correct English translation of the French " le statut," and not " the statute " as in the English language version of the Conference programme.

[2] I follow this procedure in my contribution " Diritti dell'Embrione " in the *Dizionario di Bioetica* (ed. Leone and Privitera) Bologna: Ed. Dehoniano 1994, pp. 257-61. I take this opportunity to note that the Italian version of my article is replete with mistranslations, some of which seriously misrepresent my meaning and argument at crucial points.

[3] R.C. LEWONTIN, " The Doctrine of DNA. Biology as Ideology." London: Penguin Books 1993, p. 50. For philosophers and moral theologians who may be inclined to a certain gullibility in face of the advocates of The Human Genome Project Lewontin's book is a salutary read, even if his own ideology is to be taken with a pinch of salt.

[4] This is one of the central theses of Dr MARY CATHERINE GEACH's important doctoral dissertation " The Soul " (Cambridge University, 1981). I am much indebted in the present section to that work, which unfortunately remains unpublished.

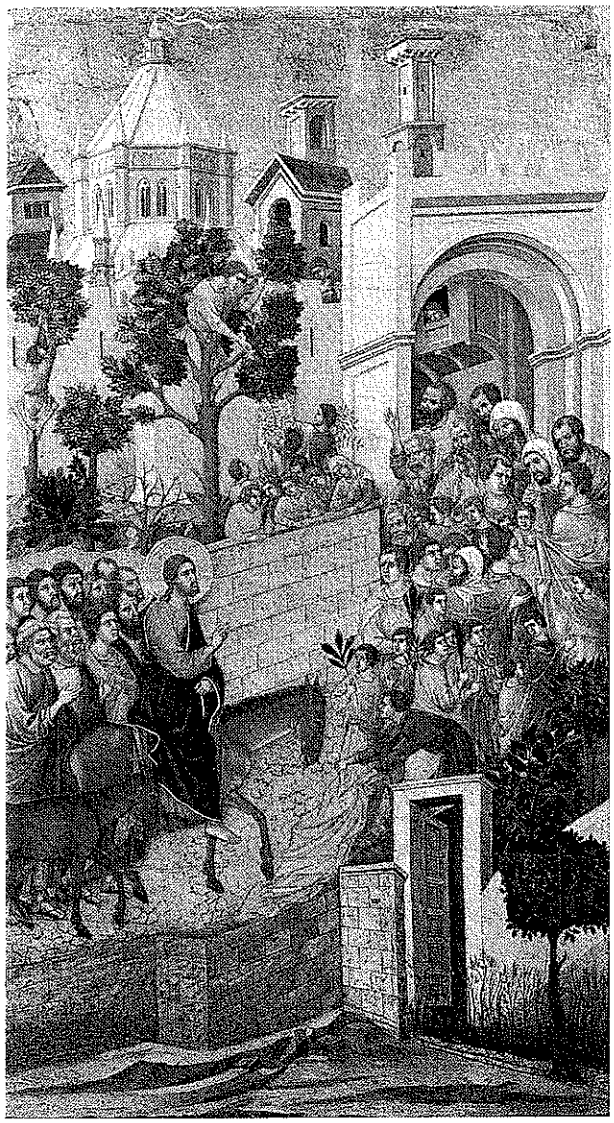
[5] GEACH, *op. cit.*, p. 75.

[6] See, for example, RICHARD DAWKINS: *We are survival machines-robot vehicles blindly programmed to preserve the selfish molecules known as genes*, " The Selfish Gene," Oxford: Oxford University Press, 1976, p. IX. In a subsequent defence of his views Dawkins wrote: " That was no metaphor. I believe it is the literal truth, provided certain key words are defined in the particular ways favoured by biologists. Of course it is a hard truth to swallow at first gulp." RICHARD DAWKINS, " In Defense of Selfish Genes," *Philosophy* 56 (1981), 572-3.

[7] For a comprehensive discussion of the issues by a Catholic theologian see WILLEM JACOBUS EIJK, *The Ethical Problems of Genetic Engineering of Human Beings* Kerkrade 1990. There is a much briefer survey in J.D. CASSIDY and E.D. PELLEGRINO, " A Catholic Perspective of Human Gene Therapy," *International Journal of Bioethics* 4 (1993), 11-18.

[8] See LUKE GORMALLY, " Humanae Vitae and the Virtue of Chastity," en AAVV, *The Gift of Human Life*, Oxford Family Publications, 1994, pp. 14-19.

[9] See LUKE GORMALLY, " The Practice of Medicine and the Need for Moral Consensus " in J. GLASA, *Contemporary Problems of Medical Ethics in Central Europe*, Bratislava 1993, pp. 15-24. A fuller defence of the concept of health assumed in the text is to be found in Leon Kass, *Toward a More Natural Science. Biology and Human Affairs*. New York, 1985, especially ch. 6, " The End of Medicine and the Pursuit of Health," pp. 157-186.



DOMINGO M BASSO, O P

God's Absolute Dominion Over Human Life

1. Introduction

Postmodern society shows that it is unable to understand the doctrine of the value and the dignity of human life which is expressed by the Magisterium of the Catholic Church by means of a centuries-old tradition This doctrine has been summarized with notable precision by the " Instruction on Bioethics: Respect for Human Life ":

" From the moment of conception, the life of every human being is to be respected in an absolute way because man is the only creature on earth that God has " wished for himself " and the spiritual soul of each man is " immediately created " by God; his whole being bears the image of the Creator Human life is sacred because from its beginning it involves " the creative action of God " and it remains forever in a special relationship with the Creator, who is its sole end God alone is the Lord of life from its beginning until its end: no one can, in any circumstances, claim for himself the right directly to destroy an innocent human being."[1]

I would like to look more deeply into the meaning of this paragraph with reference to previous declarations of the Church's Magisterium Many people believe that this teaching is anachronistic because it is seen by such people as the start of a systematic, tenacious and unjustifiable rejection of the technological application of new and spectacular scientific discoveries These people go on to argue that once this anachronism has been overcome moral judgment should be launched on a new path of greater tolerance But in doing this they cannot manage to avoid basing themselves upon ideas and notions which are severely condemned by the Encyclical *Veritatis Splendor* as being contrary to the Holy Scriptures and to the Tradition of the Catholic Church

The intention of minimizing the importance of the axiom that life is sacred has become ever more manifest in recent years When the " non-sacredness " of human life is postulated by profane and agnostic circles we discern with a certain ease that this stance is rooted in anthropological ideas about man which are mechanistic, biologistic and pragmatic These ideas have a deep influence on present-day culture and seek to establish other parameters by which to judge the utility of life.[2] But when this criterion is propounded by Christian theologians and thinkers–something which carries the danger of a systematic destruction of truths which Catholic theology has always seen as being essential to the Christian message about the realities of man and his destiny–then the whole question emerges as being most worrying and very serious: there is an evident incompatibility between conclusions reached and the principles which are said to be believed in

For this reason it is very necessary to clarify the points on which the Magisterium of the Church bases its teaching–there must be no concessions in relation to the respect which is due to the life of the innocent human being These points cannot be called into question or debated by the believer–they spring from a source of knowledge which transcends religion, and here I am referring to revelation By this I do not mean that there is an absence of strong support in Catholic teaching for the facts of science and philosophical reasoning But Catholic teaching has its own springs of specific inspiration beyond those humanistic ideas which form the basis for a universal certainty as to the dignity and the inviolability of the life and the rights of the individual It should be pointed out, however, that some people would like to engage in contentious arguments about these ideas, seemingly without end These springs of inspiration bestow a level of certainty which rises above the Church's perennial convictions, and they even throw increased light on scientific perception I am referring here to the Holy Scriptures and to Catholic Tradition

2. A Reading of the Holy Scriptures

The Magisterium of the Church is anchored in the Bible, of which the Church is the only fully authorized interpreter When the Magisterium approaches the question of the origins of human life, it starts with a primary and decisive fact Each new life is born from the life of two other people, the husband and his wife United by legitimate love within marriage, they are able to communicate life to other human beings This is the plan of the Creator, but this plan does not cease to operate when the human progenitors play their role God has reserved to himself a sovereign protagonism in the appearance of each human life through the direct

creation of each individual soul. Although God cooperates with the parents in his action, this action remains essentially his–God has delegated his absolute dominion over human life to no man. This truth emerges clearly from a reading of the Word of God, given the evident fact that the Catholic position would be inconceivable without reference to the Holy Scriptures.

Everybody knows that the Bible defines man as being " created in the image and likeness of God." To what does the term likeness refer? The etymological meaning would suggest imitation or resemblance. The common meaning evokes the representation of something and the reproduction of characteristic similarities.[3] Pagan philosophy, which was ignorant of biblical revelation and did not use the expression " image of God," sought to define the excellence of man with such terms as " microcosm " or " horizon of the universe."[4] These expressions are similar to those used by the first Christian writers, who called man the " world of the world " or " sky in miniature."[5]

But the revealed concept of man as an " image " of God involves much more. The formula is especially strong because in Hebrew it means likeness in nature, in the way that a father transmits his own nature to his own son, as indeed is made very clear in Genesis 5:3. It is observed that Adam begat a son in his image and in his likeness. The term " likeness," therefore, must refer to an undoubted filial relationship between the Creator and man.[6]

The priestly writer used the expression " created in the image of God." From this there follow both the fundamental *theological* principle of giving God the name of Father and the fundamental *ethical* principle of the imitation of God. The " image " is present in all the texts of the Old Testament and is linked to the fact of being created beings. It is not the effect of a cause but something which is freely-given, the gift of being. It is something which represents the originality of man himself and which distinguishes him from the other created beings. This priestly document, therefore, presents man as a " mediation." In this sense the *only image* of God is man, and each religious phenomenon which does not move around this axis and which seeks other mediations with God constitutes idolatry and is rejected by biblical tradition. Thus it is that the making of other images is forbidden.

The Jehovah document, for its part, relates the *human experience* of Israel–that of transient and sinful man, of the man of clay who abuses the superiority he is given within the creation. The priestly document places this human experience which is so evident in the Old Testament in opposition to the *experience of belief*–the dignity of man is expressed in the covenant.[7]

Unlike the Egyptian prototypes who attributed likeness to God to the Pharaoh alone, Genesis stresses that all men are near to God in the order of being. For this reason, to the dignity of all men because they are men is added the dignity of all men in relation to power. In the plan of God, therefore, the divine dimension of man is above the bestowal of divinity on power.[8]

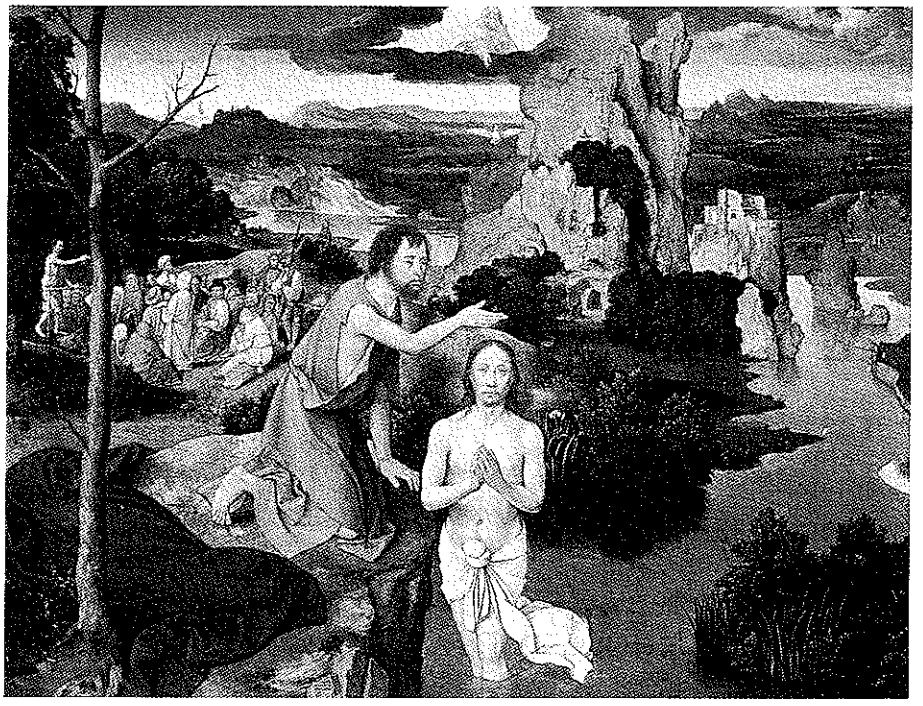
The text of Genesis 1:26-27[9] is probably the most commented upon because it refers to the fact itself of creation. The Popes drew up the first drafts of a theological

anthropology through an analysis of this text. This narrative contains the first nucleus of the theology of the image when speaking about the creation of man (" Adam " in a collective sense, or rather in the sense of " humanity "),[10] and places it within the context of a divine intent. In addition, it uses the verb *barah,* which expresses an action which is exclusive to, and characteristic of, God himself.[11] Image (*zelem*) and likeness (*demut*) define man, both male and female, in relation to God. The image of, and likeness to, God are described with reference to the consequences

man between " dust " and " breath of life." In the biblical text reference is made to man as a *whole* in order to show that the image must be looked for in the overall reality of the human being.[13]

There are two other parts of Genesis which refer to the image and these are 5:-3[14] and 9:5-6.[15] In the first the repetition of the formula of *image and likeness* suggests that the holy author wanted to point out that the image in which Adam was created is transmitted; that it is a permanent good of mankind; that it also exists after the introduction of sin into the world;

As a result, the *image* appears here in a new perspective with very important consequences. God declares that it is the fundamental basis of the moral behavior of man. Man must see within himself and within his neighbors the mark of his Creator. Because he carries within himself this image, no man may make indiscriminate use of his own life. An attack upon human life is an attack upon God because man is the undoubted reproduction of God. Death is punished and stigmatized because man is the " image " of God. In this part of Genesis, therefore, a great step forward



of this condition–superiority over the animals and the resultant right to have dominion over them. Man is God's representative on earth and for this reason is given the ability to dominate nature. Now it should be pointed out that this ability does not derive from his physical qualities but from his intelligence.[12]

But while it is certain that the image is to be looked for in the spiritual dimension of man, nonetheless the physical dimension is not excluded. This is because man is a unity which is not weakened by the fact there is a division within

and that human nature is not weakened to such an extent that the image of God is lost. On the other hand, the blessing of God is added to the creation and this can be spontaneously read as being a grace, an act which is separate from the creative action and forms the basis of the special dignity and preeminence of man. In the second quotation a new precept appears–that human blood should not be shed. And this rule about not shedding the blood of man is based upon the fact that man is created in the image of God.

has been taken–it is not only that man has received the image of God so that he may have dominion over other creatures, but that because he is an image he is obliged to act according to the model behind his creation. From this one well deduces certain important conclusions in relation to life, freedom, and the vocation of each man. As a Father of the Church observed: " Nobody can buy or sell he who is in the image of God...; if God does not place the free in slavery how can any man dare to place his power above that of God?"[16]

There is a special affinity between Genesis 1:26-27 and the Psalms 8:4-7.[17] Although in this second passage image and likeness are not spoken about, the terms are nonetheless equivalent. On the one hand, it is stated that man is inferior to God and, on the other, he is " little less than God." This greatness of man is defined with the observations that he was filled with " glory " and " dignity " (honor). The idea of likeness is then linked with the idea of dominion. Here as well it seems that we encounter the idea that the image and likeness of man in relation to God achieve a source of meaning in the fact that this condition of man is associated with the divine dominion over those things created by God–created, furthermore, in the same way as He created his representative on earth.[18]

3. Theological Consequences

Various and important corollaries follow from this biblical teaching. Man is not only body–he is also spirit. The union at the level of substance of the body and the soul,[19] between matter and spirit, although closely connected, does not necessarily imply that both have the same origins (indeed they do not), or that they must exist at the same moment. But there is one thing which is certain and undoubted at a doctrinal level–the human soul is immortal and constitutes human life in real terms, and its presence or absence determines whether the existence of a body is human or not. And it is the soul, first and foremost, which makes man in the likeness of God. It is undoubtedly true that the presence of the soul cannot be demonstrated in experimental terms, something which can be done in the case of the physical dimension of man.[20]

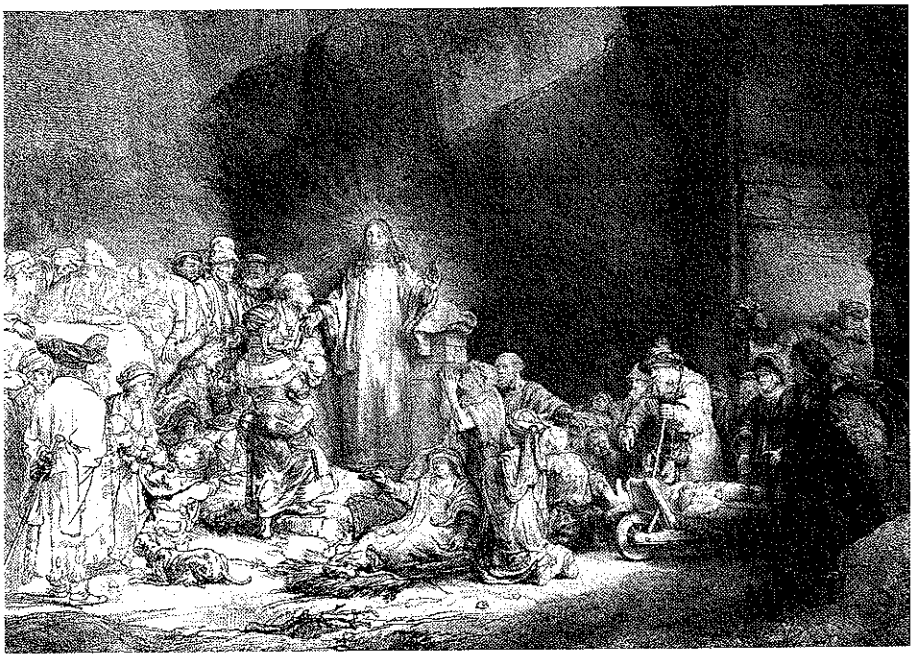
The idea that the soul, and thus human life, do not have their origins in the reproductive capacity of the parents who provide merely the physical elements (the gametes) but in the creative action of God, can be seen as something specific to Catholic doctrine, although this, I believe, can also be demonstrated by philosophy. This principle, termed " direct creationism," is not only advanced by a vast theological tradition but also by a constant and unvarying formulation on the part of the Supreme Magisterium, which has always considered this principle as a truth of faith, already defined or at least definable.[21]

To uphold that the human soul is directly created by God means to state, at the same time, that a new human being will exist only when God decides to place the spiritual soul in the right matter. When does this take place? Whatever the reply may be to this famous question, the essence of the problem does not change given that the divine origin of human reality calls for absolute respect from the very moment at which the process of a new life begins[22]–at that point the absolute dominion of God holds sway. This is because, in definitive fashion, it is the Creator who makes and gives life in a narrow sense and not the human parents. It follows that if the phenomenon of life in general is a mysterious reality, it is even more so when it involves human life, for the reason indicated. The procreative act of the parents is an act of cooperation[23] with the action of God, the effective primary cause of each and every human person.

The use of this terminology of causality does not mean, as some

have suggested, that the role of divine causality is diminished. Divine action is not considered here as a cause beyond generation–on the contrary. Precisely because it is the primary cause it must be seen (if a good metaphysical approach is employed) that it does not come merely to overlay the secondary causes. In reality, these secondary causes are operative because of divine causality. Furthermore, because we are dealing here with a spiritual soul which requires a creative act, God is not another cause but its only cause. And if the body exists for the existence of the soul, in the case of grace and its consequences in the supernatural world.

Now every effect depends more on a primary cause than on secondary or immediate causes. And if this tenet is true in relation to any effect produced by a created cause, how much more true will it be in relation to human generation! To put it in other terms, God is more perfectly and inherently the father of the unborn child than its biological parents. Is it not God, perhaps, who gives to that unborn child the most important and essential part of his ontological structure–that is, the spiritual soul by which that



the existence of mankind is unthinkable without the intervention of God. It is certainly true that the divine action transcends time but the created effects, simply and solely because they have been created, take place *in tempore*. We do not need to dwell upon an analysis of the creative divine act. It is not a theological error to argue that something can depend directly on God for its existence without passing through created mediations. This is precisely what happens in the case of the human soul and its position in the natural order, and creature becomes a true human being with all the prerogatives that this status implies?

4. Conclusion: the Dignity of Human Life

Considering things from this point of view, it does not now seem difficult to understand why Catholic doctrine attributes to human life a dignity and a value which are superior to those of any other kind of life and perfection present within the material universe. And, by simple logic, one has to admit the corollary which flows from this principle–human life comes from God, it thus belongs only to he who has made it, not to one person or another only, however much God respects the development of the secondary causes which can in some way modify His Economy and interfere in His providential action.

We are certainly face to face here with a great enigma. There is, however, something undeniable, and this is clearly formulated by the texts of the Holy Scriptures which have been previously mentioned–God has delegated to no man the possession or dominion over human life. This truth well demonstrates how aberrant is the wish to dominate and manipulate human life by impeding its conception, suppressing it once it has begun, or by bringing it about through the use of methods which are contrary to those ordained by God and commonly called " natural ways." Whatever the effects may be of this technological and scientific intrusion, they cannot in any way alter the validity of these central tenets.

We have said that man is not the master of his own life; he is only its steward. In reality, he is the abso-

lute master of nothing–the absolute master of everything is God. The inferior beings are created by God–as we well know–to serve man and have been placed under his dominion–that is, God has delegated to man the ownership and the stewardship of these beings. In different fashion, as far as his life goes, man has received no mandate from God at all, with the exception of the duty to protect his life and to conserve it. God has reserved to himself an exclusive and absolute dominion in this area. The parents are instruments in the transmission of life; they are his cooperators

sive fashion in God's plan concerning the appearance of new human lives, even though he may have the scientific and technological knowledge and means to do so. According to my modest interpretation of the doctrine of the Church, this is the key point of view by which we must evaluate and judge the different kinds of manipulation which are currently being carried out.

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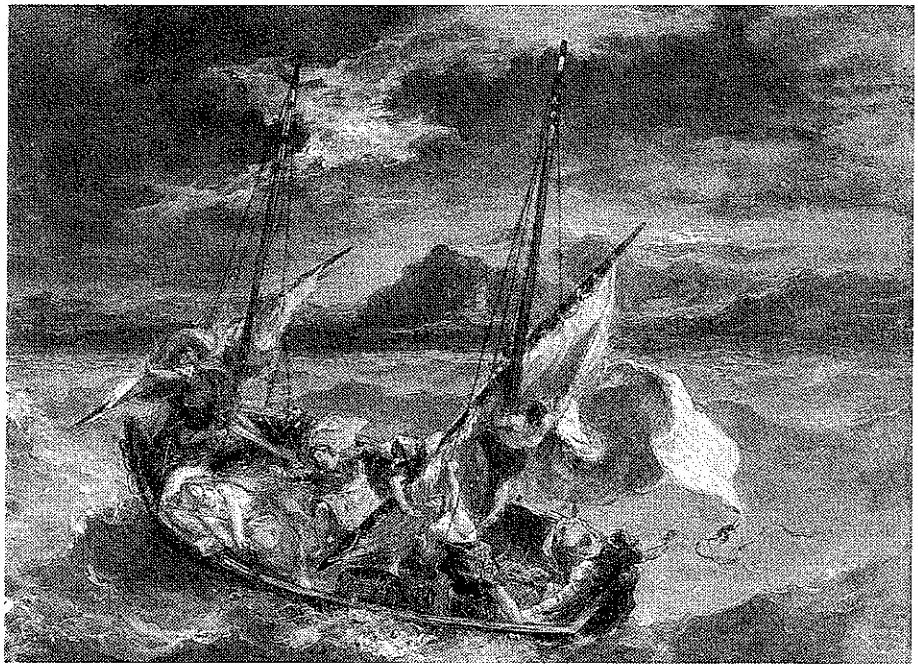
certain human foetuses which will never be able to grow and develop as functioning and happy individuals. As a result, there is absolutely no reason to allow these genetically damaged foetuses to develop into children whose suffering will cause immense pain not only to themselves but also to their parents and to those who will have to help them. For these moral reasons, there is no alternative other than abortion. To act in another way would mean to deny the existence of what we perceive as being the essence of authentic human life... Unfortunately, this truth, which is for me incontrovertible, is constantly attacked by groups of religious people for whom those who define themselves as being in favor of abortion are seen as creatures of the Devil. I am horrified at such indifference in the face of the suffering of future human beings" (quoted by Martin Ricci, "Dall'uomo al genio senza pietà," in



" They are not arbiters but ministers," in the eloquent words of Paul VI which were referred to again by John Paul II in *Familiaris Consortio*. But they do not have the faculty to arrogate to themselves the effect of God's generative action, namely the child. This right belongs only to the primary cause.[24]

A man can never in arbitrary fashion hold sway over his own life or over that of another man. And just as no one can require God to create a spiritual and immortal soul, so (and to an even lesser extent) no man may interfere in abu-

[1] CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction on Bioethics Respect for Human Life*, no. 5. The italics in the quotation are mine.

[2] DANIEL KLEEVES, in his book *In the Name of Eugenics*, condemns the birth over the last few years of a horrendous form of eugenic ideology, but he does this specifically in order to justify the use of modern genetic and bio-technological discoveries. A striking confirmation of this condemnation on the part of Kleves comes from Professor James Watson. In his paper to the international conference held at Florence in 1986, a paper entitled "From Man to the Gene, from the Gene to Man," the discoverer (together with Francis Crick) of the DNA double helix declared: "Those who believe in scientific knowledge must begin with the premise that the casual processes which regulate the repetition of DNA can produce

30 Giorni, June 1987, p. 11. It is surprising that Watson dares to talk about "moral motives."

[3] Cf. INTERNATIONAL THEOLOGICAL COMMISSION, "Dignité et droits de la persone humaine," in *Gregorium*, 65 (1983), and the INTERNATIONAL THEOLOGICAL COMMISSION, *Texts et documents*, (du Cerf, 1988), pp. 290-322.

[4] Cf. E. SANCHO, "Imagen de Dios y Dignidad Humana," in *Dios y el Hombre*, pp. 495-503. The expression "microcosm" seems to have been coined by Aristotle (*Physica*, 8, 2, 2; Bk 25b26), or certainly by Democritus. The phrase "horizon of the universe" is attributed to Plato (cf. CORNELIO A. LAPIDE, *Commentaria in Sacram Scripturam*, I, 1886, p. 69).

[5] The first of these expressions appears in *Costituzioni Apostoliche* (VIII, 34, 6; VIII,

12, 16; Funk); the second is from PHILO OF ALEXANDRIA (*De Officio Mundi*, 27)

[6] It is very significant that in the genealogy of Jesus, Luke describes Adam as the " son of God " (3:38); cf. *Ps* 81, 6.

[7] This idea is defended in particular by Protestant theology (cf. J. MOLTMANN, *Dios en la Creación*, 1987). But at the present time Catholic theology is also giving the right importance to the image of God as the chief creaturely mediation. This springs from a renewed reflection on the theology of creation and on theological anthropology. This idea has taken on primary importance for thought about social doctrine and about the dignity of man in particular.

[8] Cf. S. BOSSHARD, *Fe Cristiana y Sociedad Moderna*, (vol. 3, 1984), p. 131. The observation about the " democratization " of the dignity of man is emphasized by many commentators. Cf. E. HAMEL, " Fundamentación bíblico-teológica de los derechos del hombre," in *Vaticano II. Balance y Perspectiva*, (1989), pp. 753-764.

[9] " And God said: 'Let us make man in our image, after our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the earth, and over every creeping thing that creeps upon the earth.' So God created man in his own image, in the image of God he created them; male and female he created them."

[10] ACCORDING TO EXPERTS, " Adam " comes from *Adamah* = " the clay from which man was formed." In this etymological sense Adam would mean clay or earthy. God might have wanted to say: " Let us make something of clay which, nonetheless, will be in our image and likeness " The text suggests that man cannot be explained in his most intimate essence without a clear awareness of his dependence upon God. (Cf. M. TABET, " L'uomo immagine di dio," in *Dio e l Uomo*, p. 559).

[11] Cf. P. ROSSANO, " A immagine e somiglianza di Dio," in *Dio e l'Uomo*, pp. 463-472.

[12] Cf. TABET, *op. cit.*, p. 561.

[13] See the excellent exposition of this principle in the encyclical *Veritatis Splendor*, nos. 48-50. It is of importance in the understanding of the requirements of natural law with regard to many of the moral aspects of human behavior: " A doctrine which dissociates the moral act from the bodily dimensions of its exercise is contrary to the teaching of Scripture and Tradition " (*Ibid*, no. 49).

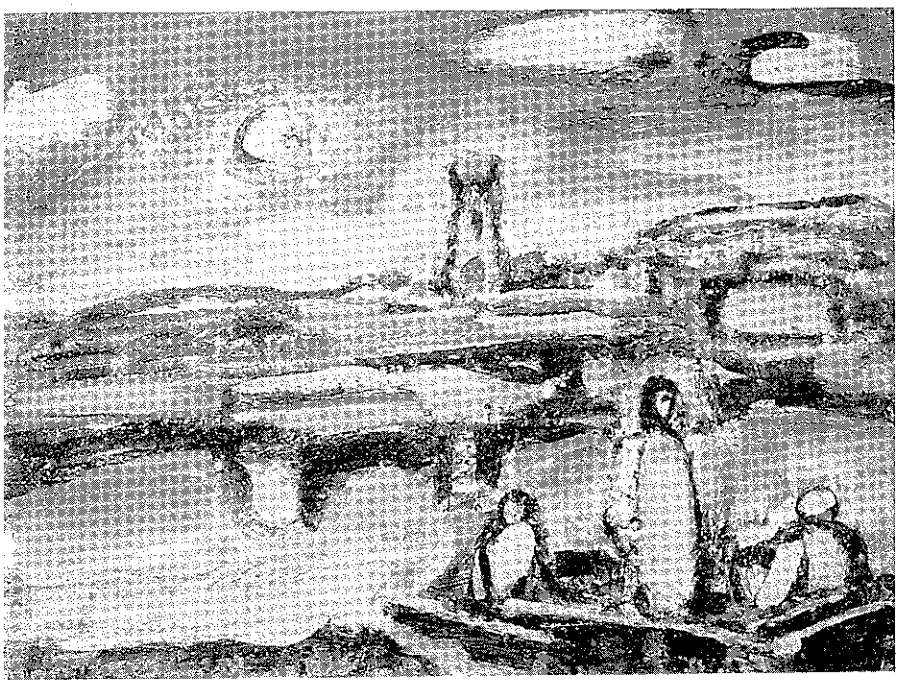
[14] " When God created man, he made him in the likeness of God. Male and female he created them, and he blessed them and named them Man when he created them. When Adam had lived a hundred and thirty years, he became the father of a son in his own likeness, after his own image, and named him Seth. The days of Adam after he became the father of Seth were eight hundred years; and he had other sons and daughters."

[15] " For your lifeblood I will surely require a reckoning; of every beast I will require it and of man; of every man's brother I will require the life of man. Whoever sheds the blood of man, by man shall his blood be shed; for God made man in his own image "

[16] GREGORIO DE NISA, *Homilía IV sobre el Eclesiastes*, pp. 44, 665.

[17] " When I look at thy heavens, the work of thy fingers, the moon and the stars which thou hast established; what is man that thou art mindful of him, and the son of man that thou dost care for him? Yet thou hast made him little less than God, and dost crown him with glory and honor. Thou hast given him dominion over the works of thy hands; thou hast put all things under his feet."

[18] In the Jewish bible the theology of man as the image of God finishes here. Neither the Prophets, nor Job, nor Deuteronomy, nor the Psalms, speak about this essential likeness between man and God. Many authorities, for example, Barth, Nygren, and Lehmann, argue that this absence is so significant that the doctrine of the Fathers about the image of God is a new departure and lacks a biblical basis. This belief is certainly exaggerated: it is one thing to have no biblical basis and quite another for the Holy Scriptures to fail to develop the question in full. It is no accident that this theory of man being made in the image of God developed most when Greek was introduced into the religious literature of Judaism and was expressed in such books as Wisdom and Ecclesiasticus. The Book of Wisdom makes reference to it at two points–2:23 and 7:26. The first reference states that God created man for immortality and that he made him in the image of his nature. The faith in immortality (some translators, for example in the New Vulgate, translate this term with the word " incorruptibility " rather than " immortality," but neither of the terms capture the essential meaning of the text–God created man for unending, and thus eternal and glorious, life, as indeed a direct reading of the text makes clear) is one of the central themes of this book. And it is intimately linked to the fact that God created man in his image. The author clearly states that not everything finishes with death as long as there is an immortal life and eternal beatitude. Wisdom 7:26 has a special interest in the drawing near of the New Testament revelation of



Christ in relation to the subject of the image. The holy author speaks about the properties of wisdom and after listing its attributes examines its origins and shows its inner nature through the use of various images. Wisdom is strongly personalized and is termed " image of goodness." The New Testament says that the son is the reflection of the splendor of God, and is his perfect image (cf. *Heb* 1:3; *2 Co* 4:4.; *Col* 1:15) The Book of Ecclesiasticus refers to wisdom in the creation of man in strict parallel with the first chapters of *Genesis*. Indeed, *Sir* 17:1 is a re-reading of *Gn* 1:26. The passage seems to present a widely known doctrine The Book of Ecclesiasticus has been seen as a summary written in a period of political calm of the ancient prophetic and sapiential doctrine. The correspondence established by *Genesis* 1:26 between the image and the position of man's dominion clearly appears. But in the following verses we find a series of ideas which had not yet been expressed. The image remains associated with the handing over of divine power to man, especially to the gift made by God of an intelligent heart and other spiritual gifts: " He filled them with knowledge and understanding, and showed them good and evil. He set his eye upon their hearts to show them the majesty of his works " (5-8). In this way the natural energies and the moral components which are involved in man being in the image of God are made clear.

[19] Aristotle had already established that the relationship between the soul and the body was a relationship between form and matter: it is the form of corporeal existence, the *entelechia* of the organic body. As a result it is the primary motive cause, the animating principle, the end and the law of life The soul is not only the repository of the conscience but of life is general. The Aristotelian doctrine of the soul was assimilated by St Thomas of Aquinas and adapted to Christian ideas. With the so-called scholastic decadence the metaphysical conceptions of the soul lost ground, despite the fact that Descartes would speak about the soul and the body as being two substances. This vision is dualist in nature–the thinking substance and the broad substance. The union between the soul and the body was achieved by animal spirits whereby the pineal gland played a vital role in assimilating the unconscious phenomena to the bodily movements. With the advent of a science which was oriented towards the study of nature, scientific or natural philosophy were not interested in the psyche. But in the course of these studies there was born a deep anatomical/histological knowledge of the body which culminated in neuroanatomy and neuophysiology, the organic substratum of psychic phenomena. In the contemporary age the concept of soul has been substituted by the idea of the psyche and by psychism, and there have been very few thinkers who actually accept the idea of the soul (with certain notable exceptions such as Jaspers, Scheller, Ortega, and Gasset, even though they make a distinction between the soul–subjectivity and the spirit–objectivity). With regard to scientific authors, Schilder alludes to the body-soul relationship; Schwartz speaks about the soul in his work *Psychotherapy*; and Kretschner mentions the soul and its nature in *Medical Psychology*. But the concept of soul which Kretschner employs refers to that set of internal experiences connected with the self. " The soul," he writes, " is everything that we perceive, experience, feel, represent, and want. The soul is the world because it is my inner experience. It is the set of all those things which are contemplated from a certain point of view Within this set of internal experiences is to be found a tendency to polarization between two opposing poles, the self and the external world. We perceive the self as the center of what we experience, of all our internal experiences. It is indivisible and unique and the result of an intimate relationship among all its constitutive elements. The experience directed by the self that we have, of the feeling of the self, is knowledge of our personality The knowledge of the self is broadened to a certain category of experiences which we call *my body*." In his book *Psychiatry* Krapf declares that " every realistic study of the human psyche must start from the fact that notwithstanding its deep link with the body, rightly enough what is essentially human within it is of a non-material nature " (p. 59). Cf. MICHEL DE LANGRE, *L'Ame Humaine* (Paris 1969).

[20] It is to our advantage to remember the paradoxical experience of Broussay who could say in his time that he was fully satisfied: " I have never found the soul with my surgical instruments." Brilliant and talented organicist as he was, he could explain everything without reference to the spirit. Broussay was a great surgeon and the founder of the school of physiological medicine. He based his beliefs on a crude rationalistic materialism He was also a great dyspeptic and this led him to an undoubting attribution of importance to the role of gastrointestinal disturbance in mental and nervous illnesses. One day, according to what he himself tells us, his dyspepsia disappeared because he had to care for his seriously ill son and was beset by great worry and preoccupation. Both his son's illness and his condition were cured. We will ignore what consequences this casual encounter with his own soul had for Broussay. Perhaps none, or perhaps his habit of curing a patient's dyspepsia through distraction. Whatever the case may be, he was the true child of his century and had a character which was too vehement to admit that famous observation of Nietszche: " It often happens that when a philosopher falls ill, the illness seeks to negate the philosopher."

[21] One could cite a large number of texts of the ancient and contemporary Magisterium. One may suffice–that of the *Instruction on Bioethics. Respect for Human Life*. This document, from which I quoted at the beginning of my paper, summarizes the Church's centuries old teaching. The same doctrine is repeated by the *Catechism of the Catholic Church*–nos 362, 364, 366, 1703, 2270, etc.

[22] While, on the one hand, the Catholic Church has conceded–and, indeed, still allows–freedom with regard to discussion of the theoretical question of spiritual animation (immediate or delayed), on the other, the Church has always argued with clarity and firmness that there is a moral duty to treat the human embryo from the moment of its conception in the same way as the human person is treated. The discussion relates to practical and not theoretical matters. For this reason, in the *Declaration on Induced Abortion*, the Congregation for the Doctrine of the Faith declares that: " For the rest, it is not for the biological sciences to give a final judgment on questions which are philosophical and moral in character, such as those relating to when the human being comes into being or to the legitimacy or otherwise of abortion Now, from a moral point of view, one thing is certain: whatever the doubts may be about whether the fruit of conception is already a human person, it is objectively a serious sin to dare to contemplate the risk of murder. He is already man who is on the path to becoming man " (Tertullian, *Apologeticum*, IX, 8). This position was upheld by the *Instruction on Bioethics: Respect for Human Life*: " The Magisterium has not expressly committed itself to an affirmation of a philosophical nature, but it constantly reaffirms the moral condemnation of any kind of procured abortion. This teaching has not been changed and is unchangeable Thus the fruit of human generation, from the first moment of its existence–that is, from the moment the zygote is formed–demands the unconditional respect that is morally due to the human being in his bodily and spiritual totality. The human being is to be respected and treated as a person from the moment of conception; and therefore from that same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life " (I.1). The same is repeated in the *Catechism of the Catholic Church*, (nos 2270 and 2274).

[23] It should be observed that in metaphysical terms, not purely instrumental but vital causes must be placed in the category of secondary causes.

[24] Pius XII, in speaking about the specific question of artificial procreation, said, " Artificial fertilization goes beyond the limits that the marriage partners acquired by their marriage contract–that is, the right to exercise fully their natural sexual ability in the natural relationship of the marriage act. The contract in question does not confer upon them the right to artificial fertilization because such a right is in no way expressed in the right to the natural marriage act and cannot be deduced from it The marriage contract does not give this right, and, in addition, it does not have as its object the 'child,' but rather natural acts which are able to generate a new life to which they are directed. In conclusion, it must be said that artificial fertilization violates the natural law and is contrary to right and morality " (*Discourse to the Second World Congress on Fertility and Sterility*) This doctrine is grounded solely in principles expounded above.

MATTHEW HABIGER

Meaning and Meaninglessness of the Quality of Life Criterion

1. Where Quality of Life Decisions Have Lead Historically

Quality of Life is a slogan used to justify killing oneself (suicide), or another (euthanasia) or an entire set of people (eugenics). The underlying belief is that some lives are not worth living, and that the person so burdened would be better off dead than alive. This is a radical departure from the Judaeo-Christian ethic, which teaches that life is always a gift from God, that God alone is the Author of life, and He alone can determine when someone's life is over.

At the heart of the euthanasia issue is the question of human suffering. Is it an evil to be avoided at all costs, or can much good come from redemptive human suffering?

a) *Example of Germany*

Germany and Holland are good case studies for the results of quality of life judgments In Germany the roots of the euthanasia program actualy antedate the rise of Hitler. In 1920, a physician and a lawyer–Alfred Hoche and Karl Binding, both prominent men in their fields –published a very influential little book: *Die Freigabe der Vernichtung Lebensunwerten Lebens (The Release of the Destruction of Life Without Value)* The principle of theirposition was that some human beings are worthless and must be killed for the sake of quality of life. In the beginning of the book we read about the feeling of " pity " for the patient. But in the bulk of the text the question of pity does not come up any more It gets completely lost. Instead, both authors enlarge on the economic factor, the waste of money and labor in the care of the retarded.

The euthanasia program was conceived and carried out by German doctors from 1939 to 1945. The express purpose of this program was not to kill Jews, Gypsies, Poles, and other non-Aryans, but rather to purify the German race by the direct killing off of pure blooded German citizens who were physically, emotionally or mentally defective. This German Euthanasia Program preceded, by a full two years, Hitler's program of genocide of other races.

In 1939 about 300,000 mental patients were in psychiatric hospitals, institutions or clinics. In 1946 their number was 40,000. It was discussed during the project that 300,000 hospital beds would be made available by getting rid of mental patients. This means that at least 275,000 psychiatric patients were killed. The largest proportion of them were not " incurable " About 50 percent of them either would have improved to such an extent that they could have been discharged and lived a social life autside a hospital or would have gotten completely well

The hereditary factor played either no role at all or only the slightest. The whole nomber comprises both curable and incurable conditions, psychopathic personalities, epileptics, encephalitics, neurological cases, mental defectives of both severe and mild degree, arteriosclerotics, deaf-mutes, patients with all kinds of nervous diseases, handicapped patients who had lost a limb in the First World War and were in a state hospital, " cripples " of every description, *et al*.

The indications became wider and wider and eventually included as criteria " superfluous people," the unfit, the unproductive, any " useless eaters," mifits, undesirables. The over-all picture is best undersood as the identification and elimination of the weak.

Thousands of German, non-Jewish children were disposed of in an euthanasia program, many for a social reason rather than because of any inherent defect. This murderous project was not initiated by Nazi officials but by the medical profession itself; in fact, no law ever gave it formal sanction. Killings were done under the supervision and by the direct acts of psychiatrists and pediatricians Euthanasia murders were passed upon by independent medical consulting boards, similar to those required in the 1933 act to approve abortion. The murders of the children were accomplished mainly by starvation or by overdoses of drugs. In the early stages only infants suffering serious defects were murdered As time passed the infants became older and the indications slimmer, for example, " badly modeled ears," bed wetters, and children " difficult to educate." This project did not end until the allied troops overran the institutions concerned.

The Law for the Prevention of Hereditary Diseases in Posterity was passed in 1933. By then leading members of the medical profession were quite prepared to put into effect the Nazi program of selective sterilization and abortion, and this same medical profession

itself organized and pushed ahead the euthanasia program of the late 1930s which merged into the genocide program of 1941-5. Some physicians did refuse to cooperate in the " euthanasia " murders and they were not punished for their refusal

No mental patients were killed without psychiatrists being involved Without the scientific rationalization which they supplied from the very beginning and without their mobilization of their own psychiatric hospitals and facilities, the whole proceeding could not have taken the shape it did. They were responsible for their own judgments, their own decisions, their own acts. It helps us to understand the wide social ramifications of violence if we realize that from the highest echelons down, the psychiatrists acted spontaneously, without being forced.

b) *Example of Holland*

In 1990 the Committee to Investigate the Medical Practice Concerning Euthanasia, appointed by the Dutch government, ordered a nationwide survey of the practice of euthanasia. Very reliabele methods of study were adopted and the researchers working for the committee took every effort to obtain full and truthful information When the committee's report was released on 10 September 1991, in two volumes, the Remmelink Report, it immediately became clear that it contained the most valuable and extensive information on Dutch euthanasia today Now there is no more controversy about the facts

The number of people who die by euthanasia in the Netherlands total more than 25,000 a year This is 19.4 percent of all deaths. In other words, every fifth person in the country dies of euthanasia. The total figure of 25,000 cases must be supplemented by a presumably not very large number of handicapped newborn, sick children, psychiatric patients and patients with AIDS, as according to the report, termination of life is practiced in these cases as well, but no quantitative estimates have been obtained.

According to the data published in the report, 14,691 people died in 1990 by involuntary euthanasia, which means the suspicians that doctors had arbitrarily cut short patients' lives were justified. When this occurred in the hospital, in 45 percent of the cases, euthanasia was carried out not only without the knowledge of the patients but also without the knowledge of the family.

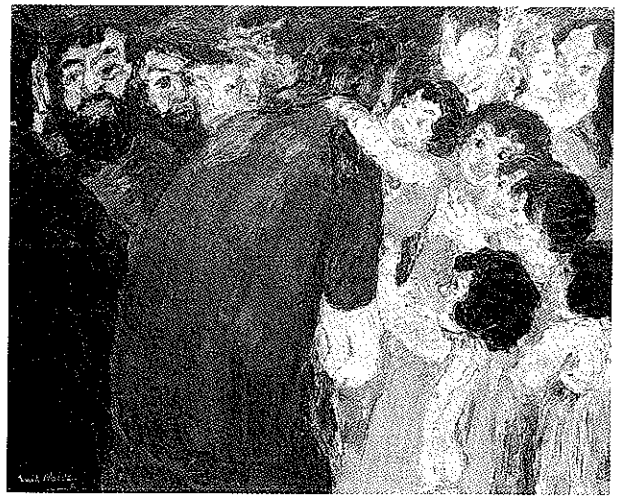
The death of 8,750 persons was caused by withdrawing life-prolonging treatment without the patients' knowledge. And the lives of 5,941 persons were actively terminated without the involved person's consent or knowledge by administering lethal injections. 1,400 persons who underwent active, involuntary euthanasia were fully competent In 8 percent of the cases, the doctors proceeded to perform active involuntary euthanasia while they believed that other courses of action were still possible " Low quality of life," " no prospect of improvement," and " the family could not take it any more " were among the most frequently cited reasons to terminate the patients' lives without their consent.

So it happens in Holland that when a person is admitted to a hospital, which he is supposed to trust, a doctor will evaluate the quality of his life, will make up his mind, and without asking the patient whether he wishes this or not, will give him an injection which stops the breathing and the heartbeat One Dutchman out of 22 dies in this way. The report of the governmental committee is the first official acknowledgment that involuntary euthanasia is practiced in Holland

2. Some of the Arguments Advanced, and their Fatal Flaws

a) *Some Lives Are Not Worth Living*

The real question here is: Are treatments beneficial to patients, or are patients' lives beneficial to them? The value of human life is a constant; it never changes. Treatments, what is medically indicated, will change, in terms of their benefit to a patient. Life is always a benefit As long as there is life, there is something to accomplish, as only God fully understands that A pragmatic, utilitarian culture



cannot understand this, nor the merit of redemptive suffering.

We are always to provide care and comfort to a patient, whether they are dying or non-dying. As long as they are with us, we are to care for them. " As long as you did this to the least of my brethren, you did it unto me." Treatments may be stopped when they become excessively burdensome. Treatments may be burdensome for us to render, or even to the patient; but the patient is never to be considered a burden. We may compare or contrast treatments, but not persons.

b) *We Are Not Our Bodies*

Life is not an instrumental good, one which serves higher purposes such as relatedness to others, intellectual cognition, a certain level of comfort and pleasure. Rather, life is an inherent good, one which stands on its own merits as a good. It is good to be alive, even in a burdened state. Without life, there is nothing to talk about.

This argument presumes a dualism in the human person. It attempts to drive a wedge between our bodies and spirits, between physical goods (e.g., life, health, fertility) and spiritual goods (e.g., relationships, cognition). But this ignores the fact that Christianity has stressed the body-spirit life of the whole person for centuries (cf *Veritatis Splendor*).

We are neither total spirits, like the angels, nor total animals, like the apes. We are, by the design of God, bodied spirits, and spirits incarnated. Human nature is not man's to manipulate at will. It is what constitutes the norm of man and nature itself. Much of our sense of morality, right and wrong, comes from an understanding of human nature, which we did not construct, but only discovered. Human nature is very specific. To abide by it constitutes health and fulfillment. To change it constitutes self-destruction.

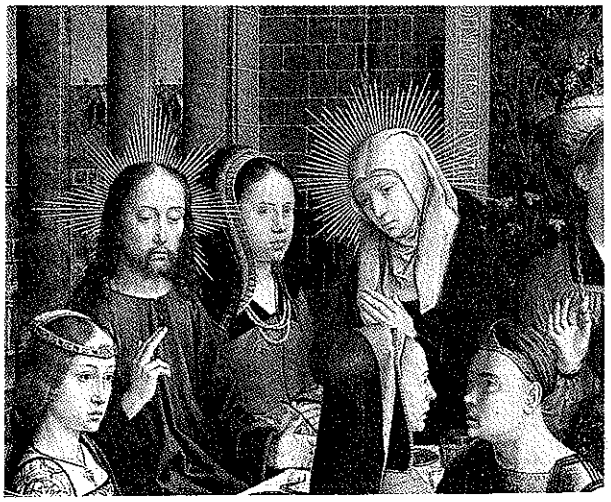
c) *We Decide for Ourselves What Constitutes Quality of Life*

Who decides the contents of " the quality of life? " Whose qualities prevail? Whose decisions count? Will these be determined by personal taste or whimsy, or by objective judgments? Are we to presume that an ethics committee will be more objective, i.e., closer to reality, than direction given by Christian moral principles?

In the modern world an excessive emphasis is placed upon personal freedom, freedom to choose without any restrictions, free to be me. Taken to the extreme, this leaves no room for objective norms for distinguishing right from wrong. Real harm happens when objective human rights conflict with subjective judgments based upon quality of life decisions. Our human rights are rooted in our human dignity, which is bestowed upon us by God alone. Only God gives us our basic human rights, not the state, not the corporation, not majority rule. We must be very careful not to create " pseudo-rights," which have no basis in reality. Examples of these are " the right to choose to kill unborn babies," " right to reproductive freedom," " rights over my body to do whatever I choose with it," etc.

Quality of life criteria are usually decisions based upon personal convenience. The dangers with this are immediately evident.

Fr. MATTHEW HABIGER, OSB, PhD
President of Human Life International (USA)



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IGNACIO CARRASCO DE PAULA

The Holiness and Sacredness of Human Life

I have made two small changes to the title I originally suggested to the organizers of this conference. That original title was " the dignity and sacredness of life " I think the new title is more apt because, as I will have the opportunity of explaining later on, it is not life in general but human life which can be termed holy or sacred. Furthermore, these two terms, which are usually considered as being synonymous, in fact express differences of meaning which are by no means negligible. The term " sacred " involves that which is ontological because it expresses a special way of being, or rather it is the epiphany of being and evokes the mysterious, the sublime and the superior. The term " holy " has a moral content. It refers to what is pure in itself, and for this reason to that which must not be corrupted, falsified or manipulated

The *sacrum* suggests a majestic and arcane *quid*; something terrible, a subjugator. Rudolf Otto defined it as *tremendum et fascinans*. [1] The sacred is connected with a numinous presence which provokes feelings of admiration, subjection and submission. Holiness evokes first and foremost a distant quality of a world which is beyond the reach of ordinary mortals, a place occupied by the sacred which is not to be reached, which remains distant, and which is, therefore, intangible Sacredness, in the final analysis, refers to that sphere which is in itself absolutely transcendent, the sublime in its highest expression, that being who by his very nearness dazzles and fascinates, and thus provokes a movement of unconditional adherence. It will not cause wonder if these two concepts, with these kinds of characteristics, turn out to be the specific and original qualities of the religious experience It will not cause wonder if God–not the god of the philosophers but He who searches for, and is present within, the human heart–represents the perfect model of holiness and sacredness, and is even the very personification of the holy and the sacred.

But the subject of this paper is not this religious dimension to these concepts. What I wish to dwell on here is whether we can bestow such terms upon human life, and if we can, to find out how this should be done Then I will try to produce an explanation of a phenomenon which is commonly recognized–the increase in a paradoxical duality which involves on the one hand declarations which invoke the inviolability of human life, and on the other the presence of practical realities which actually show a lack of respect and regard for such life.

This paper will dwell upon three main questions:

1) What kind of holiness does contemporary culture, at last orally, bestow upon human life, and how is this justified?

2) How can a rational and theoretical basis be given to this concept?

3) What meaning does the expression the " holiness of human life " acquire in the moral and ethical field?

1. The Sacredness of Human Life in Contemporary Culture

An attribution of sacredness to human life is a recurrent feature of political, social, scientific and medical (etc.) language The same may be said of the languages and dialects used by the man in the street Differently from what is often thought to be the case, the belief that human life is holy and sacred is not the exclusive or even special inheritance of believers. It is certainly true that contemporary culture attributes a decisive role in the creation and maintenance of the application of the notion of *sacrum* to human life to the Judeo-Christian tradition. But at the same time this culture claims complete independence for itself in its keenly-felt re-definition of this notion, or in upholding it with reference to criteria which have almost nothing to do with Christianity.

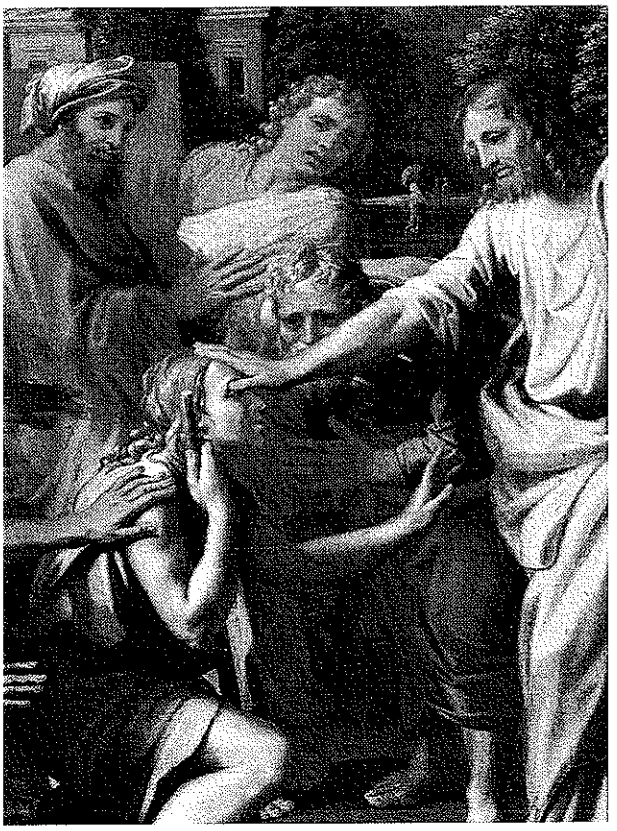
It would be advantageous to dwell upon this fact for a while. At this point I would like to be forgiven for simplifying the whole question for reasons of time. I will discuss here only the Enlightenment tradition The Enlightenment must be seen as one of the fathers or step-fathers of today's ascendant intelligentsia The founders of the Enlightenment believed that it was a bad idea to find space for the sacred within a system which sought to cast aside the shadows around the mysterious–something which they thought was the adulterine fruit of superstition and ignorance. But on the other hand they also felt the imperative need to defend those human rights which had just been conquered in the face of fanaticism and wrongly wielded po-

litical power. Faced with an obvious need, nothing could be better than transferring intangibility and inviolability–in a word the holy and the sacred–to these fundamental rights. But this was on condition that the new anthropocentric dogma of reducing the divine of the sacred to the sacred of the human was respected. This was a secularizing move whose intention was to free the concept of every form of religious contamination.

The fathers of the Enlightenment not only accepted the idea that human life was sacred but even encouraged the use of this idea–as long, that was, as there was no attempt to invoke something beyond man himself. In their order of things, the holiness of human existence should be seen as a postulate which has no need of demonstration. This is because (and here Christ's teaching about the origins of impurity are repudiated) there is nothing which is sacred in man which does not derive from man himself.

However, this position is unsustainable in logical terms. If the sacred and the human coincide the statement " human life is sacred " becomes a mere tautology because it involves a mere statement of what is obvious–that is, that what is human is human. Whether one wants it or not, a stronger basis for this assertion must be found outside man himself. In line with this need, there have been three attempts. But all of them, although pursuing different perspectives, have met with the same and unfortunate lack of success. These three attempts may be categorized as follows: the empirical model, the axiological model, and the biological model

The empirical model could be expressed in the following way: what is sacred is that which is intangible because it is not a part of knowable and manipulable experience. The sacred cannot be subject to the inquiry and investigations of science or technology. It must remain confined to the world of subjectivity, of feelings, of the private and the incommunicable. This definition has the undeniable advantage of establishing a criterion which can be verified in empirical terms. Thus it was said, and for a long time, that human life (and especially its origins and its end) had to be considered sacred because it was thought that man would not be able to extend his dominion to such limits. This view was also expounded by those who had a blind faith in progress. Thus it is that one can very easily understand the very great disquiet caused to a large part of the Enlightenment ethical matrix when new forms of biotechnology made possible what had been thought to be impossible only a short time previously.[2] In her criticism of the use in medicine of the concept of the holiness of life, Kuhse was able to show that this paradigm has been brushed aside by modern and sophisticated forms of medical science and technology. Indeed, these new forces have given us the ability to obtain a growing control over our own lives.[3]



The fall of the empirical model has had profound implications for the crisis of another postulate, this time of an ethical nature, which until the second part of this century had survived the impact of Enlightenment morality. I am referring here to identifying what is physically possible with what is ethically acceptable. Everything that man in his unstoppable advance towards the construction of a world free of snares, fears and shadows carried out, everything that man managed to conquer through his intelligence, was automatically to be considered good. We needed to have the experience of the application of nuclear energy to military ends at Hiroshima and Nagasaki; we needed to learn about the indisputable advances of a certain kind of medicine at Nuremberg; we needed to read in the newspapers about the deviant use of biotechnology in the fields of procreation and the keeping alive of dying people–we needed all this things to realize that what can be done by the mind of working man is not of itself right.

I would like for a moment be the Devil's advocate and ask a number of questions: Why not? Why should we turn our backs on the use of an

instrument which has been built with so much intelligence and effort? Why should we not be allowed to clone human beings? Why should the production of sub-human individuals not be authorized? Why should we not create a farm where we could manufacture all the human material we need to meet the requirements of frustrated paternity or the increasing demand for biological components? The answers to these questions, independently of the ideological areas from which they come, often involve the statement that there is something untouchable and sacred in man, something which nobody may violate.

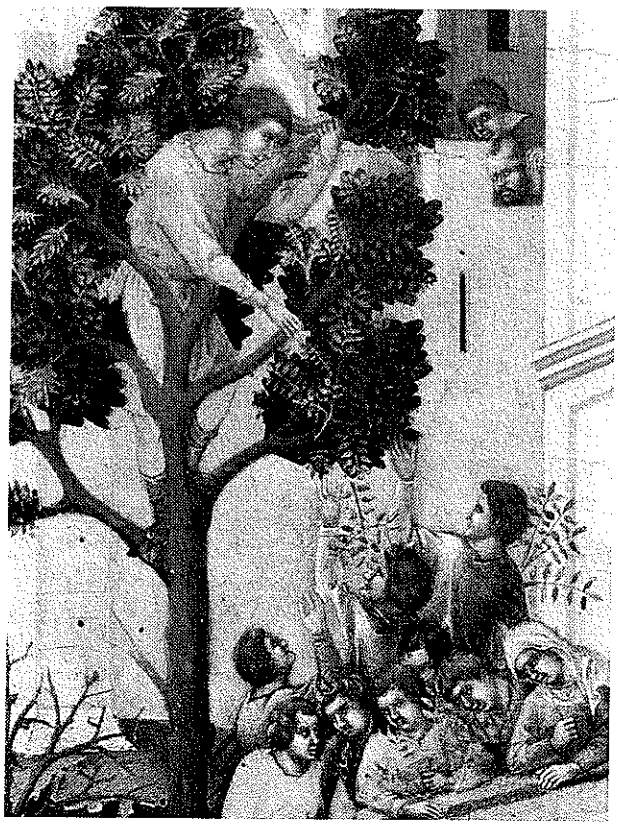
Here the second model comes into play, namely the *axiological model*. This is an attempt to appeal to values which remain within the limits of man but at the same time, and in a certain way, appear as superior to him. Feelings of brotherhood, for example, or belonging to a human race, or universal solidarity, or the wish to construct a better future, and so on. History, however, has acted to demolish these values one after the other, and has shown how empty they are when they are lowered to being mere surrogates for religious absolutes. How can brotherhood exist when memories of the father are abolished? What is truly valuable in an animal which is different from inferior animals only because it has a memory? In the name of what and of whom can solidarity prevail over special interests? Who guarantees that it is a good idea to risk today for a future which may not even arrive and may not be better than the yesterday we rejected? Whatever the case, I believe that one cannot fail to see that in the light of these failures the implicit realization that man cannot take the place of God continues to hold good. Man cannot take the place of God because at the same time he would betray himself. This is because God is really He who is infinitely greater than man and has in truth created man and made him noble and worthy of respect.

The third attempt I have called the *biological model*. This model has been closely linked to the theories espoused by Darwin. It has sought to base the holiness of human life on a hypothetical sacred character of life in general, of which the bios is said to be a mere evolutionary (although extraordinarily important) moment. The evolution of the species, it is argued, reached its high-point in *homo sapiens*. It should be noticed with regard to the subject that is being discussed in this paper–that is, the relevance of the concept of " sacredness " to human life–that the hypothesis of evolution as a simple explanation of the origins of man is of only accessory weight: what is of importance is not to determine whether the human person derives from an animal but whether he is at the same level as his hypothetical animal ancestor in an ontological sense. Because if this hypothesis was correct it would be clear enough why the biological model has never been able to establish a firm basis from which to attribute a sacred value to human life. Indeed, thinkers who argue in favor of this thesis without reserve (for example Singer)[4] end up by demonstrating that in actual practice human life is less sacred than all other forms of life.

As an epilogue to this brief historical and ideological survey, I would like to advance the following thesis: the great problem of contemporary culture lies on the one hand in the perception that its survival depends upon the effective stewardship of the intangible character of human life, and on the other in the refusal to return to that religious soil which in historical terms purified and upheld the idea of the sacred. The constant violations of rights which are innate in life cannot but be understood as constituting a sign of the cultural disappearance of the only true elements which can guarantee love and respect for human existence.

2. Towards a Rational and Reasonable Basis

What are these elements? In historical terms there have been two doctrines which are suitable to the construction of a theoretical basis



to the sacredness of human life. The first is that which defines man as being in the image of God. The second is the philosophy of Kant. This thinker believed that the possession of a moral conscience legitimized man's attempt to bestow the prerogatives of the sacred upon his work and himself. To this doctrine we owe the important principle according to which man must always be treated as an end and never as a means. That is,, the human being is of worth because he corresponds to what in itself is inviolable and holy.

We do not have enough time available to stop and give greater attention to an examination of this Kantian point of view. In essential terms, this outlook could be considered as a secularized version of the doctrine of the image of God. According to the thought of the philosopher from Konigsberg, this image contains within itself the key to its own existence without having to look at itself in the mirror. In different fashion, the doctrine of man as an image of God as proposed by the Christian tradition upholds the thesis that full justice is done to man, and that the sign of the sacred is placed within him, only when one looks so deeply within him as to perceive something which is higher than man himself. In this scheme of things, the value of the human person lies in his being the image of the Creator.

This central implication does not necessarily imply an invocation of the sacred texts. The apostle Paul in his speech to the Athenians did not refer to Genesis but to an obscure poet from Cilicia, a certain Aratus of Soli.[5] He also said that man belongs to the progeny of God. Indeed, more than being a theological doctrine, the doctrine of the image upholds a metaphysical principle: the fact of being an image and a divine likeness is not an added property, it is not a complement, it is not an approximate figure, but a true and appropriate definition of the human being as a person. It is certainly true that the Christian revelation backs up metaphysics in its confirmation of the boldness of the man who proclaimed himself the effigy of He who is by nature the only authentically and fully holy and sacred being. But the vision of man as a person, and thus as an image which to a certain extent enjoys divine privileges, is accessible to human intelligence.

As an epilogue to this second part I would like to propose the following truth: one can refer to the holiness and sacredness of man only because man is something more than what he empirically seems to be; only because with his intelligence and his freedom he is much more than biological life; and only because, to use the words of Pascal, man is infinitely greater than man himself.[6]

3. Moral Consequences and Nonconsequences

We now enter the final section of my paper, the fully ethical part. The question is to be posed in these terms: What ethical meaning emerges from the concept of the holiness of human life? What appropriate moral attitude should be adopted? For example: does the sacred confer a value which is so absolute that human life must be preserved in all circumstances and at any cost? I hope that at this point it will be reasonably clear that the equation life=sacred=absolute is by no means apt if we adhere to the strict literary meaning of these words. A Christian, for example, places limits to such an ethical interpretation of the sacredness of life–because of his faith he is prepared to risk his life and to sacrifice it.[7]

From a metaphysical point of view, this attitude is explained by the fact that the expression " holiness of human life " only has a meaning if reference is made to the sacred character of the living person. Indeed, life cannot be holy if the person living it is not holy himself. For this reason, this statement is in reality nothing else but an abbreviated form, a simple way of saying that there is a divine presence in the human person. *To as-*

sert the holiness of human life means to recognize the unique value of man which in turn is derived from his being a single and unrepeatable living person.

Kuhse fails to understand this point when she believes she can detect an incongruity in the principle of the sacredness of human life: on the one hand a theoretical postulate which maintains that all human lives are equal, and on the other a clinical praxis which establishes differences between different individual lives and leads to some people being treated and others being left to die.[8] Indeed, it would be absurd to abandon the sacred to a fatal destiny. For this reason I would like to thank this colleague, because with her analysis she has further revealed the emptiness of the merely profane concept of the sacred. However what we Christians argue is not that all lives are equal, and even less that each man is an equal copy of his neighbor, but that all differences without regard to their causes are irrelevant when one considers the principle to the effect that all human beings are equally sacred and deserve the same respect and regard as individuals. This, however, does not rule out that although I am convinced of the holiness of human life I might refuse to prolong a biological existence maintained at any cost by the use of intensive and exaggerated medical methods which involve a violation of the holiness of the human person.

The sacred is not a univocal concept. God is the Sacred and the Holy in an ontonomastic sense. Other beings, the created beings, can only achieve such qualities through participation. In this last case the term sacred refers to: a) a reality which is specially linked to the Almighty, at a higher level than merely that of originating in God and destined to the glory of God--something which is shared by all the things of the Creation which thus possess the sacred in a lateral sense; or b) an entity to which the Lord has given special protection, placing this entity beyond the dominion of others and in so doing rendering it intangible and inviolable.

In the human person both these meanings converge: the human person is the image of his Creator, he has been created as an end in himself and has been called to take part in the divine life. He is and he always remains the shadow of the mystery of God. From an ethical point of view, however, when one refers to the sacredness of human life one does so first and foremost with the second meaning in mind: life, birth and death are events which are reserved to the Creator and for this reason are worthy of the very highest respect.[9]

This is also the principal meaning that the expression " sacredness of life " has acquired in the Christian tradition. It involves the recognition that the existence of a person is the exclusive concern of God and that in relation to birth or to God man should support the divine plan and involve his whole person with intelligence and reflection.

The upholding of the holiness of life must never amount to a circumscribed affirmation of a biological event. On the contrary, it must always express itself within the context of that subjugating and powerful mystery which surrounds the holy and the sacred. At the same time, it should become a song of liberation. This is because, to our great fortune, man, and each individual man, really is conceived, lives and dies under the stewardship of God.

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[1] R. Otto, *Das Heilige*, (München ed. speciale 1979), translated into the Italian: *Il sacro*, Feltrinelli, Milano 1984.

[2] It should however be noted that the biotechnologies are only engaged in the imitation--nearly always in a rather clumsy fashion--of nature.

[3] Helga Kuhse, *Sanctity-of-life Doctrine in Medicine. a Critique* Clarendon Press, Oxford 1987, p. 2.

[4] See P. Singer, *Animal Liberation*, Random House, New York 1975.

[5] *Act* 17, 28.

[6] « *Apprenez che l'homme passe infiniment l'homme* ».

[7] The *Catechism of the Catholic Church*, drawing upon a thousand-year-old tradition, makes clear at two points that " human life is sacred " (no 2258) and that " Every human life, from the moment of conception until death, is sacred " (no 2319). This does not involve a direct attempt to uphold an ontological principle. But at the same time it does not deny it. It seeks, rather, to confirm a value, and thus to establish a moral point of reference. In this way the Catechism declares what must be the correct ethical attitude towards human life.

The subject of the sacredness of human life is the most discussed subject to be found in the moral teaching of the Church, in the catechesis, in the apologetic writings and in theological reflections from the times of the apostles. Today, the Magisterium of the Church continues to address itself in precise terms to this subject in all those documents and publications which deal with bioethics: from the *Mater et Magistra* of John XXIII and the *Gaudium et Spes* of Vatican Council II, to the more recent texts of the Congregation for the Doctrine of the Faith on induced abortion, euthanasia and respect for unborn life.

[8] The author argues that the concept of holiness should be substituted by the criterion of the quality of life. See the work previously cited.

[9] This use is also authorised in the teaching of the Old Testament. On the one hand the dominion of man over the visible world is clearly upheld (Cf. *Gen* 1, 28). But on the other hand it is stated that a) the giving of life and of death is a divine prerogative: " In his hand is the life of every living thing and the breath of all mankind " (*Jb* 12, 10); b) this prerogative cannot be usurped by his created being: " For your lifeblood I will surely require a reckoning; of every beast I will require it and of man; of every man's brother I will require the life of man " (*Gen* 9, 5), God said to Noah and his children, and He further declared in the alliance of Sinai: " See now that I, even I, am he, and there is no god beside me; I kill and I make alive; I wound and I heal; and there is none that can deliver out of my hand " (*Deut* 32:39). With these sentences God makes clear that even death is subject to his absolute dominion.

LUCIEN ISRAEL

Life Until its End

My contribution to the debate will be that of a doctor of serious illnesses. A doctor who after the age of thirty-five found himself faced with the anxieties and the hopes of patients who have to confront a harsh destiny in their adult lives. These people, whether they express it or not, need to find someone to whom they can entrust their treatment with the fullest confidence.

These patients acquire a sense of the relative in a way which is often diametrically opposed to the approach of those around them. They do not ask for immortality, nor do they necessarily ask to be cured of their condition. They want to be given the best opportunities available, and with full respect for their bodies and their souls.

In all cultures and throughout the centuries, an ideal image of the doctor has emerged in response to this request. The best doctors strive to live up to this image, and it is an image which asks that their profession be exercised at a technical level of excellence, with solidarity, with compassion, and with a readiness to help which conforms to the principle of " *noblesse oblige* "

The doctor who combats this fate feels that in so doing he is entrusted with a mission–he must live up to the expectations of his patients. In order to do this he needs to be engaged in a constant effort to achieve technical perfection and promote research, but at the same time he must be really humble in the face of the facts. First and foremost, he must learn to give preference to his patients' interests over his own, and even over those of the patients' family when this latter succumbs to discouragement, fear or indifference. In the same way, he must adopt a similar attitude to the interests of the bureaucracy or society.

I am well aware that such things are an upward battle and involve a continual questioning of the way things are done. Why should a doctor submit himself to this? The answer to this question leads us to the heart of the subject of this international conference.

Life, whether it is animal or vegetable, represents, above all, something which is characterized by complexity, something which is so impenetrable that it is very different from what takes place in the world of physics. It has not been possible to invent a model, even of the simplest kind, of the origins of life, with the exception of certain inconsistent lucubrations. Nothing has enabled us to understand the mechanism by which life is given to a substance which can reproduce itself in identical fashion and to take energy and matter from the environment which enable it to survive.

But a second and even deeper mystery is represented by the appearance in the living world of subjectivity, of self-awareness, and of their evolution towards the highest levels of art, sacrifice and spirituality. At the same time this work of analysis leads to a transformation of the real world, a process to which we give the name of science.

In his laboratory the biologist can decide to inoculate an illness into animals and to sacrifice one of them everyday in order to study the development of the illness or its cure. But the idea that one could do the same with living creatures who bury their dead and raise their eyes to heaven to ask help for those they love, causes horror both in those who believe and in those who are agnostics or have no faith.

Like every normal creature, the doctors knows by instinct that the trust of his patient is a sacred vessel, something which contains both a genome which does not die until existence comes to an end and a mysterious conscience which is capable of love and self-giving. This spiritual spark which from the beginning of time nobody has ever been able to eliminate, guides the doctor in that ascent to which I referred previously. This is the force which has always guided him and which has shone even in the darkest periods of human history.

But something very serious is happening in our Western societies as they go through this spiritual and economic crisis: a call for euthanasia has arisen in a variety of contexts, a call for active euthanasia to be obtained through a brutal and rapid action. Furthermore, the medical doctor is asked to carry out this euthanasia as a part of the care and treatment which he gives to patients. I would like to dwell upon the causes of this phenomenon, which is, indeed, completely new in our history.

Who asks for euthanasia, that voluntary shortening of life by doctors who hitherto have been entrusted with healing, bringing peace, and prolonging life? The sick person himself very rarely asks for such a thing. It often happens that at the beginning of the illness the patient will ask his doctor the following question in rather ambigu-

ous terms: " Doctor, if things should go badly I hope you will help me." But when things do indeed go badly nothing more is said. This, at least, is my experience. The patient fears the actual abandonment of treatment. It is this which makes him give up hope and makes him depressed. On very rare occasions it can even lead him to ask us to put an end to his days on this earth. If the question is not provoked by the doctor the question is not asked. And if the concomitant depression is treated in the right way the question is not put again. This is something which has been demonstrated recently by a group of doctors in the United States of America.

But I want to be very clear at this point. This is so when there is a full and complete treatment of pain, a treatment which unfortunately is not always effected. Pain can always be controlled. At times this is achieved by a progressive putting to sleep of a conscious person who may hate the approaching end. But this form of passive euthanasia which arises solely from these attempts to control pain is fully authorized by the Church hierarchy and has nothing in common with that active euthanasia which forms the subject of our deliberations.

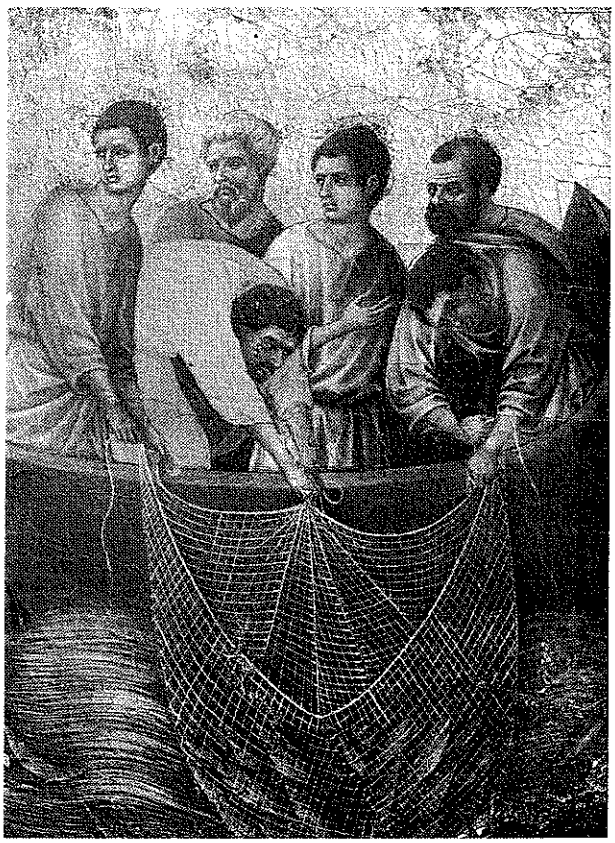
On the whole, it is healthy people who ask for euthanasia, and healthy people banded together in associations. It is they who want euthanasia to be practiced by doctors and it is they who put pressure on parliaments, and sometimes with success.

They do so in the name of a human dignity which in their opinion is compromised by an incurable illness (even when no pain is involved) and by the various physical impairments and incapacities which might arise from this condition. They do so in the name of moral progress, of the superiority of our civilization over previous civilizations of the past. It is time for these associations to realize that life does not only have meaning when it is young, beautiful, and in health. There are sparks to keep safe, sacraments to receive, and traditions to respect.

But the medical doctor should add that there are other motives as well: tiredness and impatience because it is necessary to go to the hospital to visit a sick relative; fear because that patient has to be looked in the face and because anxieties are ever present; a feeling of the useless of medical action and initiatives; a life transformed into aggression. Given that the patient's destiny is marked, why should anything be done? What is life after all, other than a mere psycho-chemical game?

At the present time this severe, limited and militant materialism is experiencing a very serious economic crisis. In a world in which technological progress and the internationalization of the economy create excluded people who have to be given economic support, is there still room for the elderly and the useless? In a world in which human life gets longer and where the number of pensioners threatens to exceed the number of active workers, would it not perhaps be a good idea to have a permissive attitude towards those movements which are in favor of euthanasia? When health costs continue to rise because of the achievements of biological research and when hedonism is triumphant, how can we reconcile the costs incurred in keeping the elderly and the sick alive with the costs of paying for thermal baths, massages, treatment for obesity, and the costs of abortion?

In certain European countries it is already the case that patients with kidney problems over the age of sixty-five are no longer given dialysis and heart patients over the age of sixty are not admitted to intensive care clinics. In the same way, the costs of lung cancer treatment are no longer paid when the patient can no longer be operated



upon. In other countries euthanasia carried out by doctors is not subject to legal condemnation and there are couples of old-age-pensioners who emigrate to countries where this is not permitted.

It is more than obvious that these economic factors would not be influential without the presence of the spiritual crisis which is afflicting the West. The technological progress of material civilization which is deemed to serve cultural advance and to favor an ever more authentic respect for its values, in fact turns its back on the reasons for its existence. It gives rise to a striving for purely material satisfactions, the creation and the satisfaction of new needs, the deification of the individual against the group, the negation of values which are no longer seen as brakes upon the fulfillment of desire but seen as being ridiculous.

A feeling of belonging to a community with its own history, language, traditions, rites and vision of man is disappearing. It is more than logical that a call for euthanasia on the part of healthy people should arise in this civilization and at this moment of its history.

I will finish this paper with a brief discussion of the possible solutions to this crisis, a crisis, moreover, which our societies have never previously undergone.

At a theoretical level it is of the utmost importance that we develop the way we treat pain. This is both necessary and possible. Hitherto pain has been the subject of only half-hearted research but we should increase the number of centers dedicated to the development of palliatives. In this process technology, compassion and devotion can ensure that life is surrounded, protected and respected, even in the case of those who are most afflicted. In this way nobody will be compelled to ask for active euthanasia for other people. The question of the use of technology is also relevant to the training of doctors concerned with serious illness. In addition, such doctors should be selected according to criteria which are both spiritual and intellectual, as well as being scientific.

At an economic level, short-term solutions to the crisis are not foreseeable. If we do not want to sacrifice the chronically sick and the elderly we should wage a campaign at the level of deciding priorities. We should give up bearing costs for illnesses which achieve spontaneous cures; abandon treatment which gives comfort or which is dedicated to mere states of mind; turn away from treatments of undemonstrable effectiveness of illnesses which are not illnesses; and stop giving payments for periods off work which cannot be justified. This list could be even longer. One could mention, for example, the costs of private insurance for risks run during free time, or (of course) the costs of paying for abortions which are based on mere considerations of convenience.

But it is obvious that the real solution, the only remedy which could really re-establish culture and civilization in their right balance, is of a spiritual nature. Will we and our children be able to unite men (and especially those who are most threatened–the members of Western civilization) in an action which will define and safeguard a common project? Will we all be able to give them anew a sense of the dignity of life from its mysterious moment of appearance, of the dignity of their history, of the primacy of the spirit? I hope, like you, that all this will be possible. I would like to thank the organizers of this conference for having made this encounter possible.

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JOSÉ MARIA LAILLA

Helping Difficult Motherhood

The advances achieved in the field of science and technology over the last decades have given rise to a greater knowledge of the physiological changes and the pathological processes which take place during pregnancy. It is undoubtedly the case that the ability to carry out earlier diagnoses has facilitated the prevention of complications and the formulation of treatments, both of which have led to a significant fall in levels of maternal and fetus mortality

According to data supplied by the European Economic Community, prenatal and neonatal fetus mortality has diminished notably since 1960. This decrease has taken place at different speeds and has varied in relation to the country of origin and the pathological condition at work. The most marked fall has taken place in the area of early neonatal mortality–without doubt the outcome of improved care and assistance at the moment of birth. On the other hand intrauterine and late neonatal mortality, although reaching must better levels, has since remained rather stuck at constant incidence rates.

The data available relating to the death of mothers because of childbirth show a marked reduction in such death over the last few years, and this is directly attributable to advances in the sphere of medical care and treatment. These include greater prenatal monitoring and attention, the end of home-based assistance, a suitable control of infections and hemorrhages during childbirth, and an improvement in anesthetic methods. These factors account for the variations between developed areas and other areas highlighted in table 1.

The value of suitable prenatal controls and their importance in creating and preventing states or factors of risk for the mother and the fetus is well recognized. An evaluation of risk is a crucial part of health systems. This evaluation is necessary in all branches of medicine, but it is of especial importance in obstetrics–that branch of medicine which is concerned both with the health of the mother and with the health of the fetus. In 1977 the World Health Organization emphasized that greater resources should be dedicated to systems of care for the mother and child in societies at greater risk. The WHO argued that this was necessary to produce timely intervention, to prevent difficulties and to improve results.

The work of R.G. Harper and C.J. McDonald have shown that 25% of perinatal fetal deaths could be avoided if the risks had been recognized early enough and if the right treatment had been used at the right time. At the present time these difficulties are more due to the intrinsic limitations on the doctor, and especially the little time he has available for the gathering of clinical data, than to errors in the application of his knowledge and skills. A health system should recognize that the doctor needs time. As M.G. Sheldin makes clear, this question is of even greater importance when one is dealing with patients of a low educational level because " before obtaining their cooperation they must demonstrate who they are and the reasons why they are there. In addition, their trust must be won otherwise their wives will give more credence to their own culture-based ideas than to the information supplied by the doctor." It is certainly true that a failure to understand what the doctor says will lead to a marked failure to do what he says.

This kind of social problem does not only exist in the less developed countries It is also present in the more advanced countries where health care services have been extended to the whole of society without, however, an equal increase in the availability of human and economic resources This has led to mass medicine, with a corresponding loss of identity and personality on the part of both the doctor and the patient The doctor has become much less motivated and the patient has become much less trustful.

This kind of social problem is even more serious when it comes to the practical dimension of motherhood. Most countries guarantee the right to health and the equality of the sexes in their constitutions. But they do not take into account existing differences when they try to promote a suitable social, family, and work context. They thus fail to help the development of individuals with regard not only to tasks carried out by both men and women but also in relation to those tasks where roles are very different, most notably maternity.

We must accept the fact that one of the realities which is most specific to women is motherhood. This should not only be considered from the point of view of its physical dimension. There is also a spiritual side to be considered–that is, the

Table 1: Maternal Mortality

Maternal Deaths Every 100,000 Births	
Continent	Number of Maternity Deaths
Africa	640
Asia	420
Latin America	270
Europe	10
North America	8

Table 2: The World Population

Continent	Population (in millions)	Children per Mother
Europe	512	1.7
North America	238	2.0
Oceania	27	2.5
Latin America	458	3.1
Asia	3.233	3.2
Africa	682	6.0
World total	5.660	3.3

Source: Barcelona City Council, Department of Statistics, 1994.

Table 4: Births Every Thousand Inhabitants in Barcelona

Year	Births
1960	15.37
1965	18.45
1970	17.28
1975	15.68
1980	11.10
1985	8.58
1990	7.45
1993	7.74

Source: Barcelona City Council Department of Statistics, 1994.

ability not only to transmit life but also to defend it until it can achieve full development and continue its path in autonomous fashion.

The competitive character of today's social sphere and university and work environments lowers the chances for women to experience free motherhood. Many women see themselves obliged to turn their back on their own wish to be mothers precisely when they want to be, and to postpone it until their social situation has improved. In this way the number of children that the couple has becomes notably limited. See tables 2, 3, and 4.

Thirty years ago numerous families were a frequent and Catholic phenomenon. Today, at least in Western cultures, such families are unusual. The change in direction towards small families began in the 1960's and has since become more marked. Monsignor Cormac Burke has analyzed this situation and has offered three possible explanations: fear that we are going towards a constant increase in the world population, the so-called " population explosion "; the " Me " generation with its stress on self-fulfillment, especially in professional life; and a consumer mentality which is evident from greater weight being given to material values.

This radical change in attitudes over a time-span covering less than a generation has led to different approaches to motherhood. The family is planned–the number of children is decided upon and when to have them is also the outcome of conscious programming. There is also the idea that these children should be healthy, that there should be a prenatal diagnosis, and proof to the effects that the pregnancy and the birth will not be troubled. In conclusion, there is also the fact that obstetrics has become more aggressive in order to become more effective and to enjoy a higher profile.

Difficult Motherhood

The meaning of " difficult motherhood " is by no means easy to define, in part because of the very many causes and factors of a personal, biological, medical, and social (etc) character which can be used to define the concept " difficult." It seems to me that there are four distinct groups of problems:

a) Unwanted pregnancies which are personally or psychologically difficult to accept. This is especially the case with adolescents, child mothers, or where there are very serious economic difficulties, and so forth.

b) Pregnancies where the fetus is malformed or where there are defects or congenital infirmities.

c) Pathologies associated with or caused by the pregnancy.

d) Pathologies caused by the actual birth arising from alterations during the pregnancy or caused by the delivery itself.

Table 3: Fertility Rates in Barcelona

Births Every Thousand Women of Fertile Age					
Age	1960	1970	1980	1990	1993
15-19	6.67	10.37	14.80	3.55	3.43
20-24	85.67	106.98	78.33	20.71	15.97
25-29	133.21	177.49	118.64	75.00	69.67
30-34	88.17	103.81	68.48	79.84	84.91
35-39	44.17	52.77	30.58	28.22	34.31
40-44	13.03	13.06	7.82	4.57	4.16
45-49	0.8	1.21	0.55	0.41	0.17

Source: Barcelona City Council, Department of Statistics, 1994.

In order to address myself to the subject of this paper I will refer here to the first two headings This is because I believe that the other two headings are more directly the concern of care and treatment

Adolescent Pregnancy

Even though the last few years have witnessed an evident fall in the numbers of adolescent mothers, we should recognize that the possibility of adolescent pregnancy is an important problem in present-day society Those early pregnancies which worried Plato are still among us.

Is there an age when women are mature enough to undergo pregnancy without difficulties? Such an age is not easily defined, but it is possible to consider socioeconomic factors and the medical complications which appear at certain age levels. In our environment the risks of adolescent pregnancy are linked to the state of immaturity of the mother and her family context. This last produces great psychological tension in relation to a condition which is difficult to deal with precisely because it is unforeseen If such a pregnancy takes place in Africa or in South America it is not seen as being so important and the pregnancy takes its normal course These young African and South American women are not more biologically developed but they are more prepared for this condition in a psychological sense. This is because such things are more common in their environment and socially more accepted.

Studies carried out in countries such as France and the United States of America show that 80% of adolescent pregnancies take place within broken homes where there are many members to the family and where, as a result, there are major social and economic problems

According to a study by Zuckerman and his assistants carried out in 1983, 13.5% of pregnant adolescents had no religious faith, compared to 7.2% of the reference sample. All girls pregnant before the age of fifteen did not have a stable partner. Between the ages of sixteen and eighteen half of these girls were married or had a stable partner, and a third of the rest got married or settled down with a partner when they discovered they were pregnant Only a third of these remained married or lived with their partner for over five years.

An analysis of the causes of such pregnancy in environments as socially and economically developed as Europe and North America enables us to determine the presence of factors involving a primary important cause, and the existence of certain contingent circumstances which can favor pregnancy in a given context or in relation to a given person.

The most frequent causes are:

– an early start to sexual relations;

– lack of suitable information about contraception;

– lack of receptivity to such information;

– a feeling of impunity, in particular towards pregnancy or sexually transmitted diseases.

Contingent circumstances:

– lack of success at school, a factor which increases the free time available;

– a bad relationship with the parents, usually because of the absence of a true nuclear family;

– a high risk that there is a habitual use of drugs.

Once this pregnancy has been accepted by the girl, it must be recognized that there is a higher number of medical complications in the monitoring of the pregnancy and in the management of the birth There is also a higher risk of perinatal mortality.

We must recognize that the body of the adolescent is in a state of full development and that attention must begin as soon as possible in order to deal with all those deficiencies which are evident Unfortunately, all authorities agree that in these cases 80% of adolescents make their first prenatal control from the sixth month of pregnancy onwards. For this reason, disturbances caused by marked deficiencies, malnutrition, anemia, and retarded development in the growth of the fetus, are more frequent Cardiovascular complications such as hypertension, pre-eclampsia and the risks of a premature birth are about double what they are in the normal population

The approach of the obstetric team in such circumstances has a double purpose: care and teaching. Efforts must be made to:

– ensure that the pregnancy is brought to a happy conclusion;

prepare the adolescent for the birth by bearing in mind that there will be a higher level of dystocia and an absence or poor level of help from the partner or perhaps the family. For this reason, multidisciplinary assistance is called for to ensure that the process of growth from child to mother is speeded up and to reduce the levels of anxiety felt by the adolescent mother because of her condition;

prepare the future of the adolescent and the newly-born child and guarantee an emotional, psychological and physical education for the mother so that she can bring up her child and stay at its side.

Pregnancy in Difficult Economic Situations

All epidemiological studies on maternal and perinatal illness and death demonstrate that there is a set of risk factors linked to the cultural-economic situation of the country and the person involved Less intense prenatal care and a higher level of deficiency and nutritional deficit, like greater probability of the use of drugs, have a very direct influence on certain negative perinatal outcomes.

Paradoxically, it is much easier to find within this category a higher number of births and at the same time a larger number of child mothers, including those who are without a stable partner. This condition leads to the social marginalization of the pregnant mother and involves major difficulty in providing sufficient health care during the pregnancy and the birth. As has already been observed, health services must have machinery by which to increase the human and economic resources devoted to these less protected social groups

Studies carried out by E. Fabre in Spain in 1990 and 1992 show that there is a link between perinatal outcomes (assessed in terms of neonatal mortality) and the occupation of the father, this latter acting as a parameter of the economic situation of the companion. As table 5 well demonstrates, the relationship is very significant

Table 5

Occupation	Deaths Every 1,000 Live Births
Professional	5.5%
Industry	5.9%
Manual Work	8.1%
Agricultural Sector	11.8%
No Occupation	14.2%

Assistance to Pregnancy when there is a Malformed Fetus

The irruption of prenatal diagnosis and genetic advice in usual obstetric practice has led to a series of problems which are chiefly of an ethical character, particularly for Catholic hospitals and health workers. We believe that the principal problem in prenatal diagnosis concerns the possibility of acceptable diagnoses and prognoses given the limited health resources that we have available. We must not and can not offer invasive methods or methods which bear risks for the pregnancy as the first and only form of prenatal diagnosis. We must accept the guidelines of the " Working Group of Experts on the Progress of Biomedical Sciences of the Council of Europe." But at the same time we must make sure that our centers have methods of assessing risks and making diagnoses which are as reliable as possible, and which enable us to have as much knowledge as possible about the condition of the fetus. It is our conviction that a basic principle of medical ethics is the actual quality of care.

If we see the fetus as a patient he must necessarily be the object of that attention and concern which is due to an adult person. As a result he has the right to receive those minimal levels of care which ensure that he enjoys the right conditions of life.

The duty of the doctor towards the fetus is based upon the principle of benefit, especially when an alteration is discovered or when there is an anomaly which can be treated. This duty of the doctor must begin with a fitting and proper consultation of the parents. The mother and the father, acting on the principle of benefit to the foetus, must incline their actions:

– against interruption of the pregnancy;

in favor of non-violent treatment, as can occur when there is a treatment which inhibits uterine activity; and of a continual monitoring of the foetus so as to choose the right moment for the birth and an active role of the mother herself;

in favor of a treatment which is active and violent as far as concerns the foetus, as long as there is a high probability of a correct diagnosis and an equally high possibility of fetal death or an important and irreversible defect if treatment were not effected.

This present-day reality of treating the foetus as a patient necessarily implies that there is a relationship between the doctor and the fetus and that the former has a responsibility towards the latter. For this reason, the doctor must apply the principle of medical deontology according to which " each doctor must seek at least to lessen the suffering of the patient, but he does not have the right to deliberately cause the death of that patient "

This relationship of doctor and patient becomes intertwined with what over the last few years has been called the " mother-fetus conflict." This expression describes a situation where principally the mother, or both parents together, reject the advice of the doctor or the treatment he suggests. It is thought that three reasons can lead a couple to reject the advice of a doctor:

– the rejection of a child who is not basically healthy;

– the rejection of a treatment whose results the doctor cannot guarantee; and

– the rejection by the mother of suffering and discomfort

We believe that because of its competitive and materialistic drive contemporary society will not accept physical or mental handicap and that it is for this reason that some parents who know that their child will not have the same opportunities as other children see it as a burden which for some is above their capacity to bear. For this reason, these parents become weighed down by fears about an often unknown but always difficult future and decide, with reference to their own freedom of conscience and at times with the protection of the law, to ask for a termination of the pregnancy. We believe that all societies, and in particular the Christian community, must face up together to the responsibility of accepting these handicapped children and further the use of means available to help, support and advice those parents who want their child

in such a difficult moment Let us remember the words of John Paul II: " Nothing unites like a sacrifice generously shared."

At the present time technical advance in both prenatal diagnosis and methods of treatment, although not of the highest level, enable us to treat–both from a medical and a surgical point of view–certain foetuses during the prenatal period and many more fetuses during the immediate postbirth period In our opinion this lends weight to calls for units for prenatal diagnosis in those hospitals which do not accept abortion, as is the case with our hospital

To conclude, let it be observed that some mothers refuse help when there are complications because of the trouble and discomfort that such treatment could cause them. We must recognize that most women accept sacrifices for the good of the child, and even run risks to their own well-being. This is the case where a cesarean operation is suggested to avoid theoretically possible suffering to the child during the birth. We should however recognize that when faced with certain prenatal treatments of the foetus (such as intrauterine surgery which at the present time is not sufficiently experienced to guarantee success and certainly places the mother at risk, if not her actual life), this can legitimately be rejected by her, and her rejection can only be accepted because we cannot violate the right of the mother to physical integrity, and this out of respect for the human person

Difficult Motherhood in a Hospital Context

In our opinion the hospital should have two objectives: the highest level of quality with regard to the care it provides and the best human treatment of patients. This second point is frequently overlooked by the need to carry out acts of health care which are impersonal and lacking in a personal approach. But it must be of the utmost importance in every hospital, especially in one like ours which deems itself Catholic.

How can we ensure that these objectives are reached? The first contact of the pregnant woman with the obstetrics department is very important. The health staff (doctors, nurses, obstetricians and so forth) must gather and supply all the information that is possible. Only in this way will it be possible to assess the risks and know the socioeconomic situation of the patient and her family relatives

It is very important that each hospital service dedicated to a specialized medical subject can take advantage of the help of the support offered by psychological or pedagogic staff, social workers and so forth. This is essential when difficult situations have to be described, as occurs when the parents have to be told that the fetus has a malformation. In our hospital we pay especial attention to dealing with such situations. Before telling parents we always implement those medical examinations which enable us to have a clear and full picture of the condition of the foetus. We then call a meeting of the committee for prenatal diagnosis. The representatives of all branches of specialist medicine which might be useful are on this committee. Once all the necessary information has been gathered and when we have decided upon what the possibilities are for treatment of the fetus and what its future will be, the members of the committee who can give most information to the pregnant women meet the family to discuss the case and give as much human support as is possible. It is very important that a psychologist is at the meeting so that he can assess the help to be given to the members of the family.

We gynecologists must bear in mind that our role does not end with the work of care and cure during the pregnancy and during childbirth. Furthermore, it does not finish when the woman leaves the hospital. We have the good fortune to work in one of the most beautiful specialized fields of medicine, but we also have the responsibility of having to deal with two lives–that of the mother and that of the child. For this reason we must work not only for their present but also for their future

Conclusion

A year ago, in this very same place, Professor Robert L. Walley finished his contribution with these words: " A healthy family is the basis of a healthy society, and the mother is the key to a healthy family." The advances made by today's obstetrics have meant that pathologies are now controlled which at the beginning of the century caused high death rates amongst women–hemorrhages, for example, or infections. Advances in our knowledge about the intrauterine development of the fetus have allowed us to draw nearer to a number of problems and to ensure that a high number of newly-born babies are healthy We must, however, become aware of the difficulties which accompany the attainment of a high level of care for mothers and babies, and we must be conscious of the efforts that all of us without exception must make to achieve a health service which responds to the minimum requirements of all societies and their various internal strata. This health service should also be able to eliminate all those pathologies which are presently rearing their head, such as the problems connected to AIDS. We should, however, endeavor to ensure that the solutions we supply are always accompanied by profound respect for human life, and not only the life of the mother but also that of the foetus The fetus undoubtedly represents the future of a society which we are now building.

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PEDRO JUAN VILADRICH

The Social Nature of Human Life: Its Expression and Organization Through the Family

1. Life, for the human being, is not a simple fact within which life is lived out, as is the case with animals or plants. For the human being, life offers an opportunity for the writing of a biography in line with one's own intentions. The experience we undergo in our own families and the observations of science agree today upon one point: the individual and society express themselves at the level of the family.

If we approach this reality from the point of view of each individual and real person, it is clear that among the various relationships which life offers, the family appears as the first expression of life as it unfolds in that individual's experience. It is also that which touches most deeply upon his personality. In turn, if we consider things from the point of view of society, the family once again appears as the primary and fundamental cell of the entire social fabric taken within the wider context of the different structures which go to make up society's complex lattice. And it is the family, finally, which is the joining line between the various component parts. For this reason the family is the culminating expression of the relationship between the individual and society generally. It shoulders the enormous responsibilities of procreation, of the upbringing and socialization of the new generations, and of the development of strongly-based cohesion between different generations who live together. The character of the individual, because he is a citizen and person, depends upon the condition of the family. The same may be said, when all things are taken into account, of society itself.

2. Now, a recognition of the fact that the person and society express themselves at the level of the family opens up a series of productive questions. What is there within the family, and what are the characteristics of the family, which allow this impelling expression to take place as a result of the family's energies? What model of the family (given that the term nowadays is highly ambiguous) actually possesses such supreme power, and why?

3. The family and the human person go through their lives in inseparable fashion. Before being the first place of intimate life together, before being the nuclear organism of society, and before being the cellular form which gives rise to a socioeconomic model, the family reveals to man his identity as man. It is the first, most fundamental, most specific, most real and most evident human meeting point of man.

The family is first and foremost a meeting of each human being with his origins. It is a revelation of the fact that these origins, which are an expression of links between creator and created, far from being a simple fact as occurs in the animal and vegetable kingdom, can create a biographical co-identity between individuals, a sphere of humanization, and a permanent community of affection and joint-belonging. Consanguinity is the first joint-belonging of the family. From this first reality of drawing near, the family demonstrates that it is the natural dimension of community and of kinship-based love.

As a result of this, the family shows each human being that from the beginnings of his life his identity is based on being with someone–that is,, in a unity which is expressed in constitutive relationships: one is a son or daughter, a brother or a sister, a grandson or granddaughter, a father or a mother, a grandfather or a grandmother. This array of relationships constitutes an unrepeatable subjectivity: one is that son, that brother, that grandson or granddaughter, that father or that mother, that grandfather. This is historical: from the moment of the big-bang until the highest expressions of fullness, this range of relationships is expressed during the vicissitudes of life according to the capacities and the free responsibility of each individual.

Furthermore, this set of bonds is co-biographical: they come into existence through inter-action and processes of solidarity. Each person plays a part in the achievement of the human fullness of another person. This expression of human life is the first nucleus or level of organization of the constitutive social condition of man. And this deeply rooted reality acts to guarantee identity and humanization in those processes of incorporation of each human being on the ladder of ever wider, intricate and anonymous patterns of socialization–that is, in political and socioeconomic models.

In all cultures, and not only in Western cultures, consanguinity or blood ties are an essential component of family realities. In all cul-

tures consanguinity involves a relationship between at least two individuals. It means that there are shared origins, blood ties or genetic inheritance. This co-identity enables humans to give themselves a name and to distinguish themselves from others. In all cultures consanguinity expresses itself through metaphors connected to the body; they refer to a natural reality rather than an artificial reality. In all cultures consanguinity reveals that part of one's own identity which has been received from others and not only in a biological sense, although it includes it. But rather through an integral human meaning: language, customs and basic habits, cultural roots. It does this to the point that the individual cannot deprive himself of this reality without running very great risks of destroying his own identity. In all cultures consanguinity is seen as a bond which in itself creates rights and duties between relations.

I would like to say that although in nearly all cultures there are ways in which kinship can arise without the presence of consanguinity, as occurs with affinity and adoption, no culture exists (despite various ways of defining and expressing kinship) where consanguinity does not always constitute, in itself, family kinship. Consanguinity is the original source of family kinship and the pre-condition for wider kinship ties.

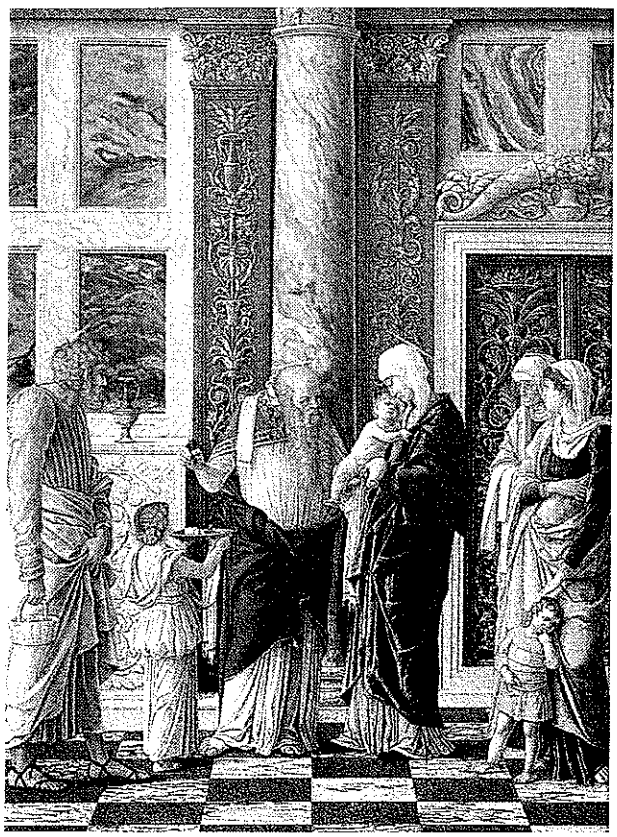
4. At the moment at which the family reveals itself as the meeting place of each man and his own origins, the encounter between a man and a woman demonstrates the power to give rise to a new family. The creation of another human being, not as a simple biological fact but as a humanized action, necessarily invites parents to reflect upon what they are in relation to their child but also, indubitably, on what they are in relation to each other.

In this way, through a profound and delicate harmony placed at the basis of every culture, the origins of the family express themselves primarily and constitutively in the meaning of human sexual duality. In substance the family, as a humanized form of human consanguinity, intimately associates itself with the other necessary humanization of the sexual relations between husband and wife–that is, with the conjugality of marriage.

We take as a sign of decadence both the obscuring of a sense of the complementing relationship between masculinity and femininity and (as a central product of this ambiguity) the high level of fracture between love, marriage and the family. On the other hand a very positive attitude should be taken towards the renewal within our society of an understanding of matrimonial assent and conjugal community. This is because behind such matrimonial assent there exists something deeper than pure bureaucratic formalism–there is the power to create the highest forms of union to achieve human love.

5. The fundamental invitation of love between a man and a woman is union. But desire for this union and its actual achievement are very different moments in the log book of each love story. The basic decision is not just another of those past or future actions of being fond of one another–it is the actual desire to be fond of each other. It is a commitment to love which becomes commitment in love. Those who love each other are those who care for each other. In addition, they are a married couple who are committed to care for each other as a form of life, as a biographical co-identity.

Perhaps it would be a good idea to remember that love between a husband and wife, in its origins or at the moment of its birth, is a bestowed gift. It arises for a whole host of reasons, but it never arises by force of will. This is because the introduction of the gift of love into the order of justice–that very real dimension of solidarity between men which is so essential in the organization of civilized society–is the new dimension that the conjugal pact achieves through the incorporation of human love. Through the marriage " yes," love and its impulse to mutual help and fertility (which lasts within the couple as

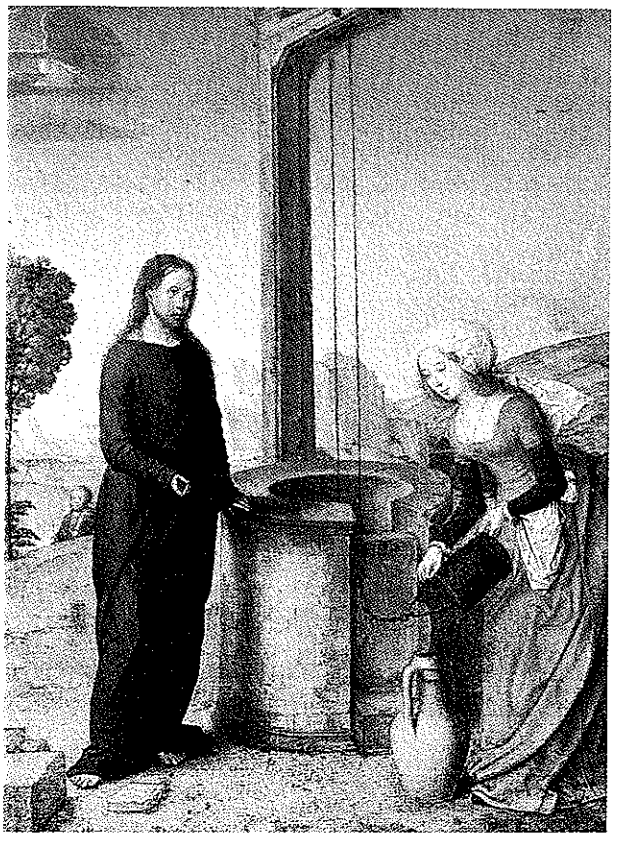


long as the couple lasts) changes from being a fact to being a society of love and life which are obligatory according to justice. What are the moments of this transformation?

The first moment involves the deepest meaning of human sexuality. Masculinity and femininity, which are two different and complementary ways of being (equally) the human body, express the very first level of interchange or social experience present within human sexual duality. The personal condition of the husband and the wife contains the supreme power of being able to give of oneself in authentic fashion to the other, and to accept the other within oneself. This brings about a profound shared belonging to a real way of being which takes place in the most intimate form possible of biographical identity. This power to achieve conjugal unity is to be found only in the relationship of complementarity which is expressed between human masculinity and femininity. It exists only between husband and wife because it is this sexual duality, and only this sexual duality, which is the first and real human interchange.

The second moment reveals the sovereignty of the conjugal pact. Husband and wife are masters of themselves. Masculinity and femininity belong only to each of them. Nobody forces them to give of themselves, nobody can really give them. They alone are sovereigns of themselves. No human sovereignty or power, whether it be the state, the Church, a clan, a tribe or the parents, has the power to give them in marriage.

We thus come to the third moment in the understanding of the conjugal sequence. The truth of getting married–not its appearance–lies in a shared decision which is an authentic shared act of sovereignty of a husband and a wife over themselves. By this decision they decide to change the original altruism of their love (invitation, tenderness, the wish to be united and the fact of being united) into a bond of justice, based upon their love, as their new way of being in a shared state. From this basic moment, the husband belongs to the wife in the same way as at the outset her femininity belonged to her, and the wife belongs to the husband in the same way as at the outset his masculinity belonged to him. The first and most deeply rooted good shared within the marriage is the fact that the married couple belong to each other. Faithful and fertile married love becomes changed from fact into right, it becomes a legal conjugal bond.



6. It is important to be aware of the extraordinary consequences that a contemplation of the conjugal pact has. Indeed, in the deepest part of the marriage union there is to be found an extraordinary supreme power which is within reach of those who may not have human power or glory. This is a power which can generate rights. In a few words, the sovereignty to create the first and most radical of the human social institutions–marriage itself.

The power to create the first human social institution and the power to create life, by conceiving it and lodging it within a previous humanization of sexual duality (namely the conjugal union), goes to make up that great illuminator of the essential link between marriage and family. The family in the deepest meaning of the term is based upon marriage. Indeed, the conjugal communion–the fact of being wed–acts as a nucleus of principal love around which the expressions of consanguinity–fatherhood and motherhood, brotherhood and sisterhood, and being the children of somebody–emerge in humanized form and constitute an overall unique community of life and love.

It is for these reasons that we believe that a family based upon marriage contains a paradigmatic expression of human love and radiates a highly civilizing effect around it. Those realities by which the married couple committed themselves to each other in their love are spread through bonds of consanguinity, and thus become even more humanized: it is from the marriage partners that parents, children, brothers, and grandchildren come to love the deep and

essential self of each member of the family, in both good times and bad, and in relationships which are decreed by justice. This form of loving, which begins with the conjugal nucleus, spreads through the first degrees of kinship, then permeates the wider family, and goes on to enrich the bonds of friendship, neighborliness and citizenship within society as a whole.

This very personal power to institute marriage, and through it the family, does not become transmitted to the state when citizens institute the political sovereignty of the state through the exercise of popular will. In the case of conjugal ties and bonds of blood relationship, we are dealing with the highly personal sovereignty of husband and wife in which we find a basic building block–the *ius connubi*

7. This is the point at which we should renew our knowledge of the fact that in saying my husband, my brother, my wife, my father, my mother, my son, my daughter, my brother, my sister, or my grandchild we have before us personal and legal bonds whose roots are deeper than other political or social ties. My relatives are mine in the same way as I am their relative. This organization of life and love is born from our own personal power. Because of this intimate joint-belonging family bonds are the creators of rights and duties amongst relatives and thus *erga omnes*. For this reason, neither the state nor any other human social power can establish in their origins and through their will who my marriage partner is, who my father is, or who my mother is. To put it another way: in our legal tradition the original and inherent legal status of these ties has always been an essential reference point for family and marriage law within the legal framework.

8. This notion of family sovereignty enables us to understand more clearly that the family has the right to govern itself through rules which are extremely original and eminently particular. These rules flow from unconditional love and solidarity and continue on their predestined path. Conjugal and blood relationships are not the same thing as political and social relationships. This is the reason–a reason also based upon the family's sovereignty–why the principles and the rule of the government of a political community (and its phenomena of power) are not attributable to the family. This is why, to conclude, legislative and judicial powers cannot in arbitrary fashion create norms to regulate family life which spring from aspirations foreign to the very being of the family.

Recognition of family sovereignty contributes to its being recognized as a primordial social entity. This acceptance of the family cannot fail to have a wide range of consequences in all fields of the economic and social model. In addition, it must lead to a Copernican change in the idea of the state's policy towards the family. The first effect of a good family is the human archetype which it supplies to society. He is a more solidarity-inspired kind of citizen, less individualistic and solitary, and more personalized. And perhaps one can hope that these humanizing effects will transform those other political and socioeconomic models which presently seek to create a kind of person who is materialized, uprooted, spineless and subordinated. Such a person is condemned to loneliness and to powerlessness by the system.

In substance, the sovereignty of the family is an explosive charge for every kind of socioeconomic system which alienates the individual. At the same time, the sovereignty of the family, based as it is upon the family, is a great source of energy and hope for those who are prepared to give rise to a new and more humanized society. In this sense the future of mankind is to be found in the family. The family is the way of man.

9. These deep, and in a certain sense fragile connections, demonstrate that beneath the phenomenon which we call a family there is to be found something very akin to a molecular structure. It is a very important sequence of human links in a chain of authentic anthropological roots whose level of harmony (or of disassociation) constitutes the key by which we can diagnose the condition of the culture of sexuality, love, marriage and the human family within a society.

The first ring in the family chain is the sexual duality of the human person. The human being from his very beginning is not an individual closed up in himself. The human being, at his very roots, is husband and wife. Husband and wife are two different and complementary modes of being a personal body in equal fashion. With the same dignity both are equally persons. Masculinity and femininity are the fundamental structure for the giving and receiving of each other. In this way the very center of the human species can be a dialogue, and this because it is a partnership. Masculinity and femininity, beginning with their diversity and their complementarity, bring out the first shared good of humanity–the ability to express oneself in loving communion.

The second great ring in the chain is the expression of the dynamic tendencies of the relationship between a husband and wife. Sex, body and person represent those three dimensions which integrate the inner unity of the human being. In relation to these, the relationship between husband and wife brings into play those dynamics which are of a more biophysical character: the rational and the voluntary, the sentimental and the psycho-affective. And in the social and biographical cultures of each human being these dynamics can be lived out at a level of varying degrees of superiority, or along lines of disintegration which lead to deep levels of contradiction.

The harmony or disharmony of these two rings as they are seen by the culture or lived by individuals have a decisive influence on the sound or unsound functioning of the next rings within the family sequence. The third great ring, indeed, links the sexual loving process with conjugal union. The fourth great ring, in turn, links conjugal union with reproduction. The fifth ring links reproduction to the creation of an environment of living together and suitable communication by which there can be a human upbringing of children–that is, the domestic context. To conclude, the sixth great ring links this

context or family community with society as a whole.

However, the harmonious expression of these complicated human rings does not amount to a chain which is decided and organized as occurs in the case of the sexuality of the animal and vegetable kingdoms. We are dealing here with a human sequence. For this reason, we have before us a sequential tendency whose practical configuration and process of perfection (at all times and in all historical contexts) extensively depend upon that power of self-knowledge and self-determination which specifically constitute man's way of being and acting.

In this sense, the degrees and models of the organization and expression–or disassociation–of the rings of that sequence of sexuality which lies behind the phenomenon of the family are a cultural process. Indeed, they are perhaps the most decisive cultural process there is -a process which has intense consequences for the humanization and dehumanization of the human prototype which a society proposes and conditions. As a cultural process, the organization and expression of the sequence is open to greatness but also to the risks of human misery; to progress and decadence; to success and to error; to sickness and to failure. In specific terms it is open to the quality and the ability to love of each generation. And this indicative and at times disconcerting horizon of the family is to be welcomed both as a model for the culture and civilization in which we live and as a special path to be followed for the biography of each and every one of us.

As a concluding observation it can be stressed that the family based upon marriage is the most complete expression and organization of the rings of human sexuality. It is inspired by love's power to personalize sexual duality and transmit human life. In this perspective, the family appears as an arduous historical process of humanization of human sexuality and fertility, beginning with a loving giving of self.

10. Understood as a process of loving humanization, the family gives rise in a very profound way to solidarity. For this reason, it is responsible both for its highest examples of humanizing expression and for a range of highly ambiguous, contradictory and even miserable dissociations. No propensity to organization or disorganization is alien to the family in the same way as no family is alien to the destiny–whatever that destiny may be–of each of its children. This essential solidarity of the family, with its practical state, its light and its shade, is the essential point in the understanding of the new dialogue of the modern family with present-day culture and society. This is also true with regard to the formation of the bases of policies towards the family in advanced democratic societies.

It would not be too bold to argue that the practical experience of the defects and failure of many families based upon marriage, or the inner consequences which must be borne beneath the surface of family and marriage kinship ties–limitations, violence, vice and the various manifestations of human misery–has been and continues to be the principal cause of the loss of the importance and the meaning of the family. It has also been one of the factors which has caused the processes of the disorganization and disorder of human sexuality. It is no less certain that the worst comes only from the corruption of the best. And it is also true–as social statistics and daily experience well demonstrate–that other sexual alternatives, far from having a vaccine against the dark side of the human being, actually strengthen and develop it.

This state of affairs–if I may be allowed an example of an ecological character–indicates that there is a similarity between the family and the atmosphere. It is undoubted that the air of our cites is marked by a high level of pollution which is dangerous to life. Perhaps the solution lies not so much in suggesting that the albeit contaminated atmosphere be abolished (something which would condemn man to live in a space suit) but is to be found more in the more reasonable proposal that we dedicate ourselves to cleaning the air that we breathe. It is, however, far easier to pollute than to clean. A true knowledge of what the air really is, and effective action against the forces for pollution (whatever they may be), is what is really needed, even if this forces us to change our models of socioeconomic development. The reality of the family seems to find itself today in a similar situation. As a result, in relation to the state, the law and society, the family must ensure that it is recognized for what it really is. At the same time it must fight against those forces which contaminate it, beginning with the enemies within.

It is easy to understand that because of the very special association of deep human realities which takes place within the reality of the family, the family has a special responsibility and a special task with regard to the protection which is due to life from the moment of conception. In this sense, and upon the basis of the above reflections on the being and the functions of the family, a favorable attitude most emphatically could not be adopted towards the promotion of contraception, sterilization, abortion, the exploitation or experimental manipulation of the human embryo, or non-therapeutic intrusions into genetic inheritance. All these things are a violation of the fundamental right to life, of which, indeed, the family feels itself to be the principal sanctuary.

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P. JOSÉ L. REDRADO

Death: The Teaching Chair of Life

The subject I will talk about– " Death: the Teaching Chair of Life "–contains an incalculable richness. It is like a great wood which covers so large an area that one does not know where to begin So as not to get lost, I have chosen to tackle the question in four stages which deal with the great points, the heart, and the essential content of this very important subject. They are:

* Death, like birth, belongs to life.

* From fear of death to sister death.

* Death, the teaching chair of life.

* Life changes, it does not end.

I. Death Belongs to Life

" Death, like birth, is a part of life. When one walks along one picks one's feet up, but one also places them on the ground " (Tagore, Uccelli Migranti).

Life is what is important. One is born to live. Death is only a bridge between two sides of a river. For this reason it belongs to the path we tread, to our life. Only he who has experienced life knows what death is Only he who lives with his hands full can die a death full of life. Only he who knows how to live, who has dominated life, who has guided it, who has lived it, who has experienced it, is really capable of integrating, dominating, experiencing and living death.

Our instincts lead us to life not death. Hence the worries and concerns of humanity and all the attempts by medicine to accompany, protect and give quality to life from the very moment if its birth.[1] It is this instinct to life which leads Unamuno to exclaim:

" No, I do not want to die I do not want to die and I do not want to want to die. I want to live for ever, always, and I want to live, this I that I am, and which I feel that I am, here and now "[2]

The great task of man in this world is life. Life is a precious pearl, the hidden treasure which we must make bear fruit Life is beautiful, uplifting, but we must strive to live life to the full. We must fall in love with life. Life is no carnival. It is a journey towards maturity. It is a time of sowing and of pruning, of renunciation and of hope

I believe in life and for this reason I love it. I love life which is born, which grows, which ripens, life which is elderly, " old life." Life infused with happiness and hope, disappointments and surprises I love life even though, at times, it is melancholy, difficult, sick, or a life that is dying. I love this life, this great good fortune, and as is the case with every good fortune the important thing is not to keep it but to know how to steward it.

To live is like being constantly born. For this reason, if death belongs to life, it will be the final birth, the last halting place, the " last option," the last opportunity of life. If life is a continual apprenticeship, then we must learn how to know to die. We must not live in constant fear of death but we must recognize and live out the fact that we are mortal. A Chinese proverb declares:

" There is a death as heavy as a mountain, there is a death as light as a feather "

To live is to be engaged in a process of dying. " Time lived is a speck given to life, and time daily shortens what remains of life " (St. Augustine, *The City of God*). Only man knows that he has to die.

" I have to die. But nothing dies,
because nothing has faith enough
to die.
The day does not die,
it passes;
a rose does not die,
it fades;
the sun sets,
it does not die
Only I, who have touched
the sun, the rose, the day,
and have believed,
only I am able to die."[3]

A Spanish poet, Pemán, expresses himself in the following way:

" He who does not know how to die when he is alive, is empty and mad The way we live is by dying a little every year. To live is to prepare the soul so that life is dead to pleasure and this world. In this way, when death comes, the soul will have little left to do."[4]

Another Spanish poet, the Catalan Joan Maragall, declares in her spiritual poem:

" And when that hour comes when these eyes of man close, open

me, Lord, other greater eyes, so that I may contemplate your great countenance. Let death be for me a greater birth."

I would like to conclude this first part of my paper with a reference to the Sacred Scriptures. In Biblical thought, life is linked to God. Life is the breath of God (*Gen* 2:7), and when breath is absent death arrives. For this reason, life is not only a length of time. It is health, well-being, happiness, all those works of good which in the Old Testament will be God's gift to his chosen people. The New Testament presents life as transitory, limited and provisional (*1 Cor* 15:19, *1 Tim* 4:8). Life is of the flesh (*Gal* 2:20) and its end is death (*Phil* 1:20). Life manifests itself in its fullness only in Christ:

"I am the resurrection and the life" (*Jn* 11:25). "And I will put my spirit within you, and you shall live" (*Ezk* 37:14).

"I came that they may have life" (*Jn* 10:10).

"he who believes in me, though he die, yet shall he live" (*Jn* 11:25).

Only He, who is the life, can say: I have vanquished death. Death was vanquished by life.

II. From Fear of Death to Sister Death

We may detect, as a part of the cultural crisis of modern man, the crisis of death within our society. We may detect a social rejection of death, a social ignorance. Today death is accompanied by silence, by deceit, by being hidden, by loneliness. Death is isolated, it cannot be talked about. It is a taboo; there is a pornography of death.

Today death has special *places*. There is no space for it at home or in the family. Death is in the streets, in the hospital, in hospices. In addition, death has a special *language*. It is no longer "death," but disappearance, ceasing to exist, the loss of a loved one. We distance the word death. It is in bad taste, it is an uncomfortable presence.

Today death has lost solemnity. The dead person is no longer carried shoulder high as was once the case, in solemn fashion, by the nearest members of his family, and in honor. The dead person is carried away by unknown people, by functionaries, without solemnity, and at times in a cold, cold fashion.

Pascal gave a fitting description of this modern vision of death in two of his thoughts:

"However fine the comedy may be, the last act is always lacerating. In the end a little earth is thrown on the head and it finishes for ever."

"Men do not know how to heal death, misery, and ignorance, so they decide, in the interests of their own happiness, not to think about such things"[5]

Here, when everything is taken into account, we are dealing with the negation of death, of fear of death. This is because our lives are based upon fear, on war, and on violence. Elizabeth Kübler-Ross observed: "If you base your life on fear, you will finish it in fear."[6]

We have divorced life from death and vice versa. We distance ourselves from mother nature and grow without thinking that birth and death are a part of life. An upbringing which has such contrary ways of doing things is difficult. The child should learn about death in the same way as he learns his native tongue as a normal experience, without traumas and without fear. How can he do this if death is deprived of its key moments–birth, suffering and death?

This culture of fear, of distancing and silence, must be converted into nearness: from a conception of death as an enemy to a conception of sister death. This is what St Francis of Assisi expounded in his Song of the Creatures:

"Praised be the Lord for this our physical death, from which no living man can escape. Woe to those who die in mortal sin, blessed are those who will find in Your most holy will that a second death causes them no harm."

"Death is not an enemy but a sister for he who behind her profile sees the shape of the face of Christ." A famous, and sadly bitter, verse of Pavese, contains the words: "Death will come and it will have your eyes." For Francis and for many good men death comes and its eyes are the sweet and loving eyes of Christ. "You are all our sweetness, You are our eternal life," as Francis would have sung one time."[7]

"Do not be afraid of death. Accept it, from now and henceforth, with generosity when God wants, as God wants, where God wants. Do not doubt, the moment will come, in the best place and way sent by God your Father. Welcome, our sister death."[8]

III. Death, the Teaching Chair of Life

It is foolish not to think of death. To pass years and years, part of existence, distancing death, even though knowing at the same time that it is certain, that it will come when we least expect it, in a perhaps unfrequented place, amounts to putting life to sleep, to wasting it, to depriving it of meaning.

" If death did not exist, it would be impossible to think seriously Man would be condemned to thinking about meaningless things."[9] *Plato rightly called philosophy meditation on death. Philosophers, I would say, are those who reflect upon death. Plato says " It is a mystery to everyone. The man who dedicates himself completely to philosophy wishes only to prepare himself for death."*[10]

Sooner or later death will come. Let it be God's will that it does not arrive as in the case of the miser, at whom God shouted: " Fool! This night your soul is required of you; and the things you have prepared, whose will they be "? (*Lk* 12:20). Let it be God's will that it arrives like the fruit of a memory, a meditation, a conviction that we are mortal: *Memento mori*: remember that you have to die! Or the words of Genesis: " You are dust and to dust you shall return " (*Gn* 3:19).

We must learn to see death as being close at hand. It is true that it is a difficult ally but we should not see it as an enemy. We must see it as a teaching chair of life, as teaching, as a university where one learns to live, as an art by which to live in peace, in equilibrium, as an art by which to risk. To various groups of professional health care workers I have posed the question: Why is death the teaching chair of life? I have received very many written replies, and I have tried to summarize them in the following way: death is the teaching chair of life:

1. *Because It Teaches Us to Give Value to Things in Their Real Perspective*:

The experience of death belongs to daily life because in nature–of which man is himself a part–there is constant dying, and in a thousand ways. An acceptance of death is necessary to personal growth. In this sense an awareness of death reveals to us that

If physical death destroys us, the fact of accepting it saves us and encourages us to live.

We are finite and it shows us the fleetingness of everything of this world: just as one is born, so one must die.

The temporary quality of life and its relativity demonstrate at the same time its importance.

In death there is the key to the real and the illusory in human living.

Awareness of its reality directs us towards knowing how to live.

Time, glory, the concerns of this life and the importance we give to them, lose their substance and appear in all their transitoriness.

Furthermore, the idea of death

Implicitly explains the reason for the presence of man on the earth.

It distances us from ordinary worries and imparts a depth to life, a vivacity and a perspective which are completely different.

It makes us understand that life is a gift and that the way in which we live life helps us to face up to death when it arrives, that is, that we die as we have lived.

2. *Because It Places Us in Contact with the Hope of a Life Which Transcends*:

When death approaches, the individual finds himself in the final moment when all masks fall and when he appears in all his inner truth.

It places the person in front of the mystery of his own destiny.

It places him naked in front of what he really is, in both his good and his bad sides.

It is the great final challenge which enables him to discover the key to having lived authentically and to perceive the culminating moment of having lived out the deepest values.

And, just as we begin to live at birth, so at the moment of death we begin to be born. The arrival of death

Is a liberation of authentic life because with it we are born into eternal life.

It is a liberation of this earth for an eternal pleasure.

If one lives with a transcendental sense of things and if the person feels himself a son of God then he can feel happy because the believer believes that he is to find authentic life with Him, the doors to whom are always opened by death.

3. *Because It Makes Us More Sensitive to Spiritual and Human Values*:

The ever-present possibility of death renders love for life more real and teaches us to know how to appreciate it.

Given that it can arrive when we least expect it, we must be always prepared to welcome it.

It acts as a catalyst which can make the individual advance from a condition of being to another, higher condition. From a state of uncertainty as to how things are to another of admiration for the fact that they exist.

From the key to the real and the illusory to the key to human living.

The approach of death gives, first and foremost, greater sensitivity, especially in the spiritual realm, and

represents the culminating moment of the deepest values.

It is the key moment when everybody learns in the same way to distinguish between " being " and " having "

It calls us to enter more deeply into the eternal realities of God.

It teaches us to divest ourselves of everything which binds us and prepares us to live with God.

It places us in front of the good that we have done during our lives and the evil that we have committed because we repent of what we have done.

It places the person in front of the mystery of his own destiny.

It is the highest point of life when the teaching chair of humility and our authentic reality are revealed.

An awareness of its reality.

Teaches us to live out the present to the full.

Makes us appreciate life in a special way.

Nourishes hope in a life which transcends this world's journey.

Among the answers I received, all of which were full of ideas and feeling, I would like to emphasize the thoughts of Professor Quattrochi, expressed from the Fatebenefratelli hospital on the Isola Tiberina:

" Above all, death can teach us a feeling of the unpaid for, and limited, quality of the fact of living. Life is a gift received without investments or personal worthiness, but by its very nature it has a limit–it is mortal.

" Death teaches us to develop our possibilities, our talents and our faculties to the full so that the more we apply our ability to understand and to interpret, the more we will be certain that we can understand the ineluctability of death. In reflecting on the certainty that we must die, we see suffering as an exercise by which to develop a more serene acceptance of death within ourselves.

" Seeing the physical life of man as a path already taken towards glory can constitute an ideal moral model by which to approach death. If through death life changes but does not leave us, this means that man has the chance, in Christ, to live out the present as an exercise in permanent resurrection.

" Remembering death or thinking about death is an action of self-affirmation which leads us to our limits and ' convinces ' us to act according to good rules. Death is also poetry if one thinks of peace of the soul. An overcoming of the fear of death means to live as wise men "

A female student of the second course for nurses expresses her ideas in the following way:

' Yes, death, any death, is a teaching chair which teaches with a language as mute as it is profound, which overcomes every barrier, every negation.

" And man, full of life, who does not ' know ' that he is living, finds himself in a dark tunnel and regains his ancient memory.

Powerlessness in the face of such a radical event makes him feel annihilated, disorientated, finished, afraid and weak; in his deepest being, there emerges only a sigh: why?

He would like to sleep, but he stays awake; he would like to forget, but he can't, he would like to find the answer to his " why," but he is unable to.

" And he remains in the tunnel and feels that he is suffocating.

" And while he lives death, behold sweetly, silently, unexpectedly,

" he finds that he discovers the warmth of a hand holding his;

" he finds that he is in wonder, he stops to watch the sun at dawn;

" he watches himself working and without realizing it,

" he finds meaning in these daily tasks carried out for years

He cries and he feels that he is not alone.

" And while a distant light points out a goal,

" while dying, he experiences the fullness of living

" and 'knows' that he is MAN "

Roberta Mauti

I will finish with the words of a poet and prophet of our time, Father David Maria Turoldo. These words are the expression of the greatness of death:

" Indeed return/ my old love/ or death as in absolute time/ in the days of fire/ of youth./ Through your eyes/ I delight in looking/ and for long hours we converse/ on what is of most value/ in my friar's cell,/ from this frontier on the world:/ you on the empty chair/ I on the other part of the bench/ to prepare the days/ of the great battle./ Come and sit again/ but in friendship, that now/ I do not have accounts to settle/ nor proud projects I advance:/ it seems to me that I have paid many debts/ I have believed with blood,/ I have made my costly choices,/ the column of my incomings/ is perhaps equal to my outgoings,/ and the zero is the final sum/ good it is therefore/ to have arrived/ at this line/ of extreme poverty."[11]

IV. Vita Mutatur, No Tollitur (Life Changes; It Does Not End)

" In Christ your child, our savior shines to us the hope of blessed resurrection, and if we are made sad by the certainty that we must die, we are consoled by the promise of an immortal future.

" To your faithful, Oh Lord, life is not taken away, but transformed; and while the dwelling of this earthly exile is destroyed, an eternal home is prepared in heaven."

(Preface for the Dead, I)

"' There is a time to live and a time to die ' (Qo). But for you, on the contrary, the moment of death was the moment of birth. A single time has achieved the two things and with your death there was your birth "

(From the *Jerusalem Catechesis, Mystagogics)*

Christ was really resurrected. Death was transformed by Christ. It was transformed into victory (*1 Cor* 15:55). Death was transformed into Easter: it is not a wall but a door, a passage, a Red Sea " The world or life or death or the present or the future, all are yours " (*1 Cor* 3:22). " Yesterday I died with Christ, today I was quickened with him; yesterday I was buried with him; today I was brought back to life " (St. Gregory the Nazianzene, *PG* 36, 397)

And St. Ambrose wrote:

" Death is a universal passage. It should be passed through with valor In addition, this passage is from corruption to incorruptibility, from death to immortality, from worry to peace. Do not be frightened by the name of death, but be happy at the gains that this passage bestows " (De Bono Mortis, 4:15)

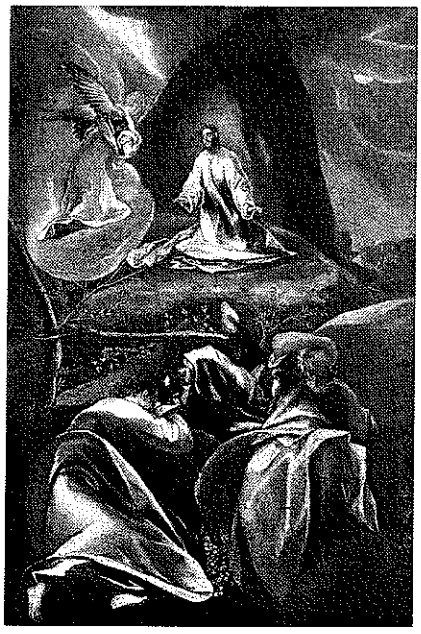
The resurrection is the center of the Christian faith. St. Paul declares: " if Christ has not been raised, your faith is futile and you are still in your sins " (*1 Cor* 15:17). But Christ resurrected from the dead is the starting point for the resurrection of all those who are dead. And it is from this faith in resurrection that the Christian vision of life and its destiny is born. Man is destined for life eternal. For this reason, " the Christian dimension of death is life "[12]

From here also springs the Christian vision of ethics: as the behavior of men freed from the slavery of sin and resurrected, open to a vision of life which has no end. Our daily lives must take on the dimensions of the new

" The resurrection of Christ is always a creative and life-giving act.... It is the most revolutionary action of history.... For this reason, from the resurrection of Christ must be born another history, another kind of humanity, and another kind of glory. I do not know if the Church and all Christians really believe that Christ was brought back to life. Because if we really believed it, everything would be different:

the relationship between man and man;

politics, the economy;



situations, ways of thinking, ways of living....

Everything should be different because he was brought back to life, because he is the resurrection."[13]

I know an old man who did not want to die; his name was Simeon. He wanted to see the Messiah, the Savior, the Life. But after meeting him in the temple he put himself in the hands of God: " Nunc dimittis ": Lord, now let thy servant depart in peace, according to thy word " (*Lk* 2:29). This is serene death, the death of the just. This kind of death is aimed for, a death full of life, like that of the Apostle: " For I am already on the point of being sacrificed; the time of my departure has come. I have fought the good fight, I have finished the race, I have kept the faith " (*2 Tim* 4:6) " Nunc dimittis ": " Lord, now let thy servant depart in peace, according to thy word " (*Lk* 2:29).

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

[1] Cf. Cardinal FIORENZO ANGELI, " La medicina è per la vita," in *Quel soffio sulla creta* Tipografia Poliglotta Vaticana, 1990, pp. 18-35.

[2] MIGUEL DE UNAMUNO, *Ensayos*, II, p. 770.

[3] JOSÉ ANGEL VALENTE, " A modo de esperenza."

[4] JOSÉ MARIA PEMÁN, *Cisneros*, Acto III.

[5] Quoted in " Compendio di semantica del dolore," second part, " la parola morte " (published by the Institute for the Study and Treatment of Pain, Florence 1994).

[6] Cf. *Labor Hostitalaria* n. 225-226/1992

[7] GIANFRANCO RAVESI, " Sorella morte," in *L'Avvenire* 3 Octobre 1993.

[8] Blessed JOSÉ MARIA ESCRIVA de Balaguer, *Camino*, 739.

[9] STANISLAW GRYGIEL, " Morire oggi " in *L'assistenza al morente*. Vita e pensiero, Milan 1994.

[10] Cf. Fedone 64a.

[11] Cf. SILVANO BURGALASSI, " Rimozione della morte e desiderio di immortalità," in *L'assistenza al morente* Vita e Pensiero, Milan 1994.

[12] Cf. Cardinal FIORENZO ANGELINI, " La asistencia al moribundo," in *Dolentium Hominum*, n. 21/1992, pp. 58-62.

[13] DAVID MARIA TUROLDO, from " Dialogo tra il cielo e la terra," Piemme.

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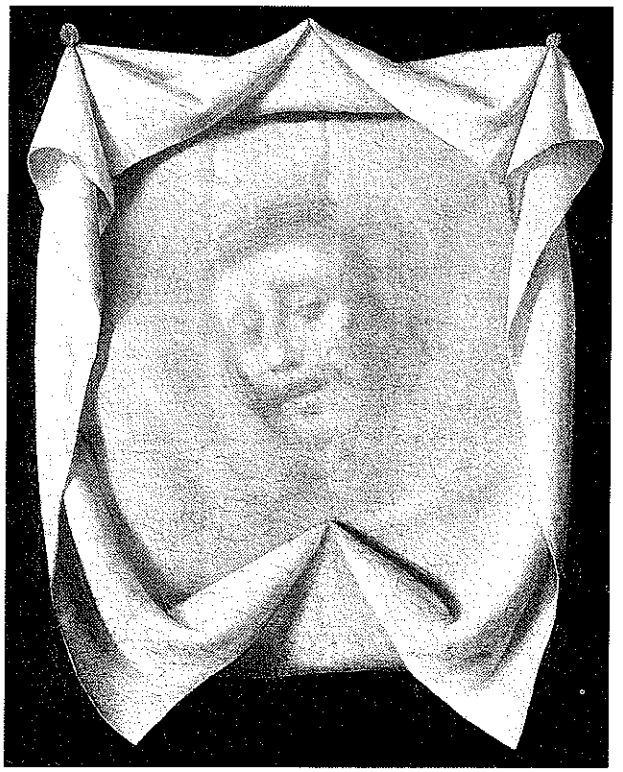


DIMITRI SALACHAS

The Defense of Life in the Canons of the Eastern Church

The fact that the canonical norms of the Eastern Church of the first seven centuries AD were rigid in their opposition to contraception and abortion well demonstrates the extent to which early Christianity was firm in its intention to defend and serve life from the moment of life's presence and appearance. It should, however, also be pointed out that the Greek Fathers held medical science in high regard: it stressed the need for the action of grace in the treatment of the soul and the body but at the same time never denied the value and utility of medical science. Indeed, it paid full attention to contemporary scientific discovery and the role of such discovery in the practice of the medical profession, relying upon the opinion of the doctor in permitting the suspension of certain canonical norms. Fasting, for example, was not imposed in the case of those who were forbidden to fast because they were suffering from malaria.[1] The first Council of Nicea in 325 made clear in its first canon that mutilation of the body was permitted when surgical operation was required because of the presence of malaria.[2]

The canonical tradition of the ancient Eastern Church was based upon the approach of the Bible–the notion of life is that expressed in the sacred texts. The high-point of Christian anthropology is the statement that " man is made in the image and likeness of God " From the beginnings of Revelation the Lord God created " man in our image, after our likeness " (*Genesis* 1:26) and made him both male and female (*Genesis* 1:27). He gave the human couple all that was needed for their existence and gave them his blessing: " Be fruitful and multiply, and fill the earth " (*Genesis* 1, 28). In addition to this He linked married life and the generation of children to divine life itself: the Breath from the divine Heart is breathed into man created from the dust from the ground (*Genesis* 2, 7) The history of salvation, therefore, is the story of man modelled upon divine Life itself: man is endowed with fertility, with love and with wise intelligence. The founding principle of this history is inescapable and clear: the being and acting of the human couple on earth reflects the being and acting of the Lord God himself in " heaven," in the divine sphere.

In the " genealogies " on the Old Testament God is at man's side at all times, and blesses the life and inheritance of the Patriarchs. The phenomenon becomes of the very greatest moment in the " genealogies " which take up nine chapters of the first book of the Chronicles (*1 Chronicles* 1-9). In this way the descendants of Abraham are presented as the expression of divine blessing. The New Testament, when it outlines the genealogy of Christ, gives a picture of the " theology of history," which is in fact the theology of life.[3] No moment, no man, and no icon of God fails to be covered by the " divine register of births and deaths ": God is always rich in gifts, and the first gift of all is life. The New Testament, like the Old Testament, stresses and insists upon the joy of life. It is by no means a coincidence that death is considered the " first enemy " of God (*1 Corinthians* 15:26). Divine victory over evil (whether this finds physical or moral expression), over the Malign, over Hell and over Death, is the victory of eternal Life which through the Holy Spirit is bestowed upon man–man, it may be remembered, being the image and likeness of God. The Old Testament envisages a divine marriage between God and his people, and this is expressed in a clear cluster of phenomena: many children are to be born to God so that Christ may be the first amongst many brothers and sisters (*Romans* 8:28-30). The matrimonial union of the human couple, a reality much dwelt upon and exalted by the Old Testament, is now raised to the dignity of a great sacramental mystery–the perfect creative union between Christ and the Church (*Ephesians* 5:20-33).

In ancient times the Christian East found itself in a context profoundly shaped by pagan religious beliefs and a philosophical culture which nearly always produced a pessimistic outlook on the world and things in general. It reacted against all this by emphasizing and stressing the celebration of life. In the gnostic, medioplatonic and platonic system there was a downgrading of human life and an excessive evaluation of the soul and the divine element The catechesis of the founding fathers of the Church laid stress upon life and upon the physical aspect of life. The body was sacred because it was the temple of the soul They believed that the flesh was of vital importance to salvation: the flesh is baptized, anointed with celestial charism and nourished by the eucharistic communion in order to obtain eternal

life. The human body rises again after death here on earth, in conjunction with the soul, to achieve immortality.

Contraception in the Ancient Oriental Canons

The Eastern Church expressed categorical opposition to contraception and to those elements of Greco-Roman culture which favoured it. This was notwithstanding the fact that the use of contraception to prevent pregnancy, which took a whole variety of forms, was very widespread during the centuries of early Christianity. Indeed, the ancient fathers had a good knowledge of the Greek medicine of that epoch. This branch of knowledge of the ancient world, even though rather limited and flawed in its overall vision of the realities of reproductive life, had some familiarity with abortion and some ideas about how contraception could prevent the fertilization of the ovule by the sperm both before and after the sexual act.[4] It should also be stressed that at that stage there was no clear distinction made within medical science between contraceptive methods and techniques of abortion. This is borne out by a document which survives to us written in the first part of the second century AD by the famous gynecologist Soranus of Ephesus (98-138). He makes a distinction between ἀτοκιον and φθόριον: –the first prevents conception and the second removes the embryo or foetus.[5]

The same uncertainty concerning the concept of implicit or explicit contraception is to be found in the Greek Fathers–there is the same question of whether contraception or abortion is being referred to.[6] Two texts of John Chrysostom (344-407) are of importance here and they should probably be understood as having an anti-contraception intent. In the first text he speaks of those who have not killed unborn children but have prevented their birth (*sed etiam ne nascerentur efficientes*).[7] In the second he refers to those who " prevent the birth " of children and in so doing " offend God and his laws."[8] The prevention of birth is held to be different from killing the embryo or foetus. When Cyril of Alexandria[9] (born 444) discussed the sin of Onan he made clear that the latter had " violated the law of procreation "[10] Onan did not want to have a child by his dead brother's widow and every time he lay with her he ensured that his seed fell to the ground. The dispersion or destruction of seed during sexual union involves the prevention of fertilization. Indeed, the Greek fathers believed that procreation was the purpose of sexual union and that marriage was itself directed towards procreation. For this reason they ruled out the use of sex outside these parameters and prohibited everything which prevented conception or which interrupted pregnancy.[11]

The most important canonical norm to deal with the divine order and its relation to sexuality in a very explicit fashion is the first canon of St. Athanasius (229-373), the bishop of Alexandria. In a letter to the monk Ammun, St. Athanasius employs the notion of involuntary pollution. The salient features of this canon are the following:

* all God's works and good and pure because God has not created anything that is useless or impure;

* involuntary pollution does not involve any moral disorder at all, and therefore does not require canonical punishment;

* medicine teaches us that involuntary pollution is one of the laws of nature.

Voluntary pollution, on the other hand, is a moral disorder. The sexual organs were created by God to be used with a very specific function in mind. God established the legitimate use of the sexual organs when he gave the commandment " Be fruitful and multiply, and fill the earth " (*Genesis* 1:28). Paul continued the idea when he wrote: " Let marriage be held in honor among all, and let the marriage bed be undefiled " (*Hebrews* 13:4). Public opinion, however, accepts the adulterous or hidden use of sexuality.

" Blessed is he who frees his youth from servitude to pleasures of the flesh and *uses nature for procreation*. If, however, he uses nature for lust he will be punished in the same way as the adulterers and fornicators are punished, as, indeed, the Apostle makes clear (cf. *Hebrews* 13, 4). There are two paths to be trodden in this life: one is more accessible and more in line with ordinary life, and here I am referring to marriage; the other is of the angels and is insuperable, and here I am referring to virginity. If someone has chosen the path of this world–that is, marriage–he is not to incur rebuke."

It is clear from this canon of St. Athanasius, therefore, that God has applied laws to the use of the sexual organs for a precise purpose, a purpose which constitutes the sole legitimate purpose–that is, procreation and marriage. It implicitly follows, therefore, that any means which impedes the fulfillment of these two ends is unacceptable within the order of the creation because they would be contrary to the divine law of life.

This duality in the purpose of the sexual organs–which is determined and dictated by the very nature of man (born both male and female)–is also evident when one reads the ancient rules about eunuchs. The twenty-first canon of the Apostles does not condemn a man who has become a eunuch because of the criminal action of others, or because he was a victim during a period of persecution, or because he was born in this condition. On the other hand canons 22, 23 and 24 condemn voluntary eunuchs because they are " murderers of themselves " and " enemies of the creation of God." They are deemed to " hate their own lives " and to be " their own aggressors." The first canon of the first ecumenical council of Nicea (325) has the same approach. Centuries later, the eighth canon of the council of Constantinople (861) deemed the voluntary eunuch as a person who attacks the creation and is himself an injury to the creation.

Abortion in the Ancient Eastern Canons[12]

The rules of the ancient Eastern Church are very clear with regard to abortion, and it is condemned as an attack upon life. The Didache (Doctrine of the twelve Apostles) which was formulated at the beginning of the second century is the oldest Christian document to have a reference to abortion which has come down to us. Abortion is referred to at two points ":You must not cause the death of your child by abortion (οὐ φονεύσεις τέκνον ἐν φθορᾷ) nor must you kill it when it is newly born " (2.2) [13] The second reference talks of those who " recognize their creator but kill their children. They engage in abortion to kill a creature of God (φονεῖς τέκνων, φθορεῖς πλάσματος Θεοῦ)... " (5.2.) The noun "φθορεις" is commonly understood to refer to the practitioners of abortion.

Even though the texts are not clear commentators believe that the texts at this point are talking about abortion. Athenagoras the apologist in his work *In Defence of Christians* (177) sought to answer the charges of pagans who falsely asserted that Christians killed and ate children: " How can such a charge be true when we maintain that women who engage in abortion with a variety of methods are in fact murderers "[14] Tertullian (who died after the year 222 AD) is even clearer on this question. He made clear that the interruption of a pregnancy is an act of murder, stressing that " man is also future man." He went on to say that " the fruit of the maternal womb is man from the moment at which he is fully formed."[15] Christianity, therefore, expressed its opposition to the practice of abortion from the very beginnings of ecclesial organization, and in so doing it went against the ideas and customs of the Greco-Roman world. This opposition was clearly stated in the writings of the second and third centuries. However, it should be made clear that the Fathers of the Church did not condemn abortion when in the opinion of medical practice of the time such a step was necessary in order to save the life of the mother. Tertullian thus observes that " if the position of the foetus within the womb means that giving birth is impossible and if the child is not killed then matricide takes place."[16] Despite the concerns and doubts that such an approach may engender, the canonical sources contrary to abortion are generally explicit on the subject, as is made clear in the West (Spain), the Council of Elvira (c. 300) canons 63 and 68; in the East, the Synod of Ancyra (313-314) canon 21; the Council of Trullo (691-692) canon 91; St. Basil, canons 2 and 8. Imperial Byzantine legislation expressed the same approach as these canons. The prohibition of abortion is based upon ideas regarding the soul and its formation, or, more explicitly, the personality of the human embryo.

The sixty-third canon of Elvira states that if a woman has committed adultery while her husband is away and after conceiving has killed the fruit of her womb, then she is to be deprived of holy communion even on her death bed, because she has committed a double crime."[17] The sixty-eighth canon of Elvira states that if the woman who commits such an offence is a catechumen then she is to be baptized only when she is about to die.[18]

The twenty-first canon of the Synod of Ancyra (313-314) deals with the subject of abortion in explicit fashion: " *Women who engage in fornication and then kill their newborn children or take substances to kill the embryo are–following a previous ruling–to be excluded from holy communion until their deaths But it is our intention to moderate this punishment and we decree that such women are to perform ten years of penance along lines to be established by the sentence* "[19]

The previous ruling to which the canon makes reference is not made clear–we do not know if it was made by a council or by a local synod. But it constitutes an affirmation of the fact that in the early centuries of the Church Christians deemed abortion murder: it was already common practice for women who engaged in abortion to be excommunicated for life. The Synod of Ancyra provided for a lighter punishment–namely, the barring of such guilty women from holy communion for ten years, organized in a way suitable to their crime. The canon only refers to women who engage in prostitution and who kill their newborn children or bring about abortion prior to birth. The canon deals with the most commonly encountered case, but this does not mean that in other cases (those which have nothing to do with prostitution) the woman who engages in abortion remains unpunished.

It should be observed that the Synod of Ancyra, although it deems abortion a form of murder, does not impose the same punishments for abortion that it applies for voluntary murder (canon 22: excommunication for life). The same is true in the case of involuntary murder (canon 23: five years of excommunication). The reason for the lighter punishment and the differences in penance for the crimes of abortion and voluntary murder is to be located in a simple fact: reference is being made only to women who engage in abortion after fornication or prostitution. Women who engage in abortion in other normal circumstances are subjected to the punishments meted out in the case of voluntary murder. It seems that the Synod of Ancyra pays attention to the outer context of the crime, to the mitigating circumstances which often accompany the crime, and (finally) to the lower level of social damage generally caused by the killing of young beings through abortion and the murder of an adult.[20] " It is clear that the Fathers of the Synod of Ancyra felt the need to tackle the case of one particular category of people (women who become pregnant " because of fornication ") because they thought that mitigating consequences were at work in a way that was different from the case of simple voluntary murder. Up to that date infanticide or abortion practiced by fornicators had been put on the same level as such murder."[21]

Another directive of importance in this whole area is to be found in the second canon of St. Basil (330-379): " The woman who employs substances to kill the foetus in her womb is guilty of murder. The distinction between a foetus which is already formed and a foetus which is not is not recognized by us (Ἀκριβολογία ἐκμεμορφωμένου καί ἀνεξεικονίστου παρ'ἡμῖν σὐκ ἔστιν). In this instance, the attack is not only perpetrated against the young creature, but also against the life of the mother: women very often die as a result of such attempts at abortion. There is, in addition, therefore, the death of the embryo–a second murder attempted

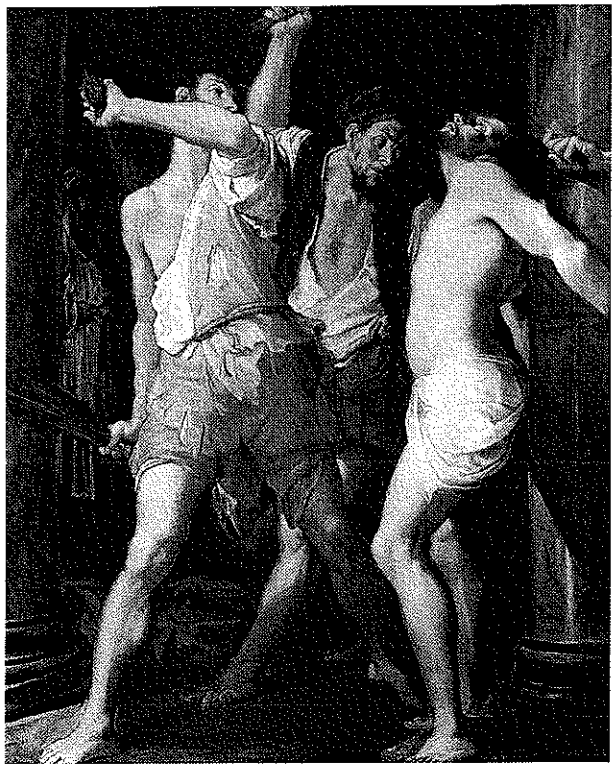
by those women who dare to engage in such a practice. But absolution should not be denied until death. Such women should engage in penitence for ten years, and the character of this penitence should not be simply a question of time but should be closely related to the inner evolving approach and attitudes of such women."[22] The eighth canon of St Basil which deals with the subject of voluntary murder, adds that " those women who produce and supply drugs and substances to induce abortion (ἀμβλωθρίδια φάρμακα) commit murder in the same way as those who take such abortifacients and so kill the embryo (ἐμβρυοκτόνα δηλητήρια) they bear within them [23]

Special attention should be paid to the fact that St. Basil uses very precise Greek medical terminology, and it is of relevance here that St. Basil was himself a theologian and a student of law. The usage of such terminology means that he had a certain familiarity with the medical expertise and knowledge of his time. St. Basil employs the terms " ἀμβλωθρίδια φάρμακα " (abortifacients) which are " ἐμβρυοκτόνα δηλητήρια ": (poisons which kill the ἔμβρυον –i.e. the already conceived foetus). These are clearly distinct from those means and instruments used to deviate the true purpose of sexual union and prevent procreation. In the first instance the already conceived foetus is killed, in the second an attempt is being made to frustrate procreation.

St. Basil also rejected the argument put forward at the time, namely, the distinction between the formed foetus (ἐκμεμορφωμένον) and the unformed foetus (ἀνεξεικόνιστον). This distinction was used to support the argument that abortion in the case of young creatures who had not yet reached human form within the womb was not actually murder. As has already been observed, Tertullian was another authority who maintained that " the fruit in the mother's womb is man from that moment and instance at which it is fully formed."[24]

Roman jurisprudence was dominated by stoic thought and reflected the principle formulated by Ulpian in the Digest: the unborn foetus is not to be considered a man but is a part of the ontological entity which is his mother.[25] The stoics held that the foetus was not a separate entity but was an integral part of the body of the mother. According to this line of thought, the foetus became a man when it began to breathe. Medical ideas of the time maintained that the soul entered the conceived foetus forty days after conception in the case of males, and eighty days after conception in the case of females. Canonical thought was in opposition to these ideas. The sixth canon of the Synod of Neo-Caesarea (314-319) affirms that the baptism of an expectant mother does not involve the baptism of the unborn child: " A pregnant mother can be baptized when such a ceremony is requested. The woman who is to give birth has, as far as this question is concerned, nothing in common with the child she carries within her. This is because each person must express his will through his own individual profession of faith."[26] This statement means and implies that the embryo has already acquired a personality which is distinct and separate from that of his mother.

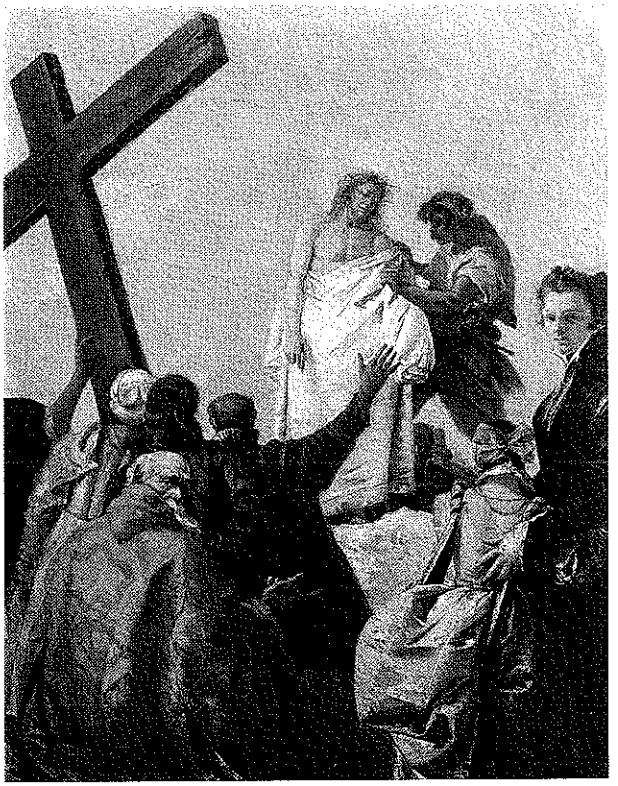
From the texts cited by St. Basil it is not clear why abortion is considered murder. The theological, philosophical, legal and medical question of the " formed " man and the " unformed " man is not dealt with either in the works of St. Basil or in the ancient canonical documents. Instead, the tradition of the time expressed a general judgement which involved a condemnation of abortion as an act of murder. It is obvious that St Basil accepted and based his ideas upon the notion of the impending attribution of a soul to the body of the embryo–an attempt to secure abortion must always be seen as murder and punished as such.[27] In the second century AD and at the begin-



ning of the third century (during the rule of the Emperor Septimus Severus, 195-211), Roman law laid down that punishment for abortion took place not because murder was being committed but because the husband was being deceived and being deprived of his right to have an heir.[28] On the other hand, the use of abortifacients to induce an abortion was deemed murder and punished as such when the death of the mother was thereby provoked –murder was not deemed to have been committed because of the expulsion of the foetus or embryo.[29]

Certain Fathers of the Church dealt with the whole question in a clear and lucid fashion: Clement of Alexandria (150-216), Gregory of Nyssa (335-395), and Maximus the Confessor (580-662). Mention should also be made of John Damascene who died in or about 750. Gregory of Nyssa believed that the soul and the body came into existence at the same time, even though the presence of the soul came to express itself only with the passing of time and the development of the human organism. For this authority, the foetus should not be considered as life at a certain stage of development but as life already "infused with a soul."[30] Clement of Alexandria maintained that the foetus receives the soul at the moment of conception.[31]

Maximus the Confessor denied both Origen's theory of the preexistence of the soul before the body and the theory of the preexistence of the body prior to the soul. This thinker stressed the close connection between Christology and the immediate presence of the soul–that is, if the presence of the soul in the body of the embryo takes place after forty days this would imply that "the Word becomes, at the moment of conception, a man without a soul and that he remains in this condition for forty days," which is plainly absurd.[32] For this reason, Maximus the Confessor continues, from the very outset, and because there is a simultaneous creation and immediate composition of a soul and a body, a person or human hypostasis comes into existence and is formed. John of Damascus supports this doctrine and restates the Christological basis to the doctrine of the immediate presence of a soul. In discussing the conception of the Word made flesh he stresses that "at the moment of becoming flesh there is the presence of the Word of God made flesh. When the flesh becomes infused with a rational and intellectual soul, the Word of God is expressed in intellectual and rational flesh containing a soul."[33]



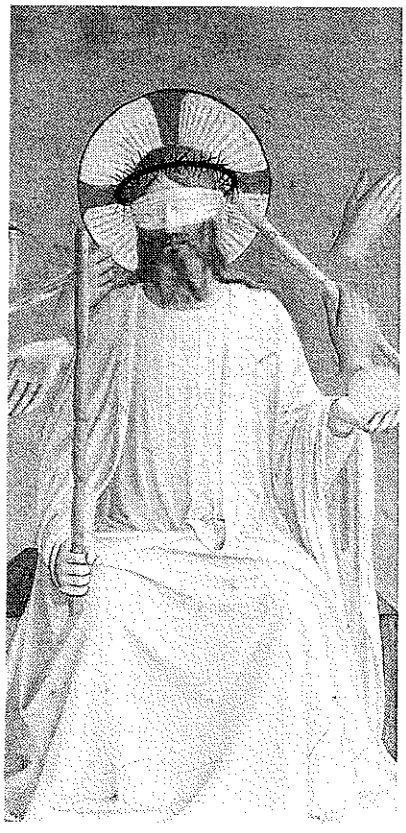
In the two canons of St. Basil cited above, reference is generally being made to women who engage in abortion through the use of abortifacients and to women who produce and supply these "abortion-inducing poisons." These last are deemed accomplices to the crime. St. Basil also distinguishes between abortion and fornication. The action of the woman who uses abortifacients to induce an abortion is seen in a more complicated light. For St. Basil, therefore, whether, on the one hand, the abortion takes place after fornication or prostitution or whether on the other, it is practiced by a married or unmarried woman is of no importance. This means that according to St. Basil's line of thought a clear distinction is to be drawn between the seriousness and gravity of the crime of abortion and the corresponding wickedness of fornication or prostitution. It is also clear that the woman who uses a chemical abortifacient to induce an abortion is committing two crimes at the same time–the killing of the foetus and the putting of her own life in danger. St. Basil, indeed, sees abortion as an attack by the woman upon herself. Both of the transgressions that she perpetrates are punished by the canons. The penance imposed is that established by the twenty-first canon of Ancyra and applies to both the guilty and to accomplices.

At this stage one should ask why St. Basil applies the same penance to abortion as to involuntary mur-

der while seeming to refer to the voluntary character of the inducement of abortion.[34] The fifty-seventh canon of St. Basil establishes a punishment of a ten-year exclusion from holy communion for those who have committed involuntary murder. It is clear that St. Basil wanted to make a distinction between abortion and other examples of deliberate murder, and this is borne out by the fact that women who attempt an abortion receive a lighter condemnation and sentence, whether their intention meets with success or not. It is possible that this difference of approach arose out of a wish to distinguish between the deliberate use of chemical abortifacients and miscarriage caused by external or physical intervention such as excessive work, the lifting of heavy weights, a complicated pregnancy and so forth. This second kind of abortion, which is very clearly involuntary, involves obvious mitigating circumstances when compared to the first kind of abortion, and for this reason the punishment is much less. It also seems that St. Basil wanted to draw a distinction between infanticide caused by abortion and the murder of adults. Whatever the case may be, " from the Council of Ancyra onwards abortion, with regard to the question of penitence, was never put on the same footing as deliberate murder. It was treated much more on a par with involuntary murder. At the same time one notices how there was a movement towards an ever more lenient treatment on the part of the canons of the Church."[35]

Some centuries later the Council of Trullo (Quinisext, 691-692) returned to the subject of abortion. This Council deemed fit to legislate, as it were, on the question of abortion, even though in its second canon it bestowed an ecumenical character on the canons of the synods and of the holy Fathers of the Church (and thus also on canon 21 of Ancyra and canons 2 and 8 of St. Basil). Canon ninety-one of the Council of Trullo laid down the following: " Women who supply chemical abortifacients (ἀμβλωθρίδια φάρμακα) and those who accept these poisons which are capable of killing embryos (ἐμβρυοκτόνα δηλητήρια), are to receive the punishment reserved for murder " With regard to responsibility or imputability " the canon does not state clearly whether abortion is to be considered voluntary or involuntary murder. However commentators agree that in these statement is to be found an echo of what is present in the second and eighth canons of St. Basil. For this reason the penance prescribed is probably that to be followed in the case of involuntary murder."[36] From the tone of the canon it appears that the canonical crime here being referred to involves only the act of supplying, and the actual use of, chemical abortifacients–the actual effects of such abortifacients and the circumstances of the people involved are not of deemed to be of consequence or importance.

A series of other penal canon laws deal with the question of women who neglect their children. For example, canon 52 of St. Basil declares that " A woman who has given birth during a journey and deliberately allows her newly born child to die even though she could have saved it is to be considered guilty of murder But if the contrary is the case, and if she could have done nothing to help the child who died for lack of care, then the mother is to be considered blameless."



The Liturgical Tradition

In the Byzantine liturgical tradition the ceremony of marriage coronation contains a number of blessings and is full of meaning: the married couple are wished long life, mutual faithfulness, many children–in a word the " blessing of Abraham," something which evokes the whole history of salvation. The " coronation " or exchange of crowns, accompanied by a chanting of the psalms, symbolizes the high point of life–that is, the exchange of life which takes place between the married couple who are now united in Christ and in the Church.

Another rite, of especial interest and impact, is performed for the mother who has recently given birth to her child. This takes place on the first, eighth and fortieth day after the child came into this world. Three prayers are recited by the mother and they convey the penitential character of the birth in relation to the mother herself Indeed, it should be pointed out that the Eastern Fathers and the liturgical and canonical traditions of the Eastern Church have always seen menstruation and the actual birth itself as an " impurity," something which required the purification of the woman by means of a special prayer of the Church before she could be re-admitted to the holy communion. Apart from this expression of residual elements of the Jewish formalism of the Old Testament, these prayers, in essence, express and emphasize the sacred character of the giving of birth

The first prayer calls upon the Lord to keep the mother from every evil and all harm and to take care of her and her baby so that her life can be fulfilled. The mediation of the life of the Virgin, the Holy

Mother of God, is also invoked to this end. The second prayer calls upon Christ, the child of the Virgin; the child who was laid in the manger and was held at her breast, who came into the world to forgive sins. Christ is called upon to defend the mother against diabolical works and intrusion and to protect the child from all forms of evil, wickedness and violence, during both day and night. The prayer also asks that the mother be blessed with normal conditions of life and living, in both body and spirit; that she be delivered from all danger, and that in the humility of her situation she be given the strength to carry out her maternal vocation; and by all these means she can thus offer her child to the Lord, in church, so as to glorify the divine Name in gratitude for this great gift of life.

The third prayer invokes the name of the Lord, who saw fit to become a child and to be born of the Virgin, the Lord who wanted to endure all the weaknesses of the human condition. Christ is called upon to bestow his grace upon this servant of his, the mother, who has today given life to a future son of God, that God who called upon man to go forth and multiply and today, in our time, listens to his servants who invoke the holy Name and ask for the kingdom of heaven. God is asked to accept the giving of forgiveness to the mother, to the home, and to the child, and to all those who offer their help and service at this time.

The Byzantine rite also has a special prayer for the woman who suffers a miscarriage. This prayer is as follows: " Lord God, born of the Virgin Mary, mother of God and always virgin, who was a child in the manger, in your great mercy have pity on this servant of yours (name) who has today sinfully fallen into murder through the voluntary or involuntary expulsion of that person conceived within her, and forgive her voluntary or involuntary guilt. Deliver her from every work of the Devil. Purify her uncleanliness. Heal her suffering. Look down from heaven, Lord, and behold the infirmity of we the condemned, and forgive this servant of yours who has fallen sinfully into murder, voluntarily or involuntarily, by expelling that which was conceived within her. Have pity upon all those who were with her and have touched her, and show your great mercy because you are good, the friend of men "[37] " In liturgical terms, therefore, abortion–and every form of abortion–is murder, whether voluntary or involuntary; and the forgiveness of God must be asked for after every abortion."[38]

The Byzantine Penitential of John the Faster

The penitential attributed to John the Faster, one of the patriarchs (582-585), is dated with a certain probability to the ninth and tenth centuries. It contains two canons, the twenty-first and the twenty-second, which deal with the subject, and these are commented upon by Nicodemus the Agiorite (1749-1809). These are pastoral guidelines which are even more lenient than those presented by St. Basil. The twenty-first canon lays down that " women who deliberately damage the embryo and those who receive or supply abortifacients which cause the premature death of children within the womb are guilty of murder according to the second and eighth canons of St. Basil. We order that these women undergo a penance of five years–or at least three years–exclusion from holy communion."[39] The twenty-second canon dictates that " the woman who loses the child (foetus) through no fault of her own is to be condemned to a one–year exclusion from holy communion "[40] Nicodemus the Agiorite observes that women use these chemical substances in different ways–some eat them or drink them so as to avoid pregnancy, others use them to kill the conceived foetus (a sin of greater magnitude than the first). Others use these abortifacients each month, which is the worst sin of the three. With regard to involuntary abortion, or miscarriage, Nicodemus the Agiorite relates that here one is referring to women who lose the child against their will because of unforeseen circumstances. He calls upon women not to lift heavy weights, especially in the seventh and eighth months of pregnancy, and to avoid anything that might cause them worry. In the same way the husbands of pregnant women must abstain from sexual union, should not hit their wives, should not cause them trial or troubles, because all these things could induce miscarriage. In this way they also would become the killers of their children.[41]

Conclusion

The canonical tradition of the ancient Eastern Church should be seen as leading on from the Bible. In the Greek Fathers and in the Eastern Church norms the concept of life is that of the sacred book. The high-point of Christian anthropology is " man in the image and likeness of God." The history of salvation is thus the history of the life of man exemplified by the divine life itself: man is given fertility, love and wise intelligence. The Christian East in ancient times, operating in a context where philosophical culture and pagan religion inevitably pushed in the direction of pessimism, reacted to this situation and gave great prominence to the celebration of life. The catechesis of the fathers laid great stress upon life and especially upon the physical dimension of life. The " flesh is essential to salvation " they emphasized. The flesh is baptized, is anointed, and is nourished by the holy Eucharist so as to obtain eternal life. The human body rises again to achieve immortality.

The Eastern Church expressed its opposition to the beliefs and notions of ancient Greek and Roman culture and rejected contraception, a practice which was very widespread in the early centuries of Christianity and took a whole variety of forms. The Eastern Fathers had a good knowledge of the Greek medicine of their time, and scientific knowledge in this area, even though rather limited and inaccurate with regard to the mechanisms and character of reproductive life had a certain familiarity with the realities of abortion and miscarriage. At the same time Greek medicine of the epoch knew something about contraception. It should also be pointed out that at the time medical science had only rather vague ideas about the differences

between contraceptive methods and instruments of abortion. The ancient Eastern canons are much more explicit about abortion, which is deemed an attack upon life.

In opposition to the ideas of the ancient Greek-Roman world, Christianity expressed its opposition to the practice of abortion from the very beginnings of Church organization, as is well demonstrated by the writings of the second and third centuries. The canonical sources are very clear on this point and make clear their prohibition of this practice, as is evident from a reading of the Council of Elvira (c. 300), canons 63 and 68; the Council of Ancrya (313-314), canon 21; the Council of Trullo, canon 91; and the second and eighth canons of St. Basil. Byzantine legislation follows the same paths as these canons in its attitude to abortion. The prohibition of this practice is founded upon Christian ideas and doctrines about the soul and its origins–that is, about the character of the embryo, which is an authentic man who has a soul and a body from the very moment of conception.

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[1] Canons of the Apostles (c. 400), canon 69 " If a bishop or a priest or a deacon or a subdeacon or a reader or a singer fails to fast on the first Sunday in Lent, or on Wednesday or on Friday, then he should be removed from office, *unless that is, he is impeded from fasting because of physical illness*. If he is a member of the laity he is to be excommunicated." The *Pedalion* states that ill people are excused the rule of fasting if " the doctor so prescribes." Cf. AGAPIOS-NICODEMOA, *Pedalion* (1800), Athens 1957, p. 95.

[2] Cf. *Conciliorum Oecumenicorum Decreta*, Bologna 1991, p. 6.

[3] *Matthew* 1:1-17; *Luke* 3:23-38.

[4] Cf. K. HOPKING, " Contraception in the Roman Empire," in *Comparative studies in Society and History*, 8, (1965-1966), pp. 124-151; M. T. FONTANILLE, *Avortement et contraception dans la medicine greco-romaine*, Paris 1977; B. PETRA, *Tra cielo e terra–Introduzione alla teologia morale ortodossa contemporanea*, Bologna 1992.

[5] Cf. GYNAILEIA, I, p. 60.

[6] A.M. DUBARLE, " La Bible et les Peres ont-ils parle de la contraception? " in *La Vie Spirituelle Supplement* (1962), pp. 573-610.

[7] *Hom. in Matthaeum* (390), 29 (30), pp. 57, 357.

[8] *Hom. in Romanos* (391), 24, pp. 60, 626-627.

[9] Cf. *Glaphyra in Genesim* (prima del 428), VI, pp. 69, 309.

[10] *Genesis* 38, 9-10; *DT* 25, 5-6: the law of the levirate laid down that a widow without male children was to marry her brother-in-law. The first male child of this latter union was to be attributed to the dead husband and was to receive his inheritance. Onan refused to have a child by the widow of his dead brother and every time he lay with the wife of his brother allowed his seed to fall to the ground.

[11] J.T. NOONAN, *Contraception. A History of its Treatment by the Catholic Theologians and Canonists*, Cambridge (Mass) 1965, pp. 77, 98, 105.

[12] Cf. O. CLEMENT, " Propos sur l'avortement," in *Contacts* 25 (1973), pp. 239-241; S. PRIVITERA, " Il controllo delle nascite nella teologia morale orientale," in *Rivista di teologia morale*, 15 (1983) 57, pp. 45-80; A. STRAVROPOULOS, *L'Eglise de Grece face aux problemes de la procreation Modes d'approche de 50 dernieres annees*, Louvain 1973; ID., *Problema demografico programmazione familiare ed aborti. Un approccio teologico* (greco), Athens 1981; S. TROLONOS, " The Embryon in Byzantine Canon Law," in *Biopolitics. The International University for the Bio-Environment, III*, Biopolitics International Organisation, 1991, pp. 179-194; ID. " L'aborto nel diritto bizantino," (greco), in *Byzantiaka*, 4 (1984), pp, 171-189; ID., *L'aborto secondo il diritto della Chiesa orientale ortodossa* (greco), Athens 1987; M.H. CONGOURDEAU, " L'animation de l'embryon humain chez Saint Maxime le Confesseur," in *Nouvelle revue theologique*, 111 (1989), pp. 693-709.

[13] " *Non interfecies filium in abortione neque interimes infantem natum* "

[14] B.E.P.E.S. 4, 309.

[15] *Apologeticum* 9.8: " *Nobis vero semel homicidio etiam conceptum utero, dum adhuc sanguis in hominem delibatur, dissolvere nonlicet Homicidii festinatio est prohibere nasci, nec refert natam quis eripiat animam an nascentem disturbet Homo est et qui est futurus, etiam fructus omnis iam in semine est* " (Corpus Christianorum, series latina I Tertulliani opera, pars I, Turnholti 1954, 103). *De anima* 37 2: " Ex eo igitur fetus in utero homo, a quo forma completa est " in *Tertulliani opera*, pars II, 839.

[16] *De anima* 25: " in ipso adhuc utero infans trucidatur necessaria crudelitate, cum in exitu obliquatus denegat partum matricida, si moriturus," in *Tertulliani opera*, pars II, 822.

[17] *The Synod of Elvira, canon 63*: " Si qua per adulterium absente marito suo conceperit, idque post facinus occiderit, placuit nec in finem dandam esse communionem, eo quod geminaverit scelus."

[18] " Catechumena si per adulterium conceperit et prafocaverit, placuit eam in fine baptizari "

[19] P.P. IOANNOU, Fonti, *fasc. IX*, Discipline generale antique (IV-IX s.), I, 2, *Les canons des synodes particuliers*, 71.

[20] Cf. P. SARDI, *L'aborto ieri e oggi*, Brescia 1975, pp. 76-77; B. PETRA, *Tra cielo e terra–Introduzione alla teologia morale ortodossa contemporanea*, Bologna 1992, p. 226.

[21] B. PETRA, *op. cit.*, pp. 226-227.

[22] Fonti, II, *Les canons des Peres Grecs*, pp. 99-100.

[23] *Ib.*, pp. 107-108.

[24] *De anima* 37.2: " Ex eo igitur fetus in utero homo, a quo forma completa est," in *Tertulliani opera*, pars II, 839.

[25] Digest, 25.4 1.1: " partus enim antequam edatur, mulieris portio est vel viscerum." Digest 35.2.9 1: " Circa ventrem ancilae nulla temporis admissa distinctio est nec immerito, quia partus nondum editus homo non recte fuisse dicitur."

[26] *Fonti*, I, 2, 78.

[27] Cf. CUPANE-KISLINGER, " Bemerkungen zur Abtreibung in Byzanz," in *Iahrbuch der osterreischen Byzantinistik*, 35, 1959, p. 32.

[28] Digest, 47 11.4: " Marcianus libro primo regularum Divus Severus et Antoninus rescripserunt eam, quae data opera abegit, a praeside in temporale exilium dandam: indignum enim videri potest impune eam maritum liberis fraudasse "

[29] Digest 48.19.38.5: " Qui abortionis aut amatorium poculum dant, etsi dolo non faciant, tamen quia mali exepli res est, humiliores in metallum, honestiores in insulam amissa parte bonorum relegantur. Quod si eo mulier aut homo perierit, summo supplicio adficiuntur "; cf. anche Digest, p. 2 9 pr. and 46 8.3.2.

[30] GREGORY OF NISSA, *De anima et resurrectione*, 84: pp. 44, 236.

[31] ßelections from the prophetic books, 50, 1-3 in B.E.P.E.S., 8, 346 ss.

[32] MAXIMUS THE CONFESSOR, *Ambigua* II, 42: pp. 91, 1341 AB; cf. M.H. CONGOURDEAU, " L'animation de l'embryon humain chez Maxime le Confesseur," *Nouvelle Revue Theologique*, 111, (1989).

[33] JOHN DAMASCENE, *De fide orthodoxa*, II, 12, pp. 94, 921.

[34] Cf. B. PETRA, *Tra cielo e terra*, p. 228.

[35] B. PETRA, *op. cit.*, p. 229.

[36] *Ibid.*

[37] A little book of prayers (Euchologion) and of blessings (greco), Athens 1981, pp. 57-8.

[38] B. PETRA, *op. cit.*, p. 231.

[39] NICODEMUS THE AGIORITE, *Exomologhitarion*, Venice 1863, republished in Athens (no date), p. 133.

[40] *Ib.* 134.

[41] *Ib.*

ANGELO FELICI

Holy Doctors: From Treatment of the Body to Treatment of the Spirit

The holy doctors to whom reference will be made in this paper emerge as figures of a simple, straightforward and essential spirituality which was rooted in religious and moral values of undisputed solidity and modern relevance

They were laymen and practicing Catholics who were conscious of their vocation to holiness and to the apostolate carried out in full communion and cooperation with the Church They recognized the need for, and the urgency of, an explicit and pure penetration of professional, family and school life by the evangelical spirit They bore witness to this themselves in forceful fashion, and aimed at the securing of the presence of Christ in the affairs of this world.

As doctors, and for one of them for a short time as a member of a religious order dedicated to the hospital world, they never distanced themselves from care for the sick and strove, in responsible fashion, to achieve a high-level of excellence and all-round competence by means of which there could be a constant exercise of charity Such charity was to be the sign and the hinge-point of a total, sincere and eternally borne dedication to the Lord.

Illness, and thus the search for the health of both mind and body, was the field of their spiritual mission. It was not only a necessary ascetic moment but it also represented, over many years, the emblem of their obedience to the providential plan of God, and thus expressed their active and purifying participation in the suffering of Christ.

The art of medicine was seen and considered by these models of the Christian life as a means by which to discover and to serve Christ in man, and more precisely in the total man They expressed the supernatural impulse of faith and inner fraternal love through their work and medical activity.

The classic and pernicious dichotomy, or contrast, between science and faith found an ordered composition in the experience lived out by these medical doctors For this reason these figures can be proposed with confidence as examples of true professionals and perfect Christians.

In order to demonstrate the validity of this statement the following paper is organized under the following headings:

1. *The Basic Assumptions of a Personalist View of Man*

2. *Contemporary Models of the Medical Mission*

3. *The Characteristics of the Medical Mission*

4. *Criteria for the Complete Care of Life*

1. The Basic Assumptions of a Personalist View of Man

When we consider that the doctor has in front of him the whole man, we are encouraged in the first instance to dwell upon all those ideas of " personality " and " person " which are at the heart of the personalist view of man.

The personality is the first fact of experience and is a focal point of very great interest The personality can be seen as a phenomenon which embraces all the characteristics of an individual, those characteristics being the fundamental expression of what a person actually is.

The personality (according to the experience of psychology as well) presents itself not as a collection of activities but as everything, as a total functionality, as a psychosomatic unity When we seek to define the nature of this human cumulative reality we find at the base of the " personality " of an individual the true human " person." It can therefore be said that the behavior of an individual expresses itself through the manifestations of his personality But he achieves fulfillment by means of the special powers of his own person

When making reference to the various forms of human behavior, there is a danger that one gives the impression that the personality is the sum total of such different factors as propensities, talents, qualities, inclinations and so forth But the personality of a man is much more than the sum total of these component elements. It is a unity or integration of all these parts. As a result, any interpretation which implies segmentation is in contrast with an adequate conception of men.

The data provided by experience indicate that there is an *organic dimension* to the structure of man's personality But there is also a *psychic dimension* to the personality's practical expression Syndromes which have a set of physical and mental expressions due to the same sole cause clearly have a very important significance in this respect.

Man is not only a physical organism engaged in reactions to stimuli. Equally, he is most emphatically not merely a mind without a body In the same way he is not a duality of individual beings which are complete and separable, as is presented by the idea of the soul within a body. On the contrary, man is a *psychosomatic unity*: he is neither pure spirit nor pure body; neither pure substance nor two substances, one living within the other. He is, rather, a unified, living, physical and mental organism.

The idea of unity and totality must be seen as fundamental in the study of man. His psychosomatic complexity does not lend itself to analytical study or to mechanical examination. On the contrary, one has to see man as a unity, as a whole, both as regards educational activity and in relation to the field of the art of medicine.

In order to deal with the questions of life, this psychosomatic reality has to be borne in mind. An understanding ofman's social behavior must take the place of the partial phenomena of the specific activities of man.

An adequate vision of the personality must embrace both the physical dimension and the mental dimension of the whole individual at one and the same time. The psychic functions are clearly conditioned by the functions of the organism: each inner act has its physical correlate. One is not dealing here with an idea without an image or an act of volition without emotion. Indeed, the organic aspects of activity are re-fused and re-elaborated in the personal experience of man.

In a struggle of impulses–as occurs for example in the decision to choose between good and evil–we find that what comes into play are our virtues and our vices, our entire baggage of ethics, and previous decisions regarding the acceptance or rejection of moral values This process involves the whole personality of an individual.

Freedom to act is much more than the simple expression of an act of will. It is in essential terms a property of man which declares itself in favor of a preferential value. The question of free will is in a certain sense unilateral One is not dealing here with will as a mental function. One is encountering the *whole person who is or is not free*.

A personalist view of man implies a personalist view of human freedom. Because it is the property of a rational nature, freedom involves reason and will at the same time when it comes to be exercised. The free act reveals itself through the basis of complex human motivation–this latter being the intimately and vitally unified fruit of the intellect and the will The free act is the most typical expression of man and involves the whole of his personality.

This is the human being whom the medical doctor has before him at every stage of his actions! And it is exactly man in this sense that must be borne in mind during the course of the unfolding of " the treatment of the body and the treatment of the spirit."

Father Gemelli referred to the teaching of Pius XII when he drew attention to the danger of " depersonalizing modern man." Indeed,

medicine when in the wrong hands, rather than being an instrument by which to effect healing, can also become a means by which to treat man like a machine, as something without human rights.

2. Contemporary Models of the Medical Mission

At this juncture I would like to talk about certain doctors of our time who have seen and exercised their profession as a real " mission," and defined this mission as being " priestly " in character. I would like here to talk about such figures as Ludovico Necchi, Giuseppe Moscati, Riccardo Pampuri and Giovanna Beretta Molla.

The Venerable Ludovico Necchi (1876-1930)

At first glance, the impression could arise that Nicchi was a good man and a good Christian but only one among many good Christians and nothing more. This, indeed, is how he could appear to those who are unfamiliar with him, not least because he was a very modest man, a humble and reserved man, who shied away from putting himself in the limelight But the nearer one gets to him, in his inner and daily life, from his childhood (one might say) until his death; as a student and as a soldier, and then in his choice of married life; during the period of the war, and then during his time as a medical doctor and as a university teacher; as the father of a family, and as a man of Catholic action–the more one does all this the more one quickly discovers a degree of Christian commitment, of richness of dedication, and of constancy in his principles, which most assuredly provokes very great admiration.

One is struck first and foremost by the following elements: a faith of great vitality lived out in a very practical form, a reality which reflects the fact that one of the most certain features of his life was that he constantly acted and thought in the presence of God; a great spiritual and material charity, especially towards the poor and the sick; perfect peace and self-control, the outcome of struggle against, and careful tutelage of, his impulsive tem-

perament; a marked detachment from money characterized by a true spirit of poverty; and constant patience throughout all his life which clearly derived from the strength of his soul. In judging the virtues of Ludovico Necchi, his heroism must be seen in his constancy and effectiveness rather than in striking outward show.

St. Giuseppe Moscati (1880-1927)

During the twenty-seven years of life spent on this earth Giuseppe Moscati displayed great brilliance in his scientific and medical careers. He became, indeed, one of the great leading figures of the Neapolitan school. But his display of virtue was even greater: he managed to achieve the heights of saintliness and to leave to posterity the example of a luminous Christian life which had been lived out in heroic fashion.

From his graduation in 1903 until his death he spent twenty-four years as a medical doctor and as a university teacher. Whilst Moscati was indeed a very highly thought of teacher dedicated to the formation of his students, he was also an excellent researcher. He practiced all of the virtues on a heroic scale, but displayed especial greatness in his linking of faith to charity, in particular towards the sick. Indeed, he dedicated himself to the sick with the very highest sense of responsibility and with marked disinterestedness.

Giuseppe Moscati was conscientious and unblemished in the putting into practice of his medical mission. He knew how to give the highest expression to the daily expression of the Christian virtues, as indeed is well attested by direct witnesses. This contemporary of ours had a precise message for today's medical and hospital world, and for Catholics engaged in scientific research.

The Venerable Riccardo Pampuri (1897-1930)

The name of Riccardo Pampuri deserves a double title: " surgical doctor " and " religious figure." He was a lay member of the Order of St. John of God, who are popularly known as the " do-good brothers." In order to have a wide view of his life two fundamental periods must be perceived, periods which were, however, very different in length: the first period of " secular life," which goes from his birth to his entrance into a religious order, and which involved some thirty years; and the second period which goes from him becoming a novice of the " do-good brothers " to the moment of his death, a space of some three years. In fitting fashion attention has been paid to his whole life, and especial emphasis has been placed on the six years when he exercised the medical profession, holding for five years the post of " head doctor."

It is obvious that a complete evaluation of the spirituality and the virtues of Pampuri can only be achieved through an assessment of his life as a whole. In this way one can grasp more clearly that his life was marked by a special vocation to which he was called and was characterized by a mission which the Lord assigned to him.

In Riccardo Pampuri's spiritual journey considered as a whole, we can clearly perceive the full achievement and recognition of the positive relevance of his virtuous behavior. This behavior developed with his religious vocation but even more, and especially during the last thirty years of his life, grew in his humble and onerous work as a nurse and in his perfect observance of the duties imposed on him by his new way of life.

Riccardo Pampuri is one of those models who can be taken as an example to be followed to the great advantage of people of all backgrounds and professions, and this because of his high and religious sense of civil and professional duty, because of the fervor of his Christian life, and because of his ready responses to the inspirations of divine grace.

The Blessed Giovanna Beretta Molla (1922-1962)

The life of this recently beatified and universally known woman is a by no means common example, especially for today's women. She expressed within herself the virtues of a woman of our times with all their splendor, and lived out her faith with consistency and conviction. This was done with full respect for the moral principles of Christianity, especially those regarding the family and the medical profession.

Giovanna Beretta Molla began a course of spiritual exercises at the age of sixteen and from that moment on sped quickly upon the paths of heroism. She came to practice the theological, cardinal and related virtues with readiness, spontaneity and joy, and did so in a constant and habitual fashion even when faced with the very greatest difficulties. She did so exclusively for supernatural motives, or rather at a level which was certainly much higher than the usual.

The striking admiration and veneration provoked by the circumstances of her death--which were for good reasons likened to martyrdom--marked the end of an existence of constant and increasing spiritual life and apostolate. Her final gesture, which involved the conscious giving of her own life for the sake of the life of her child,

represented the very highest points of the heroism of love for one's neighbour: it was an action which also expressed the heroism of her other virtues, because of their intimate connection with her charitable form of heroism.

3. The Characteristics of the Medical Mission

With reference to the models of holy doctors presented here, I would like to emphasize and stress the way in which these figures saw and gave practical form to their professional " mission " In so doing they made a deliberate attempt to connect treatment of the body with treatment of the spirit. It should be stressed that in talking about the " connection " of these two treatments there is no idea that the first should take precedence over the first, or vice versa

Certain testimonies which emerged during the usual ecclesiastical inquiries are of especial significance when we come to consider the case of Ludovico Necchi in his role as a medical doctor: " He carried words of comfort and Christian exhortation into the homes of the sick, and especially of sick poor people. He gave many of them money and medicines "; " during his visits he exercised an effective and holy apostolate upon these sick people "; " for him the art of medicine was to do good to souls...for apostolic reasons he always refused to abandon his work as a doctor and dedicate himself to a life of contemplation "; " throughout his career as a doctor and especially when he was a neurologist, not only did he never give voice to criticism but he was admired by everybody for his goodness, his scientific valor and his generosity "; " the benevolent influence of Necchi upon the sick is to be explained by the fact that he cared for them with fatherly solicitude because they were his brothers in Christ."

From the process of canonization of St Giuseppe Moscati we are struck by the luminous character of his moral and Christian example. He exercised his profession as a doctor not as a trade or profession like any other, but as an apostolate, for the glory of God and at the service of the sick. " We doctors are blessed," he declared in writing, " so often unable to fend off an illness, we are nonetheless blessed when we remember that beyond the bodies before us we have also divine and immortal souls, and the evangelical precepts command us to love them as we would love ourselves: it is in this that we can find satisfaction, rather than in proclaiming ourselves healers of physical ills "

In the roll-call of saints are to be found doctors who abandoned the cure of bodies to dedicate themselves exclusively to the cure of souls through the exercise of priesthood. Such, for example, is the case with regard to the famous Nicola Stenone (1638-1686). But there are many others who stayed within their lay profession and chose to exercise their profession with a priest's spirit. Such is the case with the " holy doctor of Naples."

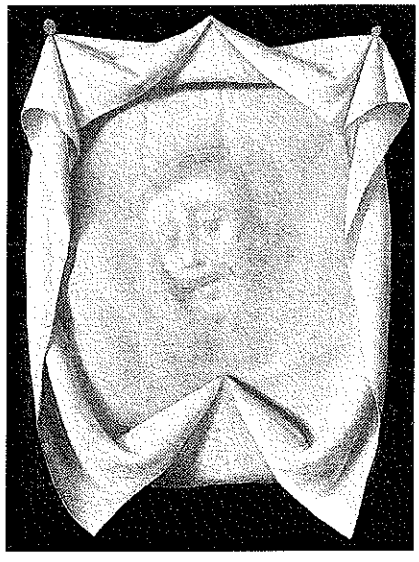
In opposition to his father's wishes, he chose the faculty of medicine, " believing that that profession gave him better opportunity to know spiritual and human misery and to provide an answer, expressing thereby an apostolate of spiritual good." When he had graduated Moscati exercised that apostolate with the spirit of a priest. He tried to achieve the health of the soul as well as the physical well-being of the health of the body. He did this in order to be in authentic fashion, wherever possible, the doctor of the whole man: body and soul, in all the dimensions of the natural and supernatural life, and of existence in this world and beyond.

" I called the doctor, not a spiritual father," an irritated patient one day brusquely answered Moscati after the latter's habitual inquiry as to the state of his soul. But the good Moscati replied " with a pleasant smile: I am obliged to do this as well." Obliged most certainly, but because of a vocation to which he had always and conscientiously responded.

In Riccardo Pampuri we have a doctor who fused professional life with exemplary behavior inspired by faith and the principles of Christian life, and by a generous and unlimited dedication to the special duties of his calling and his profession. His guiding principle was: love God above all else. He did this so as to be able to dedicate all his energies to his neighbor and thereby imitate the life of " Christ, the doctor of souls."

The cause for the canonization of Riccardo Pampuri, a doctor and member of a religious order dedicated to the hospital world, brought out the continuity of a vocational line leading to holiness. This was seen both in his activity as a medical doctor and in the exercise of his profession, and both when he belonged to the laity and when he belonged to a religious order In the exercise of his special vocation within the hospital world he demonstrated the fullness of service as a nurse and as a qualified technician: while curing bodies he took care of the health of souls with an almost priestly solicitude.

One testimony from the debate over canonization lays great stress upon him being a " doctor." Even though his earthly life had finished when he entered a religious order,



he still continued, in his new way of life, to exercise his profession. If, on the one hand, it is true that he came to find himself in a context which was more favourable to the improvement and development of his virtues, it is also very true that Pampuri passed most of his time of spiritual growth as a member of the laity. When he finally embraced the religious life, he had already attained very high levels of spirituality.

In discussing the blessed Giovanna Beretta Molla, one can say that in her case life as a medical doctor lived out as a mission received truly exceptional expression, both from the theoretical point of view and from a practical point of view. The notes left by her in her manuscripts give ample testimony of this, as indeed do the statements made during the deliberations over her beatification.

" Her need to act for the poor and the needy," one reads in one testimony, " prevented her from accepting the forceful suggestion of her fiancée that she give up her nursing profession. She refused in decisive fashion and without any hesitations. Even after her marriage she continued to go to the clinic in Mesero where she was already very much loved and admired by the local population."

Giovanna Beretta Molla had a very precise and sublime idea of the medical profession: she wanted to integrate the doctor into the world of work and to approach the patient not as a machine which automatically produces but as a man who asks to be helped to live. Under the heading " the beauty of our mission " she wrote: " All of us in this world work to a certain extent at the service of others. We work directly on man. Our objective, in a scientific and work sense, is man. In front of us he tells about himself and says to us " Help me." From us he expects the fullness of his existence "

Our blessed Giovanna refers to her master Jesus in order to understand that living being, man. She expresses herself in the following way: " Jesus would say to us: what is man? He is not mere body: in that body there is thought and there is will. Some men are able to deal with suffering, but others are not. Within the body there is a spirit, and this spirit, by its very nature, is immortal. There is an abyss between the body and the soul. They are very different entities, but they find themselves fused. What would Jesus say to you? You must give complete treatment to this body. God has placed the divine within man, and this means that what we do takes on greater meaning."

The following statements are especially significant: " we have opportunities which the priest does not have. Our mission does not finish when medicines are no longer useful. There is a soul to be carried to God. Just as the priest can touch Jesus, so we doctors touch Jesus in the body of our patients, whether they are poor, young, old or children. Let Jesus show himself amongst us! " The message of Giovanna Beretta Molla to doctors and health care workers could not be more relevant and more sublime than this.

4. Criteria for Complete Care of Life

Now what conclusions should we draw from what has been said? By way of conclusion, one should propose that the highly contemporary message supplied to us by these " holy doctors " should become our message. It should be extended to all those engaged in pastoral work in the health care field.

The treatment of the body and the healing of the soul–this is the co-essential and dual task of medicine and pastoral work at the service of man! This task becomes translated in practical terms into the idea of " complete care for life " The vital needs of patients are at the center of this idea of complete care. But what should we say about the needs of those who actually supply this care? How can these last ensure that they give a sufficient response to new and compelling needs? In the future it will become increasingly necessary to consider both the needs of those cared for and of those who do the caring.

Doctors, nurses, psychologists, priests, voluntary workers: many people gather around the patient, but they often ignore each other and are even hostile to each other. A pastoral approach to the patient must also take place within a context of care which is " complete " in a double sense. On the one hand, the sick person must be considered as a " person " in all his different aspects and with all his various needs, whether physical, mental or spiritual. On the other hand all those around him must act in cooperation, and they must do so in the fullest sense: by working together in a coordinated fashion, employing the methods of a team and acting with a team spirit.

When we come to consider the *tasks of today's pastoral care* we must emphasize that it is linked first and foremost to cooperation with the health care professions. This cooperation is based upon mutual understanding–that is, upon an awareness of the advantages to be gained for the good of the patient from inter-disciplinary cooperation.

This is why there is a need to find new ways of training and preparing health care workers. This is why there is a need for an increased awareness of the differences and the similarities which characterize the various health professions. And this in order to help both those who give help and those who need help. Furthermore, through effective practical expression rooted in faith it will be possible to see that God is the final reality, and that he rules over, saves and protects everything.

Because of all this we should ask ourselves about what the tasks of a complete care of life should be in today's world. We should have in mind the wider context which is provided by a personalist view of man, an approach which is at the heart of a Christian-ethical vision of the medical profession.

This profession, like all those professions which have man as their focal point, must give themselves the goal of stirring an awareness of the whole man, of man in his relationship with God, with the rest of mankind, and with the world.

His Eminence
ANGELO Cardinal FELICI
Prefect of the Congregation for the Causes of the Saints

TADEUSZ STYCZEN

From Knowledge to Love

" I was made to share love, not hate. "

Sophocles, *Antigone*

I would like to express my cordial thanks to His Eminence Cardinal Fiorenzo Angelini for his suggestion–which is an honor for me–to speak on the subject " from knowledge to love " to this international conference entitled " Homo Vivens Est Gloria Dei: To Know, Love and Serve Life," organized under his presidency by the Pontifical Council for Pastoral Assistance to Health Care Workers.

Starting from the premiss that the paper I am to give must be developed within the context of the subject matter of the conference, and must give emphasis to the lesser subject which I am to talk about and to the motives which lie behind its choice, I have given the following coloring to my paper:

I Know What To Live Means If I Love

I will attempt to give full form to the truth expressed in this title by proposing to this august assembly that there be a participation in making contact with the inner part of man, something which the masters of this subject have invited us to do during the various epochs of human history. I have chosen two masters from many, and this by way of introduction.

1. Yevgeny Yevtushenko and His " I Have Not Begun to Live if I Have Not Begun to Love "

When Moscow was still the capital of the Soviet Union and Warsaw was the capital of the Polish People's Republic a young Russian poet came to Warsaw from Moscow. His name was Yevgeny Yevtushenko The poet from Russia soon managed to conquer the hearts of the Poles, who had showed themselves at the outset rather diffident He confessed that he wanted to be a good Communist but because good Communists, he said, were few in number, he had decided to develop his poetry. Communism and poetry? We were unable to see a connection between the two. We therefore asked him what he meant by the term " poetry." He replied: " Poetry is life itself, it is life in a nutshell." In that case what did he mean by the term " life "? Yevtushenko expressed his answer in a rather short poem. He had not even given it a title. He merely exclaimed, almost to himself: " you must arise from sleep, it is time to get up! The birds have been giving a concert since dawn, the fishermen at the crack of dawn went to the lake, and yet you are asleep. Get up, it's time, you must finally start to live! "

You are talking aimlessly, we told him. In addition, do you want to call these fantastic poems of yours life in a nutshell? You are not alive if you shout like that, yesterday in Moscow and today in Warsaw.

Do you mean that I am alive, he replied But to live means to love. And I, perhaps, have not yet begun to love, therefore I have not yet begun to live. I begin to live when I understand that within life there is something more beautiful than life and when for that something else I give my life. Only then am I born, only then can I enter life itself. Only when I love am I alive Do I love? This is perhaps the only question to which I must really give an answer in order to know if I am really alive.

And at this point Yevtushenko added, and not without a certain bitterness, that the strength of bad men lies in their ability to walk along their chosen paths together, and that the weakness of good people lies in their being dispersed We must therefore ensure that the good walk together, that a community begins to take shape which strives to embrace everybody with love, that a communion arises which leaves nobody out. Does not Yevtushenko seem admirable in this light, if this is what he means by Communism?

I do not remember exactly how many years have passed (and how much water has flowed down the Vistola) since Yevtushenko made his visit to Warsaw. Did it not happen twenty-five years ago? From that moment Warsaw has witnessed many visits. Amongst these visits there was that extraordinary visit which proclaimed a new era in the history of the world, that famous visit of the ninth of June 1979. It was during that visit that the vast and welcoming crowd of Victory Square received those words which explained that man cannot understand himself fully if he does not allow himself to be bathed in the rays of that love which enabled a man to be nailed to that cross on Golgotha. That love which enabled man to make himself despised but at the same time enabled him to continue to love man. I would like, however, to leave this subject in the hands of

others. I personally believe that in the eyes of Yevtushenko–eyes worried about love among men–there was present something akin to that to be found in the expression of the thoughtful and pensive Christ, a expression which in Poland looks down upon us from those small statues of ours which are present in the small chapels which line the streets.

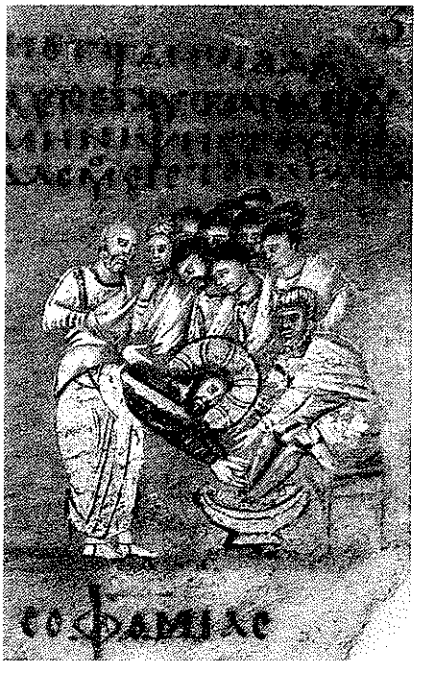
2. Antigone and Her " I Was Made to Share Love, Not Hate "

I cannot but try to give weight today to a cry from a completely different epoch. Listening to that cry of a young Muscovite of about twenty-five years ago, I heard in the background there in Warsaw (as I hear now in Rome) a completely different but at the same time identical cry (as far as contents go). It comes from another European capital, and from a distant past of twenty-five centuries ago. It precedes that event of Jerusalem by at least four centuries. It is the cry of a young woman, a Greek; the cry of Antigone voiced during the play by Sophocles; a cry to the inhabitants of Athens who thronged that temple which served as their amphitheater and was situated at the foot of the Acropolis. This, of course, remains to this day and is for us the symbol of the identity of our European culture. At the culminating moment of this play by Sophocles, Antigone gives voice to the words: " I was made to share love, not hate."

Should not these words of Antigone–the symbolic mother of Europe–ring out here in Rome, near to the Coliseum, that amphitheater where so many of mankind's heroes paid the supreme price for the treasure of knowing the truth that only a life of a love which embraces all men is really a life worth living?

I do not know if all of those present here today know that when a Christian of the medieval period whose name is unknown to us learnt the formula of the Hippocratic Oath, he wrote the text (with veneration) upon a parchment in the form of a cross. Why did he do that? It is not difficult to grasp what his intentions were. In the same way we should not be surprised that the See of St. Peter conserves that manuscript with great care amongst the collections of the Vatican Museums, and treats it as a veritable treasure. Should we not now today follow in the footsteps of that unknown Christian and do something similar with this treasure of the moral culture of antiquity, these words of Antigone from that play by Sophocles: " I was made to share love, not hate "? It was indeed to safeguard the truth about man contained in these words that God himself became man. He did this to illuminate and render easier man's route towards the fullness of life. *Gratia non tollit naturam sed eam supponit et perficit.*

Here an observation should be made. I do not know if today's meeting in this august assembly, on the threshold of the first session of the Pontifical Academy for Life, would have taken place if years ago a young Roman priest had not found that parchment among the possessions of the Vatican Museum and been amazed by wonder. It is easy to share that wonder. Did he not at that moment say to himself: " Truly, I say to you not even in Israel have I found such faith " (*Mt* 8:10)? That priest is the man who today hosts our conference, His Eminence Cardinal Fiorenzo Angelini.



However, what were the reasons for voice being given to those words in Athens: " I was made to share love, not hate "? They sprang from human concern about law and the democratic state. They were a call for law not to be diminished by anarchy, not to be used against man under the false name of justice. Sophocles dwells upon the question by showing it in all its aspects through Antigone's " fear and worry " before the profanation of a dead man's body. In addition, that man had shown himself a traitor to his country. He had fallen in a duel between brothers, and this was his coffin. Sophocles sees there the remains of a brother-man. Sophocles makes Antigone his sister and the sister of man. Antigone asks an essential question: Is it right to deprive a man–any man–of the respect due to a man because he is a man when established law prohibits this? Antigone publicly declares in front of Creontes, the author of the law, that a law which even only once allows the respect due to man to be profaned does not guarantee the respect due to man as such, but actually profanes itself once and for all. It has a suicidal impact on its own existence. It turns law into anarchy. It destroys itself in seeing itself as anti-human.

Antigone contests the right of such a law to be called law. She prosecutes this law in that court which is the dignity of man. This is why Antigone decides, as she will herself say, to commit the " sacred crime " of refusing to obey this law. And even if this law envisages the death penalty, Antigone makes her decision, fully aware of the situation. She sacrifices her own life to give public testimony to the principle that no man can deprive a man of the respect due to a man because he is a man. It is never right, and it is no one's right, to do such a thing.

And, in addition, there should be no attempt to use the law, which is the symbol of the upholding of justice, in such an undertaking. *Homo homini res sacra*! For this reason: *cuique suum, sive ius vel iustum (iustitia)*. Respect for man cannot be cut into parts. Somebody cannot be honored through the doing of harm to another person.

Antigone pays the highest price that a man can and should pay for this truth about man. She does it so as not to betray man in her self and in others. " I was made to share love, not hate." I choose death if love for everybody without exception–that is, the sharing of love–has to mean for me the loss of life. For me, however, this means the saving of life, the saving of that which makes life worth living for. Here we are dealing with the same thing as is present in the case of Yevtushenko–that " more " of life in life thanks to which man is born to life which only then becomes life itself, life in a nutshell. In living one loves and in loving one lives.

3. Does the Law Defend the Victim of the Murderer? With the Help of the Law Love Defends Both Victims and Murderers

Men who establish a law which safeguards the murderer and deprives his victim of defense kill themselves in a moral sense, and carry out a *coup d'etat* against the institutions of the law and the state. While we read this sentence, whose truth is self-evident, it is indeed difficult to believe that in some parts of the world there are men to whom these lines refer. Do the nightmares of Auschwitz or of Katyn belong by now to a past that will never return?

Nonetheless, while we engage in our deliberations here in Rome, or organize similar meetings in Warsaw or in the other European capitals or in the capital cities of other continents, almost everywhere, and almost constantly, there are executions carried out on completely innocent people. Men who are undefended and powerless in the face of the law of the strongest, enshrined as it is in the rule of democratic majority. Are such executions really thinkable? Are they really possible? What kind of state could have consented to such a crime?

Where? The answer is before us–in Cairo. Cairo orders us to invert this question and to ask: where can one find in today's world states which, in the majesty of their laws, do not consent to executions of a man who is completely innocent and completely defenseless?

Yes. This infamy is possible because it is a reality. And this a tragedy quite beyond any of those tragedies of ancient Greece. It is taking place in the vast majority of the world's states. If such were not the case, we would not have had that spectacle of September of last year–the controversy at Cairo regarding so-called safe abortion (safe for whom–the victim?) and the so-called right to choose (pro-choice). At Cairo, during this political debate of world-wide proportions, delegations from nearly every country of the globe and every nation connected with the United Nations were present.

These countries are our homes, and they are arranged by us because we are their *sovereign owners*. What should we say about these homes and their owners, given that from the moment of conception the children who come into this world by way of these homes must fear for their lives, and from the first moment of life? This fear springs from the laws that have been passed by the members of these homes, indeed by the children's parents themselves. Is such a home a home for all men, the home of man, his homeland? If this is not the case, who are we, his co-tenants? Today we look at ourselves, we look at our faces in the light of the questions posed by Antigone; in the light of the oath of that doctor from the Island of Coo, Hippocrates; in the light of that sentence of a wise man from ancient Athens, Sophocles: " The victim of murder is happier than the man who committed that murder "; and finally in the light of the words of a Roman, namely Seneca: *Homo homini res sacra*.

And first and foremost we strive to look (and perhaps to listen at the same time) at the faces of those who express only a wordless cry: " You do not have the right to kill me! " These faces are our mirror. From them we must read those answers which are of fundamental importance for us, answers which are connected to the question of our identity. Living in our homes, are we already born as men, as brothers and sisters of our brothers and sisters, given that in this home-state these executions are going on constantly? Have we done something to make them impossible? Have we thrown in front of the victims of this attack on life a shield (at the very least) made up of the defense offered by the law, given that it would never be possible to come to the defense of each and every one of these victims in fitting fashion–that is, by using one's own body and heart as a shield? In short: *Have we begun to live the truth of knowledge that man lives as a man when he loves*?

At this stage we should be immediately on our guard against a fundamental mistake. Against an error

of calculation. Of the calculation how many for how many. In this area counting would amount to a very great mistake. Here we are not dealing with things. Here we are dealing with man. Here we need only (and must) dwell upon the fact of merely one instance of execution carried out in the name of the law and the state on an undefended man. *Non sunt facienda mala ut eveniant bona*! This phrase, and St Paul, will be remembered today by the author of the encyclical *Veritatis Splendor*, Pope John Paul II. One sole execution of this kind–that is, an example of man's exclusion from the law by means of the law–is an act of moral suicide committed by the authors of the law, and constitutes a *coup d'etat* against everything which deserves the name of justice and of state. Would it be right to make the mad attempt to uphold and justify a sentence which lay behind Caiphas' attempt to justify Christ's death sentence? " You know nothing at all; you do not understand that it is expedient for you that one man should die for the people, and that the whole nation should not perish " (*Jn* 11:49-50).

Let this innocent creature die! Let us save everyone else. Otherwise so many..... Should we not therefore make the calculation, weigh everything up, take the balance of the gain and the loss? Have we perhaps asked ourselves: Who becomes everybody else if others agree to the price paid for their salvation? Have they thus been saved from what is worst in this world–from moral death during life? " The trees are dying on their feet " Men can be living, but dead. They can be walking corpses.

Who are these people who offer this price, even in good faith? This one can die, we will save the rest...! Are we even today still in favor of the law: *pro morte innocentia*? As Caiphas was? (" We have a law and according to this law he must die.."Jn 19:7).

If the answer is " yes, " then we are like men, indeed like Christians, who are conscious of the consequences of the choice that we make: " Truly, I say to you, as you did it not to one of the least of these, you did it not to me " (*Mt* 25:41). We are also aware of what the most merciful God declared in such a situation: " Depart from me " (*Mt* 25:41)

This is the only honest point of departure because it is the only point of departure which has been sufficiently thought about in the dialogue worthy both of the First Addressee and of the speakers themselves (and amongst these one might list parents, doctors, legal experts, and politicians) on the subject of the defense of the life of the unborn.

This is why today our relationship with such an execution has become the point of comparison for what within us is authentically human and authentically Christian. And it draws the demarcation line which effects a most important division. Today this line passes through the very center of the hearts of men, and at times through the very center of married couples, of families, of societies, and states all over the world. Where the family kills what it gives rise to with the approval of laws which do not take " the silent cry " of those who are killed into consideration, we must give new utterance to the voice of Sophocles, of Hippocrates, and of Seneca: has silence been imposed on God, *a priori*, in matters relating to the law and to the state?

Here today in Rome, the city of Peter, the spiritual capital of the world, we should also ask ourselves and the world the following essential question: Where are you going if you have prepared for yourself at Cairo during the United Nations conference on the subject of " population and development " such a mirror by which to look at yourselves, such a self-portrait, such a diagnosis? *Quo vadis*? Do you really want to go on deceiving yourself by calling progress and development what is really your final decadence? Do you want to remain a civilization of love and a civilization of life or do you want to accept a civilization of anti-love and thereby prepare the way for the death of civilization? Do you want to share love to live (like Antigone) or do you want (like Creontes) to kill with the majesty of law and the state so as to die the death of moral suicide?

Love would no longer be itself–love–if it stopped trying to defend the life of each and every man. In a situation where there is an attack upon the life of the undefended man, love cannot but seek to defend the victim by invoking the help of the law and removing the instrument of death from the hand of the assassin. In such a way love would prevent him from achieving the physical destruction of his victim. And at the same love cannot but defend the attacker with the help of the law by removing the instrument of death from his hand in order to ensure that he does not achieve his own moral destruction. Love which does not do this in a situation where there is an attack upon the life of a man who is incapable of aggression and unable to defend himself, or does not know what such an attack is or worse still knows what it is, destroys itself. This is why we still listen with wonder to the wisdom of those words of that poet from the British Isles, John Donne:

No man is a solitary island.

The death of each man diminishes me

Because I am bound to humanity

I would like to conclude by remembering the words of the title of the message I have offered to this august assembly:

I Know What to Live Means If I Love.

Rev TADEUSZ STYCZEN
Member of the Pontifical Academy for Life
Full Professor of Ethics
at the University of Lublin Poland
Member of the Pontifical Council
for the Family

JOHN J O'CONNOR

Conscientious Objection in Defense of Life

The topic assigned me is " Conscientious Objection in the Defense of Human Life." It would be difficult to imagine a more opportune time to be asked to address this particular topic because we are still glowing with pride over the magnificent worldwide objection in conscience made by our Holy Father, Pope John Paul II to potential massive assaults against haman life. I refer to the interventions of the Holy See in the " Cairo Conference," the International Conference on Population and Development held in September of this year in Cairo, Egypt.

As one privy to the final draft which ensued from the Preparatory Conference held at the United Nations in New York in April of this year, I can testify that had the provisions of that document been accepted and implemented by the nations of the world, we might well have seen in the decade ahead the most massive slaughter of unborn human beings in the history of the world. Further, the contraceptive mentality that permeated and penetrated the document completely skewed the very intentions of the Conference. A conference intended to address complex issues of both population and development was being distorted into becoming a conference overwhelmingly committed to population control, with absolutely minimal attention paid to development.

So in three ways the final draft document with which the nations participating began the Cairo Conference severely attacked human life: (1) by attempting to make abortion on demand a universal right; (2) by emphasizing massive artifical means of contravening human life; by failing to address seriously the potential of development for the sustaining of human life. Not a single voice was being heard in objection to this programmed onslaught against human life until Pope John Paul II announced clearly and unconditionally that the Holy See would not, could not, consent to any document based on these premises.

The Holy Father wrote to every head of state in the world to articulate his conscientious objection on behalf of the survival and well-being of the human race. In forum after forum he taught and preached and prayed and asked others to do the same, to convert the minds and the hearts of those committed to this folly and to encourage nations of the world to join him in protest. It would be difficult to discover a finer and more effective example of conscientious objection in the defense of human life. Further, it helps us recognize that the dimensions of conscientious objection can be extended far beyond the traditional use of the concept as applicable to war or armed conflict.

The new *Catechism of the Catholic Church* refers to conscientious objection precisely in the words used by the Second Vatican Council:

> Public authorities should make equitable provision for those who for reasons of conscience refuse to bear arms; these are nonetheless obliged to serve human community in some other way (cf. GS79 s.3) (2311).

One finds no other reference to conscientious objection as such in either the *Catechism* or the documents of the Council. Understandably, therefore, most readily available literature on the subject relates exclusively to conscientious objection to serving in the armed forces, or serving as a combatant during any kind of war or a particular kind of war that an individual considers unjust, or non-violent resistance to aggression, or pacifism, etc.

Within recent years, however, as the incidence of direct abortion has taken on massive proportions, with some 40 million unborn babies put to death every year, powerful forces opposed to such killing have formulated themselves into major movements under such terms as " pro-life," " right to life " and similar titles. Very understandably these movements have borrowed much of the terminology of traditional Church teaching on " just war " Synthesized under the Fifth Commandment, " Thou shalt not Kill," these pro-life movements find their rationale in the sections of the *Catechism* which treat " International homicide " (2268) and " Abortion " (2270-2273).

> The fifth commandment forbids *direct and intentional killing* as gravely sinful. The murderer and those who cooperate voluntarily in murder commit a sin that cries out to heaven for vengeance... (268).
> Since the first century the Church has affirmed the moral evil of every procured abortion. This teaching has not changed and remains unchangeable. Direct abortion...is gravely contrary to the moral law...(2271).

The inalienable right to life of every innocent haman individual is a *constitutive element of a civil society and its legislation*.... (2273).

Inspired by these and related truths, the pro-life movement has adopted a variety of forms of conscientious objection, including but non limited to: lobbying, campaigning, prayerful witness in front of clinics, including the Rosary, refusal to pay taxes, sidewalk counseling, refusal by health care professionals and instiutions to participate in providing abortions, and many others.

Possibly the most visible and provocative activity the pro-life movement in that called " Operation Rescue." Although both pro-abortion proponents and some civil rights acitvists aggressively deny that " Operation Rescue " is a form of civil rights protest, the reality is self-evident. Virtually the same non-violent resistance strategies and tactics used by the Reverend Dr. Martin Luther King Jr. in the black civil rights protest movement of the 1960's in the United States typify " Operation Rescue." " Sit-ins," " lie-ins," chaining oneself to a door or to an immovable object, blocking entrances to abortion clinics: all of these are tactics borrowed from the black civil rights movement. As a result of such tactics, large numbers of " Operation Rescue " activists have been jailed, some for extended periods of time, some maltreated, precisely as was the case whiht the black civil rights movement. Attendant publicity, as well, has been similar to that achieved by the black civil rights movement

Black Americans were divided among themselves about the advantages and disadvantages of civil rights protest, so pro-life activists have been divided about the advantages and disadvantages of " Operation Rescue." Since I am unaware of any extensive surveys on the subject among pro-life activists, I can but conjecture that the mainstream pro-life movement, while sympathetic whith the reasons for and the objectives of " Operation Rescue," has feared a " backlash " against the pro-life movement itself. Their fears have probably been justified in two ways. One, invariably the media have attempted to put he ugliest possible face on rescuers in " Operation Rescue " and have been clearly both hostile to rescuers and sympathetic to the entire abortion movement. The direct result of this has been the pro-abortion movement's ability to accuse all pro-life activist as " crazies," fanatics, even Nazis denying " women's rights " This propaganda exploitation has worked significantly to the advantage of the pro-abortion cause.

Two, using such propaganda, pro-abortionists have been able to convince legislators to enact even more severe legislation restricting " Operation Rescue " activities, legislation carrying inordinately severe penalties. We now have, at least in the United States, the anomalous situation that almost any non-violent protest is smiled upon by the law except non-violent protest carried on by " Operation Rescue," which is met with arrest, prison terms and enormous fines.

This kind of double standard must be recognized as one of the provocations for what has become a new and radical form of " conscientious objection " in defense of the unborn. We have now experienced in the United States two identified instances of the direct killing or assassination of abortion doctors. (Allegedly, many doctors and other abortion clinic workers have been threatened). Pragmatically, these assassinations and alleged threats have been gravely damaging to the pro-life cause, both in terms of public perception, which blames all pro-life activists for the violence perpetrated by very isolated individuals, and in terms of the passage of even stricter legislation than that described above. Indeed, first amendment rights themselves, including the right of free speech, come into question because of these assassinations and threats.

The pragmatic effects are obvious. Less obvious is the determination of the moral issues involved in " killing to defend human life." Proponents of the moral legitimacy of assassinating abortionists would call upon principles of just war and of the natural moral law.

They would argue with the *Catechism* that:

> "...The moment a positive law deprives a category of human beings of the protection which civil legislation ought to accord them, the state is denying the equality of all before the law. When the state does not place its power at the service of the rights of each citizen, and in particular of the more vulnerable, the very foundations of a state based on law are undermined.
> ...As a consequence of the respect and protection which must be ensured for the unborn child from the moment of conception, the law must provide appropriate penal sanctions for every de-

liberate violation of the child's rights " (CDF, *Donum vitae III.* (2273)

They would argue that the state is failing in its duty and therefore depriving a child of its right to life, and that since this is a natural and intrinsic right, " someone " must intervene.

They would invoke " just war " teaching that the state has the responsibility to defend its citizens against unjust aggression and that again, therefore, " someone " must intervene They would argue, as well, that pro-abortion laws are intrinsically evil, opposed to the natural law, and that everyone has the same obligation to protect the unborn against the execution of these laws as those persons had in Nazi Germany who knew that Jews and Christians were being " legally " murdered in accordance with Nazi law. Further arguments are likewise adduced in somewhat the same vein. How is one to respond?

We can find at least one responsible moral theologian on each side of the argument, as we can find at least one responsible civil lawyer on each side of the argument. Those who would support the argument would do so essentially for reasons cited above, although admittedly they would articulate those reasons much more cogently and in more sophisticated fashion than I have articulated them here in overly simplified form. For the counter-argument, I turn to Moral Theologian Monsignor William Smith, who not only formulates a strong argument against the direct killing of an abortionist, but does it in such fashion as to make clear the positions with which he disagrees.

The direct killing of the innocent is a moral species of murder. Some who oppose murder argue that the abortionist is really a " serial killer " of innocent babies. Indeed, a killer is one who acts, neither out of defense nor compassion, and not *pro bono*, but one who is paid to kill a moral innocent. They argue, further, that deadly force is justifiable against this " medical hit-man " because it will prevent him (or her) from killing more moral innocents.

This assumes many things that are not true.

First, this line of argument assumes that one can try to kill a potential killer to prevent more killing. But received Christian teaching repudiates that direct intent to kill. Justifiable self-defense applies only to that killing that is not directly intended, i.e., a result that is a secondary effect.

Second, the justifiable defense comparison here argues that the guilt of a known intentional killing (of the abortionist) can be outweighed by preventing another, but as yet unknown, evil.

But this offends the cardinal biblical principle that a good end does not justify an evil means (*Rm* 3:8). This kind of consequentialist argument is thoroughly repudiated in *Veritatis Splendor* (nn 71-83).

Third, killing the abortionist is not the same as killing in defense of home or family because the latter can be an incidental, unintended, secondary effect. Whereas the shooting of an abortionist (in cases recorded) would seem to be intended and premeditated.

Further, those who kill on their own authority advance what all pro-life people oppose. When lethal force is used against the abortionist, is not the clinic guard free, and the police officer duty-bound, to repel that attack with force, even lethal force? Where does this spiral end? How is it limited?

We must fight murder without conforming to it, or condoning it; it makes no Christian sense to try to justify murder to limit murder. When we try to have the end justify the means-the Means become an End.

Comparisons with Nazi Germany and Dr. Mengele do not enlighten, but distract us here. The United States of America today is not Nazi Germany (1933-45). We are a nation of law; yet not all our laws are just ones (e.g., legal abortion). We do elect our Legislators and Chief Executive; they appoint our Federal Judiciary. Christians (and all other citizens) are free to participate in that process–and they should participate actively and intelligently.

No Christian, however fervid or misguided, has the moral right to declare himself the sole detective, district attorney, judge, jury, and supreme court in our democratic society and on his own authority set aside the natural law and the Ten Commandments, allegedly to advance the 5th of those 10 Commandments.

For the first three hundred years of Christian history, the Christians were on the wrong side of unjust laws. Yet, they were convinced and taught us that it is better to suffer evil than to cause evil. *Know this, my dear brothers, ... the wrath of man does not accomplish the righteousness of God* " *(Jas* 1:19-20). That was infallibly true when written and is just as true when read today.

While we have spent much time in this paper on abortion, the aggressive efforts in many jurisdictions (e.g., Holland) to legalize euthanasia and physician–assisted suicide make clear that these and

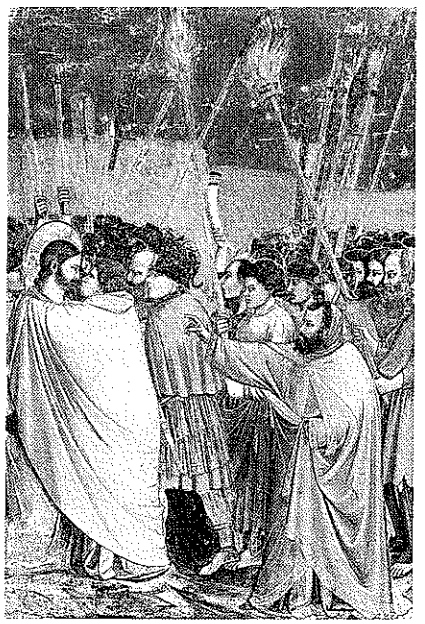
other issues must be addressed in much the same frame of reference as that relating to abortion. Whatever moral arguments are adduced for or against various expressions of conscientious objection in defense of human life, the pragmatic always looms large by way of the question: what is the *spes fructus* of any particular venture to defend human life. Will the last state be worse than the first? Will events like assassination of abortionists create a backlash that will justify even greater numbers of abortions and even stricter penal laws against trying to defend the unborn? Such pragmatic questions may not be easily dismissed.

However one argues questions of conscientious objection, it is clear that a much deeper question underlies all others, namely, that of the formation of conscience. It is foolish to attempt to justify any act of conscience, including objection in conscience or conscientious objection to any set of circumstances, without first demanding what the Second Vatican Council demanded and what the *Catechism of the Catholic Church* demands. For whereas much has been made of the *autonomy* of conscience, too little has been made of the requirement that the conscience must be *informed*. The *Catechism of the Catholic Church* synthesizes the teachings of the Second Vatican Council in this regard:

> Conscience must be informed and moral judgment enlightened. A well-formed conscience is upright and truthful. It formulates its judgments according to reason, in conformity with the true good willed by the wisdom of the Creator. The education of conscience is indispensable for human beings who are subjected to negative influences and tempted by sin to prefer their own judgment and to reject authoritative teachings (1783)

Since the Pontifical Council for Health Care Workers by definition must address concrete needs of health workers, and not merely engage in theological or medical abstractions, it should be noted here that what is said about conscientious objection in general is quite specifically applicable to health care workers. Another entire dimension, however, must be recognized in regard to health care workers: the principles of cooperation. Since these remarks are not intended as an essay in medical ethics, suffice it to note that is always necessary to assess the existence or degree of guilt in immoral or criminal medical practices. This means distinguishing between and among formal and material cooperation, immediate and mediate material cooperation, proximate, remote, necessary and negative material cooperation. Classic texts in medical ethics spell out the moral implications of each of these modes of cooperation and the principles that apply in each case.

It is clear that no health care worker may be forced to cooperate in moral or criminal practices, and that the right to object in conscience to participation must be upheld.



We began by citing our Holy Father's magnificent expression of conscientious objection to the onslaught on human life projected by the final draft of the Preparatory Conference for Cairo. We conclude with his equally magnificent objection in conscience to threats against human life in his address in Washington, D.C., capital of the United States, in 1979

> ...We will stand up every time that human life is threatened. When the sacredness of life before birth is attacked, we will stand up and proclaim that no no one ever has the authority to destroy unborn life. When a child is described as a burden or is looked upon only as a means to satisfy an emotional end, we will stand up and insist that every child is a unique and unrepeatable gift of God, with the right to a loving and united family. When the institution of marriage is abandoned to human selfishness or reduced to a temporary, conditional arrangement that can easily be terminated, we will stand up and affirm the indissolubility of the marriage bond. When the value of the family is threatened because of social and economic pressures, we will stand up and reaffirm that the family is " necessary not only for the private good of every person, but also for the common good of every society, nation and state " (general audience, January 3, 1979). When freedom is used to dominate the weak, to squander natural resources and energy, and to deny basic necessities to people, we will stand up and reaffirm the demands of justice and social love. When the sick, the aged or the dying are abandoned in loneliness, we will stand up and proclaim that thet are worthy of love, care and respect (Mass held on the Capitol Mall, October 7, 1979).

JOHN J Cardinal O'CONNOR
Archbishop of New York and Founder of the Sisters of Life

XAVIER TRIAS

Progress in Perinatal Medicine

An attempt to describe the various advances which have taken place over the last decades in the field of perinatal medicine would probably require many papers and would command the whole of the attention of this conference. For this reason I will devote my contribution to perinatal treatment, the goal towards which the efforts of very many researchers have been directed over recent years. Here we are talking about what is termed in English the " unborn patient."

In the 1950's Professor Ian Donald introduced ultrasound techniques into obstetric tests, a development which enabled the foetus to be observed within the womb at any given time during pregnancy and whenever this was necessary. Such techniques involved no risks for the foetus itself and caused the mother no discomfort.

In the second part of the 1980's great steps forward in the field of perinatal diagnosis and foetal medicine were achieved. The great advance attained in the technical application of ultrasound methods enabled us to achieve a high resolution picture of the anatomy of the foetus by the use of standard measurements. As a result of such progress the development of various techniques of varying levels of intensity took place which enabled us to achieve the perinatal diagnosis of different kinds of maladies. In the same way it was possible to make a more precise evaluation of the level of development and state of well-being of the foetus within the womb. In this way we were able to have a greater understanding of the pathogenesis and above all else the pathochronia of certain illnesses which had developed within the alvus.

Although recent advances in foetus surgery have greatly interested public opinion it should be stressed that the treatment of the foetus is by no means new. The first demonstration of the ability to modify the risk of intrauterine illness occurred in the late 1940's and the early 1950's. This took place through the use of penicillin with mothers affected by syphilis. If begun in the first three months of pregnancy such treatment prevented foetal infirmity and if carried out after pregnancy it was also shown to have a curative effect. Thereafter new techniques of intrauterine transfusion were developed which allowed us to save a very large number of foetuses affected by beta-hemolytic disturbance of the uterus. In addition there were the many consequences of the use of anti-D gamma globulin on RH negative mothers after they had given birth to RH positive children, something which greatly reduced maternal anxiety with regard to future pregnancies.

Despite the long period of time which has elapsed since that date, we have to recognize that today very few illnesses and anomalies of the uterus and the foetus can be treated in effective fashion. During the 1970's and 1980's numerous attempts were made to apply techniques of surgical correction to various kinds of congenital malformation within the womb. To conclude, there were positive advances in the treatment of certain cases of congenital diaphragmatic hernia but the difficulties were so great that the application of such techniques was limited to a few centers and took largely experimental form. The most spectacular and important advances took place in the field of pharmacological treatment, and future hopes are placed in the development and application of gene therapy

The therapeutic approach to the foetus begins with certain evident starting points:

* the use of drugs and medicines–through the placenta (by giving drugs and medicines) through the amniotic liquid or in direct fashion by injecting them into the foetal organism (intravascular, intraperitoneal);

* methods involving the transfusion of haemoderivatives into the foetus;

* surgical techniques: the use of shunts which avoid the an increase in pressure in a closed cavity, corrective surgical methods;

* gene therapy

The Use of Drugs and Medicines through the Mother or Directly into the Foetus

Prenatal pharmacological treatment enables us to tackle various kinds of pathologies:

A. Reversal of Physiopathological Alterations

1. *Treatment of Cardiac Arrhythmia*

The consequences of foetal tachyarrhythmia are well known–congestive cardiac insufficiency, hy-

drops foetalis and the death of the foetus. The ingestion by the mother of digital or verpamil is usually effective, as long as such treatment is begun before the foetus begins to display symptoms of dropsy (as a result there is a change in the transplacental passage of the drugs and these latter lose their effectiveness). In such cases attempts can be made to introduce the medicines directly into the foetal peritoneum or, in more effective fashion, by their introduction through the umbilical channels. Treatment through the placenta (digital, verapamil, quinidine, amyodarone) can be effected in a mobile clinic but when the treatment has to be applied directly to the foetus the mother has to be admitted to hospital and there has to be a monitoring of the cardiovascular system of the foetus. For this reason it is advisable to use fast-acting medicines of medium-long term use.

2. *The Anti-Phosphatide Syndrome*

Various therapeutic approaches have been used to solve this problem through the use of different combinations of drugs and medicines. But with each of these kinds of treatments there is always the risk of pre-eclampsia, of premature birth, and thrombosis. But it has been possible to raise neonatal survival rates from 40% to 73%

3. *The Treatment of During-Birth Foetal Suffering with Betamimetics*

The continuous endovenous introduction of ritridine into the mother enables us to correct acidosis in 75% of the foetuses where there are signs of during-birth suffering (a Ph level less than 7.25 in the blood of the foetus). This process facilitates the mechanisms by which the foetus adapts to life outside the womb and introduces greater normality. It also reduces the number of cesarean operations which are needed in such cases.

B. Pharmacological Treatment to Prevent and/or Cure the Secondary Damage caused by Perinatal or Foetal Infection

Syphilis

40 to 50% of pregnant women with syphilis were subject to consequences of this disease with regard to their pregnancies (premature birth, intrauterine foetus death and/or congenital syphilis) Penicillin continues to be the principle treatment for this illness, although over recent years stronger therapeutic regimes have been recommended than those traditionally used, especially if there is also an infection caused by HIV and treponema

Acquired Immune Deficiency Syndrome

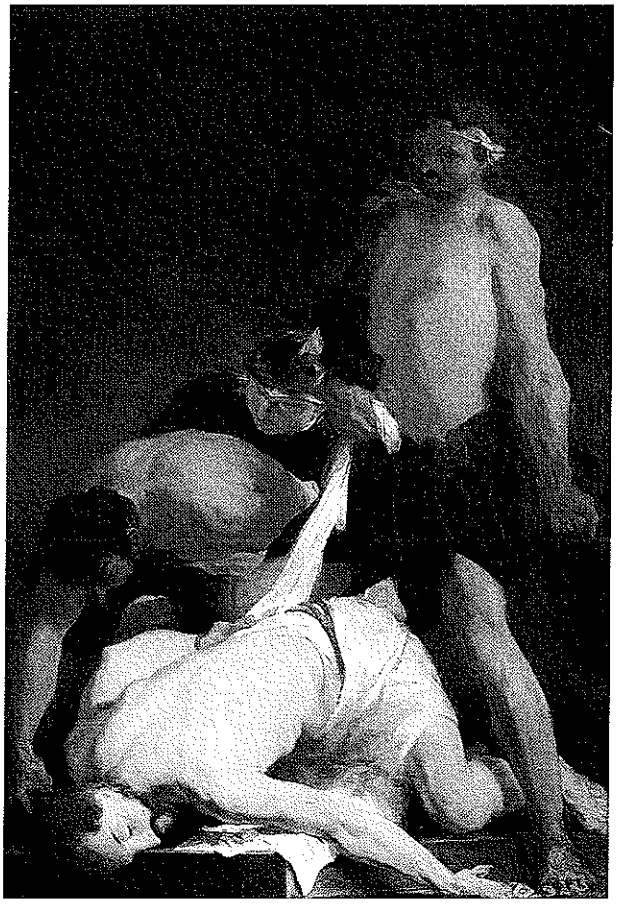
Recent research has suggested that the treatment of pregnant women with AZT diminishes the rates of the vertical transmission of the disease.

Toxoplasmosis

When an infection involving toxoplasmosis develops during pregnancy the risk of the foetus being afflicted is approximately 40%. The classic trio of hydrocephaly, chorioretinitis, and cerebral calcifications develop and there are often varying levels of cerebral paralysis in those children which actually survive.

Beta-hemolytic Streptococcus Infection of the B Group (SGB)

At the present time EGB is the most frequent causal factor of systemic perinatal infectious pathology. Attempts can be made to interrupt the vertical transmission of the infection through the during-



birth use of intravenous ampicillin in the infected mother where other perinatal factors are also at work which increase risk levels (premature birth, prolonged breakage of the ovular membrane and during-birth fever) or when there has been a family history of a new born child being afflicted by perinatal SGB septicaemia.

C. Metabolic Treatment to Induce or Reverse Physiopathological Changes

1 *Treatment of Thyroid Diseases of the Foetus*

During a normal pregnancy the thyroid of the foetus develops independently of the influence of maternal factors. When the pregnant mother is affected by Graves disease the transplacental passage of immunoglobins which stimulate the thyroid can cause a serious case of thyrotoxicosis (delay in intrauterine growth, foetal hydrops, premature birth, and perinatal death). The transplacental passage of antithyroid medicines given to the mother can lead to a case of hypothyroidism of the foetus. A control of the maternal levels of thyroid hormones in conjunction with a control of foetal growth, the heart beat and the biophysical profile of the foetus, have been used as instruments by which to direct the treatment of the mother. Recently, measurements have been taken of the parameters of thyroid function in the blood of the foetus. Reference has also been made to intrauterine treatment of the thyrocele of the foetus through the use of intra-amniotic thyroxin

2 *The Prevention of Structural Anomalies Congenital Adrenal Hyperplasia*

It has been shown that the use of dexamethasone in mothers suppresses the adrenal activity of the foetus and thus the virilization of female foetuses affected by 21-hydroxylase deficit. In pregnancies at risk the treatment of the mother is begun with 1-1.5 mg each day of dexamethasone from the seventh week of pregnancy onwards until the sex of the foetus becomes clear (ultrasound or karyogram). This treatment and the use of this drug is only continued in cases where the foetus turns out to be female

Neuron Tube Defects

Studies carried out on animals suggest that the defects of the neuron tube can be secondary phenomena caused by different kinds of deficits in minerals and vitamins. Different studies show that the use of various vitamins and minerals (and probably the use of folic acid alone) can reduce the incidence of deficits of the neuron tube in families with one or two previous cases of this condition.

3. *The Prevention of Biochemical Anomalies*

Methylmalonic Acidemia. Methylmalonic acidemia arises from a functional deficit of vitamin B12.

Multiple Carboxylase Deficiency Multiple carboxylase deficiency is an innate error of the metabolism where there is a deficient activity of all the chondriomite enzymes which depend upon biotin.

4. *Prevention of premature birth through the simultaneous inducing of foetal development and thus the prevention of pathologies most frequently associated with such prematurity: degeneration of the hyalin membrane (EMH), periventricular and intraventricular haemorrhage (HPIV), necrotizing entercolitis (ECN), and bronchopulmonary dysplasia*

The effectiveness of the use of steroids in the mother to induce pulmonary development has been well demonstrated. The same may be said of the evident beneficial effects to be gained in relation to the reduction of the incidence and/or seriousness of HPIV, ECN and DBP

Up to a few years ago it was believed that the giving of steroids to the mother was advisable only between the twenty-eighth and the thirty-fourth week of pregnancy. Recent work suggests that beneficial effects can also be observed from the twenty-fourth week of pregnancy and when the unborn child weighs five hundred grams

There remain however some doubts as to possible harmful effects for the mother who is given steroids in three sets of circumstances. In cases where alternative drugs might be used in relation to the inducing of growth of the foetus's lungs–namely ambroxol and TRH. Unfortunately, to be effective, ambroxol needs a long period of use (about five days) and such a time span is not always available if a miscarriage is to be avoided. TRH has been shown to be effective when used in conjunction with steroids.

D. The Blocking of the Foetal Reticuloendothelial System through the Use in the Pregnant Mother of High Doses of Intravenous Gamma Globulin

In cases of isoimmunization which afflicts both the erythrocytic series and that of the blood plaque it has become possible to avoid the hemocatherisis of the form elements by blocking the SRE of the foetus through the use of large quantities of IgV IV introduced into the mother.

Techniques of Haemoderivative Transfusion into the Foetus

A. *Hemolytic Anaemia by Isoimmunization*

The first attempts to inject haemoderivates into the foetus were carried out in the 1960's. Liley achieved intraperinatal injection under fluoroscopic control and Adamsons did the same through direct access to a vas using the method of hysteratomy. Because it involved high levels of mortality this second technique was soon abandoned. The introduction of foetus-scopy permitted transfusion through the umbilical paths under direct visual control. At the present time the method employed is that of injection into the umbilical vein through a needle introduced under the cutis and guided by ultra-sound methods.

The survival rate of foetuses afflicted by serious forms of perinatal hemolytic infirmity has increased in spectacular fashion (even in cases of hydrops it is possible to save from 80% to 90% of the foetuses). RH negative O blood, negative cytomegalovirus, is administered, compatible with the blood of the mother or with a haematocyte between 70 and 80%

B. *Post-Haemorrhage Anemia (Foetal-Maternal Haemohrrage)*

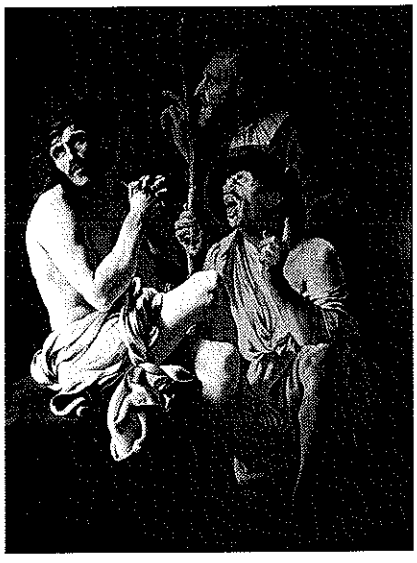
In cases of massive foetal-maternal haemohrrage there is the possibility of serious foetal anaemia, hydrops and even the death of the foetus. Treatment can be attempted involving intrauterine transfusion which will have an effect only if the foetal-maternal haemorrhage stops.

C. *Post-Haemorrhage Anaemia (Foetal-Foetus Transfusion)*

Alteration takes place in 4% to 26% of all monochorionic twin pregnancies. Perinatal mortality during the second three-month period ranges between 80% and 100%. Attempts have been made, without success, to effect treatment through repeated blood abstraction and transfusion between the two twins.

D. *Aplasic Anaemia Caused by Parvovirus B19 Infection*

Foetal infection usually occurs two to ten weeks after infection of the mother and can cause serious cases of anaemia, hydrops and even the death of the foetus. Because the development of the infection is self-limiting and the medullar alteration is reversible, this condition is one of the principal areas where intrauterine transfusion is clearly indicated. It involves maintaining sufficiently high levels of oxygen supply before the achievement of the recovery of the haematopoietic activity of the foetus itself.



E *Isoimmune Thrombocythemia*

This is present in one in every five thousand pregnancies and is accompanied by intracranial haemorrhage in the 20% to 35% of the foetuses afflicted by this condition. The maternal anti-blood plaque AC pass through the placenta in a similar procedure to that of RH infirmity. The repeated giving of blood plaque to the foetus through cordocentesis has proved effective in the avoidance of haemorrhage side-effects and the achievement of pulmonary maturity. The short life of the blood plaque requires a repetition of the number of transfusions with all the risks that this involves. For this reason attempts are made to block the reticuloendothelial system of the foetus through the use of doses of IgC applied to the mother (1 gr/Kg/every week). This treatment is not always effective and therefore it is necessary to check the blood plaque levels of the foetus through cordocentesis, and if it is seen that this does not increase transfusion is then embarked upon.

F. *In the Future: Transplant of the Medulla Ossium to the Foetus*

It is possible that in a not too distant future gene therapy of somatic cells will be a reality. In fact there have been attempts to transplant RH negative cells from the medulla ossium in serious cases of RH isoimmunization but the results have not been very positive.

The great developments in techniques of prenatal diagnosis have promoted easier and safer methods by which to apply therapeutic agents to the foetus. However in certain cases we still have to give clear and secure answers to a number of questions:

* What conditions and symptoms should really obtain for the various kinds of therapies to be applied to the foetus?

* At what point in the pregnancy should these therapies be applied?

* What is the best route by which to apply such therapies?

Surgery on the Foetus

In the field of treatment which involves surgery on the foetus there are two great divisions to be made in any categorization:

* The techniques of placing a shunt which allows a reduction of excess pressure in a closed cavity, techniques which have been used in treating a broad range of foetal pathologies: ascites, hydrocephaly, hydropleura, and the posterior urethra valve syndrome The results of placing shunts in cases of hydrocephaly and ascites have been so discouraging that at the present time very people suggest their use.

* Techniques of surgical correction of serious malformations

Foetal Hydropleura

Any kind of presence of liquids in the thorax can cause pulmonary hypoplasia if this takes place during the phase of cannulation of growth. The compression which originates in the workings of the heart and the caval veins can give rise to cardiac complications and to hydrops. The accumulation of liquid can render deglutition difficult and involve polyhydramniosis and secondary obstetric complications. For all these reasons it is clear that the placing of drainage mechanisms which impede the accumulation of liquid can obviously lead to beneficial consequences. As in the case of every other kind of congenital anomaly, it is first necessary to check the karotype and the existence of other concomitant malformations. The aspiration of the accumulated pleural liquid by means of a needle guided by ultrasound methods facilitates the renewal of the RN and thus must always be attempted. At times the initial aspiration is curative and the loss is not palindromic. When this does not happen a permanent drainage must be introduced in order to avoid pulmonary hypoplasia This last condition can also be avoided through the placing of pleuro-amniotic drainage mechanisms in cases where there is cystic adenomatoid malformation.

Obstruction of the Urinary Tract

Similar treatment has been applied to certain kinds of malformations which block the urinary tract, in particular in relation to the valves of the posterior urethra. In such cases oligohydramnios leads to pulmonary hypoplasia and the obstruction of the urinary flow provokes kidney dysplasia.

Open Surgery on the Foetus

Given the large number and variety of risks which are involved, the criteria for the application of surgery to the foetus must be extremely rigorous:

* an isolated anatomical defect;

* the physiopathology of the defect well known;

* natural history of the defect well known;

* fatal development of the defect without treatment;

* risks of intervention lower than those involved in leaving the defect to go on without treatment;

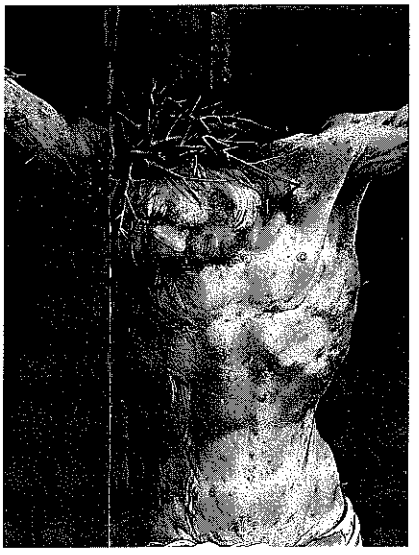
* good results of foetal surgery on the same kind of defect in guinea pig animals.

When all these criteria have been applied very few congenital anomalies remain where it is actually possible to suggest the carrying out of surgery on the foetus.

Harrison and his associates have published the results of their experience of intrauterine correction of congenital diaphragmatic hernia. Although in certain cases the procedure has had a positive overall effect, these authorities are not very hopeful of these methods Although the consequences for the mother of this kind of operation are not especially important, in all cases the

birth has occurred prematurely However the experiences of these doctors have been very instructive indeed. We have learnt that when the liver has a hernia which has developed within the thorax, intrauterine surgery is not advisable because if the liver is reintroduced into the abdomen the flow of the umbilical vein is compromised and can even cause the death of the foetus. Contrariwise, when the stomach remains in the abdominal cavity and does not appear to be enlarged, or in those cases when a diagnosis has not been carried out during previous controls and when the condition is observed for the first time at the end of the pregnancy, prenatal correction is effective and intrauterine treatment is not justified.

The ethical aspects of carrying out surgery on the foetus within the womb take many forms and are very complicated. They include questions relating to the life levels of the foetus and the legal rights of the foetus and the mother



Gene Therapy

The advances achieved over the last decade in molecular genetics and the technology of recomposing DNA structures have been spectacular and have involved the development of diagnostic techniques by which to discover an ever increasing number of hereditary disturbances.

Present-day technology allows the introduction of cloned or purified genetic sequences in cultivated cells or in the cells of live animals. By this route monogenic defects can be corrected. It is certainly true that the next step will be to do the same with human beings. This is because the possibility of treating disturbances which can not be dealt with by any other form of treatment is very attractive.

But before being able to apply these methods a large number of unknowns must be dealt with. The dimensions of genetic treatment have not only attracted the interest of biologists and doctors but have also provoked the interest of legal and jurisprudence experts. The acceptance of this kind of treatment by the general public has become difficult, in part because of ethical reasons which are absolutely valid and understandable, especially in we consider that we are still at the very early stages of this kind of treatment. But in part, also, because the sensational and pseudo-scientific press constantly threaten us with the potential risks which are involved in attempts to modify forms, appearances, behavior and so forth. It is of fundamental importance that we see genetic treatment as a vast and complex whole which includes a broad range of different variants. When we come to consider the advantages and disadvantages of a certain course of action we must examine each of these variants separately.

The attempts to approach gene therapy can be divided onto three levels:

* modification of existing genetic material;

* extraction of part of existing genetic material;

* addition of genetic material to existing genetic material.

Modification of Existing Genetic Material

Haemoglobinopathies have already begun to be used with success. Azacytidine-5 and other demethylating agents have achieved the expression of foetal hemoglobin in monkeys and in people affected by beta-Mediterranean anaemia and drepanocytosis. The genes for A and F hemoglobin are found adjacent to chromosome 11. Azacytidine-5 removes the methyl group bound with cytosine in some guanine-cytosine (CG) sequences which normally act as transcription inhibitors. This removal leads to an increase in the production of Hb f and a certain clinical improvement is thereby achieved. Unfortunately the effects last for only a short while and the demethylizing agents are toxic.

Extraction of Existing Genetic Material

In theoretical terms it is possible to achieve this in conjunction with in vitro insemination techniques

This is because for a positive result to be obtained this method must be applied at the unicellular stage. Its use is suggested, for example, in the case of high risk couples (carriers of a balanced translocation of chromosome 21) and in this case the ovule must be fertilized in vitro and there must then be an immediate analysis of the karotype and if necessary the extraction of superfluous material. At the present time we are in technological terms very far from being able to apply this kind of gene therapy.

The Addition of Genetic Material to Existing Genetic Material

This is the most promising of all the various forms of gene therapy. It takes place at three levels:

A. Gene therapy of somatic cells–genetic material is inserted into the body cells of the sick person in order to correct a genetic defect.

B. Gene therapy of germinal cells–genetic material is inserted into the germinal cells in order to correct the defect present within the sick person and his descendants.

C. Genetic engineering involving stimulation–genetic material is inserted into a normal individual in order to improve certain physical characteristics.

At the present time only the first form, added gene therapy, seems to be practical. The gene therapy of germinal cells has the risk of transmitting altered genetic material to succeeding generations.

Gene therapy applied to somatic cells is based on the introduction of normal genetic material obtained from techniques which recompose the genome of the somatic cells of a sick person. It could be applied to different kinds of illness, namely haemoglobinopathies, immunopathies, innate errors of the metabolism, coagulopathies, endocrinopathies, and so forth.

What conditions should be at work in a given illness for gene therapy to be proposed as a treatment?

1. The illness must be sufficiently serious and disruptive to justify experimental treatment.

2. Gene treatment must be able to eliminate the symptomatology of the illness.

3. The illness must be correctable through the insertion of genetic material into the cells of the medulla ossium. This is because this is the only tissue which can be extracted, treated in vitro, and then successfully reintroduced into the same human being.

4. The disturbance must be due to a monogenic alteration.

5. The disturbance must be caused by a known gene, which can be identified and cloned.

6. A safe and effective method must be available to introduce the cloned gene into the cells which have to be treated.

The problems involved in the halogenic transplant of the medulla ossium (insufficient quantity of hystocompatible donors, rejection reaction, the need for a complete lymphoid ablation and haematopoietic pre-transplant) could be resolved by the use of the same medulla ossium subjected to gene insertion.

Certainly we will not have to wait long before we will be able to use such therapies with a perfect set of guidelines and rules for their application and required use. This will enable us to offer the possibility of effective treatment to many pregnant women who at the present moment choose to interrupt their pregnancies.

This paper bears out how rapidly scientific progress takes place and for this reason as medicine and science advance we must give the very greatest importance to their ethical dimension. It is of fundamental importance that scientists and society in general do not ignore the fundamental objective of all this research which is that of serving mankind and achieving improvements in health and the quality of life.

I would not like to finish this paper without referring to the fundamental role of the family in the defense and promotion of human life. Given that this is the " international year of the family " everybody must make an even greater effort to strive to reduce the differences between North and South at all levels, including that of access to health and the dignity of human life.

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Minister of Health of Catalonia Spain

LEONARDO ANTICO-F. CARETTA-M. PETRINI

Progress in Geriatric Medicine

Introduction

The Third International Conference organized by the Pontifical Council for Pastoral Assistance to Health Care Workers, held in 1989 on the topic " Longevity and Quality of Life," affirmed in its final motion that " old age is not the sunset of life; rather, it is a step as important as procreation, growth, and maturity."

The problems of health care which characterize the various ages of life differ from one stage to another: injuries and traumas are the prevalent clinical interest of infancy, adolescence and the first phase of adulthood; the insurgence of chronic pathologies is a characteristic of middle age; morbidity and death due to chronic illness characterize retirement age; functional deterioration, disability and dependence are the focal problems of the elderly. Consequently, the epidemiology of aging is concerned not only with the diseases which cause morbidity and death, but also with the principal conditions of functional autonomy.[1]

In the context of aging, it is necessary to take note that today, the reduction of the death rate and the betterment of hygienic-sanitary conditions have brought about the prolongation of the life-span, which in turn, has determined a greater proportion of elderly with respect to the over-all population.

Therefore, while we can affirm that our time has not discovered old age, for the first time in history, we are witnessing an enormous increase of the aging component in population, so much so that the health care problems of this age are, in reality, health care problems which concern the population as a whole.

Longevity and Quality of Life

In the context of health care problems, we can say that the increase of the mean age and improved survival after acute events have contributed to a significant increase in chronic diseases and the risk of disability. Let's take a practical example. Progress in the treatment of diabetes has significantly reduced the percentage of mortality directly caused by hyperglycemia; hence, diabetic patients are able to survive for several decades after the onset of the disease. Consequently, these patients have the time to develop the typical complications of diabetes, like arterial disease of the lower extremities, retinal lesions and blindness, peripheral neuropathy, ischaemic heart disease, ischaemic cerebral disease, and kidney failure). All these diseases are extremely debilitating; they cause the loss of self-sufficiency, and require elevated health-social costs.

If we imagine a curve that represents the percentage of surviving persons in relation to their age (see Fig. 1) we will note that this curve decreases slightly in the primary age of life; then it remains almost flat up to 40 years of age, maintaining values around 90%.

It decreases slightly up to 60 years, at which more than 70% of human beings survive. Then the curve rapidly decreases at the age group of 60 to 95 years and over, at values near 0%. Under this curve of survival, there is a parallel curve,

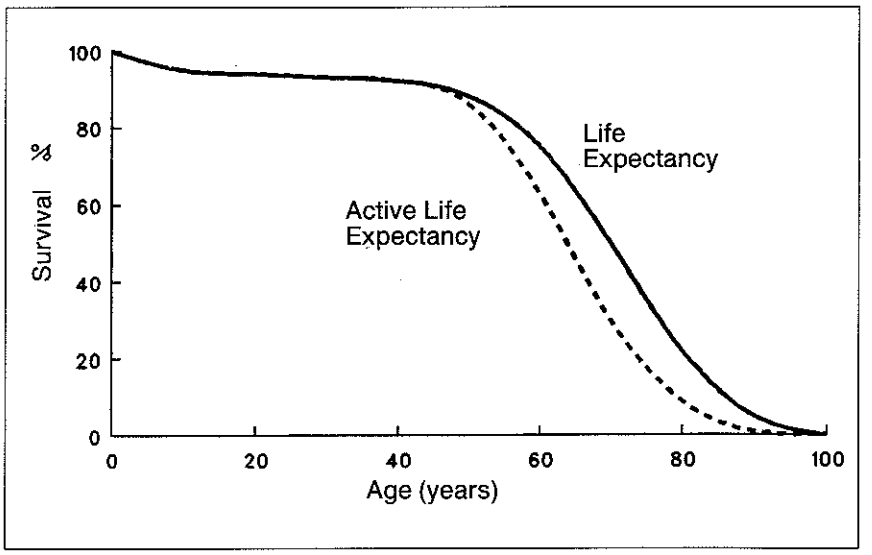


Fig 1 - Survival Curve for the Population

which represents the expectancy of active life, that is, a life which is free of physical limitations that impede the carrying out of simple activities of daily living: moving about, getting dressed, eating, washing up, going to the bathroom, and personal care. The reduction of morbidity signifies a narrowing of the distance between the curve of expectancy of active life and the curve of life expectancy.

It is necessary, therefore, to achieve a better quality of life for a wider number of elderly.

This concern was also the object of a pastoral homily of Pope John Paul II, who, in this regard, affirmed that we need to underline " The close connection which should be maintained between longevity and the quality of life. In fact, it is not enough to meet the primary needs connected with longevity; it is also necessary to consider the demands imposed by the personal dignity of the elderly by making available a whole system of provisions which would allow them to lead an active life suitable to their age."[2]

Let us now see what is meant precisely by the concept " quality of life." Generally, we could say that even in this case, we can consider as valid those indications regarding subjective satisfaction for any aspect of life: the quality of life is derived from the contrast between real life and expected life, that is, from the evaluation of the distance existing between the two. The quality of life is defined as satisfying when the perceived distance is very small.[3]

The quality of life concept is not in itself univocal; in fact, today, there are some working conceptions of the quality of life:[4]

* *First, quality of life as an economic concept*, where quality of life is understood as the satisfaction of needs in the economic-material world, as well as the satisfaction of wishes also of economic-material nature. However, wishes do multiply and give rise to other wishes; consequently, between the wishes which get fulfilled and those that cannot be, there is always a coefficient of disillucionment. So, an economic concept of the quality of life implies the transition from the satisfaction of needs to the satisfaction of wishes and of wishes which are no longer determinable.

* *Second, quality of life as an ecological concept*: quality of life lies in the optimal relationship of human beings with their environment. On the contrary, a degradation of the environment brings about a decline in the quality of life. This concept is certainly worthy of consideration. The balance of the ecosystem, however, always remains as a necessary coefficient for a full quality of life; it is not the whole problem.

* *Third, the quality of life as a medical concept*: the doctor's pursuit should go farther than the care of the patient, to include the best recovery of the quality of life. This is an obvious and positive concept, but it could also conceal an equivocal corollary: a human life is not acceptable if it does not have a certain quality of life; rather, life itself is subordinated to the quality of life.

* *Fourth, quality of life as a personalistic concept*: a concept which looks at the person as a totality, and in the totality of the person, needs and wishes do exist, but also values as well.

This is a qualitative leap, even for the aged: a person cannot be a bearer of a quality of life or the project of a quality of life which is generic, nominalistic, empirical, or simply economic and ecological or medical. A person should carry a global project of the quality of life, which may include even positive wishes; however, if these are not directed towards human values, they get introverted into a self-destructive spiral and into an ever-growing coefficient of disillusionment. Wishes have to be tied onto values: individual, personal, social

and religious. These values lead a person to achieve self-fulfillment

For this reason, it is said that the quality of life is also the result of two principal classes of variables: values, goals, aspirations and lifestyles.[5]

This conceptual model–beyond any observations which could be made on the interaction of the elements–is of great interest, because it focuses on the dynamic interaction of structural factors (the physical, economic and social situation) and socio-cultural factors (values, objectives, aspirations and needs, lifestyles).[6]

We can thus derive the conclusion that quality of life has a correlation to disability, but is also dependent on socioeconomic, environmental and spiritual factors as well as on physical and mental health.

Aging and Multidisciplinary Research

On the other hand, the concept of health is also an expression of harmony with oneself, with others and with one's environment, and an expression of spiritual fulfillment as well.

These objectives have oriented research on risk factors, the causes of disability and the possibilities of preventing them

An achievement in this research field is the Aging Project, financed by the CNR (National Research Council) to coordinate and stimulate the development of geriatric and gerontological research in Italy.

The Aging Project is divided into 5 sub-projects of research which deal with important problems of aging (gerontobiology, epidemiology of aging, endocrinometabolic diseases, sensory and cognitive function, and lastly, quality of life and self-sufficiency. A successful example of the Aging Project is the development of geriatric and gerontobiological research represented by GIFA (Italian Drug-Vigilance Group for the Aged).

GIFA is constituted by a group of researchers who have been working since 1988 at more than 70 hospitals and university centers throughout Italy and coordinated by the Institute of Internal and Geriatric Medicine of the Catholic University of Rome.

The research work by GIFA ranges from the geriatric aspect (like safety monitoring of drug use among the aged) to the economic aspect (such as the appropriateness of use of hospital resources). During last years, there is a growing number of the hospitalized elderly, with more serious illnesses, and they consume a greater number of drugs. In only 5 years (from 1988 to 1993), patients who are over 80 years old confined to medical and

geriatric wards have increased by 50%, passing from 23% to 36%.

The direct impact of these data on the planning of health care seems to be clear.

With regard to safety in the use of drugs, it was proven that adverse drug reactions increase by the addition of drugs prescribed. This observation is especially important for the elderly, since the number of prescribed drugs increases with age.

Other data have show that the risks linked to the use of digitalis--the most-widely used drug for the therapy of congestive heart failure--increase especially in the very elderly. On the other hand, the 60-75 year age group show a risk of adverse drug reactions similar to younger patients. This observation prompts special caution in prescribing digitalis to the very elderly.[7]

The data relative to a longitudinal study on population (the Established Populations for Epidemiologic Studies of the Elderly (EPESE), which studied and followed up for a span of 10 years more than 10,000 elderly living in 4 American cities) have shown that the chronic use of laxatives could increase the risk of alteration in blood proteins. This would suggest that such drugs are not totally harmless, especially in elderly persons.[8]

Another important result was the analysis of the factors of risk of severe gastro-intestinal hemorrhage, frequently a cause of hospitalization and death in the elderly and is an effect of chronic diseases like ulcers, tumors, intestinal diseases or a side-effect of acute myocardial infarction or stroke.[9]

The Catholic University has also conducted a pilot study on the situation of the elderly population in the Molise region, in Italy, in relation to precise social and health parameters, according to the data of national and international studies as well. The elderly cannot be treated as a homogenoeous group and their social-health needs are varied.

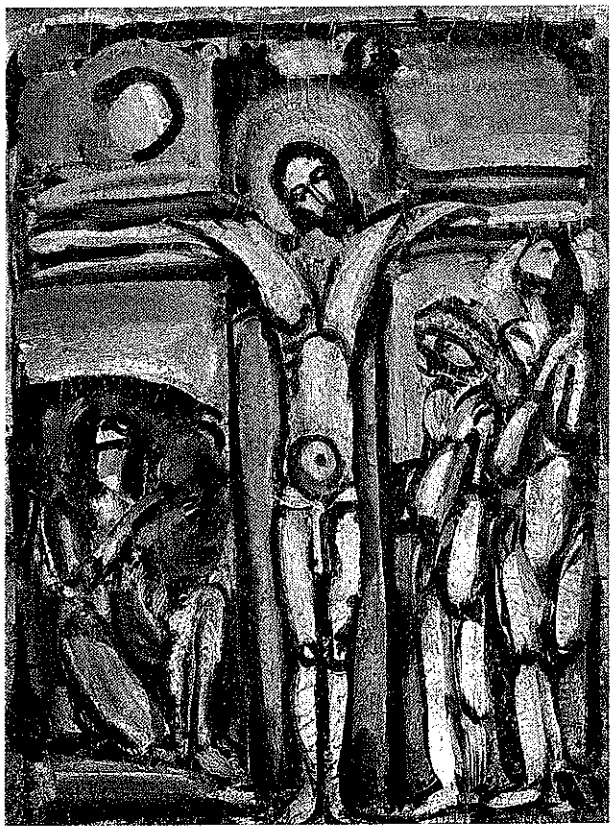
Research on the local territory is a prerequisite for the implementation of services for the elderly, as well as for any other type of project one wishes to undertake, even of the cultural type.

This research project was carried out with the active participation and collaboration of both regional and religious organisms. I will cite in particular Msgr. Di Filippo, Archbishop of Campobasso-Boiano. I must also add that at present a study with a similar methodology and conceptualization is being done in the Calabria region, in Italy. Also here, we must emphasize the interest and commitment of the regional Bishops' Conference.

The objective of this research --which is currently rare on an international level--is to study the various aspects of life and health of the elderly and the availability and use of social and health services (home-care, nursing homes, rehabilitation services).

From the results of this research, we can identify predictive factors, planning a program of health care. It is necessary to establish a range of priorities: to provide aid which is truly indispensable, giving value to existing and functioning social networks, such as the family, the community, the village, the neighborhood.[11]

These studies could be a positive response to certain philosophical and cultural trends which tend to lower the curve of life expectancy. This culture may express itself in limiting the accessibility of health care on the basis of chronological age, with the motivation of reducing the health care costs.[12]



Prevention in Old Age

The awareness of the person's dimensions and the awareness of biological and social interaction have opened a new area of research: *psychoneuroendocrinoimmunology*. This new discipline studies the links complex bi-directional interactions between the central nervous system and the immunologi-

cal network by neuroendocrine modulation of immune functions and feedback to the brain. The socioeconomic changes associated with old age are likely to influence psychological condition: according to some current social models, where the concept of " efficiency " is emphasized as an essential human quality, aging is perceived as a condition of " non-productivity." It has been suggested that frequently this condition precedes depression. From recent studies, it seems that psychoneuroendocrine disregulation associated with chronic psychological distress and depression could be involved among the mechanisms of age-related immune decline

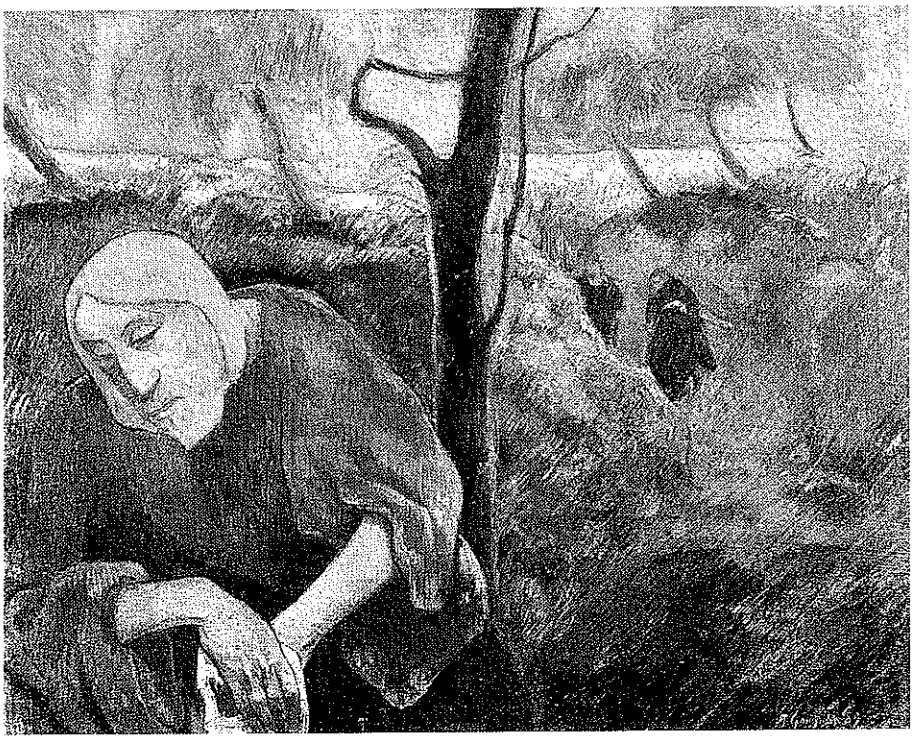
We performed studies on a population of institutionalized aged, selected as healthy according to the criteria of the Senieur-Eurage protocol for immuno-gerontological studies

The research objective was to establish the correlation between affective disorders and immunological abnormality, comparing the results obtained in the elderly population with those of the younger population.[13]

This research based on the study of lymphocyte imbalance associated with depression suggests that the psychological status of the elderly and the existence of a condition of chronic stress must be taken into account when healthy aged subjects are considered for studies in immunosenescence.

It is necessary to note, moreover, that the loss of functional autonomy in the activities of daily living can be potentially prevented. It has been demonstrated, for example, that an effective way to increase the expectancy of active life is to prevent chronic diseases. Regular physical activity contributes to improving one's state of health. In fact, it has been shown that physical exercise improves glucose tolerance, lessens the risk of diabetes and hypertension and acts on atherosclerosis, reducing the frequency of myocardial infarction and stroke Lastly, it also prevents the loss of self-sufficiency.

Furthermore, physical activity improves osteoporosis by preventing bone calcium loss. There are multiple mechanisms for the positive effects of balanced physical activity: increased oxygen transport from the lungs to the organs; improved blood perfusion; direct effects of the mechanical stimulation of the bones, and possibly, an effect on the balance of the nervous system. Continuing our studies on gastrointestinal hemorrhage in the elderly, we have seen that regular physical activity has been associated with a significant reduction of these potentially lethal incidents. For example, walking for one hour a day at least three times a week reduced the risk of gastrointestinal



hemorrhage to 50%, whereas increased activity level did not procure a greater protection. These results have an important consequence for public health, if we consider that walking is a very simple activity within everyone's reach. These studies confirm the practical importance of prevention also in the elderly.[14]

If there are advantages in terms of prevention, rehabilitation, and occupational therapy in particular can also have a great value for the quality of life.

Social-Health Care Management

All these conceptual developments have given rise not only to the development of new health care types, but also to new philosophies of care. With regard to modalities, in recent years we have seen the rise of alternative models of care in Italy, such as the day-hospital, home care, home hospitalization, Residenza Sanitaria Assistenziale. We have also seen the growth of care strategies with the global consideration of the elderly patient and his needs. As an example we can cite the " *Unità Valutativa Geriatrica* "

All these objectives have been adopted by the recent project " Progetto Obiettivo Anziani," whose primary goal is to ensure the best possible quality of life for the elderly population of Italy.

It is necessary to provide guidelines for creating a new culture among geriatic workers themselves, a new culture which requires a change of values and philosophy.

Gerontological-geriatric training should be aimed at fostering an awareness of human values which remain unchanged from birth to death, regardless of age and health condition. This basic ethical principle constitutes the primary guarantee of a firm motivation for workers in this sector.

On the contrary, in all fields of society today, there is a widespread tendency to reserve privilege for the young or adults and neglect the elderly, with the pretext that it is easier to gain professional satisfaction from the former than from the latter, since these are incurable, chronically ill and no longer self-sufficient.[15]

They thus defend the rationing of health care for the elderly.[16]

Very different results were obtained in medical students before and after a period of training in nursing homes with the elderly non-self-sufficien: when a sudent realized the problems of the elderly patient, the professional motivation results increased. Therefore, the availability of health care workers, professionally prepared and motivated, is an indispensable element to ensure effective and efficient health care. Otherwise health care coss rise exhorbitantly and the quality of care decreases.

Another important topic, which deserves to be treated separately, is the training of the family and the volunteers who do play a very important role in the care of the elderly. These, too, should be educated on the value and dignity of the elderly, on the consciousness of the results that could be attained with geriatric care and the importance of their work, without which the efforts of public organizations are destined to almost certain failure. Only in this way can full integration take place between formal and informal supports in the network of services.

So, if we want to derive some indications on the progress of geriatric medicine, we must consider:

– The globality of the human person, in relation to his environment, and, therefore, the multidisciplinary nature of research and care;

– The value of clinical epidemiological research, with suggestions for important preventive strategies;

– Basic research, focusing on body functions in old age, extended to the field of molecular biology

with particular interest in psychoneuroendocrinoimmunology, which emphasizes the unity of the person and the comple mechanisms of mind and body;

– Organization of health care on the basis of research, experimentation and personnel training;

– Gerotranscendence, that is, the meaning which should be given to old age.[17]

Conclusion

In conclusion, the prolongation of life is a great social and scientific conquest, but it is often viewed as a problem. Consequently, the elderly are often seen as persons who are set apart, pushed out of the social contet. This then leads to the incapacity to see the elderly as " subjects of resources," as protagonists, together with other subjects, of the development process. Instead the elderly are viewed as " needy subjects," " passive need " subjects (need to be assisted, need for care), as objects of social politics, and not as " active need " subjects (need to participate, to be useful, to be productive) This way of considering the " elderly-as-a-problematic-social-group " is translated, for the elderly, into a traumatic cutting off from the life of society and for the society becomes an impoverishment

It then becomes important to emphasize that the elderly are qualified as a " condition," not so much as an age group or a category [18]

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The Dimensions of Contemporary Psychiatry

The reality which surrounds us has the features of a nightmare: it amazes us, it is a world-wide threat; values, and especially moral and ethical values, no longer stand out clearly. Probably this is a major factor behind the fact that psychiatric knowledge is called upon with ever greater insistence as time goes on.

We find ourselves face to face with a new and more aggressive social model for the human being, one which is more competitive and technological and which produces disquiet and anxiety as we try to adapt to this situation. The old epidemics have been substituted by enormous problems of a psychological character. The predictions of the experts on mental health are pessimistic: in the next millennium mental illness will become the principal problem in the sphere of public health. It is certainly to our advantage, therefore, to reflect upon the different aspects of psychiatry–where it begins from and where it goes.

The Normal and the Pathological

The World Health Organization has still not formulated a satisfactory definition of mental health. In general, it is thought that psychology is concerned with the world of normality and that psychiatry is concerned with the world of abnormality. But we well know that the criteria of health and illness are relative. The criteria which are used take many forms and range from the cultural to the legal, and from the statistical to the clinical.

Such varied psychopathological symptoms as fear, anxiety, phobias, nightmares, delusions and so forth are frequently present in healthy people. On the one hand it is difficult to distinguish a healthy person from a sick person, but on the other hand, and at the same time, it is also easy to do so. For example, children and animals do it without difficulty, but psychiatrists find it more easy to diagnose a mental infirmity than to diagnose mental health.

One could say that the normal involves that which is more probable and that the pathological involves that which is less probable. But normality is not equivalent to health, and pathology, for its part, is not equivalent to sickness or infirmity.

The Personality

In assessing the personality we come up against similar difficulties. To look for the normal and the abnormal in the personality is like looking for the beautiful and the ugly in a physical structure. The classical terms " psychopathic " and " psychopathia " determine psychic suffering. According to Kurt Schneider the psychopathic person suffers within himself and causes suffering in others. Psychopathia, therefore, is a deformation of the personality.

For a psychiatrist it is easy to be of the opinion that people with an ideal structure to their personalities do not exist–this is because each and every person has similarities, deformations, complexes, habits and other particularities which are very far from making up a model prototype.

In the psychopathic personality a specific " stimulus " exists, a dominant psychic profile is present which pushes towards the external sphere or towards the internal sphere, and which expresses itself in an " imbalance " of the natural proportions of the human being.

For a long time contradictions and contrasts have been formulated in relation to the drawing up of rational principles. For Freud these are the conscious and the unconscious, for Adler inferiority and superiority, for Sullivan fear and safety, for Fromm a drive towards freedom on the part of the self and a flight from itself, and for the existentialists the " to be or not to be " of Hamlet.

When we analyze the different classifications of psychopathias we can readily see that the fundamental criteria take two forms–attitudes and scales of values. The attitudes are as follows: towards the external (the " from " position) or towards the internal (the " towards " position), which are the same as the " extra " or introversion of Jung and the " autism-symptoms " of Kretschmer. The scale of values is, of the two, the most important in life. For example, public opinion (in the case of the hysterical or psychoasthenic type), the world of experiences and sensations (in the schizoid types), or the external world (in the cyclothymic types). Kepinski (1977) expresses his concept of the " from " and " towards " attitude in the following way. When the individual is surrounded by circumstances which generate negative emotions within him and threaten the first biological law,

and thus as a result produce rage or fear, one is dealing with a " from " position. In the " towards " or " up to " vector what surrounds the individual is linked to positive emotions which are associated with the second biological law and become shaped by the need to unite with the environment both of erotic love and of the maternal realities.

In passing I would like to express my opinion as a psychiatrist on the national character of the Polish people, who has been described as being combative, rather rigid, with a tendency to conflict and disputes on the one hand; and deemed to be characterized by heroism, selfless sacrifice, altruism, valor, Romanticism, and individual and social mobilization in situations of danger and/or threat. Professor Eugeniusz Brzezicki of Krakow has termed it schirtothymic (from the Greek eskirtew to dance or to jump).

These observations demonstrate how difficult it is to classify the human being, both when he is healthy and when he is sick. The alterations in personality, although they are on the margins of clinical psychiatry, have a great deal of importance in the life of the individual because they influence his relationship with himself and with social groups, whether these last involve the family or the work environment, or whether they concern ethnic or national groups.

The Mentally Sick Person

Who is the person who is treated as a mentally ill subject, as a madman? In what ways is he different from the healthy human being?

In the search for an answer to these questions studies on the terms and concepts used in the diagnosis of the psychiatric patient have a great deal of value. The etymological content of these terms is especially illuminating. I am certain that most of these terms have a pejorative and emotional meaning which expresses the approach of the healthy human being towards the sick human being.

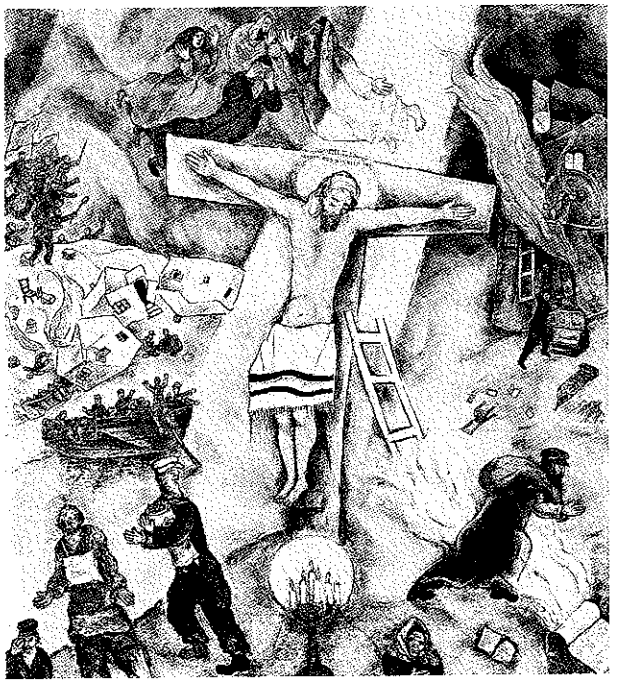
According to the World Federation of Mental Health, 33% of adults suffer to a certain degree from depression and one in every hundred suffers from madness or schizophrenia. It is estimated that from 30% to 60% of patients who go and see the general practitioner for the first time do so because they are suffering from a neurosis. But what is the percentage of the population which suffers from alcoholism, drug-addiction, or narcomania? And how many are criminals? How many commit suicide? And so the questions go on.

Attitudes towards the Mentally Ill

In almost the whole of the civilized world there is a negative attitude towards psychiatry, the mentally ill and psychiatrists. The most common reactions are isolation and rejection on the part of the environment towards mental illness and the mentally ill person. For this reason, psychiatric hospitals are built outside cities. Psychic infirmity and its bearer, right up until our times, have been associated with danger, aggression and crime. As a curious fact one can observe that the medical doctors themselves and the organizations of public health have this negative attitude, and it is an attitude which extends to medical students as well. Only a small proportion of these students choose psychiatry as a specialization.

All this is none other than a result of myths and beliefs, prejudices and false ideas, which have been harbored in relation to the mentally ill person and mental illness. According to one of the greatest myths of all, both mental illness and its bearer cannot be understood. All those who work in this field are well aware of what is possible, and they know that what is needed is suitable motivation and great interest in order to establish empathy with the patient.

Amongst so-called primitive societies one can observe that " men-



tal illness " is, in certain circumstance, a necessary attribute for the exercise of certain functions of merked social value such as witchcraft, foreseeing the future, and clairvoyance Because of their pscychopathological characteristics these people possess a magical and therapeutic power (Kiev, 1972; Ryn, 1981; Grinberg-Zylberbaum, 1987). This is also true of witches who thanks to the influence of hallucinogenic mushrooms enter into contact with the Gods through a state of ecstasy and thus treat their patients (Mircea, 1960; Benitez, 1970; Wasson, 1980) It is precisely in traditional medicine that the roots of different forms of modern psychotherapy are to be found

The Meaning of Mental Illness

One of the characteristics of mental illness (psychoses) is the absence of an awareness of what they are, and the greater the psychosis the less the infirmity is recognized. This facilitates another situation–the involuntary hospitalization of the patient, and at times this is carried out with the use of force

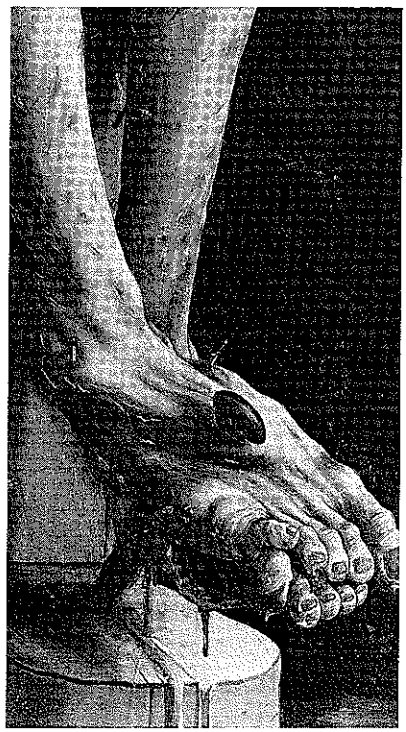
This is probably the most controversial problem of world psychiatry and involves many ethical and legal questions. Many countries in the world still do not have a body of legislation on mental health.

The basic problem is how to ensure that a person enters a psychiatric hospital without his acceptance or approval being taken into account. Should we have to wait for this person to break the law or commit a crime? Or is it enough for him to express social ideas which are not approved by the ideological system? The first situation exists in the United States of America; the second occurred in the former Soviet Union, where there is still a diagnosis involving " counter-revolutionary paranoia " or " slow schizophrenia." We well know why this took place–Soviet psychiatry was used for political ends and was employed to intern dissidents in lunatic asylums and subject them to forced confinement. We know that neither of these solutions is to be advanced and that neither of them can be accepted. And both of them fail to accept the interests of the individual as a human person

Positive Aspects of Mental Illness

A large part of society, including medical doctors, have a pessimistic attitude towards the therapeutic possibilities of psychiatry. It is thought that mental illness has a genetic character and that this means that it cannot be cured. But what does " curable " and " incurable " mean in psychiatry and in general medicine?

Clinical practice stresses that mental illness, including schizophrenia, does not always involve the so-called psychotic " defect " or psychodegradation. At times mental illness, and even schizophrenia, provoke, discover or liberate new creative abilities in the individual. According to Brzezicki (1961) in certain cases schizophrenia can be, in paradoxical fashion, favorable in the social sphere (" schizophrenia paradozalis socialiter fausta "). There have already been a number of clinical cases, in the past and in the present, where mental illness has provoked new abilities and possibilities in the creative, artistic, scientific, philosophical, religious etc. fields. Amongst their ranks we find saints, artists, scientists, heroes, political leaders and many others (Ryn, 1987).



Psychotic experiences are at times so intense and strongly experienced that the patient wants to enter once again into this state, and feels its absence This experience probably does not exist in somatic medicine. In such cases we should ask ourselves: do I have the right to " treat " each patient and each illness by force?

Mental illness leads the individual to have new experiences and a new awareness of the external world and his own world. Frequent psychosis enriches human experience, and it attracts and at times fascinates both the patient and the doctor. Studies in this field lead us to the problem of the relationship between genius and madness (Lyon, 1993).

Without any doubt one can affirm that amongst people there is a marked wish to experience the " feel " of the psychopathological spaces of the psychotic world. For these reason they make wrong use of alcohol, drugs, narcotics and sex to acquire artificial entrance into an unknown world, into ecstasy, in order to escape from the real world, a world which is often traumatic or characterized by routine

The Horizons of Psychiatry

All this justifies the fact that contemporary psychiatry has left the walls of the hospitals and has begun to penetrate all fields of human activity. The horizon of psychiatry –despite the ephemeral anti-psychiatry currents–has widened notably over the last decades. Psychopathology and psychiatry have found a reason for their own existence not only in the fields of neurosis, the alterations of personality, psycho-

ses and psychosomatic medicine, but also in areas beyond the frontiers of medicine. In this way, a system of law is inconceivable without the support of social psychiatry and forensic psychiatry. There also exist social psychiatry and industrial psychiatry. Specializations in psychopathology take many forms, amongst which, psychopathology of sport, art, power, politics, religion and so forth.

Jozef Tischner (1983) has observed that even the Catholic Church has freed itself from its feeling of shame towards psychiatry. For this reason the theology academies have made psychopathology one of their basic disciplines in their teaching programs.

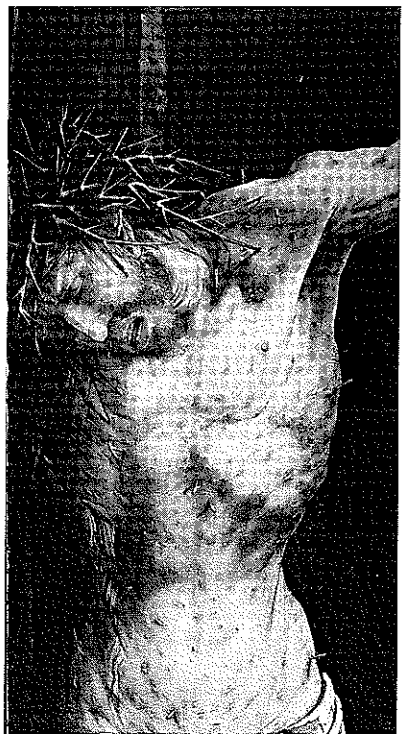
One could say that psychiatry has no limits. A psychiatric consultation is called for, because it is necessary, in the case of divorce as in the case of post-natal depression. But it is also required in such areas as the confession and in cosmic space travel.

A special chapter is represented by the psychopathology of war and the psychopathology of concentration camps. In these areas Polish psychiatrists have found themselves in the front line and have sought to understand the psychiatric realities and phenomena of the former prisoners of Hitler's concentration camps.

When we analyze the experiences of the Second World War we can see that only a madman, a psychopath, could have produced a philosophy which proposed a " purification " of the human race, and could then have gone on to try to give practical expression to this philosophy by building extermination camps–authentic " death factories " with ovens and gas chambers. In this way 6.7 million human beings, for the most part Jews and Pole, lost their lives. Those who survived this terrible experience are today like lost and abandoned creatures.

One of the phenomena of the martial law in Poland, after the suppression of " Solidarity," was a psychological reaction termed " internal emigration." We remember this defensive reaction very well: exit from public, social, professional and in particular artistic life. Today we know that many of these people were not able to overcome this stage of their lives and have never again come to the surface. For the Polish people this has been a great loss, a catastrophe.

Those who managed to resist this persecution carry within themselves a psychic wound: an indifference, an emotional anesthesia, or, in contrary fashion, they suffer from emotional hypersensitivity. In this internal emigration the individual hid himself in a space of internal freedom. Then, quite suddenly, external liberty was established. For some people the feeling of independence and freedom was paralyzing. Nowadays we speak about a " freedom shock," and this has a well defined psychopathology. For this reason, during the martial law period in Poland the psychiatrists were the professional people who were the least frustrated and indeed their services were much sought after.



But on the other hand a situation of great disadvantage exists for the specialists of this branch of medicine–psychiatrists do not exist for psychiatrists! What seems to be a play on words is in fact a delicate situation because psychiatry, more than any other branch of medicine, exposes its practitioners to psychotraumatizing factors which can bring about various kinds of professional risks and deviations. Amongst these is to be found the " burn-out syndrome."

Amongst psychiatrists one observes a high level of different forms of pathologies compared to other professional groups: personality disturbance, depression, alcoholism, drug-addiction, suicides, divorces, and so forth.

According to Antoni Kepinski one of the great outcomes of civilization has been the separation of the functions of leader, priest and doctor. But, as Tischner observes, to be a doctor of bodies one must be above all a doctor of souls, and to be a doctor of souls one must be a priest. In this another dilemma of contemporary psychiatry is brought to the surface–what is the relationship between the psyche and the soul? And thus when should we consult a psychiatrist and when should we turn to a priest?

Another rather unexplored area is the difference between psychopathological phenomena on the one hand and parapsychological, demonic, charismatic, magical and mystical phenomena–all of which are a common part of the daily human experience–on the other (Aldunate, 1994).

Psychiatry is able to diminish and treat mental illness at a biological and psychological level, but there is always an existential dimension. We do not have a clear idea of the difference between mental illness, on the one hand, and human suffering and unhappiness–things which are permanent in the life of individuals and of societies–on the other (Pelicier, 1994; Ryn, 1993).

Conclusion

In the present-day conditions of our time it would be more than appropriate to inquire as to the future of psychiatry. Where are we going? What path is the world taking with its ultra-modern and highly dangerous nuclear weapons–weapons which are sophisticated and destructive and which give rise to a general state of nuclear terror?

" Man trembles before death. Man fears death. Man defends himself against death," as John Paul II says. But, in opposition to his nature and the fear he feels, the more the human being fears the more he creates a gigantic and mad potential of death for himself, even though he believes that this death will befall others and not himself.

A natural law exists which is independent of the spiritual formation of each single person. If this is broken the pathological world is entered. It is the price that man must pay when he fails to respect the natural law. Sin, from the psychopathological point of view, is pain which arises when the rules of the Ten Commandments fail to be respected. Upon this idea is built the therapeutic work and endeavor of His Holiness, the universal psychotherapist (Raczynski, 1993).

Social alienation, loneliness in the crowd and many other characteristics of our age–might these not be an expression of the process by which our world becomes schizophrenic? What inheritance of our age will we leave behind us–fear, frustration or dehumanization? Will it not perhaps consist of the fact that we failed to sacrifice the archive of expiation in an attempt to make people live better times?

This is the period we have to live in, a period in which conflicts and tensions exceed the strength and the resistance of the human being and his capacities to adapt. The human being has broken various barriers–such as those of speed, sound, the cosmos, height, and many others–almost as if he wanted to go beyond time itself, or even to stop it.

In this sense we can also interpret mental illness as a test of the surpassing of the natural limits of the human brain. This would appear to be near magical realism–the literary creation of Latin America–in which the world of the imagination, magic and intuition becomes mixed up and gives rise to new homogenous unity.

We still lack enough imagination to understand the direction we are taking and to grasp where the intellectual and spiritual possibilities will lead us.

As Kepinski has observed, the man of the future will have to fuse two opposing attitudes–that of the astronaut and that of the artist. This would be the optimistic variable. But if the human being of the future does not manage to obtain this, chaos and disorientation will be brought about, the meaning of life will be lost, and the devaluation of moral values will increase in speed.

We can hope that because of this enormous tension in the world and as a result of the pressure of its changes, the reality of the situation is that contemporary man is in fact preparing himself for a great evolutionary leap forward. We can only nurse the hope that this will not be a leap provoking a fracture–a jump into cataclysm, destruction, or hell itself

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JOSEPH E. MURRAY

Surgery and the Value of Life

Surgery is usually thought of as a " life and death " situation: blocked or burst blood vessels, obstructed airways or intestines, excision of diseased or infected organs, or resection of malignant tumors. But in western society today, many if not most surgical operations are performed for reasons other than " life and death " These other indications include preservation and restoration of function, relief of pain, and improvement in the quality of life. " Quality of life " is a broad concept and combines economic, aesthetic and spiritual factors for the patient as well as for family and society.

Restoration of Function

A congenital hand deformity in a child, a crushed hand, cut tendon or injured finger in an adult are not " life and death " situations.

Nevertheless, all warrant corrective surgery. The child deserves the opportunity to grow up with optimal use of both hands, the laborer needs use of his hands in order to make a living and support the family. Even the banker, teacher, homemaker whose livelihood may not require full use of both hands deserve surgery for their own daily fulfillment. In addition, society benefits from increased productivity of every individual.

Probably the most striking examples of operations to restore function are those performed in patients with leprosy, i.e Hansons' disease. I had the privilege over 30 years ago to work at The Christian Medical College in Vellore, India under Dr. Paul Brand, a hand surgeon and his wife Margaret, an ophthalmic surgeon. They have devoted their lives to the care of leprosy patients world-wide

Because of nerve damage, patients with leprosy may lose function of the muscles and tendons of the hand and fingers. In some, all motion may be lost and the fingers stiffen in a claw-like position. If sensibility is also lost, as commonly happens, the situation is even worse. The patient often is unaware of minor bruises or splinters until they become infected. In fact, while the patient sleeps the insensate fingers may be nibbled or bitten-off by rodents

Dr. Paul Brand has developed treatments and operations to restore motion to these fingers, thumbs, and wrists. After extensive pre-operative physiotherapy, carefully planned surgical operations, and constant post-operative instruction and care, patients can learn to use these previously useless hands. Realizing that surgical correction alone was not sufficient for complete rehabilitation of patients, Dr. Brand founded cottage industries and organized workshops for patients without special skills. Hammers, screw-drivers, planes and other working tools were specifically designed to minimize the occurence of callus or blisters that could lead to post-operative complications.

Thus, when all therapy was completed, patients were able to return to their families and earn a living. Their self esteem increased. Without surgical correction, the only option would have been the life of a beggar.

Dr. Margaret Brand, on her part, ran a hospital Eye Clinic. In addition, she organized teams of workers who went into surrounding villages to search for patients with cataracts. In each village, the teams selected patients with impaired vision for corrective surgery. With the help of trained village health workers, they arranged the selection of patients and pre-operative care before returning a few days later to operate and remove the cataracts. On theday of the scheduled surgery the pre-operative patients assembled under a tree, eye drops were given to each patient and the operation performed under local anesthesia in the open air. Sometimes as many as six operations were performed every daylight hour dawn to dusk!

Relief of Pain

When medications prove ineffective for relief of pain, surgery can help. Even a moderate pain or soreness can be debilitating if chronic or recurrent, e.g. pain in the wrist and fingers of a typist or computer worker. Surgical operations to decompress the affected median and ulnar nerves can be curative.

At the other extreme is the excruciating debilitating back and leg pain of a pinched sciatic nerve. Fortunately this can be treated successfully by neurosurgical removal of the impinging bone and cartilage * (I speak from personal experience. After several years of piercing back and leg pain, not relieved by physiotherapy or analgesics, I experienced immediate deli-

cious relief following surgical decompression, one of my life's happiest memories!)

Painful hip-joints and knee-joints, usually due to arthritis or trauma, can be replaced totally. Patients previously unable to walk or bend can be rehabilitated. After joint removal and replacement, they can return to work, care for their home and family, go shopping or resume gardening. Often the greatest benefit is the ability to sleep through the night without the constant pain with every movement in the bed

Patients with chronic pain from spinal cord injuries or cancer can obtain relief by selective cutting or destriction of the appropriate nerves. Although such operations do not cure the underlying diseases, they may supplement the benefits from other treatments and medications.

" Quality of Life " Operations

" Quality-of-life " surgical operations can benefit not only the patient but also the family and society. Cleft lip and palate defects, the most common facial deformities worldwide, are not life endangering. Persons can live to adulthood without surgical correction They might have impaired dentition, speech or hearing, but they can function well enough to maintain nutrition. The only physical reason to repair an incomplete cleft lip is to improve appearance. This in turn enhances the patient's happiness and self-esteem, i.e. " quality of life ".

Following repair of a cleft lip and palate the patient not only looks better; he also has a better chance for normal growth and development, socially, educationally, and psychologically. They also have greater opportunities for work and marriage.

Two case histories now follow to illustrate more concretely ways surgery adds value to life.

B.D. was born in 1970 with severe clefting of the skull, face, orbit, cheek and mouth, presumably the result of in utero amniotic fragments that somehow constricted and distorted facial growth. He was one of monozygotic (identical) twins; the other twin being normal. There were five other normal siblings. Both parents were intelligent and caring.

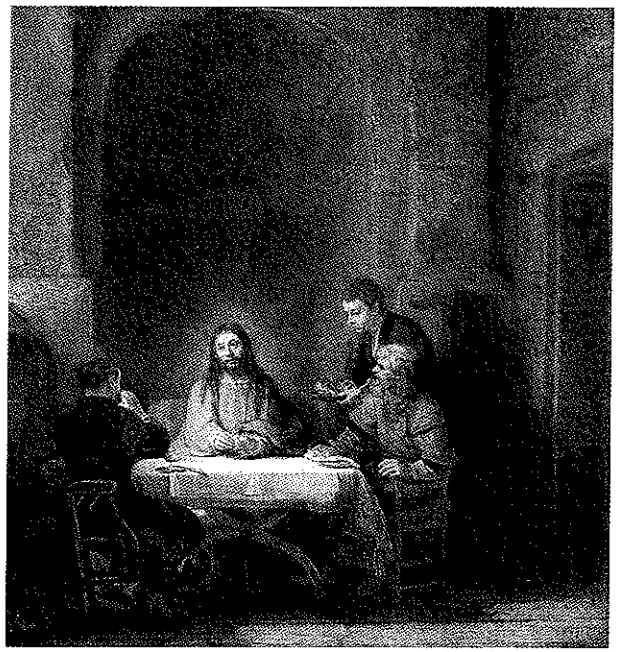
Acting on the advice of their physicians who felt that the presence of such a deformed child would be detrimental to the entire family, the parents placed the baby in a health-care facility. They visited the child every Sunday for about 18 months. There was no improvement. He did not become toilet trained. He lay inactive in his crib all day, without external stimulation. Dismayed by his lack of progress, and against doctors' advice, the parents decided to take him home and care for him themselves.

We first saw him in consultation when he was six years old. After extensive evaluation by our craniofacial team at harvard Medical School and The Boston Children's Hospital, we thought we could help him surgically. Over a period of then years we performed seven major operations and as many minor ones on his skull, orbits, nose, cheeks, mouth and jaws. His appearance was improved considerably. His jaws, cheeks, orbits and skull were better aligned His eating and vision were more functional

Although his appearance was improved, he was far from normal-looking School authorities tried to prevent him from attending regular classes, claiming his presence would be too traumatic for the rest of the students His parents refused to accept this decision. After confrontations and arguments the school board finally gave permission for him to attend regular school.

Within a few years he equaled most of his classmates academically. Incredible as it may seem, he scored higher in many categories than his normal twin brother

Surgery not only improved his eating, chewing and vision; it gave



him the chance to enter the main stream of life with enhanced educational and social opportunities The " quality " of life of the entire family blossomed

The second patient, D G., was a girl born in 1971 She was healthy and completely normal until age 13 when she developed a 4 x 4 cm. mass in her left cheek It extended from the side of her nose towards her eye and half way to her left ear It also grew intra-orally involving the lining of the cheek, the upper jaw and teeth, and the hard and soft palate. Biopsy revealed a malignant sarcoma.

After complete examination including appropriate x-rays and laboratory stydies, and in consultation with X-ray therapists and medical oncologists, we decided that surgical excision followed by reconstructive operations offered her the best chance for cure and the best possible function and appearance.

Although only age 13, she was a well developed adolescent girl. She and her family seemed much more concerned about her appearance than the life-threatening malignant tumor. We spent countless hours pre-operatively with the patient and her family discussing all options for treatment and the possible results and complications.

I will never forget the anguish I felt at the start of this operation Making an extensive incision in the cheek of this sensitive young girl and then removing practically the entire left side of her face required all the conviction and courage I had accumulated over the years. When the operation was finished we were looking into a deep gaping hole, about 5 x 5 x 6 cm., extending from her eye and upper lip to the back of her throat

To remove the tumor completely, I was forced to remove the lining of the cheek together with the cheek bone (zygoma), and parts of her orbit, nose, upper jaw (maxilla), tongue, and hard and soft palate.

We used a skin graft taken from her upper thigh for temporary repair. Ten days later we re-operated and filled the hole with a composite vascularized muscle, fat and skin flap taken from her back Since then she has had seven more operations, three to replace the bones in the upper jaw, cheek and orbital floor, and the others to revise tissues of the palate and inner cheek.

Today she has no evidence of tumor and hopefully is cured. She is living a full life, able to eat, drink and talk normally Her appearance is near normal, and the repaired cheek blends well with the rest of her face.

Discussion

John Adams, the second president of the Usa, wrote to his wife from Paris: " I must study Politicks and War, that my sons may have liberty to study Mathematics and Philosophy My sons ought to study Mathematics and Philosophy, Geography, natural History and naval Architecture, in order to give their children a right to study Painting, Poetry, Musick, Architecture, Statuary, Tapestry, and Porceleine."

In this passage Adams has described the three elemental structures of civilization the basic foundation is liberty; the second is practical knowledge of arts and science; and third is study of fine arts which he considers the crowning achievement of humankind. He emphasizes further his priorities by the verbs he selected: " I *must* study...," " My sons *ought* to study...," "... to *give* their children a right to study..."

In a somewhat analogous way, I have often thought of surgery as a discipline with a three-tiered hierachy: the prime purpose of surgery is to save lives, the second is to restore function, and the third is to improve the quality of daily life. Some may consider the aesthetic side of surgery as frivolous and a waste of time, resources and money. But it is only human nature to wish to appear as favorably as possible before family, friends and the general public Concepts of normal appearance may vary from culture to culture, but all civilizations throughout history have sought for and valued a pleasing appearance.

Will Mayo, founder of the Mayo Clinic in the Usa, appreciated the uplifting value and importance a pleasing face He went so far as to write: " It is the divise right of man to look human."

G. Tagliocozzi, of Bologna, Italy, the acknowledged father of plastic surgery, wrote in 1597 an exceedingly thoughful and sensitive comment on the role plastic surgery can play in the spiritual development of patients:

" We restore repair, and make whole those parts of the face which nature has given but which fortune has taken away, not so much that they may delight the eye but that buoy the spirit and help the mind of the afflicted "

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BRUNO SILVESTRINI

Objectives and Limits of Biological Research in Medicine

Introduction

Biological research in medicine has always existed–even if it was called by a different name in the past–and over the millennia it has accumulated an impressive patrimony of practically applicable knowledge and observations. One need only refer to the Hippocratic humors (to cite only one example amongst many) which, indeed, from many points of view went beyond contemporary research into reactions to the environment and drugs. One might also think of traditional medicines derived from plants–these remain an endless source of effective elements in the treatment of man. To return to more recent times, we may draw attention to the macroscopic (and therefore microscopic) descriptions of many physiological processes and pathologies; or to the discovery of the causes and cures of scurvy, something which paved the way for the future discovery of vitamins; or to research into the protective immunity offered by a weakened virus, something which opened up the path to vaccination. There again one thinks of Mandel's discovery of the transmission of hereditary characteristics, a discovery which laid the basis for modern genetics. Chemistry, also, from last century onwards, has given a great impulse to the identification, isolation and artificial creation of basic elements. To conclude, however, reference should also be made to psychology's study of the unconscious.

Before the contemporary age, however, this patrimony experienced some difficulty in achieving practical applications which would reduce the incidence of illness and death within a population. In one of his last works (1991) Daniel Bovet cited an observation of Jean Bernard: " before 1930 medicine helped, provided palliatives, and left things to nature. It could not change the course of the illness: if the illness was light the patient recovered, if it was serious he died."

The great change took place afterwards and involved both drugs and medicines on the one hand, and surgery, diagnosis and many other factors on the other, such as the control of environmental pollution. Because I am a pharmacologist I will talk here above all else about the first category. Sulphamides were then invented and they saved millions of lives. These were soon followed by other discoveries which themselves followed each other with an every increasing and enthusiasm-provoking rhythm. On the one hand such diseases whose causes were already known, such as infections, diabetes, avitaminosis and hormone-based afflictions, were fought and sometimes weakened by drugs which can be termed " scientific," in that they are based upon information which allow them to be directed in precise fashion against the causes of a disease.

On the other hand little-known illnesses and maladies were made the objects of cure. While research into the causes of such afflictions was still going on, advantage was taken of certain lucky observations or use was made of an empirical method as old as man himself–all the products available were tried and re-tried. Research was no longer carried out directly on the patient, as had previously been the case, but on experimental models of the disease. This allowed the systematic testing of thousands of both artificial and man-made substances. In this way many other pharmacies were identified, and these were designated by scientists as being " empirical ": they worked against epilepsy, hypertension, depression, ulcers, tumors, rheumatism, psychotic illness, and many other conditions. Molecular biology thus gave a further and forceful impulse to research and managed to re-open the way to the study and treatment of pathologies caused by mechanisms which had been so hidden that they had escaped previous attempts to identify them.

But at this very moment of extraordinary success biological research in medicine became beset by doubts and fears. This is the same kind of crisis which every form of progress comes up against when it impinges upon the human condition. It is a crisis which has expressed itself in a thousand myths, beginning with that of Prometheus. These myths are rooted in the knowledge that progress necessarily involves an alteration in the natural order of things, even when a basic good such as health is involved. This alteration often has consequences which are difficult to predict but which are often ruinous.

The crisis of biological research in medicine

It is impossible to describe the whole of the crisis of biological research in medicine in all its complexity. Three of its central features

will therefore be analyzed: a serious reduction in the sources of modern drugs and medicines; the new needs and requirements of medical progress; and the growth and development of molecular biology.

The large reduction in the sources for modern drugs and medicines

After the explosion of previous decades, over the last few years great discoveries in the field of therapeutic drugs have become fewer and fewer. On the other hand there has been an increase in the number of superfluous drugs, the so-called " me-too " drugs which in essential terms are a commercial expression of previous discoveries. More recently these " me-too " drugs and medicines have also declined in number. Why?

In order to understand the reason we must bear in mind the previous distinction between scientific drugs and empirical drugs. The scientific community played a very important role in the discovery of the first category by making clear what the causes of a given illness actually were. The pharmaceutical company then transformed such basic knowledge into forms of practical application. One is referring here to the era of the vitamins, of vaccines, of antibiotics, of insulin and other kinds of hormones–all these treated or prevented illnesses by acting upon their causes. Some of these had the further advantage of being derived from physiological substances whose lack actually caused the illness, or of activating the defense mechanism of the body. Vitamins were are an example of the first process, vaccines were an example of the second. In addition to having specific effects, these forms of medical treatment were also inherently safe.

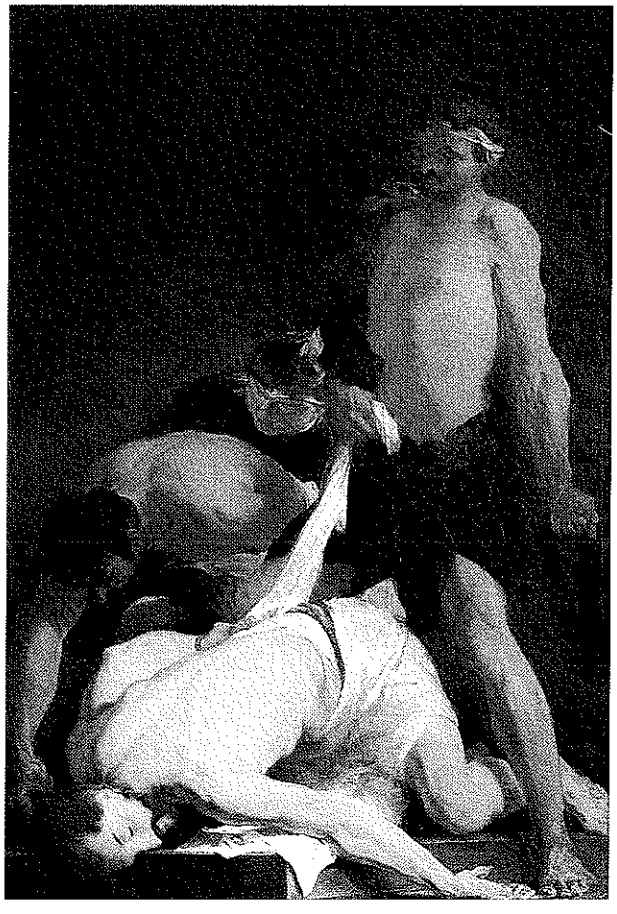
Unfortunately, the scientific community was often unable to discern the causes of an illness quickly enough. For this reason attention was directed towards its treatment. But this approach revealed its limitations with the passing of the years. It allowed the development of empirical drugs which were often as effective as their scientific counterparts but which operated in a context where there was not enough knowledge to enable their effects to be directed at the causes of the illness with sufficient precision. They were, in addition, nearly always composed of substances extraneous to the composition and the physiological mechanisms of the human body. Their use, therefore, was marked by uncertainties and risks. After the tragedy of thalidomide the empirical drugs were subjected to severe and extensive toxicological tests *in vitro*, in animals, and finally in man. In this way they were made reasonably safe but their development required ever greater time and money and offered few guarantees of effective success. Experts talk of between ten and fifteen years and investments of the order of hundreds of milliards of Italian lire. The probabilities of success, moreover, are very low indeed. Herein is to be found the principal cause of the progressive reduction in the potential sources of new drugs. Paradoxically, this empirical approach had been adopted because it was believed to be faster than its counterpart, namely that scientific approach which was based upon an actual knowledge of the causes of an illness.

Empirical drugs have led to another kind of difficulty. In essential terms they come into being within the world of the pharmaceutical industries, and these industries have the organizational ability and technological capacity to produce such drugs on their own. The role of the scientific community, therefore, ceases to become of primary importance and becomes secondary and auxiliary. In this way there is a major transfer of human and economic resources from basic research (which seeks to increase knowledge about an illness) to activity directed at the direct treatment of an illness.

The rules of therapeutic progress also change. The academic world

increasingly uses funds which are not linked to the achievement of short-term results. But the pharmaceutical industry must finance itself. There thus arises the tendency to direct attention towards those fields of illness which are most remunerative and to neglect the others. The pharmaceutical industry has also to make sure that it will own the results of its research. Otherwise, it would collapse under the consequences of people taking advantage of discoveries without having to pay for the costs of research. In this way a regime based on patents has arisen to deal with this problem, but it is a regime which gives more protection to new advances in chemistry than to the scientific and medical value of research. The whole process of patenting constitutes a further factor which acts to deform biological research in medicine.

The initial significance of empirical drugs has thus become turned upside down. They should have been a stop-gap-measure, a solution while scientific knowledge was achieved which would have led to the creation of scientific drugs. They ended up, however, by dominating the scene and by using up great human and economic resources which were withdrawn from the actual study of illnesses. An important lesson can be learnt from this state of affairs, and it is a lesson which is becoming accepted even in the pharmaceutical world: true progress cannot take place unless it is supported by solid scientific bases.



The new needs and requirements of medical progress

Modern drugs and treatments, whether they are scientific or empirical, have altered the destinies of millions of people. Many of these people have been liberated from suffering and saved from death. Others have not been cured but with suitable medical care they have been able to live relatively normal lives. This multitude of people has been added to the human population and has enriched it. But at the same time there has been an increase in health care needs and an increase in needs and requirements relating to food, education and other realities. Unfortunately, because of economic, social and organizational factors these are not always met. In these circumstances medical progress can become counterproductive and can even worsen the general condition of man.

A new concept of health has thus gained ground. Health is not only seen as the absence of illness but as a " state of complete physical, mental and social well-being "(World Health Organization, 1984). According to another publication of the World Health Organization (1981) there are important political and spiritual dimensions to health. Poverty is seen as a cause of illness because it renders individuals and communities who are affected by it clearly vulnerable.

For this reason biological research in medicine has seen its objectives under a new light. It has taken a wider sweep of things and has considered the social and economic development of man's context, not to speak of his relationship with the environment. Scientific discoveries remain fundamental but on their own they are not enough. They must be applied to a practical level, responsibility must be taken for their consequences, and their negative aspects must be eliminated. Not to do this would be like adopting and child and then abandoning him to his fate.

The growth of molecular biology

Molecular biology has greatly increased the possibilities of biological research in medicine. However it has also brought new problems in its wake. It has cast aside those obstacles which prevented inquiry into previously obscure causes of illness. But it offers images of these causes which are so detailed that it is almost impossible to interpret

them and place them in a general and consistent picture. At times the scientist becomes disorientated and finds himself like a wanderer who walks through a city of images provided by a great magnifying glass. For this reason he tries to find reference points but has great difficulty in locating them.

Furthermore, molecular biology enables us not only to act upon illness but also upon the course of life itself. In theoretical terms we have already reached the stage where it would be possible to predetermine a man's characteristics and reproduce him in a test-tube in a number of identical individuals. They would be indistinguishable from each other and they would not be able to achieve self-identity or exist as separate individuals. This is a very great power which is greater than that provided by control over atomic energy. It can be directed with precision onto precise objectives, but objectives which are difficult to control. It could be used to satisfy the food needs of man, but it could also lead him to destruction.

In conclusion, it is becoming far more difficult than in the past to separate pure science (which pursues abstract knowledge) from its practical applications. These two elements have often become inseparable because the acquisition of new knowledge often takes place through the manipulation of life. One needs only to think here of experiments on the human embryo. On the other hand, knowledge coincides ever more frequently with its practical application. A typical case is that of the genome project which raised disturbing questions about the correlation between genetic characteristics and specific forms of behavior in man.

Bioethics committees spring from the realization that one is dealing with problems which go well beyond the responsibilities of the doctor or the scientist. At an official level they came into being as a result of the Karen Quinlan case—it was necessary to decide whether expensive and intricate machines which ensured a vegetative life for a single individual should be turned off or used for other sick people on a waiting list. These committees have subsequently spread and in many countries they take institutional form. They have tasks which involve many aspects of biological research in medicine, not least the manipulation of the genome.

Life is Progress

A fundamental fact emerges from this complicated and apparently contradictory picture. It is expressed in an eternal question about the objectives and limits of progress in medicine as in other fields: does this progress belong to the natural order of things or does it constitute a violation of that natural order?

Biological research does not merely raise this question, it also offers an answer. Life in itself is a constant overcoming of the pre-existent order of things. It was such when it appeared on the face of the earth in the form of a piece of matter and energy which had begun to move in a different direction to the rest of the universe. The universe, indeed, is characterized by entropy—that is to say by the tendency towards a progressive disappearance of order and organization. Life, on the other hand, moves towards an increase in order, towards ever greater organization, towards configurations which are so improbable that they seem impossible to the eyes of the physicist. We can, in artificial fashion, discern successive stages in this process, but in reality they are inseparable. They are like the layers of the nut of the Song of Songs when King Solomon goes into the heart of the garden—layers in which somebody sees the allegorical representation of life.

There is simple duplicating proliferation by which life defends its own weak flame against the hostile forces of what remains of an ever expanding universe. There is sexual procreation by which life takes on more complicated and diverse forms. And there is also the cultural phase when life entrusts its conservation and its development to yet another mechanism—the cultural inheritance of the whole of mankind. Each of these moments involves and enriches the previous moment, but at the same time it changes it and leads it on to new and ever more complicated necessities.

Uncontrolled duplication, which is typical of elementary beings, is not destroyed by sexual procreation but regulated so as to ensure the co-existence of the various organs which go to make up multi-cellular beings. In the same way the cultural development which is characteristic of man and which increases the length of life and allows many people to survive who would otherwise meet premature deaths, does not suppress these previous moments but leads them on to a different situation.

If things are like this then the natural order of things is not conservation but development and change. Man is a part of this process, but with his intellect he is led to act upon natural processes according to a general pattern which he is able to read in the unfolding of life. This is why the sentence written on the front of the program of this conference can be paraphrased: to know, love and serve man also means " to know, love and serve life "

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VITOR F. FEYTOR PINTO

Suffering and the Meaning of Life

1. In today's world, and notwithstanding an increased awareness of human dignity, of the whole variety of ways in which the individual can fulfill himself, and of the high-level development of science and technology, the human being is still a pilgrim in search of the means by which to satisfy his deeply felt wish to obtain truth, freedom, justice, and love. Most of our fellow citizens are in a state of crisis with regard to the meaning of life–they have lost a sense of God. Neither success, nor money, nor power, nor pleasure (even when they are of the highest order) can give the heart of man a feeling of satisfaction. These goals, however, are the true aims of many lives, and the result of this state of affairs is an evident lack of satisfaction. Augustine of Hippona was certainly right when he declared in the fifth century: " You made us for You, Lord, and my heart will remain without rest until it reposes in You."

2. Anxiety becomes more intense when suffering knocks at our door. The person who has to endure pain asks himself sooner or later why such pain exists and what the purpose of such suffering might be. If the aim of life is pleasure, well-being and material happiness, then one cannot understand why so many people have a difficult life, have to undergo illness, not being understood, and economic hardship.

Despite everything, suffering is a part of everybody's life. We are born in suffering and we die in suffering. Suffering can be of a physical nature or of a moral character; it can be individual or social. But it is always universal and common to the experience of man. The great question we have to tackle in our lives is how such suffering is to be dealt with. For some people this involves an attitude of rebellion; for others it provokes acquiescence. For others, however, it leads to serene acceptance and even to a condition of offering. But suffering is very rarely integrated into, and seen within the context of, the meaning of life.

3. Obviously enough, we can well ask ourselves if suffering has meaning given the character of modern society. Physical pain is minimized by palliative cures; moral pain is dampened down by various kinds of distractions, by the noise–for example–of an interesting program. Such are the usual paths advised by friends. Why suffer if one can live in another way? Physical pain is easily defined because it is the result of an illness, a fracture, a biological crisis, or a serious social difficulty. Moral pain, on the other hand, presents greater difficulties with regard to its identification. It springs from anxiety provoked by loneliness, by the loss of hope, by other people's disdain, by an inability to find a way out. The unknown, silence, oppression, unemployment, poverty and abject poverty, the loss of a friend, uncertainty as to the path to be chosen–all of these things provoke even greater pain, and one is dealing here with pain which cannot be defined and measured but which touches deeply upon the meaning of life. It is self-evident that superficial forms of escape are not enough. Indeed, these actually increase the pain itself. For this reason, and in order to address oneself to the subject of our conference: " To know, love and serve life," it seems to me that we must dwell upon certain fundamental matters, such as the following:

– the relationship between happiness and the meaning of life;

– the approach to the question of pain;

– the gospel of pain and happiness;

– the redemptive experience of suffering;

– the fact that the meaning of life is to be found in pain

1. The Relationship Between Happiness and the Meaning of Life

1. Each and every person always strives to obtain happiness. The human being is a complete being; he is a cultural and biopsychosocial complex. For this reason happiness, also, must be seen in complete terms–it is not the mere product of physical well-being as some of our contemporaries maintain. There are people who have a great deal of money and thus wield great influence and power, and who are also very well-educated and high in their cultural standards. But these people are deeply unhappy. Happiness if obtained through an integral and overall fulfillment of the individual as a whole, through the removal of all his worries, and in particular those worries which give the most meaning to life. Those words which Christ spoke to the rich man who declared that he had

performed all his duties were not spoken by chance: " If you want to be perfect go and see what you possess and give it to the poor." That is to say: if you want to be happy, be generous in the giving of yourselves. Christ's injunction expressed a different meaning of life, but the man went away sad because he possessed a great deal. He was not able to find a new meaning to his existence, a meaning which joy would have bestowed.

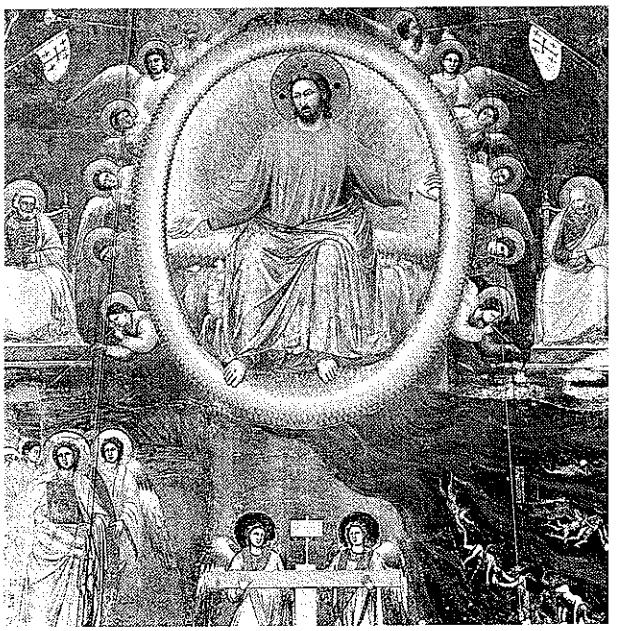
2. If we ask a young person what he wants from life he will probably talk about his profession, or marriage, or economic life or his social future. But will all these things be enough? In all that we do–and above all in all that we are–an integrating factor is absent. The human being constitutes a project. His itinerary is marked by a constant dynamism which leads him from what he is to what he dreams of being. It does this through a wide variety of options and forms of behavior marked by the requirements of need. What gives value to this voyage is that fundamental value which we call the meaning of life. It is the " why " and the goal of all choices, the source of unity in fulfillment, the reason for the need of sacrifice, and the certainty of the attainment of joy when certain objectives are reached.

Naturally enough, we can well ask ourselves if there are many things which give life meaning. An ideal, a philosophy, or a political struggle, perhaps, can act as reference points for the giving of meaning. But for the human being one person alone can catalyze all those reasons, forms of behavior and choices made in the course of a life. This is because the human being is a social being, and the experience of relationships becomes inseparable from the search of the meaning of life.

3. For Christians, Christ is the only meaning of life–that is, the final reference point for all options. In family life, in professional, social, political and economic life, and in cultural life, it is Christ who gives meaning to life: " on either side of the river, the tree of life " (*Rv* 22); " He is the Way, the Truth and the Life "(*Jn* 14); " The cup that I will drink you will drink " (*Mk* 10); " lose to gain " (*Mt* 16); " I have come to serve not to be served " (*Mk* 10); " For I have given you an example, that you should also do as I have done to you " (*Jn* 13). These, and many other phrases, make clear who Jesus Christ was–the only absolute in the life of a Christian, his sole point of reference. The Apostle St Paul well proclaimed: " Brethren, join in imitating me, and mark those who so live as you may have an example in us " (*Ph* 3; 17). After the encounter on the road to Damascus everything changed because Jesus had become the motive spring of all St. Paul's decisions.

4. If this is the way things are, then during moments of suffering as well Christ continues to be the point of reference. If Jesus Christ was the model of serenity during the experience of pain, and justified this serenity not only with reference to obedience to the will of the Father (*Mt* 26; 39) but first and foremost in a complete identification with his mission (*Jn* 3; 15), then whatever the physical or moral human pain involved in the life of an individual such pain must be re-interpreted in the light of the experience of Jesus Christ and must be seen in the light of the mission to which each and every one of us is called by God.

Pain is present in the heart of the life of every man and every woman. The effort that the athlete makes when doing sport, the sacrifices of the student during the exam period, the attempts that a woman makes to avoid getting fat, the surgical operations that a patient undergoes in order to regain his health, the work which is endured in order to earn more money or to benefit the wider community–all these are accepted because of the goals and aims involved. Pain is always relative in the life choices of



each and every human being and is conditioned in this relativity by the objective which gives it meaning.

For the Christian pain is re-interpreted according to his vocation and is accepted as the call of God as a means by which to continue the salvific action of Christ. And " without pain there can be no redemption "

5. The Beatitudes are the highest expression of this way of seeing suffering. This is because we can be happy even though we are poor, even though we lack the necessary possessions, even though we are struggling for justice and weighed down by oppression, even though we are crying because of hunger or thirst. This is because we are like Christ, a clear and open heart, a heart able to forgive, a heart that wants to build peace: " You will be happy when they insult you They will persecute you and tell falsehoods against you. Be happy and rejoice because great will be your reward " (*Mt* 5, 11-12). Happiness is not to be found in the absence of pain but in the reason for living It involves personal fulfillment through a project which gives meaning to life.

2. Approaching the Problem of Pain

1. Looking at pain always in negative terms constitutes a highly reductive vision of things. Pain has a positive dimension in many instances during our lives:

– the pain of childbirth is inevitable but it always leads to joy for the mother when the baby comes into this world: the cry of pain is always followed by an immediate explosion of joy at the motherhood which has been achieved;

– the suffering of the composer, the poet, the painter or the sculptor; the pain of the artist strengthens inventiveness and acts as a challenge to creativity;

– simple physical pain performs the role of an indicator which tells the individual that something is wrong and that something has to be done. When a serious illness is not preceded by signs of suffering then something is badly wrong and medical doctors asks themselves what this could be;

– and there are also those who have turned controlled pain into a profession in order to earn money, or employ it as an art to achieve self-expression, or use it within a religious context in order to please a minor God who looks with favor upon human suffering.

2. We must think in new terms and ways about the problem of pain For many of our contemporaries–and perhaps because of an erroneous upbringing and education–pain has always been considered as a punishment meted out by God, or as a trial, or as something which is pure chance.

A punishment seen as the consequence of personal sin or of sin committed by others: " Who sinned, he or his parents "? asked the doctors of law. Still today, when faced with the illnesses of the world we live in such as AIDS, many people ask themselves if we might not be in the presence of a punishment of God

A trial to test faith in God or in others. A situation similar to that experienced by Job as related by the Old Testament. Do not many people in the rites of love make the other suffer in order to test him out?

Something of mere chance which happens in unpredictable fashion. In such a way pain seems the outcome of bad luck. " It's destiny " is said over and over again.

It is important to understand that suffering is only a human limit Human life is limited and at the moment of birth we have begun to die. Pain is a part of life, of our daily life, and from this perspective it must be seen as a value Nobody is able to escape certain moments of suffering This is because suffering is a natural feature of the human voyage. Physical and psychological pain is felt. It must be interpreted, it must be read, and in this way its highest significance can emerge–it is a part of the project of life

3. Christ experienced suffering like no other man. As John Paul II has observed: " suffering was conquered by love." The experience of

Christ during his entire life amounted to an experience of suffering: in the stable of Bethlehem, at his birth, in the city of Nazareth, during his hidden life performing manual labor, on the roads of Galilee and Judea during his public life, in Jerusalem and on the hill of Calvary during the suffering of persecution, of being condemned and of death. The whole of Jesus' itinerary was an itinerary of suffering.

Although characterized by personal suffering, this voyage was lived out in order to make other people's suffering more bearable: " he healed the sick, comforted the afflicted, gave food to the hungry, made the deaf hear and the blind see, freed people from leprosy, from the devil and from other physical infirmities; at times he even gave life back to the dead. He was sensitive to every form of human suffering " (*S.D.* 16). It was precisely through this suffering that he lived out, " and would achieve, the work of redemption by means of the Cross."

4. Suffering in Jesus Christ is the path of redemption for us all. " No greater love has he than to lay down his life for those he loves." " Human suffering reached its high-point in the passion of Christ. At the same time it acquired a completely new dimension and entered into a new order. In the same way the supreme good of the redemption of the world was given to us through the Cross of Christ and finds in that Cross its eternal beginning "(*S.D.* 18).

In the Christian outlook the suffering of Christ becomes salvation for man. It can also be observed that each and every form of suffering–when it is accepted and reinterpreted–opens the door to salvation. The mother who suffers because of the worries of her child, the friend who feels the hardship of his friend, the marginalized young person who wants to be accepted–all of these people suffer the stigma of pain. But this pain is a challenge to new behavior, to actions of redemption, to the achievement of effective salvation-liberation through the difficulty which is being experienced. All kinds of pain can save us and can lead us to a new attitude to life, towards others and towards ourselves

3. The Gospel of Pain and Happiness

The Gospel is always Good News. When Jesus describes his mission in St. Luke's gospel he makes clear that he has come " to preach good news to the poor. He has sent me to proclaim release to the captives and recovering of sight to the blind, and to set at liberty those who are oppressed "(*Lk* 4; 18). When re-stating and completing the commandments Jesus stresses the fact that " A new commandment I give to you, that you love one another "(*Jn* 13; 34-35). The injunction to love is always festive because love fills the human heart. For this reason the new commandment carries no penalty but is a source of happiness. One thus comes to understand that in the code of behavior the most frequently used word is beatitude (*Mt* 5). The Gospel is, therefore, a code of happiness.

2. If our criteria were of this world there would be a constant contradiction in what Christ says: who wants to gain must lose; who wants to be the first must be the last; who wants to be happy must experience poverty and persecution; who wants to experience real love must accept that not everybody wants to love him. These are the contradictions of the Gospel and they involve a redefinition of suffering: " Only he who bears the cross to the end will be saved." But we are able to see that the criteria of the world are not these Gospel criteria. The world asks for prosperity, importance, money, and power–it wants not the smallest shadow or difficulty. But for those who have chosen the Gospel, service, the giving of oneself, suffering for others, the hiding of oneself, and the offering of one's life, it is evident that all these things give happiness.

This is a very different vision and a vision which gives life. It is an affirmation of values which are much more important than money, power, pleasure or success. In this way of thinking the other person acquires a fundamental importance and each person lives with the idea of making his neighbor happy. " Who was his neighbor "? Jesus

asked after telling the parable of the good Samaritan. " He who showed him compassion," replied the doctor of law. " You must go and do the same," Jesus replied (Cf *Lk* 10:29-37). No contradiction is evident when the importance of love is discovered, and above all else when this takes place through suffering.

3 However the search for suffering cannot be justified. We are asked to accept it without rebelling and to guide it when it is present. Christ overcame suffering but he did not advocate resignation. He called upon us to experience joy. He did not seek out senseless suffering. He healed all those sick people who came up to him, as indeed St. Matthew makes clear in his gospel (*Mt* 4; 23). Christ faced up to physical suffering and freed every man from the very real difficulty he was facing: the man by the pool, the blind man in the street, the leper on the road. Christ observed psychological suffering and brought each person to a state of joy: the centurion because of his servant, Mary and Martha because of the death of Lazarus. Christ freed people from social suffering and gave new integration to the marginalized: Mary in the case of Simon, Nicodemus during that important night, and even Peter notwithstanding his denials during the hour of truth. For Jesus, human suffering was a platform for an encounter with the essential. Suffering led to dialogue, suffering brought forth a drawing near, suffering opened the door to salvation. Without suffering these men and women would never have sought out Jesus.

4 Through suffering it is possible to achieve a different kind of happiness. An awareness of limits opens doors to the looked for infinite. And the human being is always a pilgrim in search of the infinite. The problem is that on the whole he lives in a distracted fashion and is unaware that Someone is looking for him, Someone who loves him, who cares about him, who is always at his side.

I am always reminded of the doctor who was about to die and told me about his life. He said " I can now talk about God because I have become reconciled with my brother after a separation of thirty-five years." For many people the problem is not so much an understanding of God but a lack of courage to achieve coherence in the living out of a life which should be real. The time of pain is a time of truth, a time of looked for coherence, a time of changes which are necessary to the achievement of loyalty to the essential. Through pain a different kind of happiness may be achieved

4. The Redemptive Experience of Suffering

1. In a study on pain I discovered a new vision of things which seems to me essential in the understanding of this reality. The author observes that:

– suffering reminds man of his fall;

– opens horizons onto the infinite and the transcendent;

– spiritualizes, elevates, and makes us more like real men and real women;

– and compels us to relativize daily life, go to the heart of things and the essential, and reach our center of gravity.

Gonzales Auleo was right when he wrote these words

When intense and deep pain knocks at our door we are provided with an opportunity to reflect upon our entire life and to evaluate the good or the evil that we have committed. We can look upon the future in a different way and thereby discover, in the final analysis, the meaning of our life. Before the mystery of suffering we feel the need for change and for conversion. Without frustrating self-criticism but with a clear awareness of the road which has been taken, we discover that there are things and attitudes which must be abandoned, things which must be continued, things which must be rediscovered. In the light of a suffering accepted with serenity it is much easier to weigh up the path that has been followed and go on to reinvent life and give it new value.

2. This is because pain, among other things, purifies and saves. At a biological level pain allows medicine to identify the best way to achieve the elimination of illness. At a psychological level suffering helps a friend to discover the problem which is hurting his neighbor. At a social level, conscious rebellion enables the community to recognize the problem which must be overcome. One is always dealing with the purifying action of suffering. The discovery of this action involves the possibility of tackling the problem and solving it in effective fashion.

Strangely enough the same happens on the spiritual level. Pain is redemptive and frees us from evil. The sinner repents and feels renewed from within. Through suffering he knows that he is re-establishing a harmony which had seemed lost because of the selfish attitudes which he had previously expressed.

When pain is accepted it can achieve a complete transformation of the individual. That person becomes liberated from secondary things and finds himself once again face to face with the essential. This change is not necessarily religious or spiritual. It is first and foremost spiritual because the individual has a clear sensation of his limits and discovers what is worthwhile and what should not be lost. Suffering purifies and suffering saves.

3. Certainly one does not want to argue that pain must be borne and the story ends there, even when it is very intense. A defense of the quality of life is always very important. And physical pain, which at times is unbearable, compromises overall quality and impedes relationships with other people and even the ability to care for someone and to love. For this reason the furnishing of relief to suffering is a duty. Pain in itself never constitutes the meaning of life. Nobody lives to suffer. For this reason if pain is intense we must lighten it–intelligence, the heart and the will can thus give greater value to the human being even in the most difficult moments. Palliatives, therefore, should be employed when there is no other way of reducing the pain, even if these involve a reduction in the hours of life-time which will be experienced. It is obvious that the person in pain can refuse this means of overcoming pain, especially if he wants to associate himself with the passion of Christ or if he wants to live in profound union with the Redemptive Sacrifice of the Lord. He who offered his live for our salvation. But this approach is an expression of generosity and should not be considered in any way the incumbent duty of the Christian life.

4. When suffering is experienced as an expression of redemption it also gives value to life. Human life is not merely physical, as indeed I have previously observed, but it is also spiritual and supernatural. Suffering gives greater value to life if it is experienced in profound communion with Christ the Redeemer. It is very important that I complete within myself that which was lacking in the suffering of Christ. This is the supernatural value to which many are called and which does not diminish the meaning of life but purifies it.

5. In Pain There Can Be the Meaning of Life

1. We are here in Rome very near the tomb of St. Peter and we have before us the memory of martyrs and saints who gave their lives for love. They were not afraid of suffering, persecution, insults, degradation or death. They proclaimed their faith and declared that they achieved happiness in their deep identification with the experience of their lord and master Jesus Christ. From the first centuries until our own times many people have declared that for them " living is Christ and dying is a gain." They did not display fear because they knew how to find the meaning of life in all kinds of circumstance. They felt physical pain but love was stronger. They underwent unjust sentences but they remained serene. They suffered for no other reason than that they believed in Christ, and they remained happy and smiling. They walked along the path of pain singing. As John XXIII prayed with the words of the psalmist when he was on the point of dying: " What joy when they told me that we were going to the home of the Lord " (*Psalm* 125).

2. I wonder to what extent pain could not be a challenge for the sick and above all else for our sick Christians:

– a challenge by which to think about life in the light of a new reality;

– a challenge to change our attitudes towards things and other people;

– a challenge to meet Christ again in the essentiality of our life;

– a challenge to become reconciled with others and above all else to share those spaces of life which still remain with the poorest amongst us;

– a challenge to bear witness to faith in the serenity of the difficult hours;

– a challenge to achieve an ever greater identification with Jesus Christ and his redemptive action, and thus to ensure the emergence of a new humanity.

Suffering cannot be a sign of defeat. It must, rather, become the light of a new hope, and this because is enables us to see things with a new clarity.

3. What a great responsibility for the Church! What a task for chaplains and spiritual helpers! What a unique duty for Christian professional health workers! All these people and categories are called upon to " bear witness to Christ everywhere through their lives, and to give reasons for the hope of life which is within them when they are called upon to do so "(*L G* 10).

If our life has a meaning, then helping other people to find a meaning in suffering as well is a magnificent task which leads us to true happiness. " Blessed are the peacemakers, for they shall be called sons of God " (*Mt* 5:9).

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PRIAMO TEJEDA ROSARIO

The Doctor and the Priest at the Service of Life

Of the various different kinds of service that we are called upon to perform within the community, two stand out in particular and are perceived as having a certain solidarity by people, a certain air of dignity, a prestige and an admiration that in general terms other forms of ministry within the Christian community do not have. I am thinking here of the medical profession and the exercise of the priestly vocation. Why? Because both are intimately linked to life, to life in its pleasures and tribulations, in pain and happiness, in suffering and hope, in its quality and fullness. Nobody is as closely linked as the se two professions are to life, to terrestrial life as well as to eternal life, to the life of the body and of the spirit.

With good reason these vocations are considered noble and even sublime and they thus give rise to a great deal of appreciation and affection on the part of Christian communities. Those of us to whom the Lord, in his providence and his mercy, has granted the following of both paths and ministries, feel deep gratitude, and feel a special responsibility towards the defense of life.

Definition: " Life " is the most complete and comprehensive symbol of human language, that symbol which more than any other suggests fullness. God, in the Old Testament, is the living force to the highest degree, He is the " living God." " My soul thirsts for God, for the living God " (*Psalm* 42, 3) (José Luis Espinal, Jesús Camino de una vida lograda. Sal Terrae, April 1994). " He is not the God of the dead but of the living " (*Mk* 12; 27). " for all live to him " (*Lk* 20; 38)

In the context of the faith, and in relation to life, which activities must prevail in the exercise of medicine and/or the priesthood?

Profound gratitude for the gift of life; participation in the divine life which all of us have received, doctors and priests included. That we are called to be and to exist is a very high gift. The heart of the doctor and the priest require, first and foremost and above all else, the acceptance of this gift in a personal way, in a way which will enable them to integrate it into the daily living out of their faith: we are taking part in divine life.

Life opens up to us an enormous range of possibilities. We must wonder and be constantly surprised, in the way that children are, at the opportunities, the achievements, at the growth, and at the knowledge that life offers us and which we can offer others in the exercise of these ministries.

The priest and the doctor receive life as a gift and need to " choose " it, to approach it in precisely that way which will increase its intensity and the enjoyment that we derive from it. " Life is a project, a task called by God. The choice of " my " life assumes to what or to whom to give my life. And in giving it I give to myself, I lose myself, and at times I meet myself with joy " (José A. García Monge, Camillian Professor of Theology. *Escoger mi vida*–Sal Terrae, April 1994).

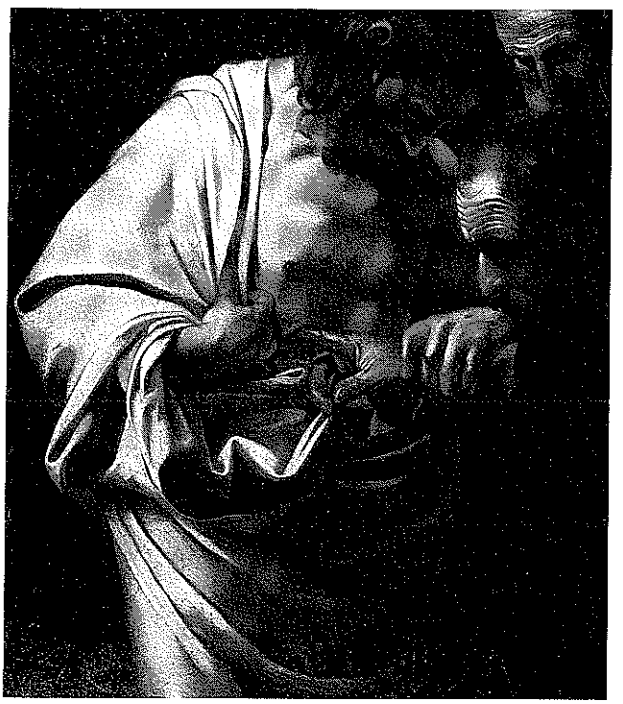
– *Respect and veneration for life.* Beginning with one's own life and extending this respect and this veneration so that it reaches other hu-

man beings. Veneration for the work of God, the God of whom we are the image and the likeness.

– *Militant defense* Every believer must be a militant defender of life. If possible, the doctor and the priest even more so: they are the leaders of a community which defends this precious gift against those who would injure and harm it. Every action devoted to the performance of these two ministries is an action which builds, which strengthens, which develops, which makes life grow. Nothing should ever be done which diminishes life, or minimizes it, or weakens it.

The Church has taught us to adopt an attitude which is consistent in its approach to life. Defense of life always and in every circumstance: before birth; when it is destroyed by injustice; when the transgression of human rights weakens it; when the quality of life is not strengthened, and so forth. Always in favor of life.

– *Contemplation of life* The chance of seeing it from close at hand, to handle it, to touch it–all this means that the priest and the doctor can be " contemplators " of life. The usual thing is for them to be promoters of life. Faith leads us to a new dimension: the " contemplation " of life. When we examine life and contemplate it we come to know God better; we come to be grateful to Him and to worship Him. It is certainly worthwhile to " contemplate " life as a precious gift of God and to love Him and his creatures with greater force and tenderness. The doctor and the priest must feel to the utmost that they have chosen he whom they love and that they love he who has been chosen *(Sal Terrae, idem)*



Conclusion

In simple terms we can say that life is God and that God is life. That we do not lose faith in life. There are many evils but there is also great goodness (Sal Terrae). The doctor and the priest have the task of contributing to good and reducing levels of evil so that life becomes even fuller.

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PIERLUIGI MARCHESI

The Powers of Medicine and the Powerlessness of the Doctor: In Praise of Humility

Introduction

I am very happy to make this contribution to the deliberations of this conference on the subject of the *powers* and the *humility* of the doctor. Quite beyond my limited ability to influence those gathered here today, I can finally escape from the traps of those many conferences which talk a great deal about the quality of medicine in the year 2000 and say very little, if anything at all, about the *quality of the doctor* of the near future. And for those like me, as for my religious order, who have been inveighing for more than a decade about the need to humanize health care workers, this subject which has been given to me here today is especially congenial. For this reason I would like to extend my heartfelt gratitude to those who have inspired and organized this international conference.

Contemporary medicine, like technological and scientific advance, has made us used to the daily achievement of great wonders. With the same heavy rhythm of the incessant communications of the mass media we have unfortunately become habituated to discovering the defeats of medicine: expressed with the cold language of statistics we encounter a certain number of early deaths, operations which are not successful, and drugs and medicines which are not effective. I believe that I should not join that vast army of those who strive in sterile fashion to identify scapegoats who are responsible for social evils–matters which in reality require more careful analysis and more detailed reflection. From a moral, professional and rational point of view, I think it would be more appropriate to identify the essential core problems at the heart of the advance of medicine and the consequent emergence of a new kind of doctor, problems which indeed have complicated this advance.

If the medical doctor seeks to respond to specialization and the development of technology in the medical field by dressing up in the clothes of a formalistically neutral scientist who dominates the patient, becoming as it were the same kind of man as the physicist, the chemist or the biologist, then he will fail in his endeavor. It seems to me that the medical doctor must embrace a model of action which is sui *generis*: he must engage in an action of help to a sick man in a process which promotes independence and ensures mutual humanization. Only in this way can we speak about a dialectic between the medical profession, the organization of effective and efficient health care systems, and the scientific and technical development of medicine.

1. The Complexity of Medicine: The Art of Treatment and the Technical-Scientific Undertaking

Today's medicine is a medicine of universities and hospitals. If we also consider the vast field of biomedical research and pharmacology, we have to recognize that the actual practice of medicine has rather moved away from its traditional humanistic configuration. Many people have noticed the disappearance of a " philosophical " medical science which considered the individual within the context of his psycho-physical interaction with the environment and in his intimate and original complexity. As a result, we witness the rise of a notion of medicine which is fragmentary and which is largely engaged in the analysis of pathological processes and their cure

In this context, hospitals gain ever greater esteem and approval in the eyes of the wide public of sick people and their relatives all over the world. Indeed, in developing countries hospitals become mirages offering ways of solving problems of public health which are by now often out of control. Hospitals accentuate the differences and the distances between the various branches of specialization and strive to become " health factories." This development is bound up with rapid advances in medical-biological science and profoundly influenced by revolutions in technology.

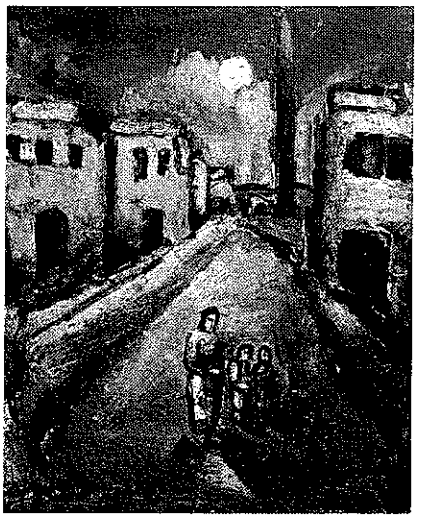
Hospitals, even for lesser illnesses, seem to be valuable places for people of all ages. Applied technology holds ever greater sway over the field of action of hospital medicine and legitimates its role in advanced societies (one need only think here of video-endoscopic surgery). The negative aspects of the hospital model of health care today form the subject of a very interesting debate, and this debate suggests instead a return to domestic and family treatment and a doctor who is closer to people's needs and to people in need. In my opinion no return to the past will take place and the only course open to us is to

act at the level of the training of health care workers, nurses, doctors and social workers. But above all else attention should be directed towards the training of the medical doctor. He must escape from the position of inferiority allocated to him by technology (which has become an end in itself), by specialization, by scientific positivism and by bureaucratization.

The art of medicine must liberate itself from scientific reductionism and return to being a science of man with its own post-scientific epistemology which places the human doctor-patient relationship at the center of its research. The first thesis I would like to uphold is that of the originality of the humanistic profession of the medical doctor. The structure of clinical decisions in the form of ethical-scientific argumentation is the product of a complex matrix of elements which are not only empirical in character but also transcendental: I am thinking here of values such as the dignity of the individual and the originality of each specific body of each person, and thus of his birth and his death.

This notion can be expressed more clearly. The values which must be borne in mind when the medical doctor takes a decision are of two kinds–those which are abstract (and of an ethical character) and those which are practical (and of a medical character). The virtue of a good doctor lies in linking abstract values with practical values and thus achieving a unified strategy which expresses both his technical-scientific (practical value) approach and his ethical beliefs so as to ensure the welfare of the individual and all times and in all contexts. If we consider respect for the dignity of the individual as a value to defend in absolute terms, then we can establish a hierarchy in which the scientific values of the profession belong to a hierarchy of values which is strictly correlated–but not subordinated–to the first. It is often said that it is impossible to reconcile values such as clinical effectiveness with values such as that expressed in the correct and full provision of information to the patient.

Although one should recognize that medical paternalism has had a number of merits, in approaching the medicine of contemporary man we can no longer rely on the learning and skill of the medical doctor alone–the patient's wish to get better must be a part of the resources of medicine and the medical doctor in order for him to be " cured." For this reason there must be a firm basis of truth in the relationship between the patient and those who care for him. In other terms–bearing fully in mind that the two hierarchies of values (those of science which are empirical and experimental in character and those relating to ethics which are psychosocial in character) are separate–the professional and moral norms which should guide the action of the medical doctor must be able to join the two sets of values together under the guiding principle of the independence of each individual, as indeed we shall see later.



Medical action–as indeed is often the case with regard to the work of nurses–must be connected to a kind of decision which bears in mind the two goals of clinical strategy: the purpose of the action (the effective result) and the purpose of acting, or rather the intention to perform a good act. The medical act cannot involve a mere professional service of various levels of capacity. It must express and embody the original and intentional wish to help the sick person in all his aspects, and to recognize that in his spiritual and physical existence he is a member of the human family. If the intention which moves the practitioner is that of allowing man to achieve a cure through methods which are suitable to his psychic and physical condition, then it will be difficult to fall into abuse or to employ exaggerated forms of treatment which often injure the dignity of individuals and thereby betray the very vocation of the medical profession.

I would like to agree with the opinion of the Italian historian G. Cosmacini, whose words I here quote: " Technological innovation in the fields of biology and medicine has the aim not so much of increasing the productivity of practical methods but of augmenting the possibilities of meeting the needs of man. For this reason the culture of support should extend beyond the realms of mere technology and embrace an anthropology of health in a society which is technologically advanced and complex in human terms. The culture which is now emerging needs more than ever good method. The fact is that the prevailing method, which becomes ever more deeply rooted, is a method which necessarily pushes the medical doctor into employing his understanding in mathematical calculation alone through the use of procedures which express the logic of the calculator. These procedures do not involve, or if they do involve they do so in a very minor degree, the creative intervention of the understanding of the medical doctor. The latter, or such is the bitter conclusion one arrives at, could very easily dispense with dialogue with his patient " (*Storia della medicina e della sanità*

nell'Italia contemporanea, Rome 1994, p. 281).

The appeal of the ideas of classical medicine gains greater weight. At the center of these ideas was the notion that medicine is an art and thus the expression of a model which is more complicated than that model which is scientific. After all, it implies the constant use of creativity and vocation in a profession which is often reduced in banal fashion to a pure and simple mechanical application of physical-chemical procedures to the human body, the meaning and significance of which cannot be a mere question of the physical, the chemical or the biological.

2. Dialectic between the Medical Profession and Health Care Organizations

The medical doctor of the future will no longer be able to see himself as being at the top of a pyramid of functions. As all theories of modern management make more than clear, he must bear in mind two fundamental facts:

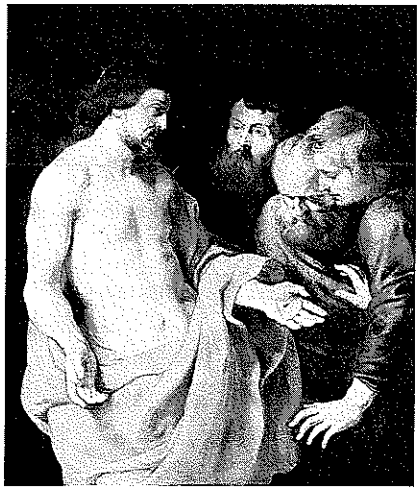
1) that he is a member of a cooperative and interacting health team and not the mere bearer of a certain amount of power;

2) that his action emerges from the narrow horizons of medical practice to take part in an organizational process which offers guarantees of effectiveness and quality to that practice.

In order to make the role played by the medical doctor engaged in the treatment of the patient clearly effective and successful, not only knowledge is required: there should be a suitably respectful recognition of the new management, communicational, ethical and psychological skills which are at the heart of health care systems. In the hospital of the future ideas about " how " the doctor should act will be linked to, and conditioned by, ideas about " when " and " where " he should act. For this reason common objectives should be established to be shared by the whole of the staff, objectives involving the projects to be enacted and the paths to be followed.

One is referring here to the fair distribution of available resources, control of the quality of the services provided, and evaluation of results. In such an undertaking not only the financial and administrative aspects of the whole system should be considered but also its clinical and health care aspects. If the hospital is to be a producer of global health and thus a *public institution* capable of improving the health standards of the citizens, the role of the medical doctor must become an organic component part of this organization in order to achieve a higher level in the hospital's effectiveness.

My second thesis involves the belief that the hospital system, or general health system, should have an inner logic based on *reciprocity*. No action takes place by itself. On the contrary, it produces measurable effects throughout the system. Knowing how to be a doctor is not a separate power but a part of a system which functions when, and only when, it is in harmony with the other parts. At this level of responsibility, the dialectic between profession and organization leads us to consider the purpose and working of the medical code of ethics. Should we remind ourselves of what the duties of the doctor are according to this code of ethics? This should be done if, and only if, this strong appeal to what is right is used to achieve a greater understanding of the social role and responsibility of the health care worker.



First and foremost, there is the defense of the dignity of the profession itself. If the professions are the " salt " of society, then they must continually promote, exercise and evaluate the " competent practice of medicine." A profession means competence–who is not competent cannot belong to a profession. It might even be suggested that the crisis in technological-scientific, organizational and ethical-moral competence is at the basis of the crisis of the health systems of the economically advanced nations of the world.

Reference should then be made to the defense of the rights of the ill citizen and the consequent respect for his wishes and his life at all its stages, especially during his stay in health care structures. There should also be respect for the justice of asking for " proportionate " payments for the treatment of the patient, payments tailored to the actual economic capacities of the patient. One should not fall into the trap of asking for payments which reflect one's own hopes of material gain.

In this context and because of what has been expressed by the theses expounded above I think the moment has arrived to ask if the art of medicine can still be practiced as a liberal profession. But I would like to take a step forward in order to identify the character of the relationship between the doctor and the health care structures, a relationship which would be ineffective were it not for an ethical input. By this I mean an organization which is not oriented only towards efficiency but also towards total quality. In the health system of the future how to act will be strictly

connected to, and conditioned by, " where " and " when " to act.

At a more practical level of responsibility, ethics within the hospital must seek *to define the common good, indicate the principles to be employed for a fair distribution of the available resources, establish mechanisms for the monitoring of the effective functioning of programs, and identify models by which to evaluate the results obtained*. Every responsible medical doctor and every health care worker should be aware of being part of a system and should take upon himself the responsibility for the successful working of the hospital-organization and thereby ensure that it is able to produce health in line with its mission. The ethics of organization require that the hospital is seen as a common good where the doctor humbly accepts his burden of responsibility.

The four fundamental component elements of the hospital–the human resources (doctors and nurses), the accommodation, the technological and technical resources, and the financial resources–constitute a system whose regulation and working depend upon the laws of the economy, but they also have an ethical-political sense because they are an " overall service " which acts to achieve the health of the citizenry, one of the principal aims of the state. But with a careful eye it is necessary to overcome the ever-present system-oriented theory of the way things should be. " A system is more than the sum of its parts " because the ethical undertaking to produce health is not the prerogative of one structure in particular (whether clinical, economic, relating to accommodation or to actual health care) but of the hospital as a whole.

The ethical commitment which is at the base of the working of the hospital is grounded in the principle of reciprocity. For this reason we can declare that " none of the acts carried out by a health care worker remains isolated–it produces measurable and quantifiable effects throughout the system." The ethics of organization are as follows:

a) the need to invent analytically and strategically coherent instruments by which to measure the effects of each action which is carried out;

b) the need to make sure that all the component parts belonging to the functional model are justified and assume their responsibilities;

c) the need to ensure a correct and fair calculation of the investments necessary to achieve the goals of the society-state, and which are suitable given the resources available;

d) the need to evaluate the results obtained and thus to periodically (and perhaps constantly) update and adjust the means to the ends.

The task is by no means easy, but without these very great challenges and without a sound and effective training of personnel there will be no possibility in the future of managing and controlling our health systems and of producing health for all in the year 2000.

3. The Ethics of Solidarity and the Humility of the Medical Doctor

If the first principles which I have outlined hitherto are accepted then it must be agreed that there must be a policy of praise for the humility for the medical doctor. The thesis that I will attempt to sustain is quickly expounded: *the real power of the medical doctor is not so much to be found in the material instruments that he has available as in his potential for humility*. And if I manage to demonstrate that humility is not a sign of inferiority, modesty or low standards but a small word which expresses a great virtue–a virtue which is to be found (albeit rather pushed to one side) next to that artist of health, the medical doctor–then, in that case, I will have reached my objective. In the same way, or so I imagine, as the famous humanist Erasmus of Rotterdam managed to achieve what he set out to do when he wrote *In Praise of Madness*, a book which sought to uncover the underlying realities of life by looking not only at the face of life's medal but also at the obverse. This work strove to perceive the heart of truth and of human capacity in the dialectical encounter between wisdom and madness, debasement and greatness, pride and humility.

During my fifty years of hospital life in search of the humility of the doctor, not to speak of my own, I have made a number of discoveries. The first is the following: the hospital doctor, when asked about the fundamental purpose of a hospital, usually answers by saying that it should heal, treat with medicines, diagnose illnesses, reduce pain and so forth. None of these goals, in reality, is the fundamental aim of a hospital even if it indeed often heals, treats, diagnoses, combats physical pain and all the rest. The hospital is present in this world to help people *who suffer*, to help people who have lost, or who fear they might lose, their health–that is, their spiritual, social, psychic, and physical well-being (following the classic definition offered by the World Health Organization).

This discovery, where it is accepted by the doctor, strengthens him in the acquisition of the knowledge (and this is something of very

great use to the patient) that the instruments that medicine has to hand are inadequate if the doctor himself fails to take into account the *overall needs of the patient*. But the " reception/acceptance " of the purpose of a hospital outlined above is easy only in appearance. The doctor who has studied for many years and has reached a position of unquestioned status and prestige (in part because of the omnipotent idea that he is the savior of human beings) finds great difficulty in accepting the principle that a hospital must also take care of those who can never recover, of those who suffer in a physical sense because of the more intangible and pervasive world of the emotions, and of the elderly who lose their memory and thus their hope, and so the list continues. The doctor, indeed, is often encouraged to flee. He comes up against specialization, the spasmodic research for answers from the laboratory, or even the psychology and the veritable whirlpool of a feeling of betrayal by the university itself because practice appears to him to be too distant from theory.

We all recognize, it is true, that during his academic years the medical doctor is not encouraged to have an overall view of the person who displays symptoms. As a result he feels all-powerful when he manages to eliminate the symptom and almost powerless when he has to deal with the person who is in pain and who perhaps has a profound need for a doctor who does not confine himself to fighting the symptom alone, something which is the most obvious manifestation of the patient's infirmity.

With regard to the subject of the power, actual ability, powerlessness and even arrogance of the doctor, it should be observed that the powers of the doctor are enormous. We are dealing here with the only profession which allows its practitioners to approach the body and soul of other people, to prescribe substances for therapeutic reasons, and to give sentences of life and death. All this takes place within a context of real power and superiority, or at least so it seems from the point of view of the health worker or the undeniable position of inferiority of the patient. In this relationship of power and influence, and with the full use of the power of the means and instruments of medicine, the doctor reaches the high-point of his art. This is something which works to the benefit of the sick person, here the superiority of the doctor is of a benevolent nature.

The situation is rather different when the doctor finds himself face to face with a patient whose difficulties cannot be dealt with by a conventional use of the means at his disposal or the knowledge acquired from his books. At this point humility has a very important role to play–that virtue which enables the doctor to admit his own failings, weaknesses or limits: sunt certi denique fines. Being humble in this circumstance enables the doctor to link up with other professionals and other disciplines so as to ensure that the patient receives the best treatment available, even though that treatment does not come from the doctor alone.

An arrogant person, on the other hand, is he (including the medical doctor) who claims the laurels of victory before it has been obtained. Arrogant is the athlete who because of his previous records believes he has already triumphed before the race has begun. It is in this light that one should consider those doctors who lack humility and *the necessary patience to listen, to pay attention not only to the patient but to the nurse, the colleague or the relative*. They do not accept the idea that the information they have available is inadequate. Indeed, at times they need only accept the help of other people, people who are often considered humble, in order to find a solution. To sum up: the real power of the doctor who manages to overcome the daily wounds to his own narcissism becomes very great precisely at the moment when his ability to cure is diminished. This, however, is true as long as he admits that such a condition is a human reality. Only in this way can he involve other powers. And is this is so even if we have to recognize that we want to be approved and appreciated rather than to be helped.

A second discovery is at hand to the doctor who has humility. The hospital is not one vast private clinic. It is a complicated and intricate place, often a small city full of hundreds of people, unpredictable moods, and immense joys and great suffering. Things are constantly taking place and the temptation to arrogate to oneself the title of " mere technician of the system " is very strong, not least because of the kind of relationships engaged in with other professional figures who are perhaps wrongly considered to be inferior. In this way this small city fails to become what it should be–a small city of cooperation. It remains, instead, a collection of separate compartments perhaps in conflict with each other. The overall result of all this is that the hospital's final product –the well-being of the patient–remains an unobtainable reality out on some distant horizon.

There are very many hospitals which fail to have the molecule of organization. There are very many

consultants who do not know what the management of a department actually means There are very many doctors who fail to engage in the duty-right of entering into discussion (with humility and passion) about the human, economic, ethical financial and problems of that complex reality, the hospital. For this reason only an awareness of being unaware, or awareness of ignorance, of the whole organizational dimension, can generate projects which will ensure a process of constant training in a hospital Only this can place that valuable molecule referred to above in the mental and operational mind of the medical body As Goethe wrote: " What we do not know is useful and what we do know is of no use."

Is it not clear that the creation of an efficient and effective therapeutic system is a gratifying and necessary undertaking? Who should launch this project? Should we perhaps await external norms before engaging in this indispensable work? Is the medical doctor humble enough, and strong enough, to ask from himself–before approaching others–a new form of behavior with regard to the whole question of organization?

A third discovery which has proved very useful to the " cause " can be effected by the doctor himself. It has always been a part of the inheritance of the patient and is present in vital form in the individual and collective imagination of each and every citizen. I am referring here to the discovery that team work is a good and necessary thing when it is applied to health care workers in general and not merely when an " interesting medical case " is involved.

Many years ago I had the good luck to observe a very striking experiment almost by accident It took place during a seminar of a course of training for hospital doctors. The teacher invited a small group of doctors to listen to an account of one of their colleagues of a very simple case of essential hypertension. At the end of the description, and after a series of questions and answers between the speaker and the doctors, the participants were asked to write down their own individual evaluations and treatments (types of drugs and medicines and their application) for the case, and to do this without copying from their neighbors. After an initial happy and relaxed beginning the twelve doctors began to suffer, and not because of the high temperature of the room. I believe you can understand the reason: while they were writing down their views they realized that twelve different points of view would be expressed This is exactly what happened, much to the joy of the perceptive teacher who had indeed wanted to show that the art of medicine is produced by flesh and blood artists, by people, that is to say, who have a personal and unique style. After the experiment the participants joined forces (and their weaknesses) to decide upon the best treatment, and they did this through a process of agreement. In this way, after a great deal of discussion, there emerged the thirteenth approach to the case! And all this to the great relief, I am sure, of the patient suffering from hypertension who was quite unaware of what had been going on.

What can one say about this discovery? The true scientist is an unsettled man, a man who is uncertain and tortured. A man who is always looking for something or someone who will confirm or deny the wisdom of his actions. He is a man who experiences the true feeling of having to move amongst his peers, appealing to that code which is much more fraternal than paternal or paternalistic.

One final reflection before I finish this paper How often I ask myself: how does the doctor live? In very simple terms, what is his quality of life? What drives him forward when I see him hungry and troubled in his career, weighed down by the pursuit of money and success? Is he following his income or is his income following him? Do his concerns and worries distance him ever more intensely from what he is really worth, as Martin Buber well reminds us?

Eminent scientists, health workers and scholars! The *quality of medical doctors* as people far more than as professionals is the answer to the problems of suffering humanity The patient is not interested in the medicine but in the medical doctor. Nobody can be born an artist of health and nobody can live off capital even if he inhabits the high peaks of wisdom. To be eternal pupils–something which is the basic condition for the creation of works worthy of your art–we must embrace a great *principle of knowledge*, the knowledge of our own ignorance, our own immaturity and our own limits. *This knowledge is the child of humility*. This is a necessary quality for those, like the medical doctor, who have to tackle complex and difficult situations every day, and in particular have to face up to the subjectivity of the patient. Humility shows us the direction we should take in deciding upon the orientation of our efforts. You have need of courage. Indeed, in the journey towards good health care you must abandon dreams of omnipotence in courageous fashion and endure the depression which such a step involves. All this will bring the reward of being able, finally, to obtain *your real power*, which is immense. This power can then be increased every day with joyous and direct application. Here we have the power of *humility*!

I hope that I have demonstrated to you–and I have now finished my paper–the character of the subtle but frequently ignored difference between modesty and humility. And thus I finish with a salutation which expresses the exhortation which I address to myself every day: " always humble, never modest! "

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ANGELO SERRA

Ethical Problems in Biological Research in Medicine

The " Genetic Revolution "

" The genetic revolution " is the title of an international conference which was held at San Diego in California on the seventeenth, eighteenth and nineteenth of November. Some of the titles of the papers given at that conference well illustrate the main subjects of current genetic research: " molecular medicine and pathology," " molecular biology and cancer genes," " DNA probes," and " gene therapy." " Genes and illnesses " was the subject of another international conference held at Milan on the eleventh and nineteenth of November at the new Tigem Institute (Telethon Institute of Genetics and Medicine).

These constitute a small sign of an explosive stage in genetic research–a development accompanied by that apparent chaos which every explosion produces–and of an exponential stage of the acquisition of new knowledge and the development of those new forms of practical application which necessarily follow such new discoveries. As a human geneticist I have experienced great intellectual pleasure in following this rapid and extraordinary development of human genetics at every step: from the formal level of classical genetics through the biochemical and the cytogenetic levels, and on to the molecular level, and thus in the end to that example of " big science," namely the " Human Genome Project."

A broad outline of the principal stages in this overall development will enable us to gain a better understanding of the ethical problems which have emerged or have become more acute, especially those provoked by the " genetic revolution," and to place them in their proper context.

1956. This was the year of the first International Congress of Human Genetics. Tage Kemp (1), the president of the congress, in his opening address, observed that the aim of that first meeting–to which had been invited experts on human genetics from thirty countries–was to promote progress in this field " in order to create new possibilities of improvement in the health and well-being of man " (p. XIII). In reality, pushed forward by a desire to analyze the factors and mechanisms involved in the transmission of many illnesses from parents to their children, it was evident that many of these illnesses had to depend upon an alteration of highly specialized molecular structures termed " genes " which are present in those cells which go to make up the human organism. These genes have the characteristic functions of programming and controlling all those processes which take place within the human organism from the first moment at which it takes shape in the form of zygotes.

1960-1978. This period witnessed the discovery of an extraordinary number of new genetic illnesses and congenital malformations caused either by wide numerical or structural modifications of one or other of the forty-six volumes which contain genes–the " chromosomes," or by the mutation of individual genes. The number of illnesses caused by individual genetic mutation had reached 1,487 by 1966 (2). In the same year, indeed, at the third international congress on human genetics held at Chicago, the Nobel Prize winner for medicine, the geneticist Herman Muller (3), sounded a warning note: " if genetic defects increase without limit, as indeed seems to be happening today, we will arrive at the stage where every person would have an immense (and always different) complex of problems to be diagnosed and treated " (p. 527). He suggested an " offensive to gain control of human evolution " which was to be carried forward in three ways: genotypal selection, germinal selection, and genetic modification. Medicine was attracted by the increasing advances made by human genetics and above all else by the major support that this was giving to our understanding of the causes and the processes of a large number of illnesses, and thus became involved in this whole upsurge and gave rise to the new discipline of " medical genetics."

By 1978 (4) 2,811 genetic illnesses had been discovered. It was known that one in two-hundred and fifty children are afflicted from birth by pathologies associated with chromosome alteration–the Down, Patau, Edwards, Klinefelter, and Turner syndromes being the most common. It was also known that one in two-hundred and fifty children are born with one or other of about three thousand illnesses already known, caused by the mutation of individual genes–among which are to be found Mediterranean anaemia, cystic fibrosis and a wide range of dysmetabolical and neurological

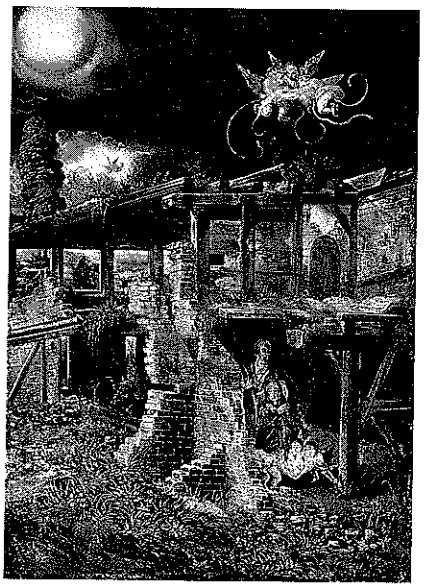
illnesses. Furthermore, 3%-4% of births are afflicted by multifactorial illnesses where genetic factors and environmental factors are at work–for example, defects of the central nervous system, defects of the closure of the ventral embryo line and congenital heart disease. In the meanwhile, cytogenetics (5) and biochemical genetics (6) had opened up ways of ensuring more secure and earlier diagnoses.

1980-1990. This was a decade of technological explosion involving recombinant DNA methods (7). There thus begun the " genetic revolution." Research was directed not so much towards the discovery of the absent or defective element as towards the discovery of the altered gene itself. Its effects could thus be more easily and directly identified. To put it simply, all energies were directed towards the construction, first of all, of the so-called " physical map " of the human chromosomes whereby the different fragments into which each chromosome is cut are put in their right order, and subsequently of the so-called " genetic map " with its presentation of the exact position of the coding genes and other anonymous fragments of DNA. Other steps followed these and allowed an understanding of the exact molecular structure and the functions of these genes.

A simple knowledge of the vast amount of basic data collected at an international level–data which is very accessible–is enough to grasp the daily increase in new information which is taking place in this area of research. By the end of 1993 there had been mapped on human chromosomes 3,000 coding genes–that is, elements which control the production of a very specific product which is of great importance for cell life; of these 661 were pathogenes and seventy of these were involved in the emergence and development of tumors. In addition, there were 13,000 " markers," so termed because they act as points of reference by which to position the other genes on the different chromosomes; of these genes alone there were about 3,550 whose existence was known to us. Through this tedious but fruitful work in which thousands of researchers have been engaged we have acquired very important knowledge. Special mention should be made of:

1. The *specific errors of many genes* which are at the root of serious genetic illnesses (8) such as Mediterranean anaemia, progressive muscular dystrophy, cystic fibrosis, the Martin-Bell syndrome, Huntington's chorea, some inherited tumors, such as neurofibromatosis, Wilms' tumor, inherited colon cancer, inherited breast cancer, and inherited ovary cancer. In addition, the great variety of genes and of mutations of the same gene which can be responsible for the same illness has also been brought to light.

2. The *products of given genes*–that is, products which become defective or completely absent when the gene is altered (9): for example, the β *chains* of haemoglobin in the case of Mediterranean anaemia; *dystrophin* in the case of Duchenne and Becker muscular dystrophy; a *transmembrane regulator protein* in the case of cystic fibrosis; and *neurofibromin* in the case of neurofibromatosis.



3. The *pathogenetic mechanisms* induced by such errors (10). For example, the necrosis of muscular cells in the case of muscular dystrophy; the alteration of the secretor cell mechanisms in the case of cystic fibrosis; and the suspension of the regulation of the cell cycle in the case of neurofibromatosis.

From the Laboratories to the Clinic

This increase in knowledge promoted by the " genetic revolution "–knowledge, however, which is only a very small part of what is to be expected from the Human Genome Project–was immediately followed by practical application in the sphere of medicine.

The first application took the form of sophisticated technology by which to *diagnose genetic illnesses* (11). It is now possible to identify individuals who will almost inexorably be afflicted by a genetic illness quite early on in life. In the same way, it is possible to identify healthy carriers of pathogenic genes who are a potential risk to the population in that they can transmit illnesses to the following generations. These identifications can be done during the development of the embryo or foetus, during the very early stages of preimplantation, and even through investigation of the ovocytes themselves.

The second application took the form of new therapeutic directions and methods expressed by the term " genetic therapy " (12). After an intense experimental phase which had demonstrated that it was possible to transfer normal genes into ill somatic cells such as lymphocytes, desmocytes, staminal cells of the medulla ossium, hepatocytes, and tumor cells, and that these transferred cells had the ability to express the introduced normal gene and to function like normal cells and thus to heal, the prospects of *human gene therapy by physical*

transfer envisaged by W F. Anderson (13) in 1984 appeared to be a realistic goal.

Further advances in the search for less risky and more suitable viral vectors, methods of transfection which could reduce the dangers of insertional mutations, and greater effectiveness and length of the effects of treatment, finally allowed the beginning of experiments on man. The results of these experiments, as Anderson himself has recently observed (14), should be treated with " cautious optimism." By December 1993 in the United States of America (15) 45 experimental protocols of genetic treatment of man had been approved, and thirty of these were for the treatment of various kinds of tumor. However, as R. C. Mulligan emphasizes (16), " despite substantial progress, many key technical problems have still to be solved before gene therapy can be applied safely and effectively in the clinic " (p. 931). And in the report of the Canadian Committee on New Techniques of Reproduction (17), we can read in chapter 29 which is devoted to " gene therapy and genetic alteration " that " genetic therapy by somatic route is still highly experimental, and its usefulness in the treatment of genetic illness is unknown " (p. 605). This statement was very recently confirmed by Anderson (18): " In the long term the potential of genomic science and gene therapy is very great indeed. I have always argued that research on genes should be strongly supported because it is the best prospect that we have to cure and prevent those wounds which are today causing so many victims: cancer, heart disease, AIDS, genetic illnesses and so forth. However, those of us who work in this field must be careful to give realistic information about the potential benefits and risks, and also realistic estimates of how much will be needed before society will be able to see significant benefits. If we generate false hopes, the reaction when we are not able to achieve things within the envisaged timetable could be very marked " (p. 1078).

Enthusiasm is pushing researchers further and further. The facility with which one can inject genes into the nuclei of cells on the one hand, and advances in embryology which enable human embryos to be created in vitro on the other, are leading to attempts to achieve *genetic therapy by germinal methods* (19). In essential terms, what happens is that by using techniques of micromanipulation suitably prepared genes are injected into the newly fertilized ovule-cell. If these insert themselves correctly into the genome of the zygote and express themselves, then individuals who would have been born ill in fact are born healthy. The results of experiments which have so far been carried out on animals are very promising. But the obstacles which still remain before reasonable success can be achieved mean by common agreement–that experiments on man at the present time are not proposable.

In the meantime, new methods are being created by which to *prevent the implantation of genetically unhealthy embryos* (20). From embryos produced *in vitro* or even *in vivo* which bear the risk of being carriers of pathogenic genes–such as in the case, for example, of two parents who are carriers of the Mediterranean gene or the cystic fibrosis gene–and which have reached the stage of eight cells, one or two cells are taken. There is an attempt to determine whether their genotypal condition is such as to mean that an individual would be brought into being who would with certainty or high probability fall victim to a given illness. The embryos which are found to be in this condition are disposed of and are not transferred into the womb for further development.

The Ethical Problems

This rapid, global, and necessarily limited description of discoveries of the very highest value and of applications of great potential which have taken place over the last thirty years and which have led to great steps forward in genetics in general, and in human and medical genetics in particular, was necessary to an understanding and assessment of the ethical problems which now present themselves. These problems impose themselves on all those who were and are engaged in these areas of research and in their connected fields of application.

It is precisely these problems which have meant that many of the advances so far achieved have taken place within a context of *ethical tension*. On the one hand there has been incomplete and not fully understood information about all this progress–uncontrolled emotional responses have led to strong resistance being put up against serious attempts to promote potentially beneficial applications (21). On the other hand, highly qualified researchers and scholars (22) –among whose numbers were and are to be found some of the most enthusiastic leaders of the development and application of new forms of technology–have expressed very great worry about possible abuses and have called for the creation of clear guidelines about what and what cannot be allowed. This has

led to public debate which in turn has encouraged government institutions to look at the whole question in some depth and to produce guidelines, suggestions, laws and conventions. But it will be very difficult to eliminate this ethical tension chiefly because of the different cultural backgrounds which shape the behavioral ethics of individuals, groups and societies (23).

Bearing this ethical tension and above all else its causes in mind, and with full respect for different points of view, some of the most keenly-felt problems will be touched upon here–problems having to do with genetic research and its applications. These problems will also be briefly considered in the light of Catholic ethics.

A Problem at the Level of Research

We come up against a very serious problem at the level of research. It has two aspects, and these dimensions are becoming ever wider and extensive. The first line of inquiry is engaged in an intensive attempt to find ways of treating serious genetic illnesses or pathologies in which genetic factors play an important role. Different methods are used but all of them imply the transfer of normal cells into somatic cells or into the organs of patients. This is what is termed " somatic gene therapy " By common agreement (24) this new kind of research does not raise new ethical problems. The studies which are being carried out on man are certainly still at an experimental level but they are accompanied by that care and those sets of conditions which are necessary to ethically correct experiments on humans. Care and sets of conditions, it may be added, which take into account:- those risks which are associated with different forms of treatment, due and proper consent, the need for secrecy and confidentiality, and the appropriate use of resources.

Less progress is being made along the second line of inquiry. This consists of experiments to achieve the correction of a genetic defect from the moment that the zygote is formed, a process which is termed " germinal gene therapy." This slower pace of advance has been caused as much by technical difficulties as by (and above all else) objections of an ethical character (25).

The first objection of those which are generally made goes as follows: treatment made at the present moment, even though it has a purely therapeutic purpose, is not only neither advantageous nor prudent, but it is also by no means indispensable. This is because there is a very high risk of error for the embryos which could develop and there is a danger that undesirable modifications could be passed on to subsequent generations. Indeed it is asserted, without however suitable reflection on what this means (26), that " the initiation of gene therapy on affected zygotes cannot be justified when healthy zygotes can be obtained which can then be transferred into the uterus " (p 610) An exception, however, might be made when both parents were affected by a recessive illness.

The second and more forceful ethical objection is that one is opening the doors to intentional alterations to the human genome in order to obtain qualitative improvements, and that this has eugenic connotations which involve high social risks, not least discrimination and intolerance towards those who are different. It is for this reason that W.F. Anderson (27), the pioneer of gene therapy, insists upon the point that " for ethical and medical reasons a line should be drawn which excludes every form of engineering of the germinal line in order to improve the human being " (p. 689). However he goes on to say that: " with the advance of experience the line should be moved to include, if possible, germinal gene therapy for the treatment of particular illnesses " (p. 689).

It seems to me, however, that there is an ethical objection which carries even greater weight. In somatic gene therapy the subject at the experimental stage as well is always a *human subject*. As such he is seen and as such his rights and dignity are upheld, first and foremost in relation to life. The situation of experiments on the human embryo in the first stages of development is different. This stage is an absolutely necessary step, is markedly long, and is required before any kind of therapeutic protocol is initiated. In this phase the embryo becomes merely a *disposable and producible object* which according to laws already existing in England and Spain, or in preparation (such as in France (28) and the United States of America), has the right to life, for the time being, until the fourteenth to eighteenth day. In this way the dignity which a human individual has, the respect due to him from the first moment of his formation, and the right to life are all violated.

Although I have tried to understand all the reasons behind the idea that it is *necessary* to experiment upon the human embryo for the benefit of man, even to the point of believing that this is a *new imperative on the part of science and medicine* (29), it seems to me that these reasons lack a biological

base and indeed are in conflict with biological data. In addition, from a metabiological point of view it is illogical to deny the *status of the human being* to an embryo in its early stages of development and thus uphold the ethical value of the production of human embryos, while at the same time *using* these embryos for the purposes of research in a context where there is no reason to respect the ethical norms which apply for every correct experiment upon man.

This position had already become apparent in the Warnock committee (30), the authority of which is widely recognized. In chapter 11 we can read: " Because the timing of the different stages of development is critical, once the process of development has begun, there is no special phase in the process of development which is more important than another. All of them are part of a continuous process and if each phase does not take place normally, at the right time, and in the right sequence, further development comes to a halt " (p. 65) And it is precisely for this reason that a little later it is stated that: " from a biological point of view it is not possible to identify a single phase in the development beyond which the embryo *in vitro* should not be kept alive " (p. 65). However, the report then goes on to contradict itself and declares: " this is an area, however, where a decision had to be taken to allay public anxiety " (p. 66).It was decided that " research can be carried out on any embryo which has been fertilized in vitro, wherever it may have come from....until the fourteenth day of fertilization " (p. 66) This decision was subsequently approved by two-thirds of those voting in the two British Houses of Parliament and then became law. It is more than obvious that sociopolitical considerations prevailed over ethical arguments

Problems at the Level of Application

1. The ability to diagnose genetic illnesses is, as we have seen, becoming more real. *Prenatal diagnosis* in the first and second three-month period of pregnancy has now become a part of usual medical practice The interruption of the pregnancy when the diagnosis is not favorable has almost become a *social* obligation, so great has the cultural pressure under the banner of " the quality of life " now become. Ethical tension in this field is constant.

There are those who believe that " when the situation is such as to mean that a truly human life will not be possible the right to biological and physical survival loses its character. In such a case a compassionate termination of life is acceptable or even obligatory " (31) (p.180). For those who subscribe to this argument the selective suppression of the majority of genetically compromised foetuses is a good act in ethical terms.

For others (32) " the decision to abort in these cases is a serious decision because the foetus, although it is still dependent on the mother, has the ability to exist as an independent human being " (p. 207). For this reason the decision " depends on an assessment as to whether advantages outweigh those disadvantages which the birth would involve " (p. 207). Here the principle is certainly more restrictive than the previous principle discussed: the interruption of the pregnancy is adjudged as being ethically right when the disadvantages which would arise from the birth of a subject affected by genetic illness outweigh the advantages But this criterion cancels almost every limit and opens the door to unlimited extensions. For example, what only a few years ago was considered as lacking a correct ethical view of things, such as the interruption of a pregnancy in the case of a Turner or Klinefelter foetus or because the sex of the child was not the sex wished for by the parents, has now become generally accepted. There is even pressure to engage in the selective screening of healthy carriers of pathogenic genes.

The position of the Catholic Church does not involve absolute condemnation of prenatal diagnosis. Such diagnosis is ethically sound if it " safeguards the life and the integrity of the embryo and the mother " (p.14). This position is openly opposed to the selective elimination of an embryo or foetus and is based upon the following principle (33), which is considered of fundamental importance: " The fruit of human generation from the first moment of its existence–that is, from the moment of the constitution of the zygote–commands the unconditional respect which is due to a human being in his spiritual and corporeal entirety.. and for this reason from that very moment there must be bestowed upon him those rights of the person, and first and foremost the inviolable right of every innocent human being to life " (p.13). According to this principle the " quality of life " is certainly a great value which science, medicine and society must strive to promote and improve for every human being But man does not have the right to establish at what point in the gamut of the " quality of life " he can decide about the life of another person.

The same ethical tension is present in the case of *pre-implant*

diagnosis. The diagnostic examination, both in the case of embryos obtained through *in vitro* fertilization and in the case of embryos obtained or not through natural endouterine fertilization–when this is done for purely selective purposes in order to eliminate embryos of a sex not wished for by the parents or embryos which sooner or later will show signs of illness–not only implies a self-evidently eugenic intent but also always involves the fact that life is being taken away from human beings who have the right to life.

2. A second important area of application is that involving the *identification of carriers* of pathogenic genes in families and the population more generally (34). This could have the very great advantage of encouraging a *primary prevention* of genetic illnesses, the avoidance of the conception of subjects who will experience great suffering, and the consequent promotion of the quality of life of families and the population through a reduction of the incidence of genetic defects and disorders. Given these considerations, this approach has to be taken very seriously and should be strongly encouraged and diffused. But in reality, science's efforts to discover the factors behind serious illnesses; medicine's commitment to identifying subjects at risk and thus informing them as to what kind of situation they find themselves in, in order to help both them and their families; the attempts by society to facilitate the spread of primary prevention and of knowledge and awareness about it; and finally the help given to individuals at risk to take mature personal decisions–all this constitutes a magnificent expression of true human *solidarity*. However, for this vast cooperative initiative to achieve its purpose of the primary prevention of genetic illnesses certain ethical considerations and problems must be taken into account. In the first place the *test must be truly effective* as regards its reliability and capacity to detect what it has to detect. Once this is ensured three situations may be subjected to examination.

a) The test is requested by *individuals already affected by an illness* caused by a given gene–for example, the muscular dystrophy gene, the Huntingdon's chorea gene, or the cystic fibrosis gene. In this case no problem presents itself. The test will either confirm or clarify the clinical diagnosis which has already been carried out. It will also perhaps be able to evaluate the potential seriousness of the situation caused by the identified mutation.

b) The test can be asked for by *the family relatives of the patient* or suggested to them. In order to further clarify the situation the above-mentioned genes may be referred to as an example. In the case of muscular dystrophy the mothers or sisters could be carriers of the pathogenic gene and there could be a high risk that they will have sick children. A knowledge of this risk is a duty if further responsible decisions are to be taken. A result which indicates the absence of a pathogenic gene will give greater peace of mind. A result which indicates the presence of such a gene–even though it will provoke a reaction of depression at the outset which must be borne in mind when the news is broken–will lead to a greater awareness when personal decisions are reflected upon. It is up to science and the prudence of the doctor to suggest the best time to carry out this test.

In the case of Huntingdon's chorea the test not only indicates the possible presence of a pathogenic gene in one of the children or in one of the parents of an individual who is already afflicted, but it becomes a *predictive test* in relation to an illness which usually appears between the ages of thirty and sixty. It is an *indicator of risk* of the illness for 50% of any children which may be born. It is obvious that in this case the doctor should be especially careful and prudent with regard to the moment when the test should be carried out and in communicating its results. In general, the test should be preceded by suitable psychological preparation both to ensure due consent to its actually being carried out and to achieve a correct acceptance of an unwanted or perhaps even unsuspected situation. There should also be the communication of information about the present or future risks of the transmission of the illness.

In the case of cystic fibrosis the awareness of being a healthy carrier will engender a greater sense of responsibility in the setting up of a family where 25% of children will not bear the risk of being born with the illness.

c) The idea of applying the test *to the whole of the population for predictive purposes*. The push in this direction comes first and foremost from commercial genetic laboratories, many of which have already acquired the right to develop these tests (35). Tests for Huntingdon's chorea, myotonic dystrophy, Alzheimer's disease and various inherited tumors such as multiple cancer of the endocrinal glands, breast and ovary cancer, adenomatous polyposis of the colon, and apolypoid cancer of the colon are already available.

The *ethical controversy* (36) about the application of these kinds of epidemiological tests–such as those for cystic fibrosis, Duchenne's muscular dystrophy, various forms of immunodeficiencies and phenylketonuria–which for certain illnesses should be begun in the neonatal period, is still very strong and opinions vary greatly. This is quite apart from the fact that many of these tests are still a very long way from those levels of reliability and effectiveness which constitute a pre-requisite to ethically acceptable applicability.

Last November a committee of the Institute of Medicine of the National Academy of Sciences of the United States of America, composed of medical geneticists, consulting geneticists, paediatricians, and ethical and legal experts, prepared a report containing certain " recommendations " in order to reduce some of the potentially damaging effects of these epidemiological examinations. These " recommendations " include some which are deemed absolutely essential: 1) the need for consent with regard to participation; 2) the necessity for a previous genetic consultation to be given to ensure that the purpose, results and implications of these tests are understood; 3) the limiting of these tests to illnesses which can be acted upon, whether by means of treatment,

help in relation to decisions about whether to have children or decisions of a similar importance to the people involved; 4) the exclusion of every possible form of discrimination on the part of insurance companies or employers towards those who might turn out to be carriers of a gene which could lead to a shortening of life or a diminution of work capacity.

These four requirements are certainly fundamental to the achievement of an ethically correct approach to genetic epidemiological tests free from any trace of *eugenics*. It seems to me that two other conditions should be added: a choice between the tests which are available based upon criteria which can vary from population to population on the one hand; and on the other, suitable psychological preparation before the test and appropriate psychological support after the test in order to help those tested to deal with, or get used to, a result which might indicate a future of unavoidable suffering.

Perhaps today we are still too distant from a situation which could enable us to set mass predictive tests in motion which would meet these minimum requirements for ethically correct action. Cultural and commercial pressures are strong. Nevertheless, respect for the individual, his rights and his dignity must prevail.

Conclusion

I have briefly outlined the principal ethical problems which are presently provoked by developments in medical and human genetics. I have confined myself to these questions and have not touched upon other problems which have arisen in relation to advances in plant and animal genetics, problems which to a certain extent also bear upon man.

Over the many years which I have observed this rapid development I have been ever more aware of the fact that *every advance* is accompanied by *new* responsibilities caused by the emergence of new ethical and social implications and consequences. I was not surprised, therefore, to read in the July 8, 1993 issue of the famous and scientifically esteemed journal *Nature* the title " New genetics means no new ethics "(37) which had been given to a leading article. But I was surprised by the fact that the September 9 issue of the same journal bore the title " No to genetics " (38). The title had obviously been given to a letter which commented on the previous leading article.

It is obvious that true ethics always take the same form. It is the application of fundamental ethical principles, which cannot be changed according to personal wishes, which can involve constantly new situations. But I have always thought the statement: " new kinds of knowledge have not created new ethical problems, but only ethical simplifications " (p. 97) to be very superficial. I think the same about another affirmation, in the form of a question, which was an attempt to explain the meaning of the first: " Are we perhaps not faced with a welcome advance when the birth of a child with a genetic illness can be determined by amniocentesis and when most governments allow that child to be aborted "? (p. 97). This is certainly a simplification which not only does not respect " old " ethical norms but which seems to me to be a dishonorable setback to science and medicine. More than an example of superficiality, the end of the piece offends and displays ignorance when it declares: " the geneticists enjoy saying that they will never touch the germinal line. This is an act of ignorance " (p. 97). In reality it is a " no " uttered in the name of science to what is considered in this epoch of " new genetics " to be " old-fashioned ethics." It is the expression of the ethical tension which has always accompanied progress in the field of science.

I believe that it is our duty, with respect for those who appear in good conscience to hold opinions which we consider wrong, to maintain this ethical tension and follow the teaching of he who within the Church has the responsibility of guiding and illuminating all men along the path of moral goodness. This responsibility was clearly expressed in the " Instruction on respect for unborn life and the dignity of human procreation " (39): " The Magisterium of the Church, after considering the facts of research and technology, intends to propose, by virtue of her evangelical mission and her apostolic duty, moral teaching which corresponds to the dignity of the human person and his integral vocation.... The criteria of moral judgment... are respect for and defense and advancement of man. The action of the Church in this field is also inspired by the love that she owes to man, helping him to recognize and respect his rights and duties " (p. 6).

The continuance of this ethical tension not out of a taste for contradiction or imposition but out of a wish to search out the truth will be the best contribution that we can give, each in his or her own way, to direct the advances of science and medicine towards serving the real good of humanity.

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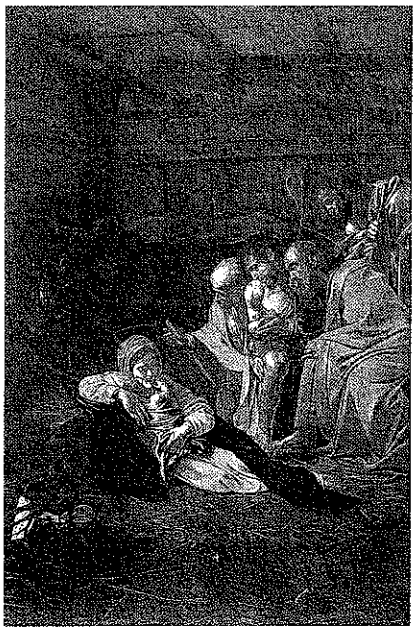

ADRIANO BOMPIANI

Technology and the Transmission of Life

Introduction

Over the last few decades there has been a very great advance in biomedical technology and this has led to the notion of a " medico-biological revolution." This has raised questions relating to care but has also engendered new problems to add to those we already have to deal with in the field of medicine–problems which also involve profound ethical questions. I will give just a few examples of all this–prenatal diagnosis and its practical consequences, selective abortion because of genetic symptoms, and surgery carried out on the fetus; the widespread practice of the transplant of parenchymal organs; resuscitation and intensive care in general; and–more recently–gene therapy.

One special area of biotechnology–that which involves procreation–has attracted very great attention on the part of doctors, legal experts, moral experts, psychologists, sociologists and ordinary people more generally, and the question has provoked widely different stances and reactions.

It must be recognized that action in the area of procreation cannot be considered as being on the same level as action directed towards other parts of the human body. This is true even from a merely anthropological and psychological point of view. The absence of similarity lies in the fact that a very important ethical dimension is involved in the act of procreation itself, quite apart from what theological conceptions of man may be involved. In addition, this process is bound up with the transmission of genetic characteristics which are handed down through families and human lineages over the generations. Because of this a special responsibility towards the whole of mankind is at work and has a direct bearing upon this particular area. This responsibility should also be recognized by those who do not have a metaphysical view of existence.

" Bioethics " arose as a moral reflection on the new possibilities of human medicine and has sought to find a synthesis between opposing needs with reference to the pragmatism and cultural pluralism of present-day societies and in the name of tolerance and democracy. There is no doubt that although this approach can produce development in the debate within highly secularized societies, it also runs the risk of encouraging a weakening of that moral feeling which is based upon the values of a personalist anthropology. And it is in this anthropology that a truth is rooted which necessarily rises above a purely phenomenological and mechanistic view of life.

1. Interest in the Subject

Analysis of man's intervention in the phenomenon of procreation constitutes a very broad and extensive subject. This subject has been widely discussed and has given rise to a bibliography which could now rightly be described as being very rich indeed.

Furthermore, this whole area has given rise to parliamentary debates (in Italy as well) and in some countries has actually given rise to systematic legislation reflecting prevalent public opinion. The legislation of Spain, Great Britain, Sweden, and Germany, and the recent legal initiatives of the French Republic may be cited as examples.

The European Community has often taken initiatives in this field through the CAHBI (the Committee for Bioethics of the European Community) and in the form of resolutions of the European parliament. Resolutions 1046 (1986) and 1100 (1989) call for the creation of uniform rules on this complicated field within the European Community. Reference might also be made to Resolution No. 943/1982 of the Council of Europe.

The subject, therefore, is very well known and from a legal and jurisprudential point of view constitutes a body of doctrine which is of very great interest and of world-wide dimensions (Knoppers and Lebris, 1991).

2. History of the Subject

The history of the subject can be summarized in the following way. At the outset there was an evident phase of initial biological discovery:

– 1899: the first transfer of an early embryo from one rabbit to another (Heape).

– 1949: early embryos removed from a mouse survive and develop outside the womb, reaching quite advanced stages–about the midway point of gestation (Hammond).

– 1959: first in vitro insemination of the ovocyte of a rabbit (Chang, Thibaud and Dauzier), its

transfer into the uterus, and its growth until birth

– 1970: the taking of human ovocytes for the purposes of laparoscopy (Steptoe) (a low invasive surgical technique which avoids laparotomy)

– 1972: the birth of mice after the cryoconservation of the embryo (Whittingham) over a marked period of time, and the subsequent transfer of the embryo into the uterus.

– 1978: birth of Louise Brown (Evans and Steptoe) (from spontaneously ovulated ovocytes and FIVET) in Great Britain

The Development Stage of the Fertility Clinic

– 1980: Insemination of the ovocyte of a surrogate mother with the sperm of the partner of the sterile woman. Then, on the seventh day after insemination, the removal of the embryo for uterine washing and the transfer of the embryo into the new mother (Seed and Seed).

– 1981: First pregnancy obtained with FIVET (in vitro insemination) in ovulatory cycles controlled through the administration of gonadotrophin (Trouston et al.) There begins the stage of experimentation in the in vitro insemination of more embryos than are available in the uterus.

– 1983: The donation of ovocytes and the transfer of the embryo obtained through FIVET (in vitro insemination) into a women with early menopause whose uterus had been prepared through hormonal administration for the implantation of the embryo (Lutjen).

– 1984: Professor Asch announces the first pregnancy achieved through GIFT (Gamete Intra Fallopian Transfer) through the method of laparascopy.

– 1984: The taking of ovocytes through the vaginal passage by echographic methods (Dellenbacj and Nisand) without the use of laparoscopy.

– 1986: Intratubal transfer of an embryo (Devroéy) produced in vitro

– 1988: GIFT (gamete intrafallopian transfer) using echographic methods only, without any use of laparoscopy.

– 1988: Dissection of the pellucid zone of the ovocyte through micromanipulation in vitro and insemination with the sperm of the subfertile male (Gordon et al.)

These have been the fundamental steps.

Before dealing with questions which are purely ethical and deontological in character we might ask ourselves why has there been this extremely rapid breaking of technological barriers over the last decades? Is one dealing here with an unjustified involvement in research on man or are there truly therapeutic motives at work in this use of artificial techniques of procreation?

To answer these questions it would appear that we should refer first and foremost to certain epidemiological and clinical facts about the sterility of a couple, the condition which–at least at the outset–was the reason for this development and advance in the technology of assisted procreation.

Examined from an epidemiological point of view, in considering fertility (that is, the ability of living beings to reproduce themselves and thus conserve the characteristics of the species) and sterility (that is, the absence of fertility), we notice that in a given population subjected to study there is a balance between the two phenomena, and these can be quantified in numerical terms for each species. In the human species the factors which determine this balance include factors which are not merely biological–such as, for example, the age of the woman–but are also anthropological, psychological, and social. We must in all honesty recognize that certain widespread forms of behavior which are present in contemporary society actually increase the incidence of preventable sterility.

These factors act upon the *fertility potential* by causing:

1) Diminished reproductive capacity because of the age of the women and probably because of psychogenic stress caused by the work environment

2) Increased exposure to infectious and environmental factors which work against conception (such as, for example, chlamide salpingitis).

3) More frequent alterations in the seminal liquid (an estimated rate of 25% sub-fertility).

4) Episodes of false sterility (about 30%) caused by the consequences of a more urgent wish for children in copies which have delayed conception.

5) A hedonistic and consumeristic vision of procreation with its accompanying need to predict the time of conception and the date of actual childbirth.

These factors as a whole cause a probable relative increase in sterility, subfertility, and pregnancies at risk–all phenomena which have been well observed and verified by contemporary modern authorities. From a strictly clinical point of view, research into the causes of sterility within the couple demonstrate a distribution among a rather varied number of possibilities. This takes place as follows:

– Disturbance of ovulation in 20% to 30% of sterile couples.
– Tubal " anomalies " in 15% of sterile couples.
– Endometriosis in 6% of sterile couples.
– Cervical Pathology in 3% of sterile couples.
– Seminal Pathology in 21% to 24% of sterile couples.
– Other Male Causes in 2% of sterile couples.
– Disturbance of Sexuality in 6% of sterile couples.
– Sine Causa in 18% to 28% of sterile couples.

3. The Methods of Assisted Procreation in the Treatment of Sterility

This brief excursus on sterility has served to allow us to understand the reasons for the so-called " therapeutic principle " which, at least at the beginning, underlay the methods of assisted procreation. It should be observed that for some time now gynecology has turned its attention to the treatment of fe-

male sterility. Andrology has done the same with regard to male sterility. There is no doubt that in many couples sterility is the cause of a great deal of suffering, and medicine has always felt the call to remove obstacles to the achievement of maternity and paternity. This has happened, and rightly happened, through methods which have sought to distance the causes of sterility or to treat the damage caused by morbose influences, and with the general aim of achieving a *restitutio ad integrum* of the body's functional and anatomical potentialities

This is still largely the case in relation to certain pathologies (such as conditions of uterine fibromatosis, pelvic endometriosis, or tubal occlusion involving inflammation, etc.) The results have been variable, largely dependent upon the extent of the damage which has been provoked. It should be observed that major improvements have also been achieved through forms of new medical technology, above all (of a pharmacological kind involving, for example, stimulation of the ovaries) and through surgery (microsurgery). However, it cannot be denied that there are cases and forms of sterility where results cannot be achieved through the re-establishment of the anatomical potentialities of the body because the functional damage–that is, the result of the *noxa morbosa*–has been very great.

Because of this, attention has been directed towards the use of methods which are placed under the general category of " assisted procreation." In different ways and at different levels these methods seek to *replace* the biological mechanisms or " steps " with a complicated functional process when the necessary developments do not take place spontaneously or when the expected pregnancy fails to take place for reasons which cannot be explained. One is dealing here, therefore, with a function which *replaces* rather than remedies.

With this is mind, at least thirteen such methods are known, and they are listed below in table 2 with their Anglo-Saxon acronyms.

Many of these methods are variants of two fundamental procedures which are distinct at an operative level:

1) the repositioning of the gametes in the female paths (at different levels according to which pathology is involved);

2) the formation of an " embryo " in vitro and its subsequent transfer into the female genital paths (the uterus in particular).

1) GIFT

This helps yhe achievement of the natural process by facilitating the meeting of the gametes (spermatozoa and ovocytes) within the relative areas of the female physiology.

2) FIVET

This achieves the creation of the embryo outside the female physiological paths and replaces it within the uterus at a subsequent moment (after two or three days).

This is the point at which deontological and moral questions arise.

4. Deontological Questions

I would like at this stage to draw attention to certain *deontological principles which should also be followed by those who argue that methods of assisted procreation are practicable*–principles, however, which are often violated.

1) None of these methods should be used when a *recognized and well defined therapeutic goal* is not envisaged (the criterion of suitable symptoms and side-effects, where this is possible, should be employed here as in all fields of medicine).

2) Methods of assisted procreation should be used only *after* other " traditional " methods of repairing anatomical and functional damage or stimulating residual functions have been attempted. A reasonable timespan is envisaged here.

3) Methods of assisted procreation should be used which offer

Table 1: Epidemiological and Social Aspects of Procreation in Economically Advanced Countries

– Early start to sexual activity
– Progressive increase in decisions to control fertility
– Tendency to delay the age of marriage and the first pregnancy (personal motives, economic motives, etc.)

Table 2: Methods of Assisted Procreation

I U I	Intra-Uterine Insemination
I P I	Intra-Peritoneal Insemination
G I F T	Gamete Intra-Fallopian Transfer
Z I F T	Zigote Intra-Fallopian Transfer
PRE.T T.	Pre-Embrio Tubal Transfer
PRO.S T	Pronuclear Stage Tubal Transfer
I P E T	Tubal Pro-Embryo Transfer
T E T	Tubal Embryo Transfer
T.E S T	Tubal Embryo Stage Transfer
F I V E T	Fecundation in Vitro and Embryo Transfer
S U Z I	Sub-Zonal Injection
T.C.-G I F T.	Trans-Cervical G I F T
T C.-T E S T.	Trans-Cervical T E S T

the highest possibilities of success in the actual case under consideration.

4) The staff of the centers which practice assisted methods of procreation should be expert, rational in their approach, and capable of avoiding exaggerated treatment. In addition, room should be allocated to those within the staff who disagree with such methods on grounds of personal conscience.

5) The consent of the patients must be expressed from an informed point of view, and both members of the couple must be involved. *Every substantial aspect* of the process (for example, stimulus of the ovaries; ways by which ovocytes are extracted; the problem of having too many embryos or ovocytes, etc.) should be known about–there should not be a mere awareness of the generalities of what is involved.

The time and space available here prevent an analytical description of the use and results of each of the methods of assisted procreation which have been listed. In addition, it should be stressed that some authorities maintain that we still do not have available controlled clinical studies of some of these methods which would allow us to overcome the factors of variability which are introduced into these processes both by the selection of patients and by the analysis of the results of these methods.

Table 3, however, offers an account of the results which have been obtained hitherto.

While FIVET is very effective only in the case of the absence or irreversible damage of the salpings, GIFT (or similar methods) offers a broader range of effectiveness in the case of persistent sterility caused by unknown factors or by slight sperm deficiency. Intraovocytal transfer of the sperm (or SUZI) is a process which involves high risks for the embryo. Its only suggested use might be in cases of serious conjugal sperm deficiency.

Whatever the method chosen, it must be recognized that these are very expensive methods which require high technology and a strongly motivated and highly trained medical team. It cannot be denied that some of these methods of assisted procreation–those which involve massive stimulation of the ovaries or the placing in the womb of one or more ovocytes–carry risks both for the mother and for the new-formed child (the latter in certain cases risks early death).

5. Ethical Problems

When we come to discuss the ethical aspects of these various methods of assisted procreation we note how the reductionist, consensualist, and utilitarian schools of thought within contemporary bioethics place no difficulties in the way of assisted procreation. Nor do they detect fundamental differences between the different techniques. This is because, in essential terms, such methods are directed towards the *achievement of an end* (a teleological approach) desired by the independence of the individual, and ethical responsibility concerning the choice is left to the marriage partners alone, or to people living together, or to a single woman, according to which social conditions are operative.

The position of the anthropology of personalist thought is very different from this approach. This point of view, first and foremost, sees in the embryo a " bearer of rights " who requires suitable protection. Furthermore, the same anthropology, respecting human nature and family union, believes that ethical judgment must be involved when one considers the *ways in which the procreative act is performed*. It also makes reference to the concept of the " dignity of man " and strives to achieve the absolute defense and safeguarding of the family union. It thus forbids the use of heterologous sperm.

With this ethical principle established, it does not seem to be irrelevant to distinguish between tubal, peritoneal, and uterine insemination (that is, between repositioning at various levels of the *conjugal gametes* and techniques of *in vitro fecundation of the ovocyte and the return to the embryos to the womb*, or in the tubi).

Only in the first case, in actual fact, does insemination take place within the female body, and there is no possibility of manipulating the embryo, selecting it artificially, or " losing " an embryo by some deliberate decision. In this case, it should be emphasized that I.U.I. and G.I.F.T. are the only methods which by their very nature do not present moral problems for Catholics. This is because the removal of sperm takes place during a normal act of sexual intercourse between the couple. A special condom is used which preserves the spermatozoa and a special instrument is employed which allows for the almost simultaneous placing of the sperm in the vagina (Garcea, 1989).

It is, above all, the FIV method (fertilization in vitro) which gives rise to the greatest reserves. On the one hand, there is the *extensive possible manipulation of the embryo* (selection of embryos; use of the embryo for research purposes; cryoconservation of the embryos which are not needed; accidental exchanges of embryos; and so forth). On the other hand, there is the *versatility of use* of the method itself, which could involve a loss of personal identity for the child not only in relation to his or her paternal origins but also with regard to

Table 3: Results of Methods of Assisted Procreation (USA Register, 1990)

	GIFT	ZIFT/PROST	FIVET	FIVET+ZIFT
Cycles	3,750	1,624	16,405	602
Pregnancies	1,093 (29%)	292	3,057 (19%)	166 (30%)
Miscarriages	207 (19%)	75 (26%)	667 (22%)	30 (18%)
Advanced pregnancies	54 (5%)	2 (0.7%)	176 (5%)	–
In Arms	824 (22%)	215 (16%)	2,345 (14%)	136 (25%)

the maternal side (female donor of ovocytes, uterine mother and birth mother, adopted mother for upbringing)

For these reasons, and because the procreative act cannot take place within the unitive act, anthropology of a personalist outlook rejects FIVET (also in the so-called " simple case " and when all the fertilized embryos are placed in the womb). Although, it must be said, a legal disciplining of these methods and of the " consequences " for the child, the family and the members of the couple, would not be impossible.

In this area there is that well-known distinction between *moral order* and *legal order*. Even though the law should be as close as possible to the moral order there is nonetheless an evident necessity, given the historical circumstances which surround us and the climate of cultural plurality which has grown up in the modern states, to enact laws which in this sphere as well will protect the weak against oppression and the abuse of power.

Thus it is that the child and the child's psychological identity should be protected by a refusal to accept the practice whereby sperm is donated by a man or ovocytes are donated by a woman. In all circumstances we should prohibit–precisely because such practices are not therapeutic in character–the insemination of single women, women at an advanced age, and the so-called practice of the renting out of wombs.

A special ethical-legal problem of the present day, which is a current subject of sustained debate, concerns the right of a child born from heterologous insemination to know the identity of the " biological father " and, if need be, the identity of the biological mother

This right, which is certainly debatable from an emotional and psychological point of view when one comes to consider the serenity of the child, cannot be denied when questions of health arise which require a knowledge of the biological origins of the sperm (for example, simultaneous heterozygosis of the male donor and the mother, a matter very relevant to possible thalassemia or cystic fibrosis in the child).

Conclusions

In this necessarily rapid survey an attempt has been made to throw light upon both the state of research and ethical questions in the whole area of " assisted procreation." Quite beyond ethical arguments sustained by the personalist anthropology of the Catholic outlook, it must be recognized with a certain bitterness that from the eminently " therapeutic " meaning (linked to the creation of these various methods of assisted procreation) rapid steps were taken towards the *unnecessary use* of some of these methods (with an accompanying exaltation of the so-called *medicine of wants*–frequently the mere product of an economic agreement between the medical doctor and the patient!). In this way there arose extrapolations of a purely scientific character, and human material was used as a substratum of research. This has involved a grave insult to the image itself of the dignity of man–something which forbids man's being used as an *object for other ends*.

But ethical sensitivity in this area is not yet dead It is our duty, above all as health care workers with a Catholic outlook, to strengthen the image of the human *person* in those appearing to be weakest and least defended–unborn children. In the second place we should reaffirm that also in relation to the methods which help procreation the *total good of the person* must be striven for. There must be no transgression against the natural character of acts.

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ROBERT L WALLEY

Modern Technologies in the Support of Life

It is a privilege to have been asked to participate in this IX International Conference of the Pontifical Council for the Apostolate of Health Care Workers I have been asked to speak about " Modern technologies in support of life " I am not able to give you a philosophical/moral/ethical discussion about technology, but I can give you the perspective of a clinician who has been in practice for twenty five years during which there have been enormous developments in knowledge and technology.

The quality of life of mothers and their unborn children has been dramatically improved because of better care during pregnancy, delivery and afterwards. In this paper I will present some examples of these technologies of life and show how they have helped obstetricians to serve life but I will also show how these improvements have not been made equally available to all mothers and their unborn children whether they be in the developed or developing worlds. I will illustrate hos a technology developed to support life is now used to destroy it because there has been a fundamental change in how the medical profession values life and how it is prepared to serve it.

I would like to begin by reminiscing for a few minutes, about what it has been like to practise obstetrics as a Catholic, while these major developments have taken place. As I began training, birth control was being introduced and I remember the introduction of the oral contraceptive, and attending one of the first demonstrations of the intrauterine device and as I completed my training laws were being introduced, to permit abortion. These and other developments in knowledge and technology have been so fast, that frequently the moral and ethical examination of these technologies, even by the Church, has lagged behind and has been in the wake of their introduction. I remember the publication of Humanae Vitae and reading it without any guidance, accepting it on faith, and wondering how I was going to put it into practice for the benefit of patients. Unfortunately, the Churches position on birth control did not reach the busy specialist in the best and most useful way. Many young Catholics in training had no idea what the Church was teaching about reproductive health matters. They were exposed to a one sided, ill informed and prejudiced opinion of those determined to change how obstetricians thought and practiced. This was my experience and it still applies today.

Like other Catholic specialists of my generation I began a career long struggle to put Humanae Vitae into practice and this has been a lonely, difficult and painful experience, both for myself and my family, which I do not think has been fully appreciated. However, as I look back over the years with the experience of hind-sight, I would no have changed my decision to become an obstetrician. If I may respectfully offer an opinion, based on clinical experience, Humanae Vitae has proved to be a most prophetic document. However, I hope you will forgive me if this paper sounds a bit pessimistic about the future of the specialty, and the involvement of Catholics in the care of mothers

I frequently find that people are not quite sure what an obstetrician and gynaecologist is and does, so I will explain Ours is the only branch of medicine that practices two specialties and these are confined to the problems of women. Obstetrics is concerned with the phenomena and management of pregnancy, labour and the puerperium, in both normal and abnormal circumstances. Gynaecology is concerned with the management of conditions that affect mainly the reproductive system of the non pregnant women, e.g. malignancies, hormonal disorders, infections etc We are often asked why we chose to be specialists in the care of mothers, as most people associate us with a demanding life style, with lots of night work and a high degree of stress. Personally, it was because during my undergraduate training it was the only discipline that required me to do on actual procedure, i.e. delivery My first delivery was both exiting and scary. You either enjoyed the experience or hated it.

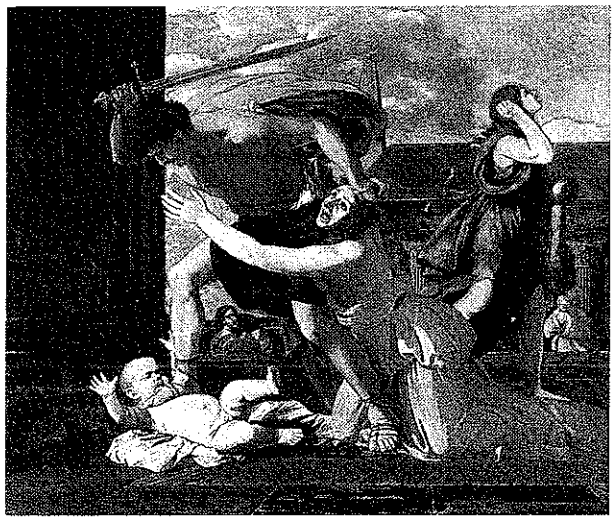
Obstetrics is concerned with the health and well being, both physical and mental of couples and their offspring. It is about helping them to develop healthy and responsible attitudes towards human sexuality, family life, and the place of family within society. In recent years it has also become concerned with the reproduction of societies. Obstetrics is both an art and a science and as a practitioner I learned that I am concerned simultaneously with the lives of two patients. The preface to the 16th edition of William's Obstetrics, which is the text I used in training, stated:

" Happily, we live and work in an era in which the fetus is established as our second patient with many rights and privileges comparable to those previously achieved only after birth."

Obstetricians were trained with one simple objective, that was to ensure, as far as was humanly possible, that every pregnancy should result in, a live healthy mother, and a live healthy baby The other attraction to the specialty is that while the responsibility that we are trained to shoulder is an enormous one, the humanitarian rewards of successfully managing a pregnancy are equally great. The quality of the work of the obstetrician contributes significantly to the quality and duration of life the next generation. But as we will see this has all changed and very much for the worse

To evaluate the quality of care and to aid in the reduction of the number of mother and babies who die as a consequence of pregnancy and labour, it is important to know how many such deaths occur and under what circumstances To evaluate these data correctly and accurately, a number of events concerned with pregnancy outcomes have been defined and rates are calculated e.g a maternal death is defined as a death of a women while pregnant or within 42 days of end of the pregnancy, irrespective of the site or duration, from any cause relate to or aggravated by the pregnancy or its management but not from accidents or incidental causes. All maternal deaths are investigated in minute detail to determine the cause and the information used to prevent further deaths.

Similar calculations are made regarding the outcome of pregnancy for babies in order to improve management. Perinatal mortality is defined as the sum of stillbirths (deaths after 20 weeks and before delivery at term) plus neonatal deaths (deaths during the first 28 days after birth). Stillbirths account for half of all perinatal deaths This information about data collection is important to know when we come to see how technology is or is not used in the service of life.



During the last 25 years technology has served mothers and babies well. the rates of maternal deaths in developed countris have fallen to what are sometimes called irreducible minimums. In affluent countries mothers no longer die from haemorrhage, infection, or eclampsia. These days when complications arise in pregnancy or labour, mothers have access to emergency transport; to well trained specialists in obstetrics and anaesthesia; to well trained obstetrical nurses or midwives; to hish risk intensive care facilities with sophisticated ultrasound and labour monitoring equipment; to blood transfusion; to appropriate antibiotics and effective medications to control elevated blood pressure. However, despite these improvements in services, in many areas of rich nations, these services are not available to everyone, in particular the poor, e.g. the data shows that, in inner cities and rural areas, maternal mortality rates of African Americans and native Canadian mothers'are higher than for their more affluent white sisters.

Perinatal mortality has fallen by nearly 50% during the same period. As the quality of care has improved during pregnancy and labour so the number of stillbirths has declined. Of the deaths that occur after a live birth the vast majority are of premature babies, during the first 24 hours, as their lungs are immature. But technology has made great improvements to their survival. When I began my training in the United Kingdom 25 years ago, viability, that is the time at which an infant can survive independently from the mother, albeit with some help, was 28 weeks. With the advancement in knowledge and technology, babies began surviving at much earlier gestational ages. For example at the Royal Victoria Medical Centre, Melbourne, Australia, of 342 extremely premature infants, born between 1977 and 1984, 3.5% born at 23 weeks survived. In 1985 at the Wilford Hall USAF, Medical

Centre none of the babies born at 23 weeds survived, but fifty per cent born at 24 weeks did and 100% at 28 weeks. Nearly 10 years later because of new treatments e g. the use of lung surfactant, survival in Canada, of babies, between 22 weeks and 24 weeks gestation, is between 10% and 20% depending on the area. Paradoxically viability in the UK has only recently been lowered from 28 weeks to 24 weeks. Viability is therefore arbitrary and is based in part on successful experience with new technologies. Statistics are similarly kept for the number of abortions performed but not usually for the indications for doing them.

I would now like to look more closely at two technologies which have been introduced during my career, which have truly saved the lives of many mothers and babies Until relatively recently the intrauterine sanctity of the fetus was held to be inviolate. The mother was the patient to be cared for; the fetus was but another, albeit transient, maternal organ The philosophy prevailed that " good maternal care " would automatically provide what was best for the baby. During the past two decades, remarkably detailed knowledge of the human fetus and his or her immediate environment has accumulated. The many advances in diagnosis and treatment have clearly established the fetus as a patient. Earlier in this century, maternal helath care became a distinct specialty and now fetal health care has come to be appreciated not simply as an exciting arena for research but as a clinical discipline with great potential for favorably influencing the quality of human offspring. The fetus often faces greater risks of serious morbidity and mortality than does the mother and it is now possible not only to identify but to quantify with some precision physical abnormalities and functional derangements that afflict the fetus and in some instances treatments have been introduced that have eliminated once lethal conditions

Of all the many biochemical and biophysical techniques that have been developed over the last twenty years to try and improve the out come of pregnancy, ultrasound has had the most profound impact on the practice of obstetrics. From almost the very beginnings of intrauterine life, using ultrasound we can now identify and evaluate the status of the fetus. Ultrasound is energy in the form of sound waves which move at a frequency too high to be heard by humans. The sound waves are beamed through the mothers abdomen into the uterus and are reflected off internal organs and then " read " by scanners. The sound waves create pictures of these internal organs and, during pregnancy, the fetus.

The most important clinical applications of ultrasound include the following:

1) Very early identification of intrauterine pregnancy.

2) Demonstration of the size and the rate of growth of the developing embryo

3) Early identification of multiple pregnancy including twins.

4) measurements of the fetal head, abdominal circumference, femur, length, to help identify the duration of gestation of the pregnancy and to help identify when the growth of the fetus may be retarded.

5) Through careful examination the detection of fetal abnormalities such as neural tube defects, kidney abnormalities, abnormal distention of the bladder.

6) Assessment of amniotic fluid volume.

7) Assessment of the placenta location and function

8) The diagnosis of placenta abnormalities such as hydatidiform mole.

9) Assessment of fetal well being to assessment of fetal breathing movements, fetal limb movements.

The ability to enter the amniotic sac, through a technique known as

amniocentesis, without appreciable risk to the mother or fetus, has also influenced obstetrical care remarkably. Following the aspiration of a sample of amniotic fluid from around the baby, a variety of diagnostic tests can be performed to assess the well-being of the baby. Amniocentesis was originally developed for the investigation and treatment of a lethal fetal condition known as hemolytic disease of the newborn which occurs due to the incompatibility of the rhesus (Rh) factor between mother and baby. This condition was recognised long before there was knowledge of blood groups and Rh factors or blood group antibodies. The first record of this disease appeared as early as 1609 when a grossly oedematous baby girl and her severely jaundiced twin brother were described. A major contribution to medicine has been the delineation of the pathogenesis of this disease including the discovery of the Rh blood factors.

Rh isoimmunisation is an immunological disorder, which is the underlying cause of the disease. It occurs in pregnancies where the mother is Rh negative, thereby lacking the Rh blood factor and where her unborn child has inherited from its father, the Rh positive factor. When red cells from the baby pass into the mothers circulation e.g. during normal pregnancy and delivery or after a miscarriage or a ruptured ectopic pregnancy, the immunological system of the mother is stimulated to produce antibodies to the Rh antigen that is on the babies red blood cells. When these antibodies cross back through the placenta into the baby they begin to destroy the babies red blood cells. As this progresses, the baby becomes increasingly anemic, jaundiced, and eventually develops oedema due to heart failure and usually dies in the wombe, if undelivered or soon after birth without a blood transfusion.

It was the New Zealander, Sir William Liley who was one of the first to perform an amniocentesis. He showed that it was possible to invade the amniotic cavity with a needle and to remove some of the amniotic fluid and then to perform tests to determine how severely this Rh incompatibility was affecting the baby. In 1963 Liley was the first to use the intra-uterine fetal transfusione procedure. This was the first successful treatment of unborn children and clearly demonstrated that they were patients also. Fortunately, this procedure soon became unnecessary as further research resulted in then development of an effective means of maternal prophylaxis through a maternal injection of Rh immune globulin.

Amniocentesis is now more commonly used for fetal diagnosis. There are a large number of chromosomal abnormalities e.g. Down's syndrome, structural abnormalities e.g. spina bifida, and metabolic problems which may be diagnosed in early pregnancy. Unfortunately most of these conditions are presently untreatable. Sadly, the commonly used " solution " to these problems is to destroy them using abortion. However, amniocentesis is used later in pregnancy and in the service of life, to determine whether there is fetal lung maturity, should early delivery be indicated due to maternal disease.

In spite of all the technological developments made in the last thirty years, at the end of the 20th century, mothers and their babies in the developing world, are still suffering in an unprecedented way. The tragedy for mothers and there unborn babies in developing countries is that not only do they not have access to these technological advances, that we in the developed world take for granted, they do not even have access to a safe, clean and dignified facilities in which give birth, to clean water, to electricity, or to simple communications such as a telephone or to safe and rapid transport to hospital when complications develop. As maternal mortality rates show their situatiopn is calamitous. It is estimated that between 500,000 and 1 million mothers die annually worldwide from causes directly related to pregnancy and childbirth. Ninety-nine per cent (494,000) of these deaths occur in developing coutries, the greatest number in Africa. While there has been some decline in Asia and Latin America due to improved care, in Africa the rate is going up. These deaths are due to haemorrhage, sepsis, eclampsia, obstructed labour and abortion, all of which could have been prevented.

By contrast, only 6,000 maternal deaths take place in developed countries. These figures mean that every time a mother in a developing country has a child, she faces a risk of death 50-100 times greater than a mother in the developed world. The lifetime chance of dying in childbirth in a developing country ranges from 1-15 to 1-70. This contrasts sharply with the developed world where mothers face a much lower risk of between 1 in 3,000 and 1 in 10,000.

The basic contributing cause of these deaths is simply neglect by all concerned; by husbands and families who have cultural taboos against modern medicine and hospitals; by uneducated traditional birth attendants, (few mothers are attended by a trained health professional); by hospitals who fail to provide proper care e.g. blood

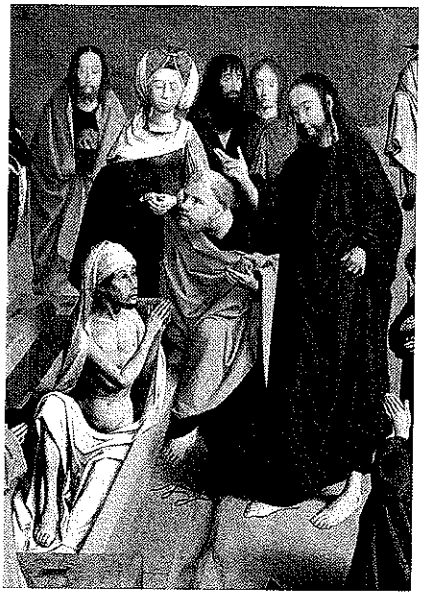
transfusion; by governments who fail to provide adequate birth facilities or transport in rural areas; by the international community, which seems to have little interest in motherhood as the recent Cairo population conference demonstrated, and which is more intent on preventing women either becoming pregnant (contraception) or delivering their babies (abortion), especially if they are poor, rather than improving the overall social circumstances of the woman and her family.

At the same time that our knowledge of the origins of human life has increased so that it is now possible to create life in the laboratory, there has been a radical change in the objectives of the specialty. The latest edition of William's Obstetrics states;

" The transcendent objective of obstetrics is that every pregnancy be wanted (emphasis added) and that it culminate in a healthy motehr and a healthy baby Obstetrics strives to minimise the number of women and babies who die as a result of the reproductive process or who are left physically, intellectually, or emotionally injured there from Obstetrics is concerned further with the number and spacing of children so that both mother and offspring, indeed all the family, may enjoy optimal physical and emotional well-being Finally, obstetrics strives to analyse and influence the social factors that impinge on reproductive efficiency."

The new obstetrician's clinical skills are now used to treat the unborn patient only if it is wanted, and not because of its own worth. This attitude and policy towards patients is at present unique to obstetrics. Thus if the modern obstetrician is told that the child is unwanted then his or her skills are used to destroy the child. They make little effort to reduce the number by investigating each one in order to prevent others. Most now simply accept the premise that abortion is a woman's right to control her own body. It is not seen as the tragic loss of a human being. All abortion in my view should be considered a collective failure, for nobody cared enough for the mother or her baby. The result is that the abortion rate keeps on climbing Incidentally, abortion may be contributing to serious maternal diseases. Recent studies have shown a small but increased risk of developing breast cancer if a women has an abortion of her first pregnancy and at an early age. There is a plausible pathophysiological explanation but further studies are urgently required.

Obstetricians are no longer totally committed to the service of life In many circumstances they have become confused and have allowed themselves to be used in the service of death and despair The facile situation that obstetricians may find themselves in is that in one room they may be doing all they can to aid the small helpless unborn child and in another room they may be using these same skills but now with great brutality to destroy a child of the same age. Some years ago Dr. Bernard Nathansan, using ultrasound recorded for all to see the agony as an unborn child was destroyed in its mothers womb. A recent report in a leading medical journal, the Lancet, has provided further evidence that the fetus in in-utero does feel pain.



Unwanted pregnancy is now a disease to be destroyed either with surgery or with new abortifiacents, such as the progesterone blocking agent RU 486 Despite all its many intentions, modern obstetrics has answers for a mother with social or economic problems. It offers no other solution than abortion. Some hospitals in North America do more abortions than live births. A situation where only one line of treatment is offered for a particular medical problem such as AIDS or cancer, would not be tolerated, because it would not be good medical care. Killing, which is the ultimate expression of discrimination used not to have a place in the armamentarium of medical practice. Normal but unwanted children are destroyed in the womb, and handicapped children, are sedated, denied nourishment and fluids and allowed to die, in some neonatal units. A similar trend is taking place in adult medicine as euthanasia technology is developing and its introduction into medical practice seems inevitable. Pope John Paul II has commented:

" The medical profession today is suffering fundamentally from an identity crisis; the grave danger exists that when this profession is called upon to suppress conceived life; where it is used to eliminate the dying; where it allows itself to be led to intervene against the plan of the Creator and the life of the family or to be taken by the temptation to manipulate human life; and when it loses sight of its authentic direction of purpose toward the person who is most unfortunate and most sick, it loses its ethos, it becomes sick in its turn, it loses and obscures its own dignity and moral autonomy."

What is the effect of this change in obstetric practice? In Canada in the last twenty years the abortion rate has doubled such that over 100,000 abortions were performed in 1992. Of all pregnancies 1:5 is deliberately terminated. In Newfoundland in 1992, 884 children were destroyed, which amounts to destroying something like one kin-

dergarten class per week My colleagues at one of the teaching hospitals have agreed to aboit babies up to 20 weeks. The abortions will be carried out using prostaglandins in the gynaecological/infectious/ oncological ward as it is called. The nurses will not only have to manage aborting patients but at the same time will be caring for patients who are dying from cancer.

in poor countries, one of the major causes of maternal mortality is unsafe, illicit abortion. Most mothers turn to the abortionist in despair and desperation simply because they are easily available. The international safe motherhood initiative which was launched to reduce maternal mortality in the developing world now calls for the provision of what is called safe abortion. Maternal mortality may go down but the mortality of unborn children will definitely go up. Most abortions in the world are performed for social and economic reasons. The awful reality is that once the mother has had her baby destroyed she is returned to the poverty and ignorance from whence she came. Society has got its quick fix but it has been bought at the price of a once noble profession.

In his new book " Crossing the Threshold of Hope," Pope John Paul II has reemphasised that the right to life is the fundamental right of all human rights which are not given by governments or the medical profession. Human rights are given by God in the act of creating human beings with the dignity which is their's. And they are confirmed by the central core of the Gospel. " Who is man, if the Son of God pays the supreme price for his dignity? " Your Eminencies, Your Excellencies, ladies and gentlemen and colleagues we cannot ignore the suffering and the silent screams of the unborn child. We cannot ignore the cries of mothers as they die in terror from haemorrhage or in agony from obstructed labour For Christians to truly love life it is not enough to know about it, we are called to do all we can to serve it.

The provision of service to life at its beginning needs more than knowledge and technology. It needs the best of facilities and dedicated health who will care for all mothers and their unborn without discrimination. The problem is that such facilities and personnel are disappearing rapidly. In Canada the number of Catholic istitutions providing obstetrical care have declined in the last twenty years from 126-62 and the decline is increasing. Pro-life obstetricians are in danger of becoming like the dinosaur, extinct It is foolish for any young doctor to specialise in obstetrics if they are not prepared to cooperate with the new ethic of modern obstetrics.

I may have presented a rather pessimistic view of present technology and its use in obstetrics. There are enormous advances taking place in clinical practice, which can be used to serve life but which will be ignored by those who no longer have a love for life. These new developments need to be evaluated, e.g., the new reproductive technology, known as NEST (Normal Egg Sonographic Transfer), which is simple, cheaper, and less manipulative than in-vitro fertilisation, and which is morally acceptable. At the recent Worl Congress of Obstetrics and Gynaecology in Montreal a new technology to assist those couples who use natural family planning, was announced. Interestingly last year, an editorial in the British Medical Journal, admitted that the scientific evidence indicated that natural family planning is an option for couples

Your Eminence, Your Eminencies, Your Excellencies, the International Year of the Family is soon to draw to a close and mothers and children still continue to be exploited in an unprecedentend way The Cairo population conference clearly demonstrated the policy regarding reproductive healthy that the international healthy community wishes to follow in the next decade. During the coming year, the United Nations Conference on Women, will take place in Beijing which will likely recommend the same policy of abortion. May I respectfully beg that a special study be undertaken concerning the health needs of mothers and children and to consider how we as Catholics and supporters of life can, using new knowledge and technologies with caring service, assist mothers and their unborn children " cross the threshold of hope " into the next century.

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ANTON ZIEGENAUS

Suicide: A Decision Against Life

The contradictory nature of modern society (which is aware of itself but not confident as to its true value) emerges most clearly in the fact that, on the one hand, ever greater sums are spent by medical services on healing the sick and on raising standards of life, but, on the other, the deep wish to live becomes ever weaker. Many people do not want to live any more and put an end to their own lives. The debate about so-called euthanasia–that is, about the right of an incurably sick person to put an end to his life –gains ever greater ground and ever greater airing.

I. The Hard Facts

Certain facts throw light on the whole situation. In France in 1975 the number of suicides (15,000) greatly exceeded the number of deaths caused by road accidents, which were about 11,000.[1] In Germany[2] in 1991 the percentage of suicides was about 29% of the number of road accident victims (14,011-10,899). In Bavaria the number of suicides in the period 1990-1992 increased by 5%.[3] In the new regions of the German Federation the number of suicides was about a third higher than the rest of the country during the same period.[4]

The suicide of young people is often considered as a separate subject. It is certainly true that the fifteen to twenty-four year old age group has always been at high risk: the phase of puberty and of falling in love is characterized by a conscious removal from the world, by idealistic and romantic visions of life, and by a tendency to withdraw into oneself. It often happens that the idealized dream of the self becomes crushed when it comes into contact with the so-called realities of life, in dealing with which a marked lack of strength and patience is more than evident. However, notwithstanding the weight of all the factors linked to growth and development which influence this age group, it should be noted that according to a statistical survey carried out in the United States of America in 1955 the relationship between the number of suicides in this age group and the rest of the population was in fact four to ten. But the number of teenage suicides increased thereafter and in 1980 was higher than was the case for the rest of the population.[5] It should also be observed that in general terms suicide rates have increased over the last decades.

In the Federal Republic of Germany–in contrast to the United States of America–the age groups of people from twenty-five to sixty-five years of age are more at risk. The statistics relating to people over the age of seventy-five are especially informative. In 1991 9,656 men committed suicide and of these 1,459 were over seventy-five. Of the 4,355 women who took their own lives, 1,153 were over that age. More than a quarter of female suicide victims were over seventy-five years of age.[6] The higher incidence of elderly women within the female suicide category may cause a certain surprise but it should always be remembered that women tend to live longer. The data about women are therefore more significant about the risks of suicide amongst the elderly than is the case for men. These general statistics might even be higher were we to take into account the so-called debate about helping people to die (*Sterbe-Hilfe-Discussion*). Recent statistics on the subject present a new picture because deaths caused by drugs have been placed in a separate category of their own. This is despite the fact that a fifth of deaths caused by drugs should " certainly be classified as certain suicides "[7]

A special subject all of its own is that of suicide attempts. Although suicides amongst men are higher than amongst women, the opposite is true with regard to suicide attempts. According to the data we have available, one suicide takes place for every seven suicide attempts. The figures relating to girls between the ages of fifteen and nineteen are surprising: in 1977 one geographical area of observation produced a figure of one suicide for every seventy-five suicide attempts.[8]

The incidence of suicide is also heavily influenced by social factors. The number of suicides amongst Catholics and Muslims is much lower than amongst Protestants.[9] However it may be pointed out that in areas of East Asia the suicide of elderly people, the seriously ill, and widows or servants after the death of the husband or master, is justified by tradition.[10] The large number of suicide attempts, which involve, after all, an actual failure to kill oneself, in itself suggests that often the attempt is not really very serious.

Suicide, whether successful or merely attempted, has always had a

contagious effect on other people. When suicide is attempted in a street or a district, other attempts often follow.[11] The effect of imitation in assessing a phenomenon must be taken into account But behind a suicide attempt there is always a great tragedy!

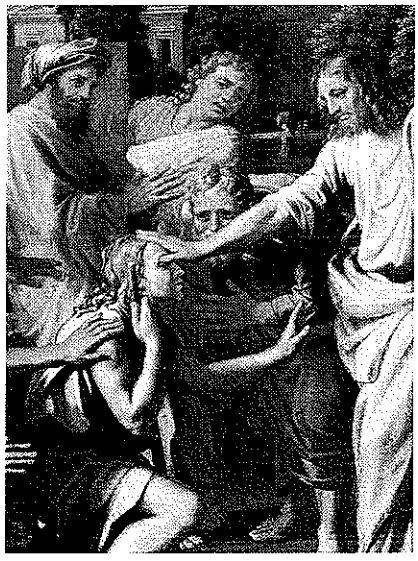
II. General Criteria for the Categorization of Suicide

In the modern age the strong interest in suicide has produced a notable quantity of psychological, medical, philosophical and theological publications and has led to a widespread awareness of the different backgrounds to suicide.

In the first place, there is the suicide caused by strong depressions which create enormous fear and lead to a sense of spiritual emptiness accompanied by debilitating insomnia. This inner tension undoubtedly weakens personal responsibility. It could well be that in the past the enormous inner tension experienced by suicide victims has not been taken sufficiently account in the evaluation and assessment of acts of suicide

There is also a form of suicide which arises from a momentary inability to think clearly (*Kurzschluß-Selbstmord*). Even though in this case the reason for the suicide may be found in an unforeseen event such as the death of a near relative or of a friend because of a car accident, or in the unexpected disruption of a human relationship, and even though the suicide was by no means predictable, the explanation of " sudden madness " is usually insufficient. The cause may certainly be highly unusual, but the reasons for the external reaction lie more deeply within the person himself It can be explained with reference to a slow development of personality, to an upbringing which did little to impart lessons about how to deal with strong forms of oppression, to a surrendering to base instincts, to a desire for revenge, or to idolatry towards worldly values (such as property, career or human ties). From these deficit conditions within the development of the personality emerge a basic starting point which leads to situations of need becoming unendurable

To conclude, there is also the " weighed suicide," a form of suicide which is often encountered nowadays (*Bilanz-Suizid*) In this case the suicide is carried out even before a strong moment of personal oppression. The individual seems equally to have gone mad but the step has already been decided upon after a long reflection, perhaps because of a disastrous outcome to a business deal But perhaps, also, because of the various kinds of " help " to die offered by various bodies–the member of the association who is faced with the reality of his incurable illness has for some time accepted the terms of agreement for the termination of his life. For these reasons, the thesis of diminished mental sanity on the part of the suicide victim should be seen as a very imprecise generalization



III. The Deferred System of Coordinates: The Spiritual Background to Suicide

Suicide has different causes. Suicide can be provoked by intense depressions or by a weakening of intellectual capacities. For this reason one cannot really speak of a decision or a responsible act. One is dealing here with an illness. These cases have not subsequently been taken into consideration. Whatever the basic spiritual attitudes involved which act to create the real context in which suicide may nor may not take place, it should be stressed that such a step is taken as a result of unfavorable external circumstances.

a) *The Question of God*

It cannot be denied that suicide is closely connected with the whole question of God. A brief survey of history enables us to grasp that the promoters of suicide are often atheists: Pliny the Elder,[12] David Hume [13] and J. Amery.[14] As is will known, in ancient times the Stoics approved of suicide. Zeno, the founder of one school, saw disaster as a call of God to the final farewell. Cleantes, a disciple of Zeno, took his own life. Seneca wrote: " You like it, well live! You do not like it, then go back to where you came from "! Epithet constantly admonished his listeners with the phrase " the door is always open " in order to remind them of their freedom.[15] The Stoics did not deny the existence of God so much as his personal being (or personality): God was the *logos*, the beginning of the world, but in the end he would die with the *kosmos*. From a formal point of view the difference between a formally atheistic materialism or biologism and this kind of pantheism is, in the Stoic way of looking at things, very difficult to determine–indeed it cannot be defined. After all, suicide could not be seen as a sin. As L. Burckhardt observed: " one does not have the life of the Gods "[16] Because God does not give life, he is not even the lord and judge of man; and man can terminate life by his own independent decision.

In his *The City of God*, St. Augustine presented the opposing

Christian view in very clear terms. The pagans had praised the action of Cato and of Lucretia. The latter told her husband about the violation she had undergone and then proceeded to commit suicide. St. Augustine, doubted, however, if her action had really involved true greatness of the spirit. Indeed, this Christian thinker admired Marcus Regolus's steadfastness while the latter was in prison. In the same way, many Christians who endured similar forms of violence to those borne by Lucretia suffered equally shameful behavior, and did so with a pure conscience before God.

From this point of view, St. Augustine makes clear, in discussing the image of God, that the idea that God does not involve himself in the lives of men is typical of pagans. The pagan notion is that although there is a distance between God and man there must be go-betweens. Naturally enough he is taking advantage of a device justified by Neo-Platonism.[17] This pagan vision is in clear contrast to the Christian way of seeing things. The Christian believes in the nearness of God. God is the creator and his providential hand guides the destiny of each individual, even when the paths to be taken are not perceived. The Christian, therefore, can " with strong faith believe that God will never abandon those who serve Him and call upon him. In this way they can be freed from any distress about the right spiritual path to follow "[18] Such an immediate presence and nearness on the part of God was, in basic terms, an idea alien to the pagan way of thinking.

The Christian belief in the nearness of God means that for those who commit or attempt suicide there is not only a formal atheism at work (something which in truth is not so common) but (and more usually) a much faded image of God. This, at a practical level, means that: no importance at all is given to the true God; faith no longer has a specific force; and that God becomes replaced by earthly value, by an idol. If this idol falls, the danger of suicide increases in commensurate fashion.

Literature provides us with innumerable references to suicide. H. J. Baden has written on " literature and suicide " and has examined such figures as Ernest Hemingway, Klaus Mann and Cesare Pavese.[19] Baden maintains that these authors prepared the end of their lives after battling with a lost sense of the transcendent: " in the works and the lives of these three authors this loss of God is expressed in a variety of confused forms.... There is a continual concentration upon the absence of transcendence. They fall into the draw of a great void which occupies space previously filled " by faith. This nihilism is not mere immanence but the painful result of a loss of transcendence, a loss which expands and grows. The Christian past is not regained, but at the same time it is not entirely erased, as indeed the " skeletal Our Father " of Hemingway makes very clear: " Our Nothing (from the Spanish nada), you who are nothing, nothing be your name.... Give us today our daily nothing.... Lead us not into nothing.... Deliver us from nothing."[20] Suicide becomes the consequence of a constant and desperate absence of God, but this is an absence which in a certain sense is accepted.[21]

Stefan Zweig also worshipped his own work. He wanted to go on living within it. The irrelevance of his spiritual work was pointed out to him within the context of the barbarities of the Second World War. R. Cohen declares: " Believing in his own work and above all in the meaning of literature he also lost a justification for his own existence, his reason for staying alive."[22] The temporary always becomes seen as an idol when faith in a living God disappears. But once the temporary goes, only danger remains, and man puts an end to his own life, feeling that he has lost everything. " The attempt," to use Baden's words once again, " to justify oneself with reference to oneself alone and in human terms, leads to an awareness that this is not enough.... The decisive loss which includes loss of the future and other possibilities is the loss of justification. With this takes place a final renunciation of God. From now on this individual must answer for himself and must think only of himself...but advanced age thus acquires feet of clay "[23]

b) *Questions Raised by the Cross*

Human need has many names: economic bankruptcy, incurable illness, loss of honor, an oppressive sense of guilt, and unilateral rejection of marriage or of human relationships. When faced with an image of God which has become meaningless, guilt is no longer seen as a decision which is wrong in the eyes of God, who, after all, can forgive.[24] Quite the contrary, it can express itself as a vague and deaf hostility, as a constant call for justification, as human failure or aggression.

Once the question has been posed, what answer can be given if an incurable or irreversible cross afflicts a man in one of the above mentioned forms and as a result of an intrinsic sense of loss of the temporal. A brief survey of the history of ideas is more than helpful in this respect.

The follows of Pythagoras or Plato in the Phaedrus (c. 6) and in

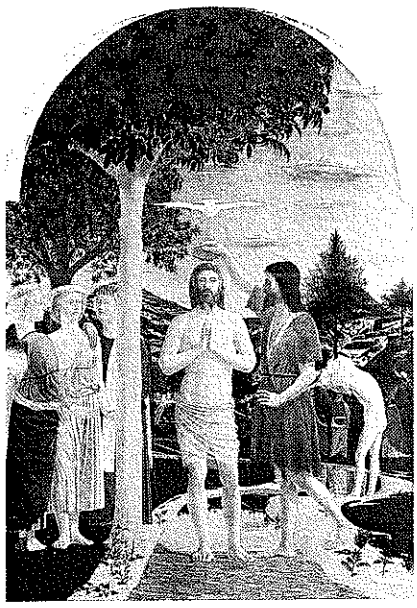
The Republic (Book VIII, 6; IX 1 12) deny that there is a right to suicide even though they admit there can be exceptions: an irremediable infamy which makes life unbearable, a terrible crime which causes irreversible damage to affections felt towards or by someone, or an act of expiation. Aristotle, in different fashion, deems flight from something which causes suffering an act of cowardice.[25] The Stoic tradition believed that suicide was permitted when conditions of life were miserable. Aeschylus believed that suicide was justifiable when life was wretched, even though his general attitude was strongly in favor of the value of life. Sophocles, and to a greater extent Euripedes, even praised suicide.[26] Pomponazzi (+1525) denied the reality of immortality, embraced the Stoic approach and subscribed to Averroism. When faced with intense suffering he decided to die only once rather than endure a thousand deaths.[27]

A survey of non-Christian Western philosophy and poetry shows that suicide is very often justified if there is great mental or physical suffering. For example, behind the increase in the number of suicides amongst the elderly this belief could well be at work. So-called active euthanasia (helping to die) is currently based on the supposition that one is putting an end to a serious and incurable illness. As a result, the purpose of existence is held to be, above all else, biological functionality. When life is engaged in an irreversible process of decline and compromise caused by pain, this purpose becomes inoperative and absent. Four objections may be raised to this point of view.

1. In assessing this biological functionality no attention is paid to the spirit of man. Down the centuries genuine courage, that source of resistance, has been admired. Just as St. Augustine admired Marcus Regolus, so Greek mythology admired Hercules and today's young admire an Indian at the stake. Drawing upon the strength of the spirit, men have been able to vanquish fear, pain and the enemy who tortures them. Courage in the face of pain is an example of human greatness.

2. Life is partly or completely reduced to an earthly dimension. Atheists and pantheists have no faith in survival beyond this world. This failure is strictly related to the justification of suicide. The Stoics, Pliny, Pomponazzi, Hume, and G. Büchner denied the existence of personal immortality. Amery declares that " there is nothing on the other side " " Death does not exist, it is nothing, vacuity "[28] With the disappearance of immortality, responsibility towards God also makes its exit. But so does any attempt to give a meaning to life as a whole. As Dostoyevsky writes: " when the idea of immortality no longer exists those ties which bind man to the earth fade away. They become weaker and begin to break, and the loss of a higher meaning to life... undoubtedly brings suicide in its train."[29]

3. Without a vision of eternal life in communion with holy God, every purifying effect of a suffering which is accepted by the individual disappears.



4. In the vision of faith, the cross accepted out of love for Christ acquires the meaning of constituting an expiation of one's own sins and the sins of others. Only with a vision which is confined to this world does the danger arise that a man will anticipate the end of life by suicide when life itself has become increasingly reduced and compromised.

c) *Questions about One's Neighbor*

When there is an attempt at suicide, the death of the person concerned is not sought in a direct sense. A cry for help is also involved. In P. Federn's opinion a person is unlikely to kill himself if a person whom he loves or who loves him wants him to keep on living.[30] For this reason suicide springs from desperation. It often also derives from a desire to wreak revenge: the conscience is influenced by the selfishness of other people.

E. Durkheim divides suicide into three categories: selfish suicide, altruistic suicide, and anonymous suicide.[31] The first two must be adjudged as being completely negative. As a result, the third altruistic category may seem to spring from disinterested motives: the person does not want to be a burden on others. On closer inspection, there could be a deeper and more debatable motivation. Other factors could be at work. A deep sense of desperation born of feeling totally ignored, for example. Something felt by someone who wants a great deal of attention and employs suicide as a weapon against other people. Something which expresses the selfishness of a young man who does not want to face up to his responsibilities. Whatever the facts of the situation, it is necessary to recognize that if the right to kill oneself were recognized, a very sick person who needed intensive care but did not want to help nature with artificial means would justify his decision to kill himself (when in a situation of great need and when under a not infrequent heavy pressure to do so).

Despite the dangerous effect of imitation when everything is taken

into account, every act of suicide is an extreme measure which is full of doubts.

IV. Visions of Life Which Are Infused with Trust

It is certainly true that at times many motives lie behind an act of suicide. Beside physical motives (which have not been discussed here) there are those of a mental nature and those produced by mediocre spiritual attitudes and forms of understanding (*geistig-haltungsmässige*). While it is difficult in certain cases to establish the real motives which lead to suicide, it is also true that the important and influential role of belonging to different expressions of religious belief warns us against a hurried assumption that an illness is what is really present. This means that suicide, in essential terms, is not a fatality but frequently an action which a man performs when he believes, from a one-dimensional perspective on life, that nothing can be done (*ausweglosigkeit*) about his freedom or his advanced age. The treatment and therapy to be given must always take a variety of causes into account. When life is seen solely in a one-dimensional perspective suicide is certainly an act against life. But from a one-dimensional perspective on questions about the meaning of life (the complete answer to which can be accepted here as being something which belongs to a higher and superior level), answers to questions about the endurance of high levels of suffering and about the bases of authentic sacrifice cannot be given. When faced by the absurdity of existence, which he saw as a primary principle of life, A. Camus encouraged us to believe that we can operate in effective fashion through small acts of love.[32]

A man with a one-dimensional view of life remains speechless when faced with suicide. This is borne out by the final sentence of H. Ibsen's play *Hedda Gabbler*: " Thus this is something one simply does not do! " Faith which is lived must oppose itself to this flat vision, and herein may be found the best form of prevention.

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[1] Cf. *Nuestro Tiempo*, Jan./Feb. 1987, p. 9.

[2] Cf. *Statistisches Jahrbuch 1993 für di Bundsrepublik Deutschland* (German statistical yearbook, 1993), p. 468.

[3] Cf. *Statistiches Jahrbuch 1993 für Bayern, herg. v. Landesamt für Statistk und Datenverarbeitung* (Bavarian statistical yearbook, 1993, produced by the Bavarian regional office for statistics and the elaboration of data), p. 57.

[4] Cf. *op. cit.*, von *Anm.*, p. 430s.

[5] Cf. *Time*, 23 March 1987, p. 22s.

[6] *Stat. Jahrbuch 1993 für die Bundesrepublik Deutschland* (German statistical yearbook, 1993), p. 474.

[7] R. WELZ, *Neue epidemoligische Aspekt der Suizid und Suizidversauch* (New epidemological aspects of suicide and attempted suicide), in F. Petrowski and Fr. P. Zimmer (eds.), *Suicidio-Cammino di Libertà?*, (Regensburg, 1991), p. 20.

[8] Cf. *Ibid.*, p. 11s.

[9] Cf. *Ibid.*, p. 25s; and D. STOLLBERG, *Suizid und christlicher Glaube–Seelsorgeliche Aspeckte* (Suicide and Christian faith. Pastoral aspects), in Petrowski and Zimmer, *op. cit.*, pp. 45-53. This Protestant author writes in clear fashion: " This God does not force anyone to live. He wants to make life joyous for all, and in essence He is a God of love."

[10] Cf. WELZ, *op. cit.*, p. 25s.

[11] Cf. Welz, *op. cit.*, p. 28s.

[12] Cf. R. WILLEMSES, *Der Selbstmord in Berichten, Briefen, Manifesten, Dokumenten und literarischen Texten* (Suicide in papers, letters, manifestos, documents and literary texts), (Köln 1986), p. 133.

[13] " Essay on suicide. According to Schopenhauer this is the most fundamental confutation of motives against suicide. See also: G. SIEGMUND, *Sein oder Nichtsein. Die Frage des Selbstmords* (To be or not to be, the question of suicide), (Trier 1970), p. 125.

[14] *Hand an sich legen. Diskurs über den Freitod* (Putting hands on oneself. Speech on free death), (Stuttgart 1976).

[15] Cf. M. POHLENZ, *Stoa und Stoiker* (Stoa and the Stoics), (Zürich, 1964), p. 147.

[16] Cf. SIEGMUND, *op. cit.*, p. 107.

[17] *De civitate Dei*, VIII, 20.

[18] Cf. *Ebd.*, I, pp. 25, 28.

[19] Stuttgart 1965, p. 216s.

[20] Cf. *Ebd.*, p. 213.

[21] A. STRINDBERG in the work by the same title has Miss Julia observe in relation to the nihilistic attitude of lost faith in regard to suicide: " I do not know what I still really believe in.. in nothing! Really in nothing! To put the blame on Jesus...capable and arrogant as I am. I cannot repent, not run away, not stay, not live–not die "! (*Reclam* n. 2666/Stuttgart 1983, pp. 50, 53, 54).

[22] *Il Problema del Suicidio nella Vita a nell Opera di Stefano Zweigs*, (Frankfurt, 1982), p. 341. G. Büchner disgrees completely with St. Augustine and admires the suicide of Cato (given that earth is no " testing ground," no " remedy," but an " end in itself ") Büchner also believes that republican freedom was Cato's idol: " Cato was a great spirit, full of immense sensitivity to his country and to freedom, a fact which lit up his whole life. These two words were the very core (*zentralsonne*) of his ideas and actions. Cato could not have survived the fall of his country if he had not found a shelter for the other god of his life –freedom.. and Rome was not even worthy of freedom. However, freedom itself was so worthy that Cato lived and died for it " (Cf. G. BÜCHNER, *Sämtliche Werke und Briefe* (Collected works and letters), Vol. II (Munich 1972) p. 29). One can also see in Goethes Werther that the loss of an absolute worldly value leads to suicide–see Siegmund, *op. cit.*, pp. 143, 154.

[23] p. 216.

[24] Hemingway writes (cf. Baden, p. 217): " Given that we have no longer got a God down here and not even his Son or the Holy Ghost, who is going to forgive? I don't know."

[25] Cf. *Etica Nicomachea*, III, 11.

[26] Cf. SIEGMUND, *op. cit.*, p. 48s.

[27] Cf. *Ebd.*, p. 121.

[28] pp. 19, 26.

[29] *Tagebucheines Schriftstellers* (Diary of a writer), (Darmstadt 1966), p. 269s.

[30] Cf. J. LOTZE, *Suizid im Alter* (Suicide in old age), in Petrowski and Zimmer, *op. cit.*, p. 43.

[31] *Le suicid Etude de Sociologie* (Suicide A sociological approach), 1897; cf. LOTZE, *op. cit.*, p. 36.

[32] Cf. A. CAMUS, *Der Mythos von Sisyphos. Ein Versuch über das Absude* (The myth of Sisyphos. An attempt of the absurd) (Hamburg 1992).

ELIO SGRECCIA

Respect for Life and the Search for the Quality of Life in Medicine: Ethical Aspects

1. The Origins and History of the Notion of Quality of Life

Few expressions have met with so much fortune and so much evocative success in so many different disciplines as that of " the quality of life " But the concept it expresses and the forms of behavior which it suggests remain very diverse and at times are marked by uncertainty and ambiguity.

In cases such as this is it very valuable to examine the origins of the word, of the notion and of the cultural context from which that word springs–words, especially those relating to general programs, often bear the mark of the situations to which they refer and they derive their meaning from their history.

It seems clear that it was the President of the United States of America, Lyndon Johnson, who gave a programmatic and emblematic character to this verbal expression, which had been present within sociopolitical literature from the 1950s onwards In a speech of 1964 President Johnson stated that the goals he was pursuing could not be evaluated in terms of money–they had to be assessed in terms of the quality of life. From that moment onwards–as had already happened with the slogan " the new frontier " of his predecessor John Kennedy–the notion of the " quality of life " invaded writings, speeches, studies and programs of a sociopolitical nature (1).

For this reason the first area in which this objective and this message were expressed was the sociopolitical sphere. In this context the invocation of quality of life involves reference to a movement forwards and the overcoming of obstacles It expresses something that is new–that is, that a society must aim higher than has hitherto been the case. It is not enough to guarantee minimum levels in the availability of goods in a quantitative sense, goods, that is, which make life possible–having enough to eat, a home, work. In a few words those things which are necessary to daily life.

In the same way increased economic well-being of the population is not sufficient either. This is because happiness does not depend on well-being in a quantitative sense alone. In parallel with these dialectical meanings of quantity /quality and well-being/happiness emphasis is also placed upon the relationship between wants and needs.

A society which promotes and pursues the ideal of development finds that once basic needs have been satisfied it goes on to the satisfaction of wishes and aspirations. But it is at this point that the problems begin to arise–while needs can be satisfied wishes are by no means so subject to limitations. Indeed, our societies have had to face up to the fact that when the level of the availability of goods increases to such an extent that not only needs can be satisfied but wishes as well, then there is an increase in the so-called " dissatisfaction coefficient." This is because the wishes which are satisfied in their turn generate other wishes.

Galbraith has also observed another phenomenon. Our societies are characterized by the stimulation of consumption and in this they display a marked difference from the ancient societies. Whilst in the ancient societies those people who became rich dedicated themselves to matters which were not economic in nature (letters, the arts, equitation, military adventures) present-day societies remain linked to the dynamics of economic realities even when they have reached a stage of opulence (2).

And it is because of this impossibility of satisfying wishes at the level of economic well-being that the expression " quality of life " takes on other connotations. Above all else there is a connotation which is of a personalist nature and which concerns values.

It is Allardt, above all others, who distinguishes between the need to have, the need to love and the need to be. In this framework the appeal to the quality of life is connected to the satisfaction of more intense interpersonal relationships and to the need for a social role for each person. It is above all in the sphere of psychology, but also in the area of social medicine in particular in gerontology–that a value and meta-economic aspect of things bears a connotation evocative of the concept of the quality of life (3)

In this concept of the quality of life, as De Calini makes clear (4), we find a cultural perspective which exalts the different, independence, the non-material and the free, and which has a concomitant propensity to pay attention to the problems of the third world. The idea is that these countries should be protected against contamination from those Western ideas with give rise to relationships which lack spontaneity and are marked by an

absence of authentic links between individuals.

There is another line of thought to be found besides this sociopolitical and cultural perspective. I am referring here to ecologist thought. In order to achieve a suitable level of quality of life–it is argued–we have to tackle the question of the protection of the environment, and we have to do this as a matter of urgent treatment. Life in general hides and reveals mysterious energies which go beyond quantitative simplification and which are neglected by economic exploitation. The balance of the various forms of life in the world and their mutual relationship, in addition to the defense of the health of the life-bearing and life-giving environment, are considered elements which are vital to the quality of life.

In this system of interdependence between the various forms of life man is the principal creator, the steward of resources, and at the same time the principal cause of his own degradation. And it is in this call for the dedicating of ecologist attention to the environment that bioethics first made its appearance as a moral revolt to ensure the defense of the conditions of life and the survival of humanity in the face of ecological devastation and economic exploitation. The works of V.R. Potter and H. Jonas were the outcome of this appearance (5).

A mystical exaltation of the impulses to possessiveness, the conquest and the accumulation of material resources in order to achieve society's movement towards the creation of an even greater number of goods then arose. It was thought necessary to achieve this mystical exaltation of material goods in order to then go on to the achievement of non-material goods–it was believed that these last could be created without being destroyed.

It has often been observed that this ethical consideration was to be found as early as Aristotle. The Greek philosopher wrote that " external goods are limited with regard to their actual utility " because " their excessive quantity necessarily damages the person who possesses them and brings him no advantage whatsoever " (6).

For all these reasons the context which preceded and now accompanies the concept of quality of life in medicine was (and is) very rich and varied, full of novelty and utopian thinking, but also marked by a large number of problems and evident difficulties.

2. The Quality of Life in Medicine

As G. Herranz (7) has rightly observed, two factors have favored and animated the rise of the concept of the quality of life: one is represented by the economic-social development which took place after the Second World War in Western societies and the other is the scientific-technological progress achieved in the field of medicine.

In the medical field a similar development has taken place and it has been marked by the same accelerated pace manifested in the social-economic field. Medicine has made so many leaps forward over the last thirty years that more has been achieved than over the previous three hundred years, as indeed J. Bernard the former president of the *Comité National Consultatif de Bioéthique* has pointed out (8)

Medicine has achieved victories over infectious diseases, effected the lengthening of the average lifespan through the application of experimental methods, and has thus managed to set in motion a first great revolution in relation to treatment. But it has also managed to achieve a second revolution in the biological sphere through advances in the genetic field. This second revolution has laid the building blocks for, and raised aspirations about, a future ability to weaken the double frontier of inherited illnesses and cancer.

Now medicine no longer judges its successes from the quantitative point of view. It also wants to act on the whole dimension of the quality of life.

Action in this sphere has been vast and rapid. The areas of specialization where the whole question has most made itself felt are those concerned with the problem of therapeutic decisions in relation to the terminally ill and with the problem of the decisions which should be taken not only in relation to the quantitative extension of life but also with regard to the quality of life, in addition to dwelling upon such subjects as prenatal and neonatal life, care and treatment of the elderly, palliative treatments, hygiene and public health. In each particular specialist sphere there a parameter of the quality of life is now required which is correlated with the parameter of the quality of the treatments applied.

After a debilitating or mutilating surgical operation a report is written on the clinical sheet which involves not only the methods employed in the operation but also the quality of life sought or achieved by means of the therapy in question. The introduction of this criterion is certainly not easy given that doctors strive to express and govern themselves with terms which depend upon scientific objectivity. But on the other hand every one of today's medical areas of concern place as an objective, in addition to treatment in the narrow sense, both the attainment of the quality of life and often its evaluation, on the horizons of its goals and aims.

Furthermore, the very definition of health according to the World Health Organization's approach to the subject is almost identical to the concept of quality of life, given that by health is meant not only the treatment of illness but also an attempt to achieve " primary social, psychological and physical well-being " (9). But it is precisely in this area which seems so full of future happiness that very serious doubts and even aberrant ambiguities have made themselves felt.

If an attempt is now made to examine the problems and the meanings which have been distorted by all these developments this is not done in order to eliminate the concept of the quality of life from the ethical vocabulary and the deontological set of norms but rather to ensure that this concept continues to have a valid and positive anthropological impact.

The first problem, or doubt as some would see it, lies in the difficulties which arise when an attempt is made to define the objective and the subjective elements in the quality of life. For example, it is not enough for an individual to be in good physical health (blood pressure, digestion, heart etc.) and to enjoy a favorable social environment. He himself must feel that he is in good health and must accept his psychological relationship with his environment in a positive sense.

We are well aware of how much different levels of culture, art or religion impinge on the quality of life of people who have the same levels of physical health or standards of social-economic well-being. Two cancer patients who receive the same treatment react subjectively in different ways to that treatment. What influence should moral or psychic suffering, depression or negative relationships with

Table 1: Tools Used for the Assessment of Quality of Life

Arthritis Impact Measurement Scales (AIMS)
Asthma Quality of Life Questionnaire
Barthel Index
Beck Depression Inventory
Cancer Rehabilitation Evaluation System (CARES)
Cancer Rehabilitation Evaluation System Short Form (CARES-SF)
Center for Epidemiologic Studies Depression Scale (CES-D)
Chronic Respiratory Disease Questionnaire (CRDQ)
Clifton Assessment Procedures for the Elderly
Comprehensive Assessment and Referral Evaluation (CARE)
Duke Health Profile
EuroQuol Quality of Life Project (EuroQuol)
15D Measure of Quality of Life (15D)
Functional Assessment of Cancer Therapy Scale (FACT-G)
Functional Living Index Cancer (FLIC)
Functional Status Index (FSI)
General Health Questionnaire (GHQ)
Geriatric Depression Scale (GDS)
Hamilton Depression Scale
HIV Overview of Problems Evaluation System (HOPES)
Index of Activity of Daily Living (Katz, ADL)
Index of Health Related Quality of Life (IHQL)
Infiammatory Bowel Disease Questionnaire (IBDQ)
Interview Schedule for Social Interaction (ISSI)
Lawton Instrumental Activities of Daily Living Scale
Life Satisfaction Index A (LSIA) and Index B (LSIB)
McGill Pain Questionnaire (MPQ)
Medical Outcomes Study Short-Form 20 (MOS SF-20)
Medical Outcomes Study Short-Form 36 (MOS SF-36)
Medical Outcomes Study (for HIV, MOS-HIV)
Multilevel Assessment Instrument (MAI)
Nottingham Health Profile (NHP)
Older Americans Resources and Services Schedule (OARS)
Patient Appraisal and Care Evaluation (PARE)
Psychological General Well-Being Index (Schedule, PGWB)
Quality of Well-Being Scale (QWBS)
Sickness Inpact Profile (SIP)
Social Support Questionnaire (SSQ)
Spitzer's Quality of Life Index (QL)
Stanford Arthritis Center Health Assessment Questionnaire (HAQ)
Zung Self-Rating Depression Scale

the marriage partner, have in assessing quality of life?

It is at this point that the difficulty arises. We are faced with the problem of whom we should entrust judgments about parameters of the quality of life to, their hierarchical order and their respective importance. As long as one is dealing with objective and physical parameters it is the medical doctor or the specialist who should make this assessment but when psychological factors such as " self-perception," perception of well-being, expectations of the treatment and its level, and hopes about the services received are present, then only the individual patient himself is able to give an evaluation. The coordinates involved concern age, habits, and the seriousness of the illness (10).

Another problem is linked to this foregoing problem and it is no less difficult. It concerns the drawing up of a *scale of values* for the quality of life and the actual validity of such a scale of values. Some authorities continue to believe that it is possible to monitor and represent such things by means of quantitative indices. To this end they provide means by which to project, analyze and interpret studies of the patient (11).

For example to measure the quality of life of elderly people scales and methods have been made available which deal with four components deemed to make up the quality of life: a) the physical state and the functional capacity; b) the psychological state and the sense of well-being; c) the social interactions and economic factors; and d) ethical and value factors according to a system of overall general assessment (Comprehensive Geriatric Assessment).

As can be seen from a study of tables 1 and 2 there are more than forty systems of scales by which to measure the different components of the quality of life, such as the basic factors of daily life (ADL) (table 3), the practical activity of daily life (IADL) (table 4) and such intricate and complicated scales as those for the assessment of depression (GDS) or general psychological well-being (12).

Other methods of assessment have been drawn up to assess the quality of life in the case of sick people in line with the seriousness of their condition. There is the Karnovski index (table 5) for cancer patients and the terminally ill; the T.H. Engelhardt method for the terminally ill (table 6); and the QALY (13) (Quality Adjusted Life Years) index for deciding how to allocate resources in relation to certain treatments (table 7). This is based upon a cost-benefit system and compares the resources used or inputs applied (in terms of direct, indirect and intangible costs) and indirect results or outputs achieved (the number of patients, the quality or quantity of life of each patient, and the possible renewal of productivity) with a view to deciding about the proper allocation of resources.

Such methods as those of Engelhardt and the QALY are clearly rooted in utilitarianism because they see the renewal of productivity on the part of the sick individ-

Table 2: Multidimensional Scale for Evaluation of Quality of Life

Name	Bibliography	Description	Observations
Measures designed for all ages but of proven worth for and also used for the elderly			
Sickness Impact Profile (SIP)	Bergner and others 1976[26]	Self-filling questionnaire. 136 declarations which describe functional variations of health in 12 categories	Gives points for individual categories and total physical points. Used to measure health levels and the levels of service
Nottingham Health Profile (NHP)	Hunt and others 1980[27]	Self-filling questionnaire. 45 headings dealing with the psycho-social and physical sphere, and impact of health on function	Gives points for each field and overall function It is not sensitive to small differences in functioning
Quality of Well Being Scale (QWBS)	Kaplan and Bush 1982[28]	Based on interview. 50 headings dealing with mobility, social physical activityand symptoms of previous weeks'	Gives a total point figure well correlated to objective values of the state of health
Measures specifically designed for and of proven worth among the elderly			
Older Americans Resources and Services (OARS)	Duke University 1978[28]	Effected by trained interviewers Includes ADL, state of psychic and physical	Widely used. Evaluation of functioning and services very detailed. Gives a lot of points health, social and economic resources Needs one hour
Multilevel Assessment Instrument (MAI)	Lawton and others 1982[30]	Carried out by trained interviewers. Includes ADL, state of psychic and physical health, social and economic resources. Needs 45 minutes	Designed for the examination of well being, functioning and ability of elderly people in the community
Comprehensive Assessment and Referral Evaluation (CARE)	Gurland and Wilder 1984[31]	Semi-Structured interview by trained interviewers. Medical guarantees, mental and social resources. Needs 90 minutes	Various versions for communities and people in institutions Used in comparative studies between Great Britain and the USA

ual and economic costs as constituting an important element of assessment. But the other methods, which are not of such a seriously questionable nature, precisely because there are so many of them, also demonstrate an inescapable uncertainty about the actual feasibility of achieving assessments which are not approximate in character, especially with regard to that essential component–the individual.

3. The Ideological Use of the Criterion of the Quality of Life

This subject brings us to another area. In today's medical world philosophical theories of a utilitarian stamp are very present. And they have very little in common with the therapeutic ideal of improvement in conditions of health and life. Because of the initiatives of certain utilitarian philosophers, as S. Leone rightly observes (14), the notion of quality of life has taken on an ambiguous meaning and taken a perverse direction.

It seems that Reich was the first person to set against each other two absolute criteria, and he did this in 1982: the sacredness of life and the quality of life. This opposing of the two elements has been repeated in Italy as well. The result of this absolutization is that the principle of the sacredness of life is no longer seen as the starting point of ethical rules and regulations–the principle of the quality of life is held to be a fitting substitute. Thus it is that if a human life is in a prenatal, neonatal or terminal situation, and in a condition where it no longer has a determined quotient required or previously established in terms of the quality of life, then it is believed that there is no longer an obligation to defend or maintain that life. The lack of independence or the presence of pain are seen as decisive factors in this way of thinking.

This ideological criterion has come to justify wrongful forms of selection, a distorted use of prenatal diagnosis, the spread of genetic screening to promote forms of selection, neonatal and terminal euthanasia, and that kind of social euthanasia favored by the use of criteria such as that proffered by QALY or formulae of a mathematical character.

The utilitarian principle is reinforced by the principle of independence which is understood in an absolute sense. The patient and only the patient is said to be able to judge or decide upon the continuation or non-continuation of the treatment he is receiving. And he is said to have the same powers with regard to euthanasia or even suicide.

Furthermore, as Herranz has observed (15), contemporary utilitarianism has involved a strong identification between suffering and morality. Suffering is seen as being absurd and immoral, and in the same way the keeping alive of an incurable and suffering patient is also held to be immoral. The news we have about the spread of the practice of euthanasia confirms our impression that we are passing from euthanasia on demand to euthanasia imposed on seriously

Table 3: Activity Included in the Assessment of Capacity to Look After Oneself When Living Alone and Lead an Independent Life

Activity of Daily Life (ADL):
Drinking, eating, making a snack/a cup of tea, washing oneself, having a bath, combing one's hair, washing one's teeth, shaving, putting on make-up, getting dressed, getting undressed, making oneself presentable, continence with regard to urine and faeces, moving from the bed to a chair, walking, going upstairs, using a wheelchair
Instrumental Activity of Daily Life (IADL)
Preparing instruments, laying the table, washing plates, doing housework, doing the washing, gardening, doing the shopping, managing money,carrying a heavy load, driving the care, using public transport, going out with people, using the telephone, writing, cultivating hobbies and interests, taking medicines.

Table 4: Certain Selected Measures of Daily Life Activity Measures of ADL

Name	Bibliography	Description	Observations
Katz ADL Measure	Katz and others 1963[76]	Short, based on an interview 6 headings, hierarchical scale	Often used as reference for the spread of new ADL scales
Barthel Index	Mahoney and Barthel 1965[77]	Short, measure scale with 10 headings.	Widely used, often in slightly changed forms. Largely suitable for ictus patients
ADL Examination Procedure	Kuriansky and Gurland 1976[78]	Carrying out of 16 observed and assessed tasks	Objective measure; useful when the examiner does not the patient. Needs 20 minutes. Material needed for the examination
Riverhead ADL Scale	Whiting and Lincoln 1980[79]	Based on interview or official examination, 31 headings, hierarchical scale	Sub-section to be done on one's own andathome. Recently re-convalidated for the elderly (80)

mentally ill patients or even on patients who are believed to have incurable illnesses

These theories clearly lack a sense of the transcendent quality of life, and they therefore do not contain a perception of its intangibility–a factor which is at the heart of the obligation to respect life and its sacredness. In addition, within this utilitarian and immanentistic viewpoint there is no means by which meaning can be given to suffering

Conclusions

From this brief survey of this new horizon with all its uncertainties and ambiguities we can readily conclude with certain affirmations of principle which lead us back to the value of the human person and to Christian anthropology.

1. Above all else every human life from the moment of conception or in any other condition of health has its dignity. For this reason it is an essential and irreplaceable quality which derives from being the image of God and from being redeemed by Christ and thus made the heir to eternal life. The Magisterium of the Church has much to say on this subject but the fundamental character of this truth is of a rational kind (16)–this is because upon physical life are based all the other values, and physical life is unified at the level of substance with the spirit.

2. It is precisely for this reason that the search for the quality of life should be seen as being ethically valid and should be pursued with full reference to all the dimensions of the human person–the dimensions of the physical-functional level, the psychological-perceptive level, the environmental and sociorelational level, and the ethical-spiritual level with due faithful adherence to the hierarchy of values. From this viewpoint of complete and personalist humanism, the search for the quality of life takes on great importance and is an incumbent duty.

3. The concept of quality of life can never be adopted to justify euthanasia, selective abortion or the limitation of resources in the health and health care field

4. The quality of life should also be understood in an ecological sense and not only in a health care-hospital sense.

5. Indeed, the ecological aspect of the question should be developed along the lines suggested by the Holy Father in the Centesimus Annus (17). It should include not only the search for the health and conservation of the environment outside man but also the search for the inner and moral ecology of the individual and of public and private habits, customs and practices. The search for the sacredness of life thus becomes a part of the search for the quality of life. The sacred-

Table 5: Karnovski Index: Critieria of Assessment

100: Normal. The patient does not display any symptoms.
90: The patient is able to carry out normal activities. Signs or minor symptoms of illness.
80: The patient carries out normal activities with difficulty. the presence of symptoms of illness
70: The patient is unable to carry out normal activities or particular work
60: The patient needs occasional help. He is still able to manage his essential needs.
50: The patient needs constant assistance and special treatment
40: The patient is in a serious condition. He needs special treatment and assistance
30: The patient is in a very serious condition. Hospitalization is recommended. Death is not imminent.
20: The patient is in an extremely serious condition. Hospitalization and support treatment are necessary.
10: The patient is dying. The illness is advancing rapidly.
0: The patient dies

Table 6: Formula for the Assessment of the Feasibility of Therapeutic Action (Engelhardt)

$$D = \frac{C \times qdv \times qudv}{O}$$

Key:
D: Duty to act medically
C: Possibility of the success of the action
qdv: Expected improvement in the quality of life
O: Costs of the action

Table 7: Quality-Adjusted Life Years (QALY)–Cost/Benefit Analysis

INPUTS (Resources Used)	OUTPUTS (Health improvement obtained)
DIRECT COSTS (Family-Patient-Structure)	NUMBER OF PATIENTS
INDIRECT COSTS (Social Production Loss)	QUALITY AND QUANTITY OF EACH INDIVIDUAL LIFE
INTANGIBLE COSTS (Pain–Suffering)	POSSIBILITY OF RENEWED PRODUCTIVITY

ness of life goes beyond the horizons of medicine but does not contradict such horizons. Indeed, there is an actual process of corroboration.

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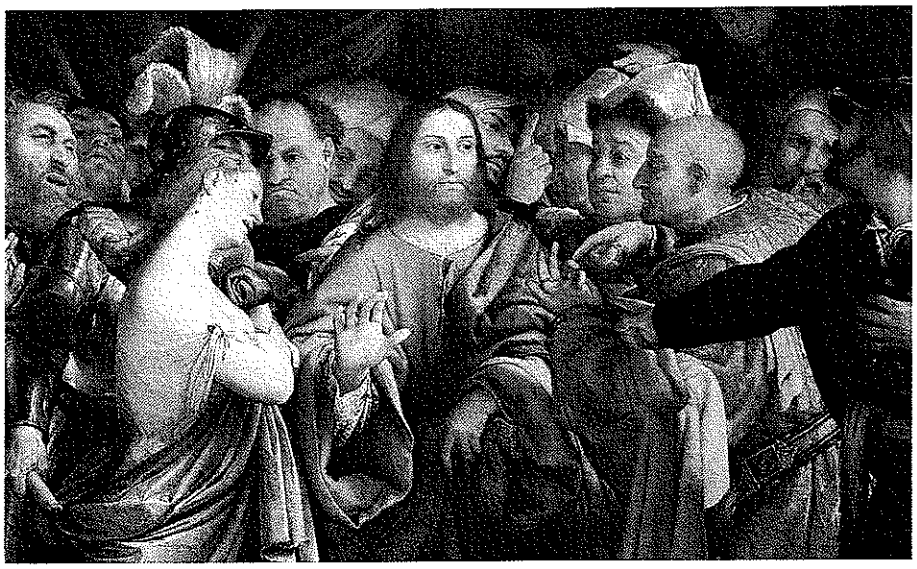


ALFONS GEORG HOFSTETTER

Science and Technology at the Service of Life

The chosen topic can certainly not be fully dealt with in 20 minutes or anything of the sort; it is really a topic for a congress. At the same time, a conference entitled: "To know, to love and to serve life," cannot fail to address such a topic That is the reason why I would like to try to explain the connections by using some typical examples.

First of all, we have to define the meanings of science and technoloy more closely. *Science* is a subsumption of knowledge through observation and the examination of the available facts, i.e., it gives the total result of our work and its conclusions using thoughts, observation and the exploration of the circumstances and its facts. *Technology* means the systematic use of this knowledge for practical purposes, i.e., in our example, realization, using operating methods, medical equipment, drugs, and also teaching opinions.

Taking into consideration the context of our conference, I shall make some references to problems and perspectives that science and technology pose today for the believing expert, and, of course, for a Catholic, so as to channel them toward the service of life. The aims of morals and ethics are not the objectives as such; they are for the believer the path to follow and the milestones for the progress of scientific research.

The way a doctor treats is shown through the *word,* which comes from experience; drugs, that are usually given to us through nature; and *technology,* which includes the knowledge to handle medical equipment and operating procedures.

After heart and circulation illnesses, the main danger to people living in industrialised countries is the malignant tumour, so that today as a result, the malignant tumour is at the centre of medical research. Using the following two examples, I would like to show you how with the use of technology and the realisation of science, tumours can be beaten, and therefore be a service to life.

I have, from our research area, chosen *laser* and *genetic technology,* whereas good examples also come from others, real successful possibilites not only for malignant tumours, but also other fields where life is threatened, for instance, AIDS and genetic disease.

Normally people obtain their knowledge from experience, which comes from observation of the natural processes.

This experience gives them not only a pure imitation of natural habits, but also the ability from their experience to obtain new ideas and knowledge–this is what distinguishes humans in comparison to any other living creatures. This has been the case in the development of laser technology Laser technology is one of the few technologies that humans have not copied from nature but have developed using their own experience.

The example that I wish to describe from genetic technology is well suited, namely, the development of a genetically modified tumour vaccine for the immunotherapy of the renal cell and the carcinoma of the prostate, while it shows the problems for researchers, when they become involved in unknown areas of life events. New therapies for the treatment of malignant tumours seem to have reached their limits. Is it allowed, in the service of life, to exceed these limits? Are there limits that are determined by God, as some people think, or do these limits not exist?

Today, with *laser technology* we can radically destroy tumours with minimal invasion, even when they are embedded deep in the body. An example is the *urinary bladder carcinoma,* which is an extremely malignant tumour, with sadly increasing incidences in industrialised countries. The problem with this carcinoma is the multitude of localities, the unfavourable recognition in early stages, and especially the numerous very aggressive intraepithelian neoplasia, with the tendency to early metastasizing.

With *photodynamic diagnosis* today, we can detect malignant cells using laser-induced fluorescence with the application of a photosensitizer, so that the recognition of a malignant urinary bladder carcinoma in its very early stages is possible.

The so-called *carcinomata in situ* cannot be defined with the naked eye, but can be made recognisable using this method The contactless destruction with an infrared laser, the Nd:YAG-Laser, guarantees radical destruction of the tumour with minimal invasion to the patient. Contrary to the conventional transurethral, electrosurgical methods, the tumour-carrying urinary bladder wall is not opened, and there-

fore the tumour cells' spreading through the blood and lymph vessels is avoided.

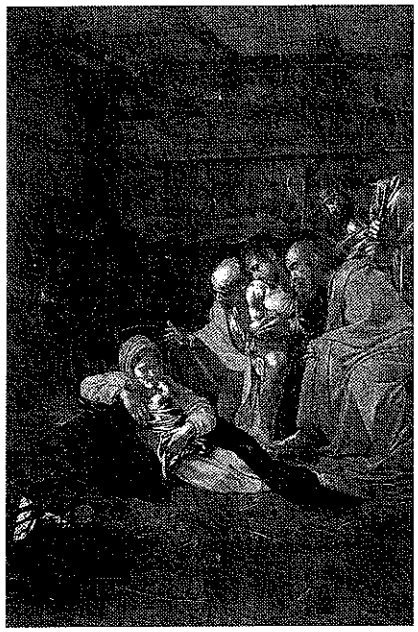
Simultaneously, the tumour is contactlessly destroyed, and the blood and lymph vessels are closed. This will also be shown in a very small local relapse rate. In combination with the early detection system of laser-induced fluorescence, radicality can also be significantly increased, with ensured safety for the organ by tumor destruction.

Today, when appraently the limits are reached for the treatment of tumours with operational, chemotherapeutical and also radiation methods, immunology is increasingly applied. The idea of active immunisation against tumour-associated antigens in clinical use has exercised a constant fascination among immunologists and clinicians since the time of Paul Ehrlich. Although there have been many good reproductive experimental tests, an active immune therapy has not been successful, apart from scattered reports about transient remissions, which indicates a very small chance of healing in humans. These tests have been carried out mostly on patients with leucemia, melanoma and renal cell carcinoma

In recent times, with the introduction of molecular genetic methods, there has been more development in this field.

Although the classic immune surveillance, according to Lewis Thomas' and McFarlane Burnett's newly formulated hypothesis of a physiological control function from T-lymphocytes to malignant transformed cells, was not acceptable, there has been reached a better understanding with the induction of an immune response to autoantigens by new insights into the mechanisms of tolerance evolution and its preservation concerning T- and B-lymphocytes. Better comprehension of the activating mechanisms from T-lumphocytes grasps that the specific repertoire of the T-lymphocytes is similar to that of B-lymphocytes; they are distinguished by unusual width and have a responsiveness to various autoantigens.

To activate the autoreactive potential of the T-lymphocytes, it has been found necessary to apply simultaneous stimulation using the antigen– and lumphokine receptors or other activating molecules.



Since new techniques in gene-transduction make it conceivable to bring cytokines into tumour cells in high local concentrations to expression, it is possible to mobilise various immunological anti-tumor reactions. Their possible therapeutical application has been instantaneously recognised.

Hence, until the present time, the applied transduction cytokinegens in various experimental tumour systems could not be identified as the responsible reaction antigens.

This signifies that the observed systemic immunity, with its impressive tumour-targeted effectiveness, is also aimed at autoantigens, which as differentiation antigens in corresponding normal, non–transformed tissues are non– or minimally accessible for the immunological effector mechanism and are not sufficiently processed or presented in the adequate MHC-context.

Considering this, we thought it was justified to test systematically the strategy of active immunisation on a defined, human, epithelial tumour in an early stage of occult formation of metastases.

With the variety of the implemented cytokines and their released miscellaneous cellular inductions and effector mechanism, it was naturally at first important and necessary to use a basic project with animal experiments. Thereby it could be observed on several experimental tumour models that the indirect effectiveness of the transducted cytokines by the tumour repulsion is evident and that the immunological competence of the host organism is of immense importance for the success of active immunisation. That is why it is evident that a tumour therapy using active immunisation logically cannot be applied on patients in a terminal stage of the illness.

In addition, the often large tumour masses and the strongly distinct heterogenic antigens are other important arguments opposed, in

the terminal stage of a malignant illness, to stimulating an immunlogical influence.

Hence, the application of a tumour vaccine on humans signifies that we have to concentrate on the minimal residual tumour illness stage.

Our clinical results show that cytokine therapy produces good results when cytokines are applied with the proven micrometastasizing.

We have chosen the renal cell and the prostate carcinoma for future immune therapy.

The renal cell carcinoma has been chosen because there are many clinical indications that the tumour remission can occur with immunological methods; the prostate carcinoma is important for us because of its regularity.

Until the present time it has been proven in renal cell carcinoma that tumour-associated antigens can be recognised through T-lymphocytes.

Therefore with the identification of rejection antigens and their specific HLA-restriction elements, it is apparent what immense significance this has for the development of the planned cell-free tumour vaccine.

With the vast immune genetically heterogenetic patient population, and the expected heterogenic antigens of the individual tumours, firstly, we must apply autologous tumour cells as a basis for a modified vaccine.

The question is: What are the appropriate cells of a malignant tumour? At present it is not known which parts of a tumour metastasize. That is why it is important to examine the metastasis for its antigenic spectrum. The extraction of micrometastases from bone marrow has been successful.

These single cells or cell clusters must be expanded with the assistance of appropriate growth factors, without damaging or decreasing expression of the main antigenstructures on the cell surface. We must establish the geno–and phenotypic characteristics of the metastasizing cells, so that the micrometastasis is immortalised as a target cell for the in vitro tests and can also be applied as a receiver for the cytokine-gen.

I have purposely presented to you a largely concluded and a new research project–the former with top-class technology, the latter with still developing technology–to show you that technology can only result from knowledge and that knowledge creates new knowledge, and so in a chain reaction new technology develops.

While for a scientist research is a goal in itself, for a believer there is no adequate research except when ordered towards the service of life and to the defense of its transcendental values. At this level, the scientist feels his closeness to God as person and creator.

The decisions are made by the researcher, who produces the knowledge to develop the technology. Moral standards are used not as barriers, but as guidelines to reach our main goal, the service to life.

I think we are in this field in direct collaboration with God the Creator and only Master of life and death.

Breaking these guidelines must result in the failure of science and technology, as was illustrated in extreme fashion by medical experiments in the so-called Third Reich.

Science and technology are the basis for medical development and thereby important for the service of life.

This is relevant when science and technology are guided not only by worth while research but also by moral standards, and by the Faith, so that technology and science assume a wonderful role in participation in the work of God, who entrusted his creation to the management of man, the care of human health to the science and technology of doctors. Their broader knowledge makes them more confident, responsible, and humble

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The Ethical Value of the Donation of Organs

If many doctors today–and I am one of them–are deeply involved in, and committed to, the development of the study and practice of transplants, this is because we realize that at the present moment (and for many years to come) transplants constitute the only hope available to many ill people. One need only bring to mind that over fifty thousand people are still alive today precisely because they have received a transplant. Furthermore, multi-organ transplants are presently opening up new prospects for the treatment of pathologies (and especially oncological maladies) which have so far been considered untreatable.

Heart, liver, lung, kidney, and pancreas transplants liberate the patient from being subjected to the slavery of mechanical therapies, improve the quality of life, allow patients to return to their work, and enable them to lead an independent life and to free themselves from having to rely upon other people. In the near future it will be possible to transplant other organs, such as the intestine, and thus enable many patients to stop having to feed themselves by artificial means. For these reasons we feel that it is our duty to advance to the utmost the frontiers of transplant surgery.

The creation and development of structures which can favor transplant operations should constitute one of the fundamental objectives of our society, and our society should be constantly engaged in an attempt to achieve a more advanced quality of life. It should be clear to everyone that transplant treatment is today the only medical response that we have to a number of pathologies of very severe prognosis: dilative cardiomyopathy, cirrhosis, and fulminant, viral, or toxic hepatitis. In such cases a transplant operation means the saving of a life; and, it should be pointed out, the defense of life for the medical profession is imperative according to our code of ethics. Overall, one can state with confidence that the ethical value of the donation of organs is strictly in correlation with the enormous benefit received by the patient and with the indirect advantages which accrue to society as a whole.

Furthermore, the problem of donation deserves special attention. This is because the undeniable successes of transplants leads many different people and authorities to propose remedies of a very questionable nature to deal with the problem of the scarcity of organs. Indeed, unfortunately, at the present moment there exists a dramatic imbalance between demand and supply. The latest figures–those supplied at a conference promoted by the Ministry of Health on September 27, 1993 on the subject of " The Development of Transplants in Italy "–well demonstrate that in Italy 7,480 patients are on a waiting list for the suitable donation of kidneys. The same imbalance is to be seen when one considers the waiting lists for livers, hearts, lungs, the pancreas, or corneas.

It is more than obvious that this situation exacerbates the divergence that exists between the needs of the patients and the enormous opportunities offered by the techniques of transplant surgery, on the one hand, and the very practical difficulties which stand in the way of the actual carrying out of transplants, on the other. It cannot be denied that a failure to allow donation is one of the principal basic causes of the inadequate number of organs available. This " lack of consent " cannot be overcome by force (and this is something we uphold): permission and co-operation should be obtained and achieved through the appropriate use of special programs of medical awareness-raising.

Indeed, it must be admitted that the ethical value of a transplant, which lies in the fact that it is a therapeutic act directed towards the saving of a life–or, at the least, improving the quality of that life –cannot justify in itself consent to donation achieved by any means whatsoever. It is in this context that we can situate the whole problem and debate concerning expressly-given consent (opting-in) and tacit consent (or silent assent). Explicit consent, as you well know, is recognized when the citizen has clearly expressed–during the course of his life–the wish to donate his own organs after his death for the purposes of transplant.

This is the reason for the creation of donor cards, and in some states in America consent to donation is written onto the driving license. In the event of death, and in the absence of a declaration of the person concerned, permission is asked from the family. In this way the relatives of the dead person are put in the very difficult situation of having to face up to the very grave responsibility of making a decision about their dead relative at a mo-

ment of extremely great distress. As the philosopher of medicine Carl Cohen has written, " We ask the wrong people at the worst possible moment something which we should never ask anyway."

The most substantial criticism which is made against " explicit consent " is that it assumes a lack of solidarity or, rather, that the citizen does not wish to donate his organs after his death. Statistical inquiries carried out in the United States of America have shown, however, that most citizens interviewed on the subject are in fact in favor of transplant and the removal of organs after death. The same results have been obtained by opinion polls conducted in European countries. In Italy a survey carried out in the catchment zone of the North Italian Transplant revealed that only seven per cent. of the citizens interviewed were against the donation of organs. The percentage increases to thirty per cent., however, in a real and practical situation–that is, when a citizen is asked to give his consent regarding the organs of a dead relative.

Tacit consent, on the other hand, begins with the idea that citizens want to donate their organs after their death. If a citizen does not want this to happen, he must make his wish to the contrary explicit and known. In Belgium and in France his wish becomes written into a register of those who object to such a practice in relation to their own bodies. In those countries where the criterion of tacit consent has been adopted (Austria, Belgium, France, and Portugal) an increase in the number of donors has been observed. The principle of tacit consent must, however, guarantee that all citizens are well informed about the question of the donation of organs and are asked about what their decision in the matter may be. This can prove rather difficult at a practical and organizational level. It should be stressed that in some countries (for example, in France) where tacit consent is upheld by the law, the relatives of the dead person are asked for permission to go ahead with the donation procedure. This is done so as not to neglect the will of the near relatives.

The Italian legislation on the subject recognizes dissent while the person is alive, but not consent. In the absence of objections while the person is alive, the removal of the organs is effected if there is no wish to the contrary on the part of the (unseparated) spouse, or, failing this, on the part of children of at least eighteen years of age, or, failing this, on the part of the parents. This expression of opposition to the removal of organs must take place within twelve hours. It should be added that law number 578 of December 29, 1993 reduced this observation period to six hours, and the official guidelines for the implementation of this measure were later published.

It would be possible to dwell at length upon this subject, but time here is short. I would like only to stress that our commitment to programs of health education directed towards the whole population and aimed at improving that sense of solidarity which forms the basis for transplants is very keenly felt. A program of education and information is called for which does not concentrate attention upon the medical side of things and place emphasis upon the triumphs of technology but which, on the contrary, directs people's gaze towards the social and moral value of transplants.

In reality, " lack of consent " is a problem which is diminishing in importance and it is my opinion –an opinion widely held–that the problem can be solved by making people more responsible and responsive in regard to the donation of organs. I would like at this juncture to call to mind the admirable behavior of the parents of Nicholas Green, who donated the organs of their child, who had been killed in such barbaric fashion. This was a true example of love. It is these kinds of events, rather than thousands of mere words, which manage to reawaken the conscience of man.

I must confess that I have a number of doubts and uncertainties about the idea of " silent consent." I am even more worried about the removal of the need to obtain consent. It would be wrong to ride roughshod over centuries of cultural traditions and employ the law

to sweep aside feelings which are deeply rooted in the souls of many, many people. If we did this, we would certainly run up against very strong and sustained opposition. The only path which is open to us is that of consent, and this is something we must promote through laying emphasis on the ethical value of the act of donation.

We are most certainly in favor of the donation of organs, and our commitment and activity well bear this out. But we are also extremely respectful of the decisions of others, especially if these decisions are clearly and deliberately expressed. The donation of an organ is an act of love towards a suffering brother or sister. The removal of organs carried out against the will of the dead person or his near relatives are forms of behavior which we are not prepared to accept. This is the reason why we favor the path of explicit consent.

In the whole debate about the donation of organs special attention should be paid to the question of the live donor. The removal of organs or parts of organs from live donors certainly has its ethical and legal problems, not to mention the medical difficulties which are involved. The principle of *primum nihil nocere*, which is the heart of the Hippocratic oath, retains its validity in this context as well. Certain conditions must be respected:

1) the risk which the donor runs must be equal to the risk run by the recipient if he does not receive a transplant;

2) the donor must be fully informed about the operation and the risks run;

3) the choice made by the donor must not be subject to undue external influences;

4) the donation must not involve direct or indirect payment or reward.

But great caution should be employed with regard to transplants from live donors. Indeed, a full development of the policy of donations from dead people and a full use of the organs so obtained would reduce the necessity for live donors–a situation, it should be stressed, characterized by notable risks.

In addition to the medical problems involved, there are also problems connected with ensuring that the full and informed consent of the donor has been obtained. Certain situations which are certainly on the increase have led a number of countries to take legal steps. In Great Britain the Human Organ Transplantations Act of 1989 provided for heavy penalties for those who transplant kidneys which are not donated spontaneously and in Bavaria transplants from live donors, even when such donors are near relatives, is not allowed.

In regard to transplants from other species, it should be observed that over the last years attempts in this field have indeed been made. The results, however, have unfortunately turned out to be rather unsatisfactory. This kind of transplant will remain for some time merely a hope for our species. At the moment one is dealing with a temporary solution for certain patients–a bridge leading to the subsequent transplant of human organs. The negative results of two such transplants (involving baboon livers), which were carried out by Starzl in Pittsburgh in 1992 and at the beginning of 1993, well demonstrate the unreliability of this method. Indeed, the American Medical Association asked Starzl to suspend such transplants until better chances of success were attainable.

The need to use live donors or to use animals is the product of the enormous imbalance (as has already been observed) between the number of patients in need of a transplant and the number of organs which are available. Unfortunately, there is at present a very real risk that solutions to this problem–which are not acceptable at an ethical level–will be suggested and proposed. I am thinking here, for example, of those who propose the removal of organs from patients in a constant vegetative state (even when this state is irreversible, as is the case in brain death or pallic coma).

The vegetative state is a state of coma which is characterized by an inability to respond in suitable fashion to the environment and to interior needs, even though there is still an effective functioning of the heart and breathing systems. The patient seems to be vigil, opens his eyes and engages in simple movements but he is in fact aware of nothing. Pathological damage is limited to the brain with possible injury to parts of the torso as well. There is a laminar necrosis of the cortex and a demyelination of the sub-cortical white substance, at times associated with focal softening of the reticular substance of the torso. The most frequent cause of this condition is major anoxic-ischemical damage to the bilateral and extensive cortical areas such as that provoked by a cardio-respiratory attack.

It should be stressed that the constant vegetative state is not the same as brain death or the death of the whole body. This is because, in the first place, the damage does not affect the whole of the central nervous system, but only a part, and secondly, and most importantly, because the vegetative state is a pathological condition which is potentially–albeit rarely–reversible. Our experience is similar to that described in scientific journals and publications, in that we have noticed how a good regaining of consciousness is possible after months of intensive care and rehabilitation. Indeed, under current conditions, it is impossible to judge whether recovery from a vegetative state is possible until at least a year has passed. What I want to emphasize very clearly is that a patient in a vegetative state is alive even though the quality of his life is extremely reduced because of the loss of the ability to interact and communicate with the external environment, a loss which is at times total and irreversible.

It is our duty to defend the lives of these patients as well. In no way can one justify the suppression of the fundamental rights of an individual, even though the saving of another life is certainly a noble undertaking. Only total and irreversible damage to the whole of the encephalon allows a definition of death according to neurological criteria. An extension of this definition to partial damage of the cerebral cortex would inevitably lead us to set out on a dangerous and downhill path. It is no accident that the idea is being mooted of the removal of organs from mental patients who are certified as being incapable of independent will. We must oppose these initiatives with the utmost vigor: they are unacceptable from an ethical, moral, legal, and social point of view.

Transplants, however, involve other interesting ethical problems which deserve a moment's reflection. One thinks, for example, of the choice of which person is to receive the organ and the selection of patients to be operated upon. Certainly, we cannot in these cases use utilitarian or " first-come-first-served " kinds of criteria. The utilitarian approach pays particular attention to social productivity and favors those people who could begin their work again after successful treatment. The second kind of criteria is based upon when the request for a transplant is made and involves no reference to the special needs of each individual patient.

It is our opinion that the only acceptable criterion is that of treatment: one must take into account the actual urgency of the case, the probabilities of the actual success of the transplant itself, and the kinds of risks that are involved. A therapeutic criterion for deciding these delicate questions necessarily guarantees the principle of " non discrimination ": nobody should be denied the opportunity of having a transplant on grounds of race or for socio-economic reasons.

For obvious reasons I will not dwell upon the evident unacceptability of the purchase of organs. It is unfortunately true that in a world which becomes ever more subject to the rules of the market, there is a very strong temptation to engage in the " non-altruistic donation " of organs. This phrase, of course, refers to the actual sale of organs. In this case the ethical problem cannot be tackled by an attempt to prevent the birth of an organ market. On the contrary, what we have to do is to create conditions of social justice and achieve a correct distribution of the resources of the world so as to eliminate and prevent these fundamental conditions of need. Poverty and the despair engendered by poverty are what lead people to sell parts of their body in order to guarantee a mini-

mum of survival for themselves and their families.

Reference should also be made to the question of the relationship between the transplant of organs and the allocation of health service and care resources. It often happens that we hear people maintain that a policy of transplants cannot be justified at a time when the economic resources allocated to health and health care are being constantly reduced, in both the industrialized, the industrializing and the non-industrialized world. The line of argument employed here is that high technology medicine diverts major resources away from basic medicine and preventive medicine. At a practical level the high costs involved in the process of transplants, it is suggested, may deprive other areas of health service and care which are of equal importance of valuable resources.

I, personally, am not an expert on the methodology of evaluating the cost/benefit dimension of a given treatment. We do, however, have certain simple and demonstrable data which allow us to state with confidence that the carrying out of a larger number of transplants would be of benefit from an economic point of view as well: for example a dialysis patient costs the state forty million Italian lire every year whereas a transplant patient who manages to achieve a high level of kidney functioning costs twenty million Italian lire every year. The saving to the state, therefore, amounts to at least a half.

The transplant is not only a great advance for medical science and for healthcare organization. It is also, above all, another step forward towards the goal of guaranteeing everybody a real condition of well-being. It is something which is connected to the defense of life, and does not involve an attack upon life. In this way it acquires a very notable ethical value.

Unfortunately, a very large number of obstacles are to be found in the way of carrying out a sufficient number of surgical operations to satisfy the increasing level of demand. For this reason, as has already been observed, a very great importance must be attached to the role played in the whole question by the actual donation of organs. Furthermore, any attempt to impose donation upon people by force of law is, in our opinion, bound to come up against failure. The level of donations, rather, can be increased through the development of a new culture in this area which revives and stimulates feelings of solidarity and fraternity.

And on this note perhaps I may be allowed to conclude my paper with the words of the Holy Father, John Paul II, from a speech made on June 20, 1991 to the members of an international conference on transplants: " This form of treatment is inseparable from a human act of donation. Indeed, a transplant presupposes a previous, free, explicit, and conscious decision on the part of a donor or of someone who legitimately represents him–usually the nearest relatives. The decision is one which involves offering a part of the body of one person for the health and well-being of another, without seeking payment. In this sense, the medical act of transplant renders the donor's act of oblation possible, an act which is a sincere giving of oneself which expresses our essential call to love and communion– The progress of biomedical sciences has enabled people to project their vocation to love beyond their deaths. In the same way as the Easter Mystery of Christ, in dying, death in a certain way becomes defeated and life becomes restored."

We follow this line of thought and behavior and recognize in the act of donation the full meaning of a free and conscious act of love.

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The Dignity and the Value of Life in the Teaching of John Paul II

1. The Anthropological Foundations

It should be stressed that in John Paul II's teaching it is impossible to separate the question of life from the other subjects to which he addresses himself: the whole of his teaching centers around the question of life. Indeed, the Holy Father lays constant stress upon fundamental truths and dwells upon factual realities with reference to such truths.

The first fundamental truth–that truth which is at the base of his entire anthropological vision–is that each and every man is created by God, that he is a creation of God. From this reality springs the dignity of man and it is for this reason that man can never be an object: he is made in the image and likeness of God. Because of his divine origins, therefore, man is directly linked to God, in the same way as every created being has a relationship with his creator. In ontological terms, this relationship is never interrupted, even when man is unaware of the very existence of such a relationship.

The whole of the Pope's teaching is directed first and foremost to making each and every individual understand this fundamental truth –the aim is to ensure that each person sees his life as being a gift received from God; a gift, moreover, which bears witness to the love of God, an immense love which is directed towards the whole of humanity. The concept of " gift " is to be found in John Paul's teaching from the very first years of his priesthood, and throws light upon the whole of his thought: he also sees every human relationship as a gift. There thus exists a horizontal relationship between men which draws its truth and splendor from the relationship with God, a relationship which can never be broken.

An awareness of the fact that life is a gift of God enables us to understand how the body is also such a gift; and the body, it may be observed, is the means by which man manifests himself in this terrestrial life. In this way sexuality, also, is a gift, and a very special gift at that, in that it is directed towards ensuring that man becomes an active helper in God's creative endeavor. The dignity of man is also the dignity of his body, and the dignity of those organs which enable him to take part in the process of creation. A precise and correct evaluation of the real value of life becomes possible only when the marriage partners are able to grasp the dignity and grandeur of that moment when they act in harmony with God. At that moment they alone are able to understand the authentic and immense value of the conjugal act.

2. The Concept of " Beautiful Love "

The ability to give life is a gift of the Creator, and this gift is truly wonderful: it places the creative power of God in the hands of men. Without the help of the Almighty man would never be able to bring a new being into this world. God limits and circumscribes his immensity within the finite nature of man, and only when man understands the grandeur and true value of this gift is he able to give expression to it in a correct way, in a way that is authentically human.

But the human person–who is created through the vastness of divine love–has the duty and the power, in turn, to re-channel such love into the being he brings into this world. It should be pointed out, however, that the parents who take part in this creation of life have the ability to welcome or to destroy this divine project, even though they are not able to decide the exact moment of conception:

When the marriage partners ... create a fracture between the two meanings which God the Creator has inscribed into the being of man and of woman, and into the mechanisms of their sexual communion, they behave like " arbiters " of the divine plan and " manipulate " and pollute human sexuality, having the same effect on themselves and their marriage partner and infringing the value of " total " giving (*Familiaris Consortio*, 32).

In the teaching of John Paul II the child must always be the fruit of " beautiful love." The Pope places great emphasis on this concept in the encyclical *Familiaris Consortio*, in *Donum Vitae* and in the *Letter to Families*:

Sexuality becomes truly human in its expression only if it is an integral part of the love by which both the husband and the wife commit themselves totally to each other until death. Total physical giving constitutes a lie when it is not the fruit and the sign of a total personal giving where the whole person is involved in his temporal dimension as well (*Familiaris Consortio*, 11).

True love, that is to say beautiful love, comes into being only within the " inner man." In discussing the inner man the Holy Father emphasizes that these " powers " possessed by man are spiritual in origin: they decide his spiritual plane and enable him to experience beautiful love. This love is altruistic and involves the mutual giving of two people: it sees and treats the human person as being of immense and incomparable value. Man must always adopt a stance of admiration in his approach to this veritable treasure; he must be emotionally moved and be pre-eminently grateful.

Such an emotion involves the elevation of the soul: it is the only response that the person can and should give. But this elevation of the soul (which is also a way of measuring the soul and which takes place only within the inner man and in silence) is placed by the Pope's teaching in antithesis to lust. Lust by its nature has the characteristic of possessing the other person, of devaluing and constantly denying his dignity. That person is essentially being treated as an object. Beautiful love, however, precludes all forms of abuse, does not involve the possession of the other person, and approaches him with tenderness. It is not possessive in its approach but is full of admiration.

In the sacrament of marriage such a feeling seeks to be eternal, and it is this wish which gives rise, in natural fashion, to the wish to have a child. The child who is thus conceived will never be killed. He will always be welcomed as a gift of God for the parents and humanity as a whole. As a result, the only effective way of combating abortion is to promote the concept of beautiful love: only in a climate so constructed will the child be fully safe.

3. The Child: A Gift of God

An awareness of the divine origins of man necessarily leads to respect for his dignity at each and every stage of his life, in whatever condition he finds himself, and wherever he may be: human dignity is rooted in the very fact of being human. The Holy Father has issued a special document on the subject entitled " Respect for unborn human life " In this publication there is an absolute and irrevocable condemnation of all forms of unjust interference with the unborn child. Many people present a whole variety of arguments by which to justify the murder of a human being–one such argument is that it is not possible to establish when human life actually begins. In answer to these arguments John Paul II has always stressed–and with absolute clarity–that human life begins at the moment of conception. Thus it was that God said to Jeremiah: " Before I formed you in the womb I knew you, and before you were born I consecrated you " (*Jeremiah* 1:5).

At the present time biological sciences are confirming those ideas which have been upheld over the centuries by the Church and by medicine–that is, the belief that the unborn child is a human person. Furthermore, present-day arguments advanced by psychologists stress that the child must be wished for, and these arguments also find backing in the evident truth that each and every individual has a divine origin. Indeed, people who are not able to understand that they have a special dignity are also vulnerable to actually rejecting their child. But God protects such a child: after all he is the source of life and does nothing against himself. He gives his own love–a love which is the same as that which led him to give his only begotten son for the salvation of mankind. In truth, therefore, there is no such thing as an " unwanted child " –that child will be loved by God with loyalty and constancy, and with a love which is above any kind of human love.

Yet in all this man has the intelligence which is necessary to the linking of his own project to the project of the Creator. Even if the

child is conceived not as the fruit of the explicit will of the parents but only as the outcome of their actions, they must nonetheless give one reply only to such a situation. This is expressed in the declaration of the Virgin of Nazareth–Fiat! For this reason human love must always be humble in its attitude towards the Creator.

4. Responsible Paternity and Maternity (*Familiaris Consortio,* no. 32 and *Letter to Families,* no. 12)

The Holy Father once said: " I want to be called the Pope of fatherhood and motherhood " Indeed, from his time as being the bishop of Krakow he has done everything possible to direct his teaching about (and concern for) the family towards upholding (and safeguarding human love and the destiny of the child.

Responsibility towards life lies upon the shoulders of the marriage partners for it is they who are engaged in its transmission. In order to ensure that the child is not treated as an intruder both parents must be aware of those conditions which must apply before there is a conception. An awareness of the physiology of the woman bears within itself the answer to the whole question because an awareness of the fact that the woman can conceive and become a mother on one day only allows the parents to choose the best possible moment for the giving of life to a child. This most important day can be easily identified. The woman's body is centered upon the realities and processes of motherhood to such an extent that many indicators suggest which day it is. An understanding and following of these phenomena amount to a natural method, and such phenomena can be easily grasped and recognized by consulting family experts.

The woman can become a mother on one precise day only but because of the fertility of the male sperm the fertile period becomes extended for a few days. As a result, one does not talk about a " fertile day, " but of a number of days when the miracle of the creation of a new being can take place.

The fertility of the human person is only potential, because in actual fact it is only the couple which is really fertile. But this biological reality–by which I mean that the couple is fertile for more than one day–has provoked a veritable war against fertility. Some people, indeed, want to eliminate these days entirely because they see them as an obstacle to their own sexual freedom. At the present moment scientists are heavily involved in trying to find all the means available by which to prevent conception and thereby achieve full sexual freedom.

In *Familiaris Consortio* (no. 32) the Holy Father gives a precise evaluation of the contraceptive approach and draws attention to the anthropological and moral difference which lies between contraception and obedience to natural rhythms. Responsible paternity and maternity, in their essence, involve an acceptance of mystical exaltation as a style of life: the marriage partners must respect the laws of nature and conform to the requirements of these laws. All contraceptive methods and means are necessarily a transgression of the first commandment: when man tries to change the order established by God he commits the sin of pride. But at the same time a sin against the fifth commandment is also committed, and this is because certain contraceptive methods not only involve abortion but also destroy the natural fertility of the woman. Furthermore, there is also a sin against the seventh commandment, against beautiful love: contraception turns the woman into an instrument which is used and exploited by the man as an object by which to satisfy his own lust. Christ himself warned man about the dangers of such an approach, based as it is on lasciviousness.

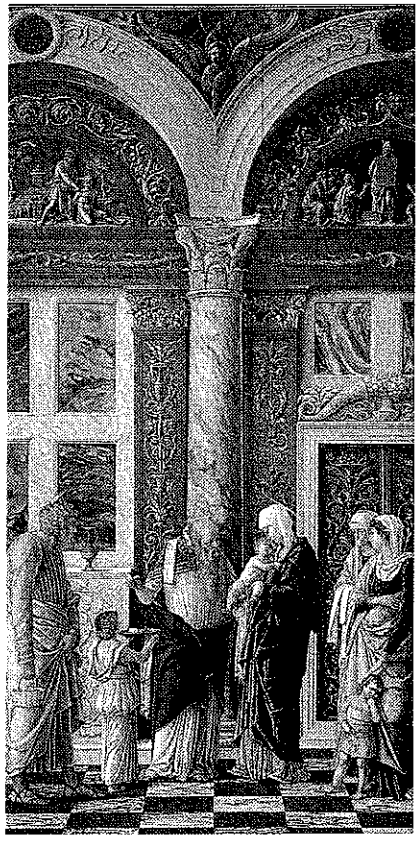
5. Woman as Mother *(Mulieris Dignitatem)*

The Holy Father has warned us about the great danger which exists in relation to the unborn child and has stressed the origins of the contraceptive approach which lies behind this threat. This approach is both hostile to birth and inimical to life. Yet it is the woman herself, precisely because she is a woman, who must defend and uphold life. The Holy Father sees in her not only the dignity which belongs to each and every human person, but also a special dignity which springs from the fact that she is, in potential terms, a mother. God himself decided that the woman should bear the child within her and should protect it. And this is a very great gift because at the moment of conception within the womb the Holy Spirit acts as a giver of life: the woman becomes a vessel filled with the Spirit.

In *Mulieris Dignitatem* John Paul II refers to the " sacrum " of the female body and strives to make women aware of their full dignity, their true identity. These are values which the feminist movements have completely destroyed–they have ignored the " sacrum "

Two very fine documents, and more specifically *Redemptoris Mater* and *Mulieris Dignitatem*, well illustrate how the Pope appreciates the woman's dignity as a mother, and thus of course the dignity of the woman herself. In these publications he wants to make the whole world aware of such values, values which today's world completely degrades and denigrates. Pornography, in particular, destroys the values of femininity and against this danger, as indeed against the very greatest of present-day menaces, he gives constant fight. In *Letter to Families*, for example, the Pope (in chapter 13) sets the civilization of love against the civilization of death and consumerism. Only the civilization of love will be able to save and safeguard children.

But the Holy Father does not only speak and teach. He has also always sought to promote institutions and other structures which can help the tutelage and defense of the family: when he was bishop of Krakow, by means of a pastoral letter, he promised the whole of the Church's help to ensure that women experienced the joys of motherhood. He completely understands how the killing of an unborn child is also an act of terrible harm perpetrated on the woman. With all the means at his disposal he has striven to save her from such a tragic decision.



Maternity amounts to participating in an act of divine creation; and from such participation springs the dignity of the female body. For this reason the organs which serve life are worthy of especial respect. When speaking about the " sacrum " of the female body John Paul repeats the words of the Gospels: " Blessed was the womb that bore you and the breast that fed you." He is especially sensitive to the question of maternity and suffers for every child that is killed and for every woman who has taken this terrible decision–a decision that is destined to become a suffering without end. He suffers for every child who will not be able to see the light of the sun and the face of his mother. I once had occasion to see him while he was watching the short film " The Silent Cry "–his face bore an expression of horror.

At the present time the woman is made totally responsible for the life of the child by laws which attribute to her alone the right to decide his or her fate. Although this state of things is by no means just, it allows her to have the opportunity of deciding whether the child should or should not be saved. Circumstances can arise when the woman is not able to defend the child against everyone. In such an instance the child is totally defenseless: the fact that he is hidden in the womb of his mother is alone capable of saving him. Not everyone is able to kill him–only those who are allowed to do so, or rather medical doctors. The only defense of the child is his mother and nobody is able to take her place.

But even natural motherhood is in danger. It is threatened by artificial methods of conception and even by substitute mothers. But the very great dignity of women requires that they must not be treated like domestic animals. Each and

every form of manipulation, whether in the form of contraception or in the form of artificial conception, are always not only against the interests of the child, but also against the well-being of the mother In the same way the natural wish of a woman to have a child can never justify the employment of artificial methods of conception The treatment of female sterility through methods which treat the woman like a domestic animal is against moral truth It is an offense against her dignity, and against the dignity of the human person.

It very often happens that the woman of our times fails to recognize the values of which she is the bearer and allows herself to be treated like an object The Holy Father has always tried to defend her from herself, from the world, and from men He has taught men that the right way to treat women is to treat them with respect and tenderness–tenderness, after all, is the greatest need of the female heart

6. The Father *(Redemptoris Custos)*

In his teaching the Holy Father does not only address himself to the role of women. He also dwells upon the role of men because they, in the same way, are responsible for children Indeed, their responsibility is even greater because fatherhood does not involve the same suffering and difficulties as motherhood The Pope takes St Joseph as an example of how a man should live in harmony with truth and authenticity. This foster father not only always displayed courage in his constant readiness to defend the child Jesus but also gave unreserved obedience to God, and was ever trusting of the Almighty and of the woman he loved. The whole of St Joseph's life centered upon loving, faithful and quiet service

His example is of the essence for all men and this because in today's world a false idea of masculinity holds sway–it is argued that men are not able to dominate their sexual responses and are incapable of faithful love. For this reason John Paul II lays very great emphasis on the need for self-control. Without this virtue beautiful love cannot be attained. Self-control alone makes the mutual self-giving of two people possible and allows the presence of faithfulness and responsible fatherhood.

It should be pointed out in this regard that the abortions carried out in today's world demonstrate the extent to which men are not able to control their own sexual drives and behavior. They behave in an irresponsible way and have no intention of recognizing the responsibilities of their own actions. St. Joseph there indeed was a man with a great sense of responsibility, a man free from all forms of selfishness! It is of the utmost importance that he becomes a meaningful reference point for the man of our times The Holy Father often prays to him, and entrusts to him the destiny of the family, calling him indeed " the protector of the family."

7. The Church and the Child

From the very outset Christianity has constantly sought to defend the child Christ himself taught his disciples that the child should be treated with respect and with love. Thus it was, for example, that he welcomed a child and identified with him, declaring: " Whoever receives one such child in my name receives me " (*Matthew* 18, 5).

The Church has always been opposed to the massacre of innocents and successive Popes have condemned abortion John Paul II has, however, a wider vision of the question. He speaks about the destiny of the child within the more general context of life itself. The Pope believes that it will never be possible to save the child if his fate is separated from that of his parents. The Pope would like to save both parents and child For this reason, John Paul IIs teaching has been directed towards the whole question of human love and lays stress not only on the child's right to life but also (and above all else) on that child's right to be loved.

The whole of John Paul II's teaching centers first and foremost upon human love. He wants to save and defend such love because it is sacred. He would like each and every form of love to become that love which is truly worthy of man, and for this he uses the term " beautiful love." Beautiful love alone is able to effectively defend and promote the life of the child

The child makes the family and for this reason the family always occupies a foremost place in the Holy Father's teaching (and not only now, during the " Year of the Family ") All the Pope's publications and writings demonstrate that he considers the defense and promotion of the family the most important task of the Church. All the publications and writings of his pontificate display this concern for the defense of the family and the child. He walks along these paths and strives to uphold and maintain the sacredness of human life, of human love, and of the family. His greatest plea and endeavor is to help man to live in an ever more noble way–as he makes clear in the *Letter to Families*–and to fulfill himself along the lines expressed by God's plan To this the Holy Father has dedicated his whole life. But do today's men really understand him?

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To Know, Love, and Serve Life Through the Family

The statement " the family is the sanctuary of life " which was coined by the Holy Father in the encyclical *Centesimus Annus* (no. 39) represents the Church's thought in condensed form. It is also a statement full of significance.

1. The Sanctuary in Relation to the Sacredness of Unborn Life

Life is a sacred thing. It comes from God. He is its source. It is not just one more reality which can be subjected to a series of approaches. Life is unique and never to be repeated. It has its roots and its origins in the will of God, and the Almighty places his goodness in living beings. Life is a very high gift, a present from God which comes from his fullness and from his love. It is an eminent *good* and each and every good comes from Him.

The loss of the value of, meaning of, and respect for life is closely connected with the rejection or neglect of God. Appreciation and respect for life is diminished in relation to the extent to which God is given secondary importance or the meaning of the greatness of life is marginalized. This has been seen in the eruption and passing of various ideologies. Life is in danger first and foremost when God is not taken into account and even He, it may be observed, has been replaced by modern idols. Life becomes seen as a *thing*!

When we talk about a " sanctuary," we enter a religious dimension and encounter worship of a truth which must be proclaimed and announced to the world as Good News, as Gospel. This is what the Church does. This what the Pope does. We walk, like Moses, on sacred ground where the Lord of life is present. This is what St. Paul refers to when he speaks about men who " imprison truth in injustice " (*Rm* 1; 18-21) by engaging in impiety (asebia). Such impiety is a fundamental injustice, an attack on *truth as such*, an attack not on one truth in particular but on fundamental truth in all things. For this reason the ire of God is great, but so also is his mercy. They have " substituted the truth of God with lies." This brings out all kinds of disordered behavior. God abandons them to their immorality (akatharsia) and its creation of disorder in the very heart of human truth, the truth of family. In order to regain an ability to admire life we must first, and above all else, proclaim the truth of God.

2. The Sanctuary of Unborn Life

The family has been termed the " cradle of life " and this is a very expressive concept (cf. *Familiaris Consortio*, no. 15). But there is an evident risk that the concept will come to be used to refer to life after birth.

I was very struck during an enthusiastic and very well attended celebration of the Year of the Family in Taiwan to learn about an aspect of Chinese culture: when babies are born they are already said to be one years old! This springs from a recognition and respect for life from the very moment of conception in the mother's womb (here we find the concept of " unborn " life). From that moment, that is, when the miracle of life appears as a *blessed* fruit–as our prayer expresses it–in the mother. From the moment of the conception of the human being we speak about the *unborn child*, he who must be born and has the right to be born.

One of the most obvious symptoms of the *illness* which is spreading like a terrible moral virus is the idea that men, parliaments and institutions have rights in relation to life. This is the mistake made by the " pro-choice " movement, and this movement has been able to gain a great deal of ground because there is a convergence of forces– which has turned into a political and cultural conspiracy– against life. New life is seen as an aggression, as an affliction.

In the *field of culture* there is an attempt to impose an ascendancy over the culture of life by means of a *culture of death*. As was well shown during the Cairo Conference and during the International Year of the Family, in the *political field* there is a keenly fought war taking place between policies which propound and promote the *anti-life mentality* as a " right "and the *fundamental* rights of unborn children.

All these has been striven for through a vicious and combative struggle against the *truth*. There has been an attempt to separate freedom from the truth, value and meaning of sex within the marriage-based family. This has promoted a type of sex which is closed within itself, confined to an irresponsible and selfish pleasure which excludes sex itself from the very sanctuary of love.

It therefore comes as no surprise that there was an attempt to go to the conference armed with a bundle of ambiguities based upon so-called " sexual rights " to be accorded to children, adolescents and young people, with concomitant rights to information and to act in the obvious way. This approach involves a shift from what should be a personalized conception of love and of the language and symbolism of sexual expression within marriage to a realm of banality and vulgarity open to all forms of lack of restraint.

The Holy Father made a most valuable observation when he spoke about education as the growth of a being, as constituting one of the central tasks of the family, involving as it does a dialogue which the parents, and in particular the mother, establishes with the child whose life grows within the maternal womb. This dialogue begins before birth itself.

Within marriage there is evident room for a *culture* and a *veneration* of unborn life, as would take place within a sanctuary. Even before the conception of life, life itself must be loved, wished for, and welcomed as a gift of God. This gift must be an expression of the fertility of love and as the overflowing of the fullness of those who form, in the project of God, one single flesh.

When life is not loved it is rejected. In the most unjust and inhuman elimination of an undefended human being there is introduced into this world a frightening imbalance and an insecurity which weigh as a heavy responsibility first and foremost upon those legislators and politicians who have produced unjust laws. These measures are expressions of what St. Augustine called realms or powers to be described with the term " latrocinia "[1] They are the exponents of keenly held totalitarian positions.

The forces and the culture of death become hostile and aggressive. They destroy everything in their way when the compass of truth is lost and moral criteria become unhinged. This is the very state of affairs condemned by Romano Guardini:

" It is certainly true that in the past truth, rights, personal dignity, and the relationship with the intimate originality of the other person have not always–perhaps never –been respected in full, but they have nonetheless been recognized. There was a tendency to respect them, and the individual, if his feelings were right, could at any moment seek to give them practical expression. This state of things has changed and now constitutes the centerpiece of the increasing " unease of culture "–the feeling that a harmony has been upset. For this reason it must be recognized that one is not dealing merely with questions of private morality, but of questions which affect the real unfolding of history, real politics, the success or ruin of our civilized and cultural life " (Romano Guardini, *La fine dell'epoca moderna. Il potere*. Ed. Morcelliana, Brescia, 8th edition, p. 210).

A blind power becomes installed and it expresses itself in a false political " truth " which is accommodating and acts with the complicity of parliaments. This power is used by adults against innocent children, and these small creatures can neither protest in the streets nor bring before the courts the claims of their rights or the suffering and anxiety of the terrible massacre which is under way.

Even more serious, one might say, is the fact that this culture of death is welcomed as a common

cause and presented as a convenient solution for the problems of humanity. What a terrible historic responsibility for the international institutions and bodies which are involved in this campaign!

There is an attempt, in relation to this massacre of gigantic proportions, to invoke the right of women to dispose of their own children as they see fit. These women, who are the source of life, are turned into butchers of their own children and thereby destroy themselves. This is made possible by an artificial anesthesia of the conscience and by a concept disdainful of freedom and rights. In his " Letter to Families " the Holy Father draws attention to the contrast which is at work: an illness blinds and weakens souls and passes itself off as the exercise and conquest of the freedom of the " right to choose "(pro-choice). But this is the negation of freedom and brings out the level of degradation which has been reached (John Paul II, Letter to Families, no. 13).

However we must always bear in mind that in the great majority of cases it is women themselves who are the victims of this abominable crime. In the first instance they are the victims of a way of using themselves which reduces them to the level of instruments and which involves the systematic negation of their dignity and their rights as mothers and wives. They are also the victims of men's selfishness, as the Pope reminds us in his recent book, the victims of being abandoned and of social disoccupationo. Even at an instinctive level it is still not possible to imagine, laying considerations aside, how a mother could want to endanger the life of her own child! As the Pope writes:

" Therefore, *in firmly rejecting 'pro-choice' it is necessary to become courageously 'pro woman,' promoting a choice that is truly in favor of women*. It is precisely the woman, in fact, who pays the highest price, not only for her motherhood, but even more for its destruction, for the suppression of the life of the child who has been conceived. The only honest stance, in these cases, *is that of radical solidarity with the woman*. It is not right to leave her alone. The experiences of many counseling centers show that the woman does not want to suppress the life of the child she carries within her. If she is supported in this attitude, and if at the same time she is freed from the intimidation of those around her, then she is even capable of heroism. As I have said, numerous counseling centers are witness to this, as are, in a special way, houses for teenage mothers. It seems, therefore, that society is beginning to develop a more mature attitude in this regard, even if there are still many self-styled " benefactors " who claim to " help " women by liberating them from the prospect of motherhood." (John Paul II, *Crossing the Threshold of Hope*, pp. 206-7).

Over a year ago we organized a meeting on the post-abortion syndrome in the city of Washington. What psychic and spiritual destruction produced by this phenomenon is to be observed! The Church, from whose breast radiates the charity of God, does not in the least hesitate to come to the help of these destroyed mothers in order to re-create their peace through the path of conversion and forgiveness.

The processes of manipulation are bringing about a future when mothers will perhaps become aware of their own inhuman behavior through the use of the RU 486 program and thus the avoidance of hemorrhage. In these programs everything is bound up with the large gains which will be obtained with the connivance of international institutions.

One only feels distress and heartfelt pain at the fact that abortion has become merely a secondary surgical operation–as was maintained in Russia, where, indeed, there was concern about the whole subject and a desire to change things–and that there is no longer any chance that those who perpe-

trate this abominable crime actually feel shame.

As matters presently stand, a future full of darkness and attacks upon the poorer nations can only be avoided through the re-affirmation of moral values regarding the family within the family itself. It is certainly true that a door has been closed thanks to the tenacious and prophetic action of the Church, an action promoted by the evangelical compromise of the Holy Father during the so-called " Battle of Cairo." But we must be on the alert and be very careful because although a door may have been closed there is always the possibility that danger will come in through the window.

On the one hand, there was an attempt to uphold the role of *the family based upon marriage with its associated rights* (principle no. 9) in the field of responsible motherhood and fatherhood. In this way harmony was established with what had been approved in 1984 at the Mexico conference and we managed to avoid abortion being upheld as an instrument of family planning (a policy a large part of the Cairo document gravitated towards). On the other hand, however, there remained the ambiguous approach of leaving the window open to the health services *which can be used a priori*. This will mean that the policy has not changed and that countries whose constitutions and laws do not allow the practice of abortion will be subject to pressures which will be by no means negligible.

The *culture of life* is expressed and learnt within the family. Parents must be the first defenders of their own children, and they must do this with generosity and love. They must safeguard each and every life. They must love it, and above all they must love the life of those who are must in need of such love because of the fact that they do not enjoy a *quality of life* in line with contemporary definitions. Nobody has the right to pronounce a death sentence on a sick or deformed child! How beautiful and exemplary are those cases (and we know a great many) where responsibility is shouldered with true and authentic love. How that home grows, how much its virtues and values are tested and found fulsome! This is because, as one can read in the Imitation of Christ, " there is no small and humble creature which does not represent the goodness of God." Each human being, each human person, is and must grow as a human being and as a human person–as the likeness of God!

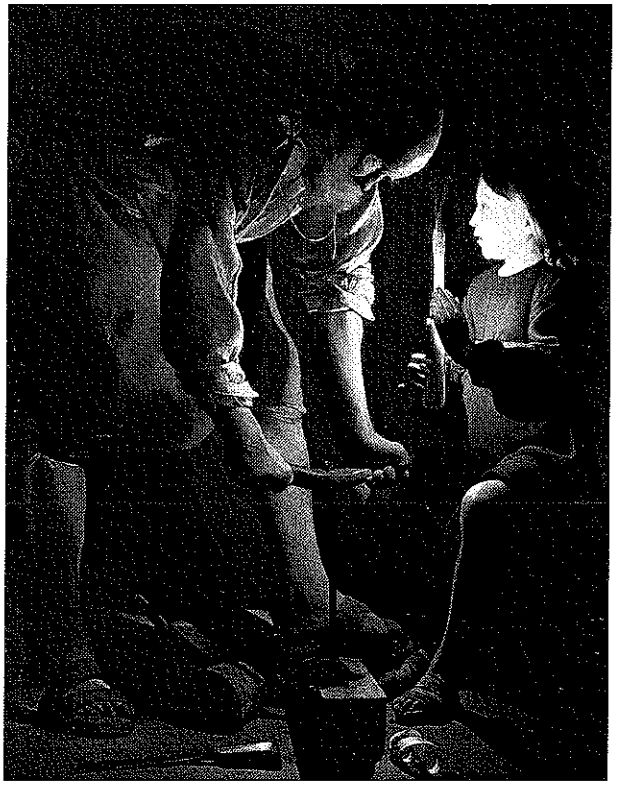
It is within the family that the human being reveals himself as a *subject*, as an I, as an object of love, as an active center of communication and relationships. It is within the family that *the moral conscience* is formed and grows, and where the exercise of freedom directed towards good in relation to truth is learnt. " *The first and fundamental structure in favor of " human ecology "* is the family, and within the family man receives the first and determining ideas about truth and good. He learns what to love means and he learns what to be loved means. He thus comes to understand, in practical terms, what it is to be a person " (Encyclical letter *Centesimus Annus*, no. 39).

With regard to the whole area of respect for life, certain principles concerning the family should be remembered and borne in mind:

a) Each human being has the right to be conceived and to be born with true love within a family founded on marriage.

b) Even if conceived outside family ties, in bad situations and even in a context of violence and injustice, life must be welcomed and respected. There is the right to a full and harmonious growth, if possible in an environment which is similar to a home, or better still, by means of adoption by a stable family loyal to correct moral principles.

c) Responsible motherhood and fatherhood must be respected.



They must be well interpreted and there must be no false conclusions to the effect that poor families, poor societies or poor peoples do not have (and must have taken away from them) the right to procreate, the right to life and the right to hope. All this must be seen in the light of the teaching of Paul VI expressed in a speech of his to the FAO:

" It is inadmissible that those who have control of the goods and the resources of humanity should attempt to solve the problem of hunger by stopping the poor from being born, or by allowing the children of parents who are not part of theoretical programs to die of hunger. These plans, it may be observed, are based upon mere hypotheses about the future of mankind. It has also happened, in a past which I hope will never return, that certain nations have waged war in order to gain control of the wealth of their neighbors. But are we not faced with a new kind of war when there is an attempt to impose a restrictive population policy on certain nations so that they do not claim their just part of the goods of the earth? " (Paul VI, Speech to the Participants at the World Conference on Food, 9 November 1974, 6; *AAS* 66 (1974), p. 649).

3. Respect for the Sick and the Elderly

We must *respect every human life*. The application and the defense of these rights is developed first and foremost within the family.

Nowadays there is an ever greater tendency to treat the *sick* and the *elderly* as a heavy and intolerable burden to be got rid of. When this " logic " or inhuman argument is adopted the results are very fast to emerge. The risk of death by means of euthanasia becomes a threatening specter. The consequence of an erroneous idea of what is " the quality of life " leads, once life has been declared to be absent, to an easy going elimination of life or to the adoption of suicide. To this end the formula of the right to die with dignity is invoked.

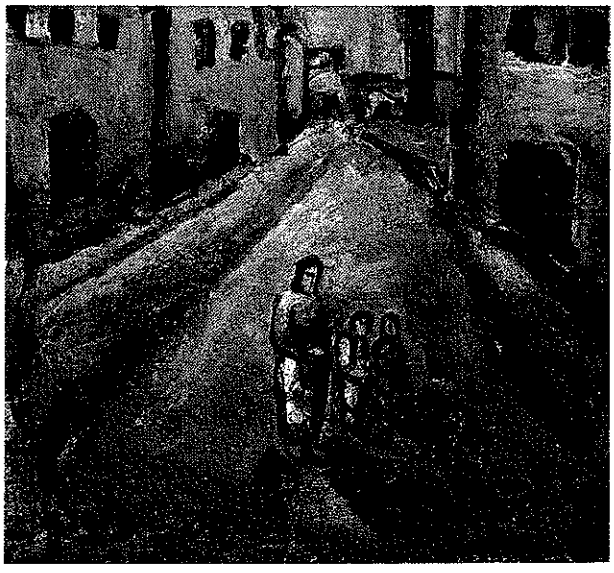
It is above all in the family environment that one learns the meaning of living and dying with dignity. It is certainly true that moral doctrine does not require a policy of exaggerated treatment and the concomitant use of elaborate methods and techniques. But it is quite another matter to avoid difficult treatments which require sacrifice and commitment or to avoid pain and suffering at any cost. Love itself illuminates the field of rights. A mother, for example, who bears authentic love does not in selfish fashion fail to provide for the medical care that her children require, especially if they are very much in need of such care.

Love for other people must not wane, and first and foremost love for those who are our " neighbors " in the highest sense–our family relations. In the same way love for ourselves must not disappear. This waning of love is frequently brought about in the name of a false compassion.

Some days ago I watched a television program in the United States of America about a very disturbing sentence of euthanasia in the state of Oregon. It constituted the defense, the apologia, and the promotion of an unprecedented decision. One is not moving towards a clear conscience but towards an obsession. In this program feelings were manipulated and there was an attempt to describe and explain the exhausting effects and the physical suffering involved in a terminal illness. If the obstacles to euthanasia are removed, a chain reaction will set in. Elderly people undergoing a progressive weakening of their faculties and strengths will have fears which previously did not exist.

It is therefore through and within the family that these rights must be proclaimed and defended. This is something done by the " Charter of Family Rights ": " Elderly people have the right to find within their own families, or if that is not possible in suitable institutions, an environment which enables them to live out their old age in serenity, engaging in that activity which is compatible with their age and which enables them to take part in social life "(clause 9, c).

We must fight to ensure that these rights are upheld by legislation and come to guide ethics committees, which so often (unfortunately) act in the image and likeness of those who nominate them.



Cardinal ALFONSO
LÓPEZ TRUJILLO
President of the Pontifical Council for the Family

[1] " Remota igitur iustitia, quid sunt regna, nisi magna latrocinia "?

MASAO ABE

Dignity and Respect for Human Life in the Buddhist Religion

I have been asked to discuss " Dignity and Respect for Human Life in the Buddhist Religion." To begin with, the Buddhist view of " dignity and respect for human life " is significantly different from that of Christianity. In Christianity, if I am not wrong, human life is regarded as something holy because it is believed to be a gift of God. In Genesis it is stated:

" The Lord God formed man of dust from the ground, and breathed into his nostrils the breath of life, and man became a living being."[1]

Further, Christians participate in the Life of Christ, as Paul confesses as follows:

" Jesus died for all that those who live might live no longer for themselves, but for him who for their sake died and was raised."[2]

In Buddhism, life is not God's creation or a gift of God, but a composition of the five *skandhas* (aggregates), because in the Buddhist world there is not one absolute God who is the creator, the ruler of the world, and the redeemer. The Buddha, the founder of Buddhism, emphasizes not creation, but the law of *pratitya-samutpada*, that is, dependent coorigination. This law of dependent coorigination indicates that everything in the universe without exception is interdependent, co-arising, and co-ceasing: there is nothing independent, or self-existing. Even the divine does not exist by itself apart from the human. Just as without the divine there is no human, without the human there is no divine. The ultimate reality in Buddhism is not the divine who exists by himself, but interdependence or interrelatedness of everything in the universe. One can see that from the beginning Buddhism is demythologized.

According to the Buddha, all individuals are composed of five aggregates or *skandhas*. Literally, *skandha* means " heap " or " bundle," so each individual represents only a mass of these physical or material bundles or energies. According to early Buddhism, there are two basic kinds of *skandhas*, the physical (*rupa*) and the mental (*nama*). *Nama* is further subdivided into four groups to yield a total of five *skandhas*, attachment to which is described by Buddha to be suffering.[3]

This basic standpoint of Buddhism entails the following three issues, which are grasped entirely differently in Christianity and Buddhism.

1. The problem of anthropocentrism

In Christianity God created everything in the universe. According to Genesis:

" God created man in his own image...to have dominion over the fish of the sea, and over the birds of the air and over every living thing that moves upon the earth."[4]

As far as the creatures of the earth are concerned, Christianity is anthropocentric, and human dignity is recognized on the basis of this anthropocentrism. In marked contrast, in Buddhism a human being is neither grasped from the standpoint of God the creator or from the human point of view, but on a broader transanthropocentric, cosmological basis. More concretely, in Buddhism human beings are grasped as part of all sentient beings or even as a part of all beings, sentient and nonsentient, because both human and nonhuman beings are equally subject to transiency and impermanence. (That nothing is permanent is a basic Buddhist principle.) If this universal impermanence common to both human and nonhuman beings is not done away with, the problem of life and death *peculiar to* human existence cannot be properly resolved.

This indicates that there is no dignity peculiar to human beings. To speak of dignity we may say that all living beings, even all nonliving beins, have dignity. This is because in Buddhism, especially Mahayana Buddhism, sentient and nonsentient beings are realized as they are, in their true nature. The pine tree is really the pine tree, just as it is. The oak tree is really the oak tree, just as it is. The fish of the sea are really the fish of the sea in their suchness; the birds of the air are really the birds of the air in their suchness. You are really you, just as you are in your original nature. I am really I, just as I am in my original nature. Everything and everyone, although different, is equal not in terms of God's creation, but in terms of suchness, in as-it-is-ness. This suchness or as-it-is-ness is nothing but the original nature of each and every thing/each and every one, which in Buddhism is called " Buddha-nature." This is why a Buddhist scripture says: " Herb, tree, and land all attain Buddha-nature

without exception " The ground or source of the dignity of everything and everyone is nothing but this original nature, that is, Buddha-nature.

2. The basis of human salvation

That in Buddhism living beings, as well as nonliving beings, human beings as well as nonhuman beings, are equally realized, just as they are in their suchness, however, does not indicate that Buddhism disregards the special significance of human beings in the universe. On the contrary, Buddhism clearly esteems the special distinctiveness of human beings in the universe as seen in the following verse, which is usually recited by Buddhists as a preamble to the gatha, " The Threefold Refuge ":

Hard it is to be born into human life:
We now live it.
Difficult is to hear the teaching of the Buddha:
We now hear it.
If we do not deliver ourselves in this present life,
No hope is there ever to cross the sea of birth and death
Let us all together, with the truest heart,
Take refuge in the three treasures!

On this verse, I have made the following comments elsewhere:

" The first and second lines express the joy of being born in human form during the infinite series of varied transmigrations. The third and fourth lines reveal gratitude for being blessed with the opportunity of meeting with the teaching of the Buddha–something which very rarely happens, even among humans. Finally, the fifth and sixth lines confess to a realization that so long as one exists as a human one can awaken to one's own Buddha-nature by practicing the teachings of the Buddha; otherwise one may transmigrate on through *samsara* endlessly Herein it can be seen that Buddhism takes human existence in its positive and unique aspect most seriously into consideration.[5]

As a religion, Buddhism naturally is primarily concerned with human salvation. In this sense, Buddhism is not different from Semitic religions We may say that both Buddhism and Semitic religions are anthropocentric in that they are equally concerned with human salvation. The difference between them lies in the fact that while the *basis* for humans salvation in Semitic religions is the personalistic relationship between the human and God, the *basis* for human salvation in Buddhism is the transpersonal, cosmological dimension common to human and nature, that is, the suchness or as-it-isness of everything in the universe. In Buddhism the human problem is grasped not only from the human point of view within the human realm but also from the much wider transhuman, cosmological point of view far beyond the human dimension. Yet it is only human beings who, alone in the universe, have consciousness and can thus transcend their own realm and reach that universal, cosmological dimension.

3. Consciousness, no-self and compassion

Conosciousnss (*vijñana*) is the subject of the human individual.

But *vijñana* (consciousness) is not the self (*atman*) which exists as an unchangeable, enduring, substantial self, but is an ever-changing, dynamic, nonsubstantial activity as a part of the *skandhas* (aggregates). Unlike the self (*atman*), which is self-centered and closed to other selves, *vijñana* is not self-centered, but rather self-negating and self-denying, and is open to other selves.

In his book, *What the Buddha Taught*, Walpola Rahula says:

" Buddhism stands unique in the history of human thought in denying the existence of Soul, Self, or Atman.

According to the teaching of the Buddha, the idea of the self is an imaginary, false belief which has no corresponding reality, and it produces harmful thoughts of " me " and " mine," selfish desire, craving, attachment, hatred, ill-will, conceit, pride, egoism and other defilements, impurities and problems. It is the source of all the troubles in the world, from personal conflicts to wars between nations. In short, to this false view can be traced all the evil in the world.[6]

Throughout his life, the Buddha taught the means to remove and destroy such a false view and thereby enlighten human beings

The notion of no-self is essentially connected with the doctrine of dependent coorigination. The Buddhist notion of no-self does not signify the mere lack or absence of self as an annihilationist may suggest, but rather constitutes a standpoint which is beyond both the eternalist view of self and the nihilistic view of no-self The notions of no-self and dependent coorigination entail the notion of compassion for everything in the universe. Such compassion is the Buddhist equivalent to the Christian notion of love

Compassion is the primary force behind the notion of the Bodhisattva, the " Buddha-to-be," and it is this compassion which leads Buddhists to make vows to save all sentient beings before entering the blissful state of Nirvana. The Bodhisattva deliberately remains within the cycle of transmigration in order to help other beings attain the same enlightenment.[7]

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[1] *Genesis* 2:7.
[2] *2 Corinthians* 5:15.
[3] CHARLES S. PREBISH, ed., *Buddhism. A Modern Perspective* (University Park and London: Pennsylvania State University, 1975), p. 32.
[4] *Genesis* 1, 28-29.
[5] MASAO ABE, " Man and Nature in Christianity and Buddhism," in FREDERICK FRANCK, ed , *The Buddha Eye An Anthology of the Kyoto School* (New York; Crossroad, 1982), p 152
[6] WALPOLA RAHULA, *What the Buddha Taught* (New York: Grove Press, 1959), p 51
[7] See CHARLES S. PREBISH, ed., *Buddhism. A Modern Perspective*, pp. 73-135.

BONIFACIO HONINGS

To Procreate Is to Love Life with the Creative Love of God

From the Book of Wisdom we learn that God measures, counts and weighs everything and is compassionate towards everyone: this is because He loves all his beings and bears no ill-will to what he has created. Indeed, if He hated something he would have not brought it into being. And there again, how could something last any length of time if this was not God's will? How could something keep itself in being if is was not called to do so by God? Indeed, God saves everything because everything is His and He loves everything.[1] It is evident that whoever reflects upon life realizes that in the plan of God life itself is a value which God has wanted to involve in the tender and respectful love of the Creator. This concerned and provident love of God is directed towards every living creature, but it is first and foremost directed towards human life.

The Fathers of Vatican II believed that in this divine love for every human being was to be found, indeed, the highest reason for the dignity of man. They write that man exists only because he has been created by the love of God and that he is always kept in being by Him for love.[2] This is why man, created by God and for God, finds written within his heart a longing for God, and it is for this reason that God never ceases to draw man towards Himself. It is therefore right to affirm that man will only find in God that happiness and that truth which he always, whether he is aware of the fact or not, strives to obtain.[3]

It is within this context of man's wish and search for a " vital and intimate link with God "[4] that I would like to offer my contribution to the subject " to procreate is to love life "–something which may be seen as involving the divine creation and the human generation of a new human life. I have organized this paper in three parts (1): conjugal sexuality–divine gift and image of the Trinitarian life (2); the human task of the " personalization " of sexuality (3); to procreate is to participate in the creative love of God. I would like to make clear that this conjugal procreative love involves the participation of God the Creator in the conception, birth, and upbringing of a new human being, " male or female," in the image and likeness of God, and in the image and likeness of the parents.

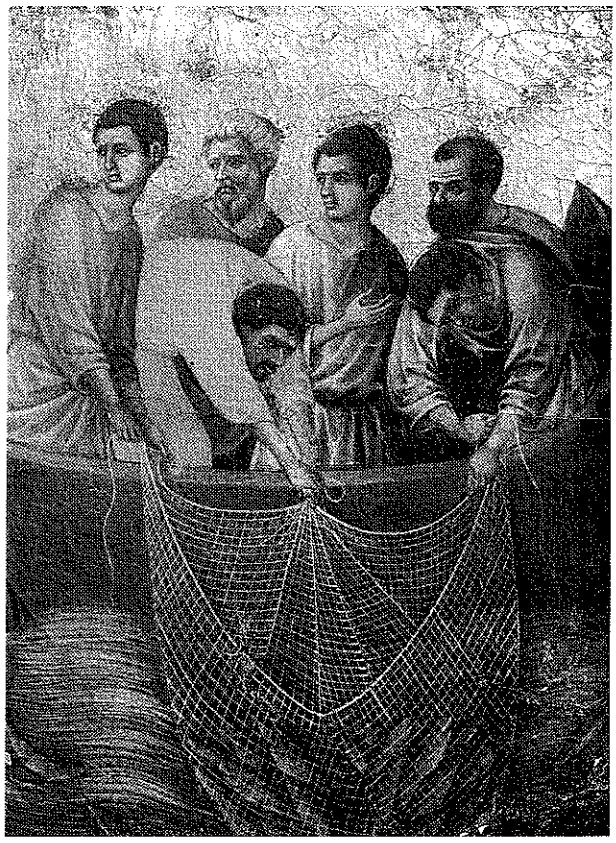
1. Conjugal Sexuality: Divine Gift and Image of Trinitarian Life

In relation to His Divine Being, three persons in one, God reveals that He is love–that is to say that He, in Himself, lives out a mystery of personal communion of love. Even if the three divine Persons are a single God, they are nonetheless, as persons, actually separate. For this reason they do not live an individual life, and " Father," " Son " and " Holy Spirit " are not mere names which express aspects of the divine Being. In reality they are truly separate from each other: " the Son is not the Father, the Father is not the Son, and the Holy Spirit is neither the Father nor the Son." They are separate from each other because of their relational origins: " It is the Father who gives life, the Son who is given life, and the Holy Spirit who is brought forth."[5]

In other words, the Divine Oneness is threefold, and this means that even if the real separateness of the Persons does not disrupt their oneness, this very separateness reveals the mystery of the divine communion of life and love. The divine Persons live their relationship of a life of love because the Father involves the Son, the Son involves the Father, and the Holy Spirit involves both. This tri-relational–or, rather, interpersonal–life of love between the Father and the Son, and between the Holy Spirit and the Father and the Son, means (precisely because of this oneness) that the Father is everything in the Son and everything in the Holy Spirit; that the Son is everything in the Father and everything in the Holy Spirit; and finally that the Holy Spirit is everything in the Father and everything in the Son.[6]

At this point it is very important to stress that the whole of the divine economy–and thus also that of the creation of man, both male and female–is the shared work of the Father, the Son and the Holy Spirit. The Council of Florence (1442) decreed that the Catholic Church believes, professes, and preaches with the utmost force that " the Father, the Son and the Holy Spirit are not three prime causes of the creation but one sole prime cause."[7]

However, it should also be observed that each of these Persons carries out the shared action according to his special character, and thus it is that we can say that all things come from the Father, that all things are through the Son,



and that all things are in the Holy Spirit.[8]

The relationship of all created things with the Father, the Son and the Holy Spirit finds a surprising confirmation in the creation of man. God said: " Let us make man in our image, after our likeness.... So God created man in his own image, in the image of God he created them; male and female he created them."[9] The idea that man is created in the image of God means first and foremost that man has the dignity of the person, or rather that he is someone who has the ability to know himself, possess himself, to give of himself freely, and to enter into communion with other people.[10]

The fact that God created man male and female means that the sexualization of the person is deliberately decided upon by God. " Being man " and " being woman " is a good reality and a reality wanted by God so that " man and woman have an insuppressible dignity which comes to them directly from God, their Creator "[11]–in a perfect equality and identical dignity, on the one hand, because they are human persons, and, on the other, in their " being-man " and " being-woman," man and woman reflect the wisdom and the goodness of the Creator: Father, Son, and Holy Spirit. Even if God is neither man nor woman, because he is pure spirit–a condition in which there is no space for differences of sex–nonetheless the perfections of man and woman to a certain extent reflect something of the infinite perfection of God, and, in precise terms, the perfections of a mother[12] or of a father or of a marriage partner.[13]

However, to understand more specifically and more deeply why God wanted the human created being to have two sexes we must add what Genesis says on the subject: " God blessed them, and God said to them, 'Be fruitful and multiply'."[14]

In reply to the question about what this means John Paul II replies: " Masculinity and femininity are not the whim of the good God, nor are they even the beautifying of the creation. They are a precise ordering decided upon by him so that 'life' can continue in the world. This takes place with the coopera-

tion of those who cannot by themselves give life because they do not possess it in independent fashion but who are helped in this most high function by the 'blessing' of God."[15] This explains why Pope Montini understood marriage as a wise and providential institution of God created by the Almighty to fulfill his plan of love within humanity.[16] Now it is exactly in this plan of love of the Creator that the sexualization of the human person resembles Trinitarian life Indeed, by creating man and woman together, God wanted them to exist for each other. In different expressions of his Word God makes this understood: " It is not good that the man should be alone; I will make him a helper fit for him."[17] Not one of the animals can perform this function for man.[18] But this is understood, above all, by the cry of admiration, the exclamation of love and of communion, that man gives when faced with the woman who God has formed for him with the rib taken from man himself Indeed, when God leads her to man he cries and exclaims: " This at last is bone of my bones and flesh of my flesh."[19]

When he discovers that the woman is another " I " of the same human nature, man understands that he and her are made by God, and made for each other Equal because they are both persons, or rather from my bones, and complementary because they are male and female, they are entrusted with the ability to form a communion of persons in which both can be a " helper " to the other.[20] Pope Woytila is quick to point out that the human being in his original condition–alone, but at the same time male and female–is the likeness and image of God His Holiness writes: " In his solitude 'he reveals himself' a person in himself so as to 'reveal' in time the communion of persons in the oneness of two. In both of these states the human being is the image and likeness of God."[21]

However, this reciprocal relationality of communion and complementariness in the oneness of two, which constitutes an image of Trinitarian life, commits man and woman to a constant attempt to personalize their own masculinity and femininity.

2. The Personalization of Conjugal Sexuality

By now it is an ascertained scientific fact that sexuality is a constitutive component of the personality in the sense that it characterizes an individual's way of being, his way of expressing himself in concrete terms, his way of communicating with other people, his way of feeling, and his way of living out human love. Sexuality is truly an integral part of the development of the personality and it thus powerfully conditions the educational process.[22]

In this way sexuality become a vital and determining factor of the existence of a person at a biological and a physiological level, at a spiritual and psychological level, and at a human and moral level This intimate connection between sexuality and the person in his whole way of being and existing clearly calls for a commitment to the personalization of sexuality itself. This is first and foremost, and above all else, true when we bear in mind that sexuality is intimately bound up with love. When God created mankind in his image he " wrote vocation into the humanity of man and of woman, and thus also inscribed the capacity and responsibility for love and communion. For this reason love is the fundamental and inborn vocation of each and every human being "[23]

Here one sees not only that sexuality touches upon the intimate nucleus of the human person as such but also, and to an even greater extent, one grasps that sexuality becomes fulfilled in a truly personalized fashion only if it is an integral part of love. For this reason both marriage and virginity are in their own ways a practical expression of the deepest truth of man, of his " being in the image of God "[24]

In a word: the human person was made a sexed person by God because in this way he could make of his entire being and doing a gift of personal and interpersonal love. It is therefore clear that the divine gift of the sexualization of the person calls for the human task of personalizing sexuality.

The Catechism of the Catholic Church observes that " sexuality, in which man's belonging to the bodily and biological world is expressed, becomes personal and truly human, when it is integrated into the relationship of one person to another, in the complete and lifelong mutual gift of a man and a woman."[25] The personalization of sexuality thus involves, first and foremost, the integrity of the person–that is, the positive integration of the sexuality of the person which gives rise to the expression of the inner unity of the man and the woman in their own spiritual and bodily being.[26] Because of this personalizing integration of the biological sexuality of the body, the body itself takes part in the dignity of the " image of God." It is more than ever a human body and forms with the spirit a single nature–human nature.

Integration, which is the first task of the personalization of sexuality, ensures the unity of persons in all their behavior because it enables them to acquire dominion over themselves and to obtain freedom in responsibility. The Fathers of Vatican II set out in magisterial fashion what we must understand by the notion of an integrated person–one who acts " according to free and conscious choices, moved and motivated, that is, by personal convictions, and not by blind impulse or by mere external coercion."[27]

The integrated man and the integrated woman do not tolerate duplicity in life or duplicity in language, and they do not allow themselves to become slaves of ungoverned passions. These persons have liberated themselves from every form of slavery caused by disordered passions in order to strive for good through the responsible choice of means appropriate to that good It should be stressed, for reasons of clarity, that such dominion over oneself is an undertaking which takes a long time and which as a result involves rules of growth. The personalizing integration of sexuality is not acquired once and for all. It requires a constant commitment which " travels along stages marked by imperfection and frequently by sin "[28]

In his exhortation to the family of modern times the Pope declares, " Man is called to live the wise and loving plan of God with responsibility and is thus a historic being who builds himself day by day, with his numerous free choices. For this reason man knows, loves and performs moral good in stages of growth."[29]

It should also be observed that this constant attempt–constant because it begins anew at every stage of life–to integrate the divine gift of the sexuality of the person is not a task which stands on its own. It has the purpose of achieving the wholeness of the giving of oneself. Sexually integrated persons are through this stage capable of the integral giving of themselves–that is, capable of true love both towards God and towards their neighbor. This man and this woman have achieved a level of maturity which allows them to bear authentic witness to the tenderness, the faithfulness, and the fruitfulness of the love of the God-Creator, both in their personal lives and in their life as a couple.

The personalization of sexuality achieves the requirements of an integral anthropology in the integration of the person and the wholeness of self-giving. It corresponds to the constitutive structure of the man and the woman because they are both a single totality of body and spirit. For this reason, when sexuality involves the body, it involves it as a body of the persons themselves, and thus it does not become a biophysiological object to be used but a psychospiritual subject to be given. The fundamental reason why God decided to give the gift of sexualization to the person–or, rather, the gift of the sexual being of man–is to be found in the reciprocal and integral giving of oneself in love, and more precisely for the love of conjugal friendship. In an address of February 12, 1966 Pope Montini had this to say on the subject: " God has wanted to make the marriage partners participants in his love: that personal love which He has for each of the partners and which leads him to call them to help each other and to give themselves to each other in order to achieve the fullness of their personal life; and that love which he

brings to humanity and all its children, a love which leads him to wish for the multiplication of the children of men so that they can take part in his life and his happiness."[30] These words demonstrate with great clarity how conjugal sexuality–that is, marriage and the family–have an essential and transcendent relationship to God. " Born of the creative and paternal love of God, marriage finds in human love, which corresponds to the plan and will of God, the fundamental law of its moral value."[31]

3. To Procreate Is to Participate in the Creative Love of God for Life

From what has been said so far it is clear that God has given the gift of sexuality to man and to woman in order to complete each other through a reciprocal giving which is not only physical but also, and above all else, spiritual. This unitive interpersonal fertility is–and the point is of great relevance here–inseparably connected with procreative fertility. Man has made man and woman participants in " his highest prerogatives: in his love for men and in his creative faculty of life."[32] Genesis is very clear on this point: " God created man in his own image, in the image of God he created them; male and female he created them." " And God blessed them, and God said to them: 'Be fruitful and multiply' "[33] " Therefore a man leaves his father and his mother and cleaves to his wife, and they become one flesh."[34]

What strikes one in this formal mandate addressed to man and to woman to transmit life to a new human being, is the repetition of the Subject–He who commands: God " God blessed them "; " God said to them " It is therefore truly God himself who wants the marriage partners to know that they are cooperators in his creative love, and even that they are his responsible interpreters.[35] I would like to emphasize that this is a great responsibility of the conscience, in the sense that the carrying out of the mandate requires a mature and aware decision It is indeed to the responsibility of the marriage partners that God has entrusted the task of procreation and for this reason nobody can take their place. God calls upon them to emulate his creative love in relation to new human life, and–I repeat–to do this in a responsible fashion. Procreation involves a responsible love but a love which is at the same time generous. Here we should bear in mind the deepest reality of love–that is, the belief that conjugal love is at its essence mutual giving of each of the partners so that the couple, the man and the woman, become one flesh. " In this way the marriage partners give themselves to each other and in doing give the reality of the child, a reality which is beyond themselves. The child is a living reflection of their love and a permanent sign of the conjugal unity and alive and indissoluble synthesis of their being father and mother."[36]

This conjugal act of unitive and procreative love thus becomes the highest expression of the participation of the marriage partners in the creative love of God. With Him (God in three persons) who calls this new human being into existence and keeps him in existence, the woman-mother and man-father give present-day expression, in *hic et nunc*, to what happened at the beginning, " at the primary cause "–that is, when God said, " Let us make man in our image, after our likeness . . . God created man in his own image; male and female he made them. And God blessed them, and God said to them, 'Be fruitful and multiply' "[37]

A real and authentic couple–or, rather, this woman-wife and this man-husband–has in responsible fashion heard and implemented the divine injunction of those far-off days–" be fruitful and multiply "–in the *hic et nunc* of their conjugal life of communion in life and love so as to extend this communion and become a community of life and love of more than one person. In his Letter to Families John Paul II refers to this when he declares that the family " is the smallest and primordial human community, and it comes from the personal contribution of the man and the woman. The family, indeed, is a community of persons whose own way of being and living together is communion: *communio personarum*."[38] This is how and why the divine " We " is the eternal model for the human " we." The family, a community of persons, arises, therefore, " when the pact of love and of life is implemented and becomes fully and specifically complete with the generation of children: the " communion " of the marriage partners initiates the family " community "[39]

And it is, indeed, in this–what we may call passage from communion of persons to community of persons, from conjugal pact to family pact–that the woman and the man, created in the image and likeness of the " divine We," become cooperators in the love of God the Creator. In this way the marriage partners " historicize " the divine blessing and the task of procreation in their transmission of life, or rather in transmitting the divine image of male or female and their own paternal and maternal images and likenesses. Thus the marriage partners respond to the divine call to participate, in a special way, " in his love and with his power as Creator and Father, through their free and responsible cooperation in the transmission of the gift of human life."[40]

To conclude, I would like to observe how the love of the " human we," or rather of the marriage partners, cooperates through the transmission of a new human life in the creative love of the divine " We." It is an article of Catholic faith that " every spiritual soul is created immediately by God–it is not 'produced' by the parents–and also that it is immortal; it does not perish when it separates from the body at death, and it will be reunited with the body at the final Resurrection."[41] On the other hand, God has wanted each and every human person to be a spiritual and bodily whole. We find this expressed in symbolic language in the biblical words " Then the Lord God formed man of dust from the ground, and breathed into his nostrils the breath of life; and man became a living being."[42]

Now, if the love of the " divine We " directly creates each spiritual soul–or, rather, makes each new human being a living being–then what form does the cooperation of the love of the " human we " of the

marriage partners take? I answer this question in full harmony with the Magisterium of Vatican II and of Paul VI and John Paul II: the marriage partners cooperate when, by means of their mutual personal giving of themselves (which is something peculiar to them and which only they can do) they engage in the communion of their persons, a process by which they bring each other to a condition of fulfillment. Indeed, " because of its intimate structure the conjugal act unites the marriage partners with a very deep bond and makes them participants in the generation of new life."[43] The Fathers of Vatican II make clear on this point that " when conjugal love takes form with the responsible transmission of life, the moral character of behavior ...is determined by *objective criteria which have their basis in the very nature of the human person and his actions* and are destined to keep the integral meaning of the mutual giving of self and procreation in a context of true love."[44] From this clear doctrinal position on the impossibility of separating the unitive meaning of the conjugal act from its procreative meaning, we can give a better answer to the question How should we approach the idea that procreation means loving life with the creative love of God? In negative terms, by not separating the unitive meaning from the procreative meaning. In positive terms, by offering God the possibility of fusing the gametes–or, rather, the formation of the zygote. In these ways do the marriage partners cooperate because they offer God " the body " by which He can directly create the spiritual soul. In biblical terms this means that the marriage partners offer the human body of the new human being to God, to the creative love of God, so that He can breathe life into it, in place of " the dust " which existed " in the beginning."

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[1] Cf. *Ws* 11:20-26.
[2] Cf. Pastoral Constitution on the Church in the Contemporary World *Gaudium et Spes*, 19 (hereafter *GS*).
[3] Cf. *Catechism of the Catholic Church* (hereafter *CCC*), 27.
[4] *CCC*, 29.
[5] *CCC*, 254.
[6] Cf. *CCC*, 255.
[7] *Council of Florence. Denzinger Schoenmetzer* (hereafter *DS*), 1331
[8] Cf. *CCC*, 258.
[9] *Gn* 1:26-27
[10] Cf. *CCC*, 357.
[11] *CCC*, 369.
[12] Cf. *Is* 49, 14-15; 66, 13; *Ps* 131, 2-3.
[13] Cf. *Hos* 11:1-4; *Jr* 3:4-19
[14] *Gn* 1:28.
[15] Cf. JOHN PAUL II, *Catechesis on Sexuality* (December 15, 1982), in GINO CONCETTI (ed.) *Catechesi sulla sessualità* (Edizioni Logos, 1984), pp. 211-214; cf. *ibid.*, the comment of S CIPRIANI, p. 11
[16] Cf. PAUL VI, *Encyclical Humanae Vitae* (hereafter *HV*), 8.
[17] *Gn* 2:18.
[18] Cf. *Gn* 2:19-20.
[19] *Gn* 2:23.
[20] Cf. *CCC*, 372.
[21] JOHN PAUL II, *The Words of Christ on Marriage and the Integral Truth of Man*, in G. CONCETTI (ed.), " Catechesis sulla sessualità," pp. 77-78
[22] Congregation for Catholic Education, " Orientamenti educativi sull'amore umano. Lineamenti di educazione sessuale," in G CONCETTI (ed.) (Edizioni Logos), p. 122, 4.
[23] JOHN PAUL II, Apostolic Exhortation *Familiaris Consortio* (hereafter *FC*), no. 11.
[24] *Ibid.*
[25] *CCC*, 2337
[26] *Ibid.*
[27] Pastoral Constitution on the Catholic Church, *Gaudium et Spes*.
[28] *CCC*, 2343; cf. *CCC*, 2342
[29] JOHN PAUL II, *FC*, 34.
[30] PAUL VI, *Address to the National Congress of the Italian Center for Women*, in " Insegnamenti," IV (1966), p. 81.
[31] *Ibid.*, pp. 81-2.
[32] PAUL VI, *Address to the National Congress* .., p. 81.
[33] *Gn* 1:27-28.
[34] *Gn* 2:24.
[35] Cf. *GS*, 50
[36] JOHN PAUL II, *FC*, 14
[37] *Gn* 1:26-8.
[38] JOHN PAUL II, *Lettera alle famiglie*, documenti Santa Sede, 23 EDB, Bologna 1994, p. 9, no. 7.
[39] *Ibid.*, p. 10, no. 7.
[40] JOHN PAUL II, *FC*, 28.
[41] *CCC*, 366.
[42] *Gn* 2:7.
[43] PAUL VI, *HV*, 12; cf. JOHN PAUL II, *FC*, 32.
[44] *GS*, 51.

SALVATORE PIGNATELLI

Natural Family Planning

I. Introduction

I have been asked to give this august assembly a testimony of what is happening in the countries of the third world, and more precisely of the situation in Burkina Faso. In response to this call I have decided to inform you about our experiences in relation to natural family planning at the health center that I direct.[1]

I am aware that at first sight a subject such as this could seem to be divorced from the concerns of this international conference, dedicated as it is to the topic: " to know, love and serve life " But in line with the ideas expressed by Cardinal Jean Margeot, the Bishop of Port Louis on the island of Mauritius, I am convinced that the threats to human life do not come only from such different areas as infant mortality, scientific research which does not respect itself, war and so forth–they also come from factors which are closely connected to procreation.[2]

What are these threats? They are abortion, sterilization, and contraception They spring from the fact that over the last twenty-five years there have been dramatic changes in the mentalities of the various peoples of the world in relation to human life. Indeed, many countries have changed or are changing their legislation in order to allow contraception, sterilization and abortion, and they do this with reference to the population explosion and the dangers of back-street abortions, and in a promotion of the interruption of pregnancy There has been ever growing pressure on the part of international organizations to force the poor countries to adopt drastic methods by which to control the population explosion For these organizations this demographic reality constitutes a serious impediment to the economic development of these poor countries.[3]

Thus it is that we observe the invasion of our countries by contraceptive methods of various kinds, attempts to legalize abortion and sterilization, and by the use of such coercive techniques and strategies as linking the granting of funds to the formulation and implementation of an effective policy of population control

Even though the population explosion is indeed a serious problem, we join in deep agreement with the Magisterium of the Church in declaring that the choice in favor of family planning or rather responsible parenthood–must be done in full conscience, with awareness of the practical details, in freedom within the nuclear family and with respect for the teachings of the Magisterium.[4]

Burkina Faso, the location of the experience of our family planning experiment, has not legalized abortion or sterilization. But it has agreed to spread all methods of birth control, including natural birth control, and this thanks to the positive experience of our medical center.

II. The Experience of the St. Camillus Medical Center in the City of Ouagadougou

1 *The Context*

Burkina Faso is a country of the Sahel whose neighbors are the Niger, Mali, the Ivory Coast, Ghana, Togo, and Benin. It has a population of 9,500,000 inhabitants (1991), a surface of 274,122 kilometers, a gross birth rate of 4.7% (1991), a death rate of 1 8% (1991) and an annual population increase of 2.6%, with a population forecast for the year 2,000 of twelve million inhabitants.

In 1986 the government adopted a birth control policy which drew upon international aid and had as its objectives:

– the blocking of the exponential curve of population growth;

– an increase in awareness on the part of the population of family well-being and responsible procreation;

– the promotion of services of birth control so that each couple could space out the births of their children in a way which would work to the advantage of the mother and the child.[5]

The St. Camillus Medical Center of Ougadougou is a private Catholic organization which was created and is run by the Camillians (Ministers to the Infirm) The state recognizes this center and has integrated it into the health care services and structures of the city. It contributes to its successful running through an agreement to supply such trained personnel as obstetricians and nurses.

This center has a mobile clinic, a maternity section with a special birth operations room and a service to deal with neonatal pathology, a laboratory to carry out analyses, a radiology section, a pharmacy, and a health center for mothers and their children.

The center cooperates closely with the public health services of the city of Ougadougou and gives full application and implementation to the health policy of the state. However, and in agreement with the government, in relation to birth control the center has chosen to develop only natural methods of family planning

Couples who wish to use other methods are referred to other centers in the city. And these centers send to us those couples who wish to place themselves in the hands of natural methods of family planning.

The medical center is closely connected to the Parish of St Camillus, which is administered by the Camillians, and the center cooperates with this parish in the promotion of pastoral care for families that see in the natural control of births a solution to those problems of couples who want to remain loyal to the teaching of the Church

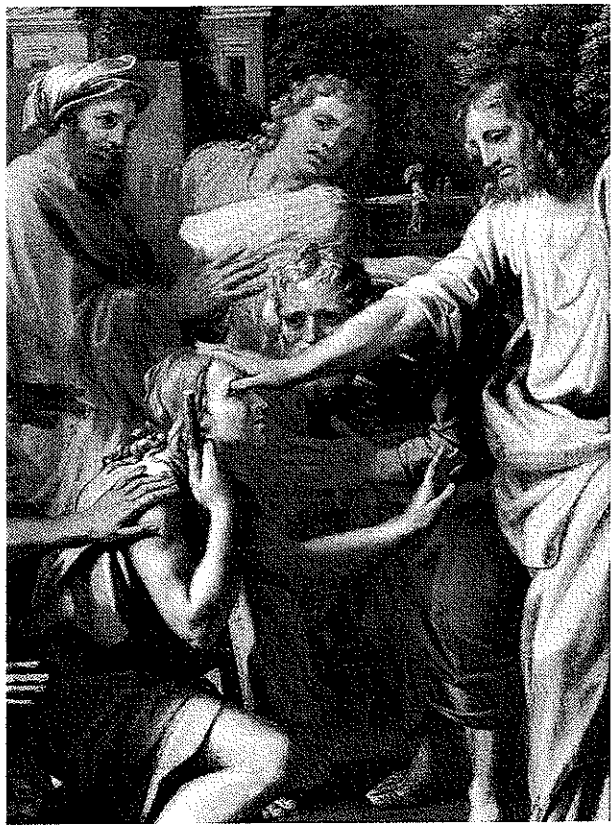
The personnel of the center prepare the partners for marriage in matters relating to sexuality, responsible procreation, and natural family planning

2. *The Natural Control of Births*

The World Health Organization defines natural birth control as involving methods which allow the spacing-out or prevention of pregnancy through an observation of the natural signs and symptoms which indicate the fertile or infertile periods in the menstrual cycle, and which aim at the avoidance of sexual intercourse during the fertile period if the couple wants to prevent pregnancy.

Sexual abstinence to avoid pregnancy is currently practiced by different cultures all over the world. However, abstention from sexual intercourse during the fertile phase of the female menstrual cycle, or the practice of what is commonly called " periodic continence," is a relatively new concept. It involves the woman monitoring the signs of natural fertility–in this case, cervical mucus–which change their character during the cycle under the effect of those hormones (estrogen and progesterone) which are produced by the follicle and the corpus luteum.[6]

During the observation stage the woman must write down these signs and interpret them so that she can know, at any given moment, whether she is fertile. On the basis of this information, the couple can decide whether or not to have sexual intercourse during the fertile stage of the menstrual cycle, in line with their wish or not have to have a child



3. *Our Experience*

The activity of the natural birth control service of the St. Camillus Medical Center in Ouagadougou officially began in 1985 and was preceded by the training of educators over a period of two years. This training consisted of two seminars of three days in length in 1984, and four weekends of further completion in 1985. Two female educators have worked regularly in the center, at first on a part-time basis and then on a full-time basis, and have been paid for their services by the center itself. We lay great emphasis on these educators being fully convinced of the effectiveness of the natural method, of which they themselves are practitioners.

The natural birth control center is open to everybody and does not open its doors only to Catholic couples who are preparing for marriage. Women who want to follow the cervical mucus method are invited to take part in an initial group encounter. During this first meeting the following subjects are discussed:

– the anatomical and physiological characteristics of the male and female genital systems;

– the different kinds of menstrual cycle (long, short, or average).

In addition, a chart to monitor and record signs of fertility is

handed over. This chart is in line with the literacy levels of the great majority of women and it can be used for three cycles of average length. Daily observations must be recorded by the user on three boxes for each day–a dash indicates dryness, but a box will be filled in when the cervical mucus appears. One (or more) of three boxes will be filled in to indicate a feeling of dampness, wetness or lubrication. The woman thus records her signs of fertility on the chart, signs which are linked to the presence of cervical mucus and which are responsible for such physical sensations. She can thus identify the *peak day* (the last day of the cervical mucus of a fertile character) which precedes ovulation by one or two days, and can also record the days when sexual intercourse has taken place.

– There is then a listing of those rules which must be followed in order to achieve the spacing-out or limitation of births in line with the cervical mucus method formulated by Dr. Billings.[6]

– Finally, a film is shown which summarizes everything that has been said about natural methods of family planning.

After this first contact the women are invited to discuss the question with their husbands and bring them to other meetings. If the husband does not agree, the woman is not allowed to follow the natural method, which, after all, relies upon the active cooperation of the husband.

The system of participation and identification of the women who use our center is based upon a card which is filled in at the moment of admission. It is kept up to date every time the woman visits the center or when the method is interrupted. Generally speaking, at the end of a period of three cycles the educator can classify the users into two categories:

– *autonomous women* who are able to monitor themselves, follow the method correctly, and avoid pregnancy, all without the external help of the educator; and

– *non-autonomous women*: those who always need to be followed and guided

4 *Classification of Pregnancies*

Pregnancies which occur are registered according to the presumed date of conception. Unwanted pregnancies are classified into the following categories:

1. Pregnancy caused by a *defect in the method* (the chart data show that the couple has followed the rules of the method with great care and have correctly identified the peak day).

2. Pregnancy caused by *inadequate learning* or a *poor understanding of the method*

3. Pregnancy caused by an *erroneous application of instructions*

4. Pregnancy caused by a *deliberate abandonment of the rules of the method* (the chart shows that the couple consciously decided to engage in sexual intercourse notwithstanding the indicators of the presence of fertility, often because of a hidden wish for pregnancy or because of the unexpected return of the husband from a journey).

5. Pregnancy due to *uncertain causes*. In some cases of pregnancy, probably due to the method itself, it was not possible to establish the causes because of a lack of reliable data.

5 *Results*

During these eight years of activity between 1985 and 1993 2,291 couples have enrolled in the natural family planning course of our center. On average, there were 254 couples each year. Of these couples, 1,324 (57%) adhered to our course because of hyperfertility, whereas 967 (43%) couples did so in order to plan the births of their children. This enables us to understand why the problem of sterility is so important in the society of Burkina Faso.

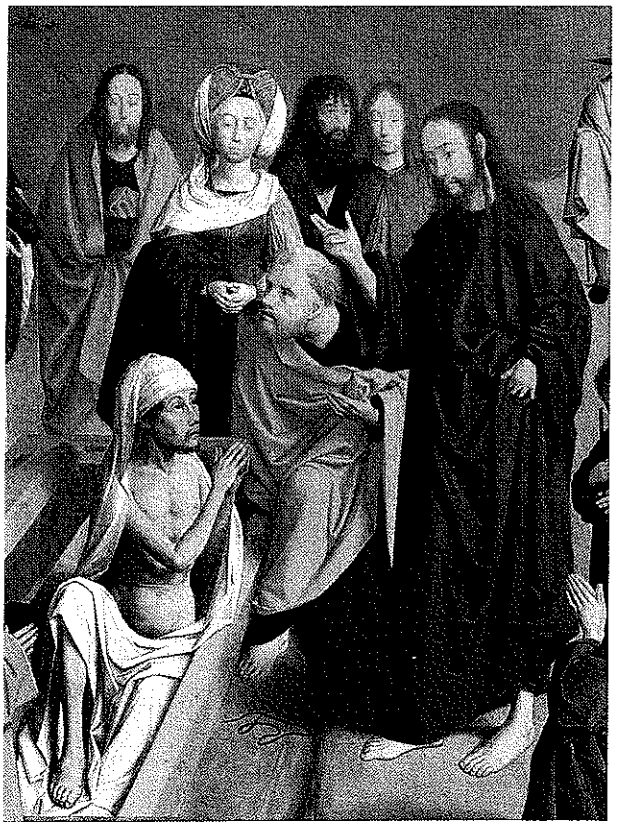


Table 1: Descrizione della popolazione osservata

	Cases Followed	Cases Disappeared
Number	166(41%)	237(59%)
Average Age	27.8	26.2
Years of Marriage	9.7	7.9
Average Age of Husband	35.8	34.3
Average Number of Pregnancies	4.2	3.7
Number of Live Children	3.4	3.1
Literacy Rates	51.2%	41.5%
Women Without a Job	85.8%	80.7%
Husband Literacy Rates	66.1%	56.1%
Husbands Withuot a Job	74.8%	70.0%
Religion:		
Catholic	57.2%	47.5%
Muslim	37.4%	48.3%
Other	5.4%	4.2%
Reasons for Birth Control:		
To Space Out Births	88.6%	92.8%
To limit Births	11.4%	7.2%
Maternal Breast Feeding:		
Not Donc	24.3%	28.3%
Partially Done	61.8%	52.2%
Totally Done	13.9%	19.5%
Type of Cycle:		
Amenorrhea	26.1%	35.6%
Irregular	42.5%	29.6%
Regular	31.4%	34.8%
Other Methods Used:		
None	53.6%	68.8%
The Pill and Others	15.7%	8.4%
Breast Feeding	30.7%	22.8%
Source of Information:		
Women Satisfied with Method	45.1%	47.5%

Out of a total of 403 women who took part in our program over the last four years and came to our center in order to plan the births of their children we have chosen a sample of 166 (41%) users whose charts were correctly filled up and who had followed the method in a suitable way. All those women who disappeared from sight (59%) have been ignored. (See table 1).

The 166 users subject to analysis have an average age of 27.8. On average they had been married for 9.7 years, and 85.8% of them were housewives. 8.5% were wage earners and the rest were engaged in trade. 51.2% could read and write (53.7% of the housewives could do so). 52.7% of these women were Catholic, 37.4% were Muslim, and the other Christian denominations accounted for 5.4% of the sample.

As far as a previous use of other methods of birth control goes, 53.6% had never used any method at all, 30.7% had practiced breast feeding as a natural method of birth control, and only 15.7% had previously used contraceptive methods–72% of which were based upon the pill. On average, each woman had already had 4.2 pregnancies and 3.9 births. The number of live children for each couple was 3.4.

When asked about how they knew about natural family planning methods, 45.1% replied that they had received information from satisfied users, 24.5% had learned about it from health care workers, 17.6% from priests, and 11.9% from other sources (the radio, friends, and relatives).

Table 2 shows the net cumulative probability of drop-out rates after thirteen and twenty-six cycles:

As one can see from this table, the net cumulative probability of drop-out caused by pregnancy was 7% after 13 cycles and 10% after 23 cycles.

Of the 166 users examined, and thus 2,272 cycles, 11 became pregnant after 13 cycles. Of these 2,272 cycles not one pregnancy was specifically due to the natural planning method. This meant a Pearl index rate of 0.0% for each woman every year (1,300 cycles). Not one pregnancy was due to poor learning of the method (IP=0.0%). Three pregnancies were caused by erroneous application of the instructions (IP=1.7%). Seven pregnancies were caused by conscious drop-out from the program (IP=0.6%); and one pregnancy was caused by unknown reasons (IP=0.6%), but should probably be attributed to the natural method itself.

7. *Examination of the Data*

The net total probability of drop-out after 13 cycles of control was 33.3%, and 49.2% after 26 cycles. The principal cause of drop-out was the desire for a new pregnancy

Table 2: Net Cumulative Drop-Out Rate

	After 13 Cycles	After 26 Cycles
Number of Adherents	166	166
Reasons for Drop-Out:		
Pregnancy	7.0%	10.0%
Change of Address	1.8%	4.1%
Dissatisfaction	11.1%	12.8%
Wish for Pregnancy	13.5%	22.3%
Total	**33.4%**	**49.2%**

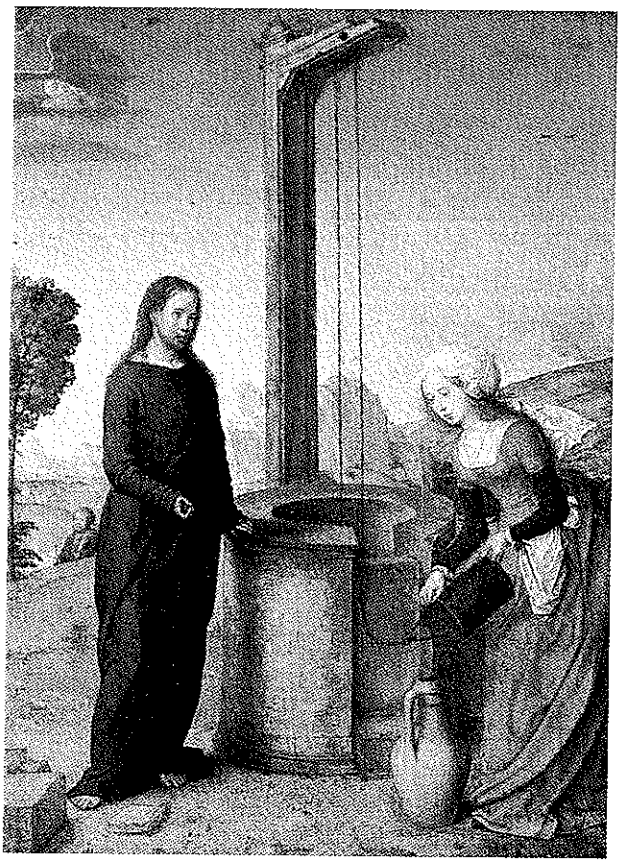
(13.5% after 13 cycles and 22.3% after 26 cycles). In general, these were women who from the outset wanted only to space out the births of their children. The net increase in probability over time suggests that these women thought that the right time had come for them to have a child.

The second reason for drop-out was due to dissatisfaction with the method–11.1% after 13 cycles and 12.8% after 26 cycles. These were women who for a variety of causes (the attitude of the husband, difficulties in recognizing the cervical mucus, etc.) came to choose another method. The slight increase in probability after 26 cycles shows that this dissatisfaction was already present in the early months.

Change of address–1.8% after 13 cycles and 4.1% after 26 cycles–is to be explained with reference to the great mobility of nuclear families who are in search of a permanent home in a large city such as Ouagadougou. The new home is probably too far away from the health center for the regular obtaining of a chart by which to monitor the cervical mucus. The reliability of the method, therefore, is not here under discussion.

To conclude, the probability of drop-out because of pregnancy which arose during the use of the method was 7% after 12 cycles and 10% after 26 cycles. The overall Pearl index was 6.3%. It should also be observed that 63.6% of these pregnancies were decided upon deliberately and by active choice. The theoretical effectiveness of this method, therefore, is 99.4% if the pregnancies caused by the method and by unknown reasons are included. The practical effectiveness of the method was 93.7%.[7]

Even it is true that all the users of the program were included in this analysis–including those whose fertility could have been reduced because of breast feeding or advanced age–the results of our study clearly show that the ovulation method formulated by Dr. Billings can be followed by all women, including those who have an irregular cycle, in the post-partum period, and in the pre-menopause stage. (See table 1)



As regards the socioeconomic variables of the women subjected to study, it should be observed that the majority of the users were housewives and illiterates. Despite this, they were able to learn to use the method with as much speed as their literate counterparts. For this reason no obstacles can be found in this area which would prevent women who really so wish to use the ovulation method. It should however be noted that the chief source of information on the method derived from women who were satisfied with the method (45.1%).

A clear advantage of the cervical mucus method in a situation where illiteracy is predominant is that this method is a powerful means by which to begin and continue the dialogue between marriage partners about responsible procreation. The same is probably true of other subjects which are very important to family life. Our experience shows us that this kind of dialogue is rare in our cultural context.

There are also economic reasons which are in favor of the ovulation method. The artificial methods are expensive (or they will become such when the international bodies stop their aid programs) and not all families can avail themselves of such methods over a long period of time, above all when children are no longer wanted. The ovulation method, on the other hand, once it has been understood and applied, can be used indefinitely at costs which are negligible to the economy of the family. Furthermore, this method has proved to be culturally acceptable. All of the religions are present within our sample of women users of the ovulation method.

In addition, because of the fact that natural family planning does not require drugs, instruments, chemical products or surgical action, it does not involve any risks of damaging side-effects which might harm health and which are present to varying degrees in the other methods.

However, we always strive to emphasize, out of respect for scientific rigor and for realistic motives, that there are certain difficulties attached to the natural method. Most of the couples need at least three cycles in order to learn how to use the method correctly. During this period they must keep in contact with the educator. The determination, motivation, and cooperation of the marriage partners is essential. The woman, as I have already explained, must keep daily check of her fertility, at least during the first cycles. Furthermore, sexual abstinence for a period of between seven and ten days can pose problems for certain couples.

III. Conclusion

The study carried out by our center, with all its limitations, has sought to confirm the idea that natural birth control according to the Billings method is effective and can be proposed to couples who wish (for whatever reason) to plan the births of children without having to employ contraception, sterilization, or abortion. This idea has already gained ground in many parts of the world, even at the level of the World Health Organization. This method may in particular be suggested to Catholic couples who wish to live out their marriage in harmony with the teaching of the Magisterium of the Church.

We are convinced that in the sphere of procreation there are serious threats to life, above all when there are attempts to turn abortion into a contraceptive. This is true everywhere, but it is especially true in African countries, where respect for life and fertility are values which are deeply rooted in the local cultures. The contraceptive methods so forcefully proposed and supported by the agencies of international aid, which often link their economic help to a drastic control of fertility, constitute, in our opinion, a serious assault on the roots of these principles.

The St. Camillus Medical Center, in communion with the local church, does not remain inactive in the face of these dangers. It proposes, with sincerity and courage, the teaching of the Magisterium on respect for life, and condemns contraception, sterilization, and abortion. It proposes, instead, an effective and scientifically valid alternative to those couples who are sensitive to moral values.

I would like to conclude with the words of Cardinal Margeot: " We do not suggest that natural methods do not also have imperfections and are responsible for suffering, but at least they do not despair of man. We continue to believe that man is not a slave of sexuality and that he must learn to use it as a magnificent language which God has given him so that he may build love and give life "[8]

Rev SALVATORE PIGNATELLI, M.I
Director of the St. Camillus Medical Center in Ouagadougou, Burkina Faso

[1] The following people collaborated on this initiative: Don Pietor Ruzzi, Fidei Donum of the Diocese of Cività Castellana and educator in natural family planning methods; Dr. Kagome Meba, director of health services in Quagadougopu; Dr. Procacci, expert in Italian cooperation; and Mrs Dera Monique, obstetrician and educator in natural family planning methods.

[2] Cardinal JEAN MARGEOT, *La Vie Humaine. Valeur et Dignité* (Mauritius, 1991) Cardinal Margeot, the founder of the Association " Action Familiale " has taken a public stance to defend the point of view of the Church against the government, which wanted to launch a campaign in favor of contraception as a means by which to control the population explosion in the country. This association helps Catholic couples in difficulty who want to remain faithful to the doctrine of the Church. A bishop since 1966, and a Cardinal since 1988, Cardinal Margeot is a Member of the Congregation for the Evangelization of Peoples, of the Pontifical Commission for the Family, and of the Pontifical Council for Migrants.

[3] *Ibid.*

[4] *Gaudium et Spes*, nos. 51, 52; *Humanae Vitae*, nos. 12, 13, 14; *Familiaris Consortio*, no.3 2.

[5] MINISTÈRE DE L'ESSOR FAMILIAL ET LA SOLIDARITÉ NATIONALE, *Plan d'Action en Metière de Planification Familiale* (1986)

[6] A. CAPPELLA, *Selon Nature. La Methode Billings* (Turin 1985).

[7] The effectiveness of a birth control method is calculated by the Pearl Index, which measures the number of women, out of a total of one hundred, who get pregnant during a period of thirteen cycles when the method is being used.

[8] Cardinal J. MERGEOT, *ibid*, p. 16

CARLO CASINI

Legislation in Defense of Life

1. It is self-evident that the law must protect human life. And yet when the life in question is at its early stages or at its end the force of such an assertion seems to become weakened. For this reason we must pay especial attention to these outer limits of human existence. Here the threat to life is not only a matter of fact but also a question of rights, and in a way which is different from the other stages of life: the law departs from the protection of life and even becomes itself a danger to life. For reasons of time, I will dwell in this paper upon the relationship between law and the defense of human life in its initial stages.

In the debate about abortion there are a number of ambiguous attitudes and approaches which give rise to such phrases as " in the final reckoning culture is more important than law," " it is a question of personal conscience " or " the law in itself is always inadequate." This debate, it may be observed, is a worldwide and epoch-making debate which has not yet been resolved, as, indeed, the recent Cairo conference on population and development well demonstrated. In this debate there is an inability to grasp how important law is in the defense of life. We should not be surprised if phrases like those cited above belong to the vocabulary of those who are committed to passing or defending permissive legislation: such assertions seek to weaken the resistance of opponents but at the same time this demeaning of the importance of the law is rooted in a belittling of the value of prenatal human life.

The idea that the foetus or embryo lacks human identity, which amounts to the censorship of the child, or to put it another way the idea that human dignity is compatible with distinctions or notions of gradual emergence, are at the very base of every type of legalization or liberalization of abortion. The consequence of all this is that the defense of human life is not seen as the defense of actual human beings whose most fundamental rights are gravely threatened but (in its best form) as a question involving an abstract value, an ethical principle which does not bear upon human relationships–hence the notion of " a question of personal conscience," or " a question of culture," ideas which stress that the law itself is not directly relevant. Indeed, it is argued that the law should defend the individual's right to choose and should uphold privacy–the realm within which, it is said, there comes to be sanctioned the woman's right to decide whether to continue with the pregnancy on the one hand or to abort on the other. This is the very notion expressed in sentence 22/1/1973 of the Federal Court of the United States of America.

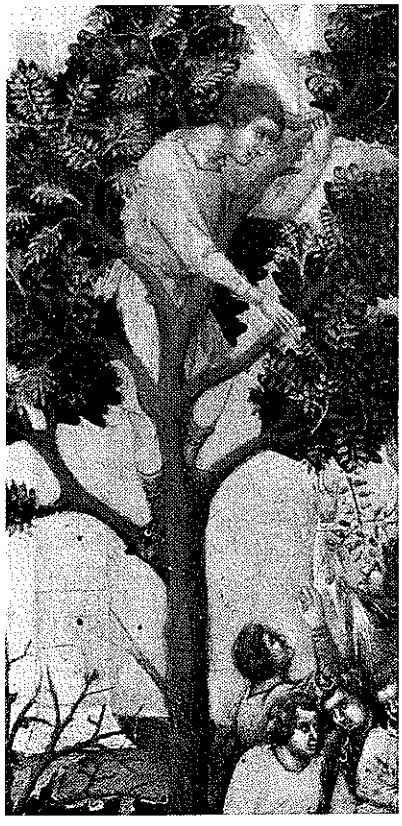
The culture of life, on the other hand, begins by looking at the unborn child–this is its point of departure. But amongst those who do actually recognize the right to life from the moment of conception there are to be found those ambiguous approaches and attitudes to which I have already referred. It would be a good idea to discover the reasons for these ambiguities. It is my opinion that at the heart of the matter there are the bitter experiences of a series of legislative defeats. In addition, there is an awareness of the very great difficulties which are involved when one considers the tensions between upholding the notion of the right to life from the moment of conception and the evident realities of future political and legislative initiatives. Here the problem is not so much that conceived life is undervalued but that law itself is considered as being of lesser importance–the aim is to avoid a series of unending battles and wounds about what it should be. The result is that the defense of unborn life–something which is proclaimed as being one of the objects of policy in electoral programs–is of almost no importance at all when there are discussions about government or coalition proposals. Everything becomes put off to a distant future when society will have acquired a different mentality and approach (" it is a question of culture "). But each and every necessary educational and opinion-forming initiative comes up against the further difficulty of a lack of coherence and consistency in the legislative and political sphere. The silence of this last area strengthens the idea that the defense of unborn life is not a religious issue and is thus beyond the competence of the law–a clear expression of the commitment to the non-religious approach to law.

Catholics must be aware of the primary importance of the conscience. The moral value of an act is to be found in its conformity to ethical truth and not in its obedience to external pressures. St. Paul's expression, " the letter

kills; the Spirit gives life," is rather convincing for those of a Catholic outlook. But St. Paul was speaking in religious and ethical terms. We, here, are discussing law and its role in governing human society. It is my firm conviction that it is incumbent upon us to re-evaluate the whole notion of lawfulness. Positive law is the highest expression to be found of collective rationality. It is the very cement of society (*ius iungit*). It is a guide for action (López de Onate). Experience itself shows the corrupting influence, or educational and protective powers, of the law. It is different from society (ubi societas ibi ius). The subject of lawfulness is of the very greatest topical importance. We must obtain a new awareness of the human grandeur of juridical rules and directives. These last, it may be pointed out, constitute a guarantee for the achievement of equality. Even when one does not agree with the law's guiding principle nonetheless the law itself conditions the human conscience: it expresses the organizational, and thus civilizing effect, of the whole social organism.

2. The very old question, recently reformulated by Cardinal Ratzinger: " What distinguishes a state from a criminal organization?" is at the very heart of the whole question of lawfulness. Even though a criminal organization may have promulgated laws does this mean that the lawfulness so constructed has an inherent value? Were the racial laws of the 1930s worthy of respect and obedience? At the time of Hitler, who had lawfulness on his side? Who affirmed that such things could not be done. Who arrested and killed Jews in line with the law? On what is lawfulness based, if not upon justice? But what in fact is justice? If we ask ourselves these questions, we can see that there is a very deep relationship between the defense of human life and the law. One is not dealing here merely with upholding the evident utility of the law in order to defend the right to life. Instead, one is seeking to discover that the essence of law–that is, whether it really is " law " in a substantive sense (something rather different, obviously enough, from being a mere expression of the power of those who govern)–is to be found in the recognition and defense of human life.

Many volumes could be dedicated to this question. But I will confine myself here to certain overall summaries. The first issue constitutes a constant element of the history of legal and juridical thought and has been marked by a constant oscillation between the substantive idea of justice and the formal idea of certainty. The first places law within an ethical context but involves the risk of applying notions of subjectivism to law: various movements of thought present different ideas of what is right and wrong. The second, on the other hand, upholds the " specific ethical character of law " and its uniform application. But history has shown that it is impossible to distinguish law from force by using such typically modern notions as " law is law," " the only right which exists is that which is positive," or " enforceability and effectiveness are the sole criteria by which to establish lawfulness."



The conflict between natural rights and positive rights is a historical expression of this oscillation between a simultaneous need for universality (certain law) on the one hand and content (just law) on the other. In our century the concept of natural rights have undergone a revival and have taken an elementary form which Justinian himself outlined many years ago: *Hominum causa omne ius constitum est*. This revival should be connected to the dramatic experiences of the totalitarian theories of death. The absolute value of man, who should always be seen as an end and never as a means, is the only certain (universal) criterion of justice. From this point of view it is impossible to judge every law and every single detail, but it is a most suitable way of measuring the presence of underlying lawfulness. Where law fails to recognize the value of man as the ultimate purpose of its existence, it loses lawfulness and the state becomes indistinguishable from a well-organized criminal organization. The second argument is similar in character and follows from the first. Modern thought has led us along the path hitherto outlined through the use of the concept of natural rights. They are deemed to be inherent in human nature. They exist prior to, and independently of, written law. The right to life is the first of all rights, as indeed is made clear by international declarations and charters and by the constitutions of different countries all over the world.

I move from corollary to corollary. The universal declaration of human rights begins with the statement: " The basis of freedom, justice, and peace in the world lies in the recognition of the dignity of every member of the human family and of his equal and inalienable rights." Dignity is a mysterious word which has a religious coloring because it expresses the supreme value of man within the natural order. It communicates his elevated position, his distinction from the rest of the creation, and his transcendence with regard to other beings and living things. In fundamental terms it evokes his inner

" mystery." This " religious " idea of man is an obvious point of contact between the consciously religious view of the world and the professed non-religious approach to what is around us. But what does the word " dignity " actually mean?

Materialism, it should be stressed, renders the term distinctly ambiguous if " value " is linked not to what man is but to what he has, and if it expresses the quality of life rather than referring to life itself. The whole theory of human rights collapses if the phrase " human dignity " fails to mean that the existence of man is in itself a primary value to be striven for. At this point it may be observed that the forbidding of killing is a law which lifts man out of the world of animals, plants and minerals (Guardini). A recognition of the right to life is the first expression of " dignity," it is the intellectual act which removes the ambiguity present in the term and restores its truthfulness. It is thus more than clear that the fight for the right to life is the fight for lawfulness–a lawfulness, moreover, which is bound up with, and rooted in, justice and equality. At this stage, however, I would like to consider another question.

The categorical rejection of discrimination in relation to human beings is a part of modern culture But the principle is rendered inoperative when it is suggested that some men are of less worth than others The principle becomes even more inoperative when it is asserted that certain categories of men belonging to the human species are in fact not men at all. I am well aware of arguments which maintain that the human character of the conceived being is an open question, arguments which invoke the inadequacy of biological data and espouse certain philosophical doubts. I am also aware of only one argument which dispels all openings to discrimination–that which links human dignity to biological human identity. I fear, moreover, those " philosophies " which seek to add something else to the reckoning of equality. I am thinking here of a sentence in the United States of America of 1857 which declared that " blacks are not people in the eyes of the civil law " or of the fact that in more recent times those who were not of Aryan stock were denied meaningful existence.

It is therefore evident that we cannot give up that fight and that we will never surrender to laws which explicitly or implicitly deny the right to life to certain categories of human beings. Furthermore, the planetary and epoch-making struggle to overcome existing laws and substitute them with laws which ensure full respect for the right to life is an absolutely incumbent part of both a Christian and a human vision of the human person. It should also be stressed that the practical defense of life is not the only thing at stake–the very meaning and significance of law, human rights, and the principle of nondiscrimination are also involved.

3. At this stage, however, and in order to have a greater impact on legislation, the debate must turn to the distinction between means and ends The goal of protecting human life is essential when one comes to law. But are the means by which this goal is to be achieved also immune to variations in opinion and points of view? At a more specific level, is penal punishment really necessary? Given that penal punishment is generally used to defend the very highest values and principles does it not perhaps follow that the removal of penal sanctions implies in itself a failure to recognize the right to life?

Our thoughts must take two contemporary factors into account. The first is to be found in the doctrines which maintain that the use of penal law is an *extrema ratio* and that it should only be employed in secondary fashion when other instruments in the legal and judicial field are insufficient (Mantovani). Punishment, moreover, is a heavy burden and not only for those who must undergo it. It also presents difficulties for the state which has to encounter a whole host of problems in actually carrying it out. Like a sword without a hilt it also wounds those who wield it. For this reason it should only be used in extreme cases and only when other remedies are not available On the other hand it must be recognized that law is a means to an end and that it must be judged according to its ability to be put into practice in a given context and at a given time.

This doctrine was fully espoused in the recent sentence of the German constitutional court (28/5/1993). That sentence states that abortion is " contrary to law " because " the unborn human life enjoys a right to life from the beginning of pregnancy because of its human dignity. This right is an autonomous juridical entitlement and must be defended even in relation to the mother." But this sentence was not accompanied by penal sanctions which are usually obligatory in such cases. This was because, as the court made clear in another of its decisions of August 4, 1992: " The legislature's decision is to be seen as a fundamental choice aimed at defending prenatal life in a new way. It is not to be seen as an intermediate measure."

The second factor to be taken into account arises from the fact that the individual human being when he is still in the maternal womb is in a very special and never to be repeated condition. Indeed, he is totally dependent on the mother. As things stand, the political, cultural and technological conditions of today's world, rather than the biological conditions in themselves, are such as to enable the mother to destroy the fruit of her breast with near impunity. For this reason her help is of the essence in the real and effective defense of the right to life. The defense of the child is necessarily foremost in the mind and heart of the mother. She is no isolated figure but, on the contrary, is constantly subjected to the influences of those around her, whether in her immediate or wider environment. The point at issue is whether her cooperation is best obtained through the threat of penal sanctions or by other non-penal means which nonetheless must be clearly directed towards protection of the unborn child. If we want to be intellectually honest we must admit, unfortunately, that nowadays the debate does not center so much around what means are to be used but as to what the actual goal really is. This is why I have already pointed out that the culture of life " begins with the look." A wall of non-dialogue divides those who do and do not want to examine and question. Many recognize the right

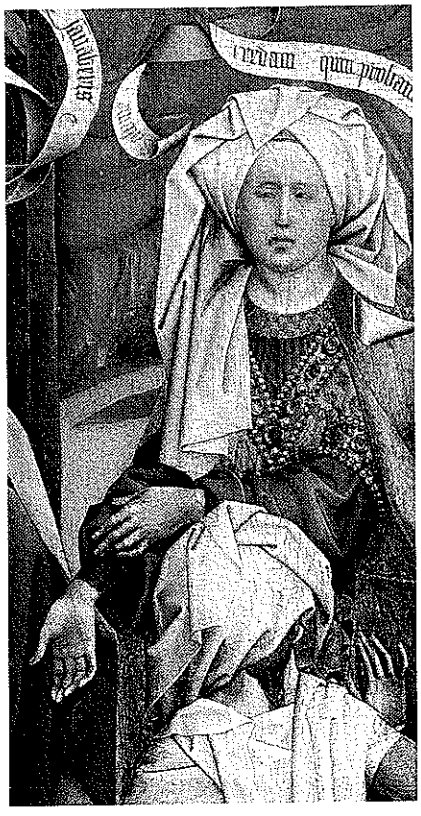
to life from the moment of conception or at least (because of obvious uncertainties) fear that the life of the unborn child could be damaged if different methods of defense are employed.

It is necessary, however, to be clear on one point. The defense of life is not a matter of life in general but of the specific lives of specific individuals. The question must not be put in statistical terms, as, for example, takes place when it is asserted (wrongly) that law number 194/78, which legalized abortion in Italy, has reduced the overall number of abortions. The argument is wrong at a simple level of fact. This is because it does not take into consideration the widespread and new practice of hidden abortions at a very early stage of pregnancy, and because one can point out that if there has indeed been a reduction, this is " in spite of " rather than " because of " the new law: the posited reduction in the number of abortions could be seen, rather, as the outcome of increased educational and social support activity promoted by those areas of opinion actually hostile to the law itself.

But this is not the subject that we must address ourselves to here. What is of importance, instead, is the idea of the defense of life as a statistical fact It is certainly true that if we could kill all those infected by the plague before they caused an epidemic of catastrophic proportions human life, in statistical terms, would be much more effectively defended. But the means do not justify the ends If the contrary were true, our pragmatic arguments against the use of the death penalty or against the use of the atomic bomb would be significantly weakened A right is a right if it defends the life of each individual This is because it is the actual individual who is the bearer of that right–a right, moreover, which is very real and clearly borne by each person

4. The juridical protection of the right to life (in its initial stages as well) is an issue at stake in the open field of modern techniques of artificial procreation. I can not examine here today all the various aspects of this large subject. I will confine myself, instead, to considering the question of the right to life which is violated in a number of ways when extracorporeal conception produces a large number of embryos. Indeed, I would like to confine the discussion even further and dwell upon a single question: whether it is right to carry out experiments which are inevitably fatal on embryos that have been kept alive in a test-tube.

Taking this question on its own compels us to address ourselves to a fundamental issue: Does the very small conceived creature have the same value as other human beings? If we are referring to an embryo kept alive in a test-tube, no debate arises as to what means of defense are available. We are not dealing with a situation where one human being is present within another human being, a fact which exercises a very great influence on the debate over abortion. The problem is very simple: we have to decide whether the right to live is inoperative when a researcher tips the contents of that test-tube into a sink and whether we must seek to impede



such an action and on what grounds. Overall we are dealing with the question of ends: with regard to the question of defense it is impossible to see why the familiar instrument of penal law should not be employed. Perhaps the specific crime of embryocide should be envisaged, as indeed is done by a German law of December 13, 1990 which is significantly headed " For the Defense of the Embryo." The second clause of this law punishes those who " use a human embryo created outside the female body or taken from the female body before its attachment to the womb for purposes other than that of survival." But such a solution to the whole question is by no means the answer. Experimenting on early embryos is permitted by a Spanish law of November 22, 1988, by a Swedish law of March 14, 1991, by an English law of November 1, 1990 and by an Australian law of March 10, 1988. As this list makes clear, these are very recent legislative initiatives which, it may be pointed out, are in strict contrast to other laws which expressly forbid the use of embryos for experimental purposes. To this latter group belong those measures passed by Austria (6/18/1987), by Minnesota, by Illinois, and by Louisiana.

The question is of great topical importance because the parliamentary assembly of the Council of Europe will have to make a pronouncement next January on the subject of bioethics. A proposed code of ethics would allow (clause 15) experiments on embryos before their fourteenth day of development but would forbid the actual creation of embryos for experimental purposes. The proposal is especially dangerous because the idea is to transform this code of ethics into general law within Europe after due ratification by each individual state. Such a proposal is in contrast with previous pronouncements of the parliamentary assembly of the Council of Europe. The resolutions 1046/86 and 1100/89 would not concede that there was a fourteen-day distinction between the embryo and a hypothetical pre-embryo. Furthermore, the two resolutions of the European Parliament of March 13, 1989 on the legal and ethical problems relating to artifi-

cial procreation and genetic engineering in the human field called for the outlawing of experiments on embryos in the name of the right to life from the moment of conception.

The apparently severe language of clause fifteen of the above mentioned code of ethics should not deceive us What it actually does is to allow experiments on embryos wherever possible The prevention of the production of embryos for experimental purposes and the fourteen day limit are in fact only apparent It is very unlikely that a woman would allow mature ovules to be taken from her body by invasive and painful techniques for merely experimental purposes In the same way, the large number of excess embryos which are created when embryo implantation is envisaged is a common phenomenon The information available to me indicates that it is almost impossible for a human embryo to develop beyond the fourteenth day outside the female womb The time limit is both arbitrary in its approach to the embryo and totally unsupported by the actual scientific facts that we have to hand

I have dwelt at length on embryo experiments because in my opinion there is full and free space in this field for the defense, in both legal and juridical terms, of human life In the case of such experiments there is a conflict of interest between the researchers and a human being In the case of abortion, on the other hand, the conflict can be seen as a conflict between two human beings. What one has to do is to decide if there are indeed cases where a man ceases to be an end in himself and becomes instead a means, even though those means may have very noble ends

This project of the Council of Europe inflicts a very serious wound on that vision of man which involves an appreciation of the human person Furthermore, the irruption of materialistic utilitarianism not only in clause fifteen but also in clause six where experiments (of innocuous effect) on people not of sound mind (and the parallel made here with the unborn human is very telling) are permitted even where their consent is not given and where such experiments are not carried out for their immediate benefit The breach created is of a very serious nature notwithstanding the attempts made to contain it through certain professed safeguards

5. The outlawing of embryo experiments should lead, in logical fashion, to the outlawing of methods which produce an excess number of embryos or which lead to the implantation of a large number of such embryos in a woman's womb This last process involves the risk of a very high death rate Deaths are also caused by the so-called technique of " foetus reduction," whereby an unwanted twin is deliberately killed. This process was recently described as an ultra-modern treatment at a recent congress at the University of Bologna.

But let us turn to the question of abortion, even though here today it will not be possible to enter this complicated terrain in thorough fashion or outline the various solutions to this problem The various criticisms of the different permissive laws are simple and well supported. The variable date–ten, twelve, or twenty-four days after conception–after which abortion cannot take place is clearly arbitrary if the unborn child is taken into consideration Self-determination in the sense of the right to choose on the part of the mother is none other than a modern reformulation of the very old *ius vitae ac necis* It cannot be accepted because it denies the existence of " another person," denies the reality of law (something which regulates the relationship between individuals of equal value), and denies the meaning of freedom seen as a capacity to love

The state's monopoly over abortion, which is envisaged, for example, by Italian legislation, especially if it is free, transforms the suppression of human life into a public service–that is, into something which is in the general interest of the community. So-called " socialization," even where there is no intention of offering a neutral approach to the defense of life, ends up by producing a Machiavellian system: life is seen in statistical terms, and there is no idea that the individual human being whose life is in danger has a right to his life

If the permissive approach to abortion offers justifications based on " conditions " to be decided upon by medical doctors then a similar number of serious difficulties also emerge. One need only think here of the misleading effects of the notion of " mental health " or the wide range of possible social reasons, a category which includes economic or family status. It should also be pointed out that the " social reasons " approach also includes notable inner contradictions, as indeed does the notion of welfare state. But at this stage it would not be appropriate for me to dwell upon these elements and others which come within the legal category of the condition of need or the " weighing of respective rights." I would, however, point out that the notions of " condition of need " or " weighing of respective rights " do not exclude, at a conceptual level, the conceived being's right to life On the contrary, they necessarily assume its presence, and in this they are different from those arguments which are employed to support the " woman's right to choose." The weakness of the system of conditions for when an abortion can take place does not lie in the neglect of the conceived child but in the introduction of an unacceptable discrimination in judging the value of human beings This is exactly what occurs, for example, in sentence number 25/75 of the Italian constitutional court, where there is a use of the markedly imprecise and inexact term: " person "

In the light of the world conference on population and development and the subsequent debate held by the European Parliament I would like to present a number of reflections with a view to the formulation of overall strategies for the legal defense of unborn life First of all, we must place in any projected legislation a factor that is not there–the unborn child His or her essential rights must be upheld and espoused with the utmost vigor We must recognize his or her effective legal position even before we elaborate rules and regulations, ban certain practices, or produce effective measures of protection Perhaps a change in the first clause of the Italian civil code would be

appropriate here–that is, the clause which states that the legal status of an individual begins at his birth. This rule has caused a whole host of uncertainties, not the least in the case of civil actions for damages. If a person does not exist in legal terms before his or her birth, there can nonetheless be a case for damages where an abortion is badly carried out or when a deformation has not been identified by the doctor. Furthermore, in some cases the actual birth can result in a successful action for damages. On the other hand, damage caused to the foetus of a third party can be deemed not actionable for damages because the foetus is not seen as bearing a legal status. I am not here engaging in wildly improbable legal matters–I have in mind three cases which have been the object of much attention on the part of the press.

However, in relation to the whole question of the defense of right to life a simple recognition of such a right from the moment of conception should not be deemed useless *flatus vocis*. Such a recognition would act to guide the interpretation of the various laws in this area, would have a notable impact in the realm of thought and attitudes, would give mothers and families a renewed and suitable readiness to give welcome to the child in courageous fashion, would shape patterns of education and opinion-forming, and would foster suitable initiatives of private and public social solidarity. It is certainly true that it would also reveal the inner contradictions of many existing laws, and indeed there is an evident need for such laws to be combated with sustained force and clear arguments. I could give an example of this–Italian and French laws on abortion begin with a promise to protect human life from its beginnings. But attempts to substitute the word " beginnings " with the word " conception " has encountered insuperable obstacles–it is self-evident that a high level of ambivalence is intended.

And yet the most serious attacks on these permissive laws emerge precisely when there is a reluctance to use unambiguous terms by which to recognize the right to life, even though they emerge in unconscious fashion. Those who uphold such laws inevitably concede that they cannot be reconciled with the legal defense of human life in all its forms. It is certainly true that a written constitution is the best authority for the enunciation of guiding principles. In actual fact the right to life is explicitly or implicitly recognized by almost all the constitutions of Europe and a whole variety of sentences have confirmed this right. I am thinking here in particular of those pronounced in Italy (18.9.75), in Portugal (19.3.84), in Spain (11.4.85) and, above all, in Germany (25.2.75 and 28.5.93). This recognition makes it even more incumbent upon legislatures–for *de iure conditio* reasons as well–to defend the life of the unborn person. In addition to the embarrassment, uncertainty, and contradictory nature of constitutional jurisprudence, it is the laws themselves which should lay out in clear and evident fashion the kinds of things which they are really trying to protect and promote.

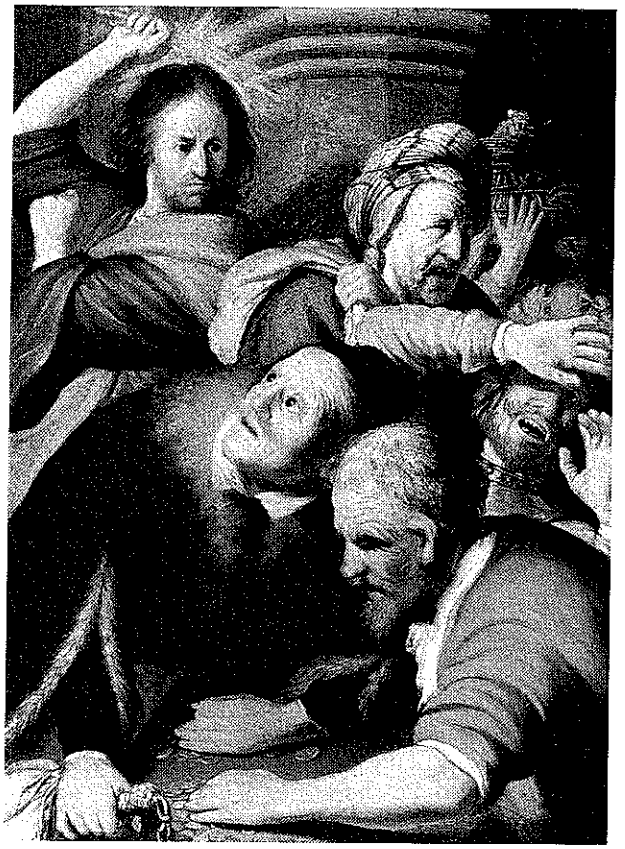
Furthermore, an attempt should be made to give new force to the prevention of abortion. A reluctance to look at the children themselves leads people to identify prevention with contraception. Once conception has taken place no one wants to talk about prevention itself. Yet it should be stressed that the cooperation of the mother in making sure that the protection of the right to life of her child is upheld in legal, social, and ethical terms deserves the utmost support even though this can involve an emphasis on the female dimension of the question and a neglect of the possible impact of legal constraints. Such support, when backed by forceful and effective legal realities, must be considered as belonging to the realm of prevention. Support during times of difficult or unwanted motherhood must not be merely a feature of a general policy towards the family–it must involve very practical and tangible help which can act both to defend a right which is threatened and to sustain the mother during a period of trials which at times reach the very limits of tolerance.

There is also a third element, and this relates to the methods which should be employed. Where the law is animated by a desire to defend life in all ways possible any reduction in its range of action would cause very serious damage. But where permissive laws have already been enacted the issues at stake are so important that little time should be lost in effecting major changes in what such laws prescribe. Each legislative initiative which increases the defense of the right to life is of value in itself and does not amount in any way to a minor evil. Political realism, therefore, can and must strengthen the gradualist approach. Otherwise, the protection of life will be reduced to an inadequate (even though useful) matter of preaching. This must be achieved if we want to maintain a strict link between lawfulness and the defense of life.

6. One final word in conclusion. Quite apart from the exegesis of final documents, I had the clear sensation at the Cairo conference of being in the presence of a wall of division. It was almost as if the Berlin wall had been moved to other latitudes and climes. What I mean is that it seemed to me clear that we are in the presence of an epoch-making and planetary conflict over the very subject of this conference held in the Vatican–the value of human life. The distinction is no longer between East and West, but between personalism and utilitarianism, or, rather, between those who are aware of the " mystery " of man and those who are not. Everything hinges on this. The idea of development, of solidarity, and of peace is conditioned by what we think about human life. What we think about the liberation of women, about the family, about freedom, and about democracy all come within the range of its determining influence. I have talked first and foremost about lawfulness and human rights. It seems to me that there are far from banal reasons why we should continue our commitment to the defense of life, not the least in the political and legislative fields, however arduous and difficult such an endeavor may appear to us now.

Hon. CARLO CASINI
National President of the Italian Pro-Life Movement
Member of the European Parliament

Round Table



Life: Science and Culture in Dialogue

STANISLAW GRYGIEL

Life Is Too Precious to Be Left in the Hands of Scientists, Politicians, and Businessmen

The branches of science which yesterday were seen and treated as gods today give rise to fear. Even though they need a meaning in order to be understood, they function as criteria of what is true and what is false, of good and evil; and as a result they are norms by which man is to act–that is, of his knowledge and of his love. The branches of science which receive such a dignity produce a negative judgment of whatever fails to come within the range of the systems they produce–such outer matters cannot be judged in scientific terms. What cannot be calculated scientifically is neither true nor good. This reduction of the realities of the world and of man produces chaos in the world and in man. It places them under a " legion " of principles based on functionality. Needing a meaning, the different branches of science put themselves, with great ease, at the service of economic and political expressions of power which in turn surrender to the power and force of pleasure

Political and economic *savoir vivre*, not to speak of the *savoir vivre* linked to pleasure, become omnipotent and even take the place of morals and ethics. Based upon the identification of thought and will, they become bound up with the useful and the pleasurable. In the end man becomes fascinated by the spectacle of making and living so many things and ends up by looking for the meaning of life in the useful and the pleasurable. He gives a name to the " animals " but finds no " help " in them (cf. *Gn* 2:20). This inability to open himself to the future wherein lies the meaning of life–an inability provoked by the scientistic mentality–destroys the creativity of man and thus culture itself. The scientistic mentality loses the memory of freedom, that anamnesis of principles in which man dwells judged by no one but judging everything and creating a new world ordered from and by the future But when, on the other hand, he forgets such principles about being and living, for scientific reasons, be becomes open to blackmail and thus vulnerable to prostitution. In a society formed by a mentality which has been blackmailed and prostituted there is no place for culture. The technological culture which takes the place of culture easily opens the door to each and every kind of gnosis. Indeed, in reducing every action to making, this culture looks to the future of man as something to produce and not to be born. In such a civilization futurology eliminates hope, without which culture fades away.

Now, what is culture if it fails to identify with this political and economic, comfortable and pleasurable, *savoir vivre*? In order to answer this question we should consider the work of the farmer, a kind of work which is a paradigm of cultural work. Indeed, it is from the experience of the work of the peasant that the word culture was born. What is this experience? The work of the farmer transcends making or to put in another way, producing. What he aims at is not products produced only by him but rather the fruits that he receives through work. The peasant can never be a gnostic. He cooperates with the truth of seeds and the earth. The farmer cultivates the earth to bring forth life–he never intrudes upon its sacred mystery. He fits in with the truth of the earth and the seed and creates space so that the future can be born. Indeed, the word culture comes from coleo. This word, being a future participle, indicates the things to be cultivated in order to achieve a future which is-to-come. As a result, cultivation–that is, culture–is connected with unborn life (or rather the future) and thus cannot be separated from death. The seed which is thrown into the earth dies. But by dying in the cultivated soil it gives rise to more abundant life. In the cultural work of the peasant the truth of life is revealed, that truth which tells us that life cannot be reduced to mere function in a given moment. The life of the seed reduced to this level would be nothing else but an object to be used.

The truth of life is revealed in the work of the farmer more as a promise to which he responds with work-filled hope than as a consequence of his making. He places, that is,, trust in the consequences of the truth and goodness of what he is doing today. His work involves placing his trust in the truth of the earth that he is cultivating and in the truth of the seed, and then waiting for the results.... The truth of life is a gift which is-to-come. Man works to receive it.

Within the earth which is man there is a seed thrown there by God The presence of this seed in man transforms him into a wish to be more, a wish which is full of hope. For this reason man as well should be cultivated. He who reduces man to a function in a pro-

ductive sense because of the needs determined by today's world renders him incomprehensible to himself. He is stripped of the ability to cooperate in creative fashion with the future event of being something more. The making that increases the greed of man does not aim at his being himself anymore. In order for him to be born as he is according to the promise contained in that seed, man must respond with the hope which turns his work into culture. In carrying out such work and in trusting to the truth of the earth that he is, and to the truth of that seed which has been thrown into him, man opens to the epiphany of the Gift of life. It is true that the truth is often a difficult gift for man. But it is also true that its consequences alone never disappoint. Indeed, they defend him and defend his freedom. Such work, the Polish poet C. K. Nowid would have said, exists to achieve resurrection.

The Future, or rather the Gift that is-to-come, is the meaning of the life of man. This means that culture, that caring for today from the perspective of tomorrow, would be impossible if life did not have such a meaning. And it is only in that sense that he can defend life against being reduced to mere functioning. Now upon the question as to the meaning of life depends the being or non-being of the culture itself of life. I would like to say between parentheses that the man who does not aim at the Future-Gift, but only at what he already has or will have made, rather than creating *culture*, creates various idolatrous cults of his own invention. For this reason theologians and philosophers who lack culture constitute one of the greatest threats to mankind. The idolatries that they could make us fall into suffocate the spirit and deprive it of truth. The suffocated spirit does not know how to direct or orient scientific research or its results.

Man places the question about the meaning of life in front of death. If he lived without dying his life would have no sense other than that which he imposed upon it. Let us not forget that Adam did not find " help " in imposing it on the " animals " (cf. *Gn* 2:20). The space, then, of culture, is the man who has become a " great enigma " (the *magna quaestio* of St. Augustine) before death. Only the man who asks the meaning of life is able to cultivate it out of fulsome hope. He cultivates it and offers it. " Unless the grain of wheat falls into the earth and dies it remains alone..." (*Jn* 12:24). Man's death, an act performed to give himself to the Other, allows him to understand life. In other terms, the man who is a *magna quaestio*, a question about the Future, has what is worth dying for. Such a man, the man of culture, is even free of his own life.

In the technological civilization in which the truth of life is suffocated by the useful and the pleasurable we are deceived precisely by our own knowledge of how to make, and in the final analysis by those who know how to use this knowledge–that is, the men of power. The times in which we live are deprived of the greatest future of the life contained within it, and experience secularization. secularized man–that is, the man who does not know death and thus life –has nothing to love and to serve to the point of giving up his own life. He becomes a slave of functions and of those who know how to impose these functions upon him. The first function is birth; the second is death. We should not therefore be surprised if " scientific " know-how, together with utility or ease, functions as a criterion for both human birth and human death. If approached in merely scientific terms, the life and death of man easily degenerate into merely political and economic facts. Herein lie the origins of the abortionist or " pro-euthanasia " mentality.

A mentality of this kind is characteristic of the man who no longer builds bridges between the present and the future and has thereby lost his freedom. It is the mentality

Plato would have said of the " simple workman," the *homo faber*. The *homo faber* does not know how to cultivate the present for what is-to-come. Because he is unable to receive and to give, he is not able to create or to die. He looks upon all things, including death and life, as things to do today. At times he meets with success, but he never achieves victory. He consoles himself with the various myths of progress. Guided by these myths, *homo faber* functions according to the logic of mechanical laws, the most fundamental of which is the following: the strongest wins. Led to be a technician and thus to become an object from the moment of his conception, he feels forced to struggle against everybody to defend himself or to be somebody. Dignity is only held by those who defeat others and it is the strongest who wins. Wars arise because of the lack of culture, and because of this lack and because of the poverty of his being, man is unable to bear even himself.

Life is a far too valuable reality to be left in the hands of scientists, politicians, and men of business. They handle it without even being aware of the principles of action–that is, the principles of loving and knowing. They let life fall into a chaos which destroys it. This chaos emerges from a lack of *ordo amoris*, whose logic is to receive and to give rather than to sell or buy everything, even life and death. Is it not possible that the question of how to get out of this scientifically constructed chaos built according to principles of utility and pleasure which have become the criteria of order in the world, is none other than the obverse of the question of how to create culture?

In Plato's opinion slaves can go out of the cave of shadows and opinions as long as they perform at least one act of love. The light of good which radiates from within the man who loves receives the truth of things from the darkness of those prejudices of his which have been created *a priori*. The performance of an act of love involves trusting to the truth of the loved. The peasant's trust in the earth directs him to the truth contained in the earth and at the same time directs the earth to the truth that is revealed in him. The man who loves feels guilty when he does not reply to the truth that calls him to create a new order, a new *kosmos*. Outside of the moral conscience life and with it also death become ugly. To achieve a rebirth of culture, therefore, we must reawaken that moral conscience which has fallen asleep because of the action of various consultants. Such people may well be very scientific but they are also undoubtedly rather unqualified when it comes to matters of truth and falsehood, good and evil.

Truth and good spring from that Thought and that Love which is God. " If you knew the Gift of God...," Christ said to the Samaritan woman who was bereft of the principles of being and acting and treated her life and that of other people as something to be bought and sold. If it is true that it is from the wish for this Gift that the meaning of good and evil, of truth and falsehood, is reborn, then culture, that culture which in turn directs the different branches of science to serve life, is the work of holy men. It is the saints who can save the world because it is they who build bridges between the world of today and the world of tomorrow. Plato would have called them *pontifices*. Without, so to speak, " bridge-building " holiness which is expressed in an intellect united to truth and in a will united to good, culture becomes extinguished. And where culture becomes extinguished, the different branches of science go mad. And it is precisely this madness that we have to deal with today.

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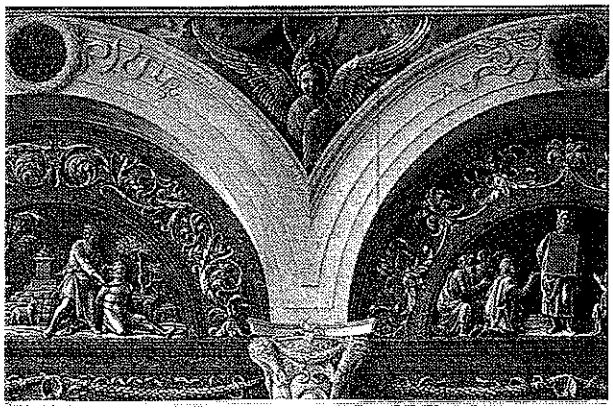


STEFANO ZAMAGNI

Equity, Health, Care and Values: An Economist's Perspective

1. The Inevitability of Priority-Setting in Health Care Policy

No society can afford to offer all its members all the health care that might possibly do them some good Each society has therefore to establish priorities, i.e it has to decide who will get what and, by implication, who will have to go without. Faced with such excruciating choices the general public may well try to run away from the ethical issues raised and delegate such decisions to politicians or to managers or to the health care professionals, who may find themselves facing these issues with very little guidance from society at large about what they are expected to do Worse still, they may find themselves in the unenviable position of having to establish priorities in circumstances in which the rethoric of public debate is dominated by those who say that it is unethical even to embark on the process of setting priorities!

Yet, given that helth care is a scarce commodity, how should it be allocated between individuals? How should the costs of health care be distributed? Should they be met by the individuals who directly benefit from it? Or should they be met by the state, on behalf of the community as a whole? To what extent, if any, should people be responsible for the medical care of others? Should health care be privately or publicly financed and provided?

Health economists and others have given these questions a good deal of attention in recent years. However, most of the work has concentrated on the *efficiency* of alternative arrangements for the finance and delivery of health care; much less attention has been paid to the *equity* of those arrangements. This is unfortunate, because equity is in the forefront of public interest in the allocation of health care. The importance of attaining equity aims, such as " equal treatment for equal need," " equality of access to health care " and similar ends are invariably emphasized in debates on the issue, frequently dominating all other consideration.

Not only are systematic discussion of the issue rare, but such as there are rarely attempt properly to define conceptions of equity in this context, or to locate such conceptions, in a wider philosophical framework. What are the grounds for considering, for instance, equal treatment for equal need or equality of access to health care as reasonable interpretations of equity? Are there occasions where inequity would persist even if either or both of these kinds of equality were achieved? If so is there any other basis on which we can construct an interpretation of equity that could serve as a guide to health policy?

Confronting issues of such a nature, that task of priority-setting becomes an inescapable one. To this end, I will consider how economists have approached these issues, and argue that what they are advocating is compatible with conventional health care ethics. But conventional health care ethics are rather vague about certain key issues, and especially about what constitutes a " fair " or " equitable " system of health care provision, so an attempt will be made to sharpen up and clarify what is at stake here. We need to become more aware of the relative weights actually attached to the different ethical principles by the members of the society we serve, and what these weights imply for day-to-day priority-setting in health care. Here the economists have gove further than any other group of health care analysts in quantifying the implications of ethical positions, with predictably controversial results. But unless the participants in this ethical debate put their principles to the test in this practical way, ordinary memberes of society will be at risk of being misled into supporting fine-sounding rhetoric without realizing where its implementation would lead.

2. The Analysis of Equity

To help to clarify the tremendously complex situation which will face us in addressing the questions above, equity considerations have been divided into two groups, those concerned with *horizontal equity* (the equal treatment of equals), and those concerned with *vertical equity* (the unequal treatment of unequals). In each case we can distinguish three different sorts of element on which equity concerns may focus: structure (resources), process (activities), or outcome (benefits or effectiveness). If the focus is on outcome (e.g. improving the health of young people should have priority over improving the health of old people), this will constrain the distribution of

activities and of resources, since these must be whatever is required for the outcome goal to be achieved. Similarly, if the focus is upon activities (e.g. everyone should have access to the same range of treatments), this will constrain the distribution of resources to be whatever is required to achieve the desired pattern of activities (which will be desired *per se*, not because of its outcomes, since in this case there is no equity interest in the outcomes themselves, which may be whatever they happen to be). Finally if the focus of equity concerns is resources (e.g. average expenditure per capita should vary by age in the same manner no matter where people live), then this has no particular equity implications for the distribution of treatments or for the distribution of outcomes (which will then be determined by the efficiency objective). For this reason it will generally not be possible to fulfil two equity concerns which are focused on two different elements. For instance it will not generally be possible *both* to have average expenditure per head varying in the same way by age wherever you happen to live, *and* for each person (irrespective of age) to have access to the same range of treatments. That combiantion would require (*inter alia*) an identical age-distribution of the population everywhere (so that total expenditure per capita were equal), and the costs of providing treatments to be the same everywhere (so that the same array of treatments could be provided out of the set amount of expenditure per head).

It will also be useful to distinguish between health and non-health characteristics of individuals (such as age; sex; family situation; race; lifestyle; occupation; wealth), since either or both of these may be regarded as proper ethical bases for declaring people to be " equal " or " unequal " In what follows it will be assumed that the efficiency objective is being pursued (i.e. the maximization of health benefits irrespective of who gets them), so that the equity issue concerns the extent to which the particular distribution of benefits which results from the pursuit of efficiency should be modified in some way or other (cf. Williams, 1994).

2.1. *Equal Treatment for Equal Need*

The idea that each individual with the same " need " for health care should receive the same treatment is of considerable intuitive appeal. This in large part derives from its principal implication: that the distribution of medical care should be independent of the distribution of income, wealth or any other form of economic or political power. For it does seem unjust if, of two individuals with the same diagnosed illness, one receives better treatment than the other simply because she is wealthier, better educated, or has more influential connections.

There are obvious problems with the interpretation of this concept in practice, notably with the interpretation of need. But this is not the issue I want to address here. I shall simply define need in terms of ill-health and ask the question whether it is always the case that equal treatment for equal need (equal " amounts " of ill-health) is equitable and unequal treatment for equal need inequitable.

Consider the example used by Glover (1977, p. 225). Suppose there is one place in the intensive care unit, and two people in need of it are brought into the hospital. One is a seriously wounded bank robber and the other is a man who was equally seriously wounded when he heroically went to the aid of a policeman under fire from the bank robber. Who should get the place in the intensive care unit? Most people, Glover thinks, would opt for giving the place to the " hero "; he in some sense deserves the place by virtue of his actions, while the bank robber has disqualified himself for the same reasons.

But what of situations where resources are less scarce? Should the only consideration determining the allocation of medical care be need? Some would say yes: for Bernard Williams (1962), " the proper ground for the distribution of medical care is ill-health " (p. 121). Goodin (1988) also argues that " needs trump deserts," although he does allow for the use of desert example (pp. 296-8). However, it is not clear why, if deserts have a role in breaking ties, they do not have a role in determining the allocation of resources in other situations. The single emergency bed is simply an extreme example of scarce resources; in practice, resources are always scarce to some degree, and priorities will have to be established. " Need " will undoubtedly be an important criterion in determining priorities, but it is far form clear that it should always be the dominating criterion.

A way out of the difficulties posed by these examples is to argue that the focus for equity purposes should be upon equality of opportunity or access, rather than on equality of treatment. Individuals should have the same opportunity of treatment; whether they choose to avail themselves of that opportunity is up to them. However, this too presents difficulties.

2.2. *Equality of Access*

Equality of access and equal treatment for equal need are often confused. But as has been pointed out by several authors (see, for example, Mooney, 1986, and Olsen and Rogers, 1994), access to treatment is purely a supply-side phenomenon, whereas the amount of treatment actually received depends on the interaction of both supply and demand. So people may have equal access to treatment; some may choose to accept the treatment on offer, but some may not. In such a case there would be equality of access, but not equality of treatment.

Equality of access can be defined in a variety of ways. One is that all individuals should face the same prices (monetary and non-monetary) for medical treatment (Le Grand 1982, p. 15; Mooney 1986, p. 108). If some individuals are charged more than others, or they have to travel further, or they are required to wait longer for medical treatment, then they face a higher personal cost of treatment than others and hence there is inequality of access.

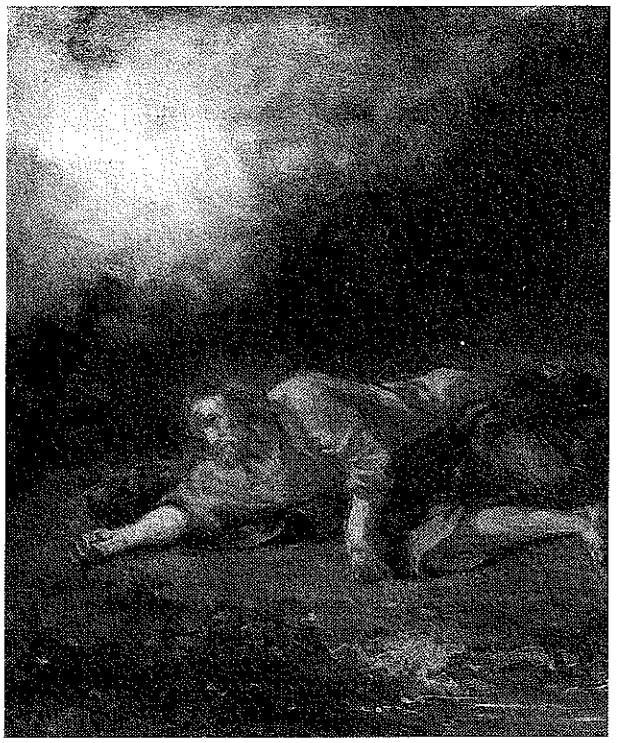
However, equality of access in this sense may well conflict with

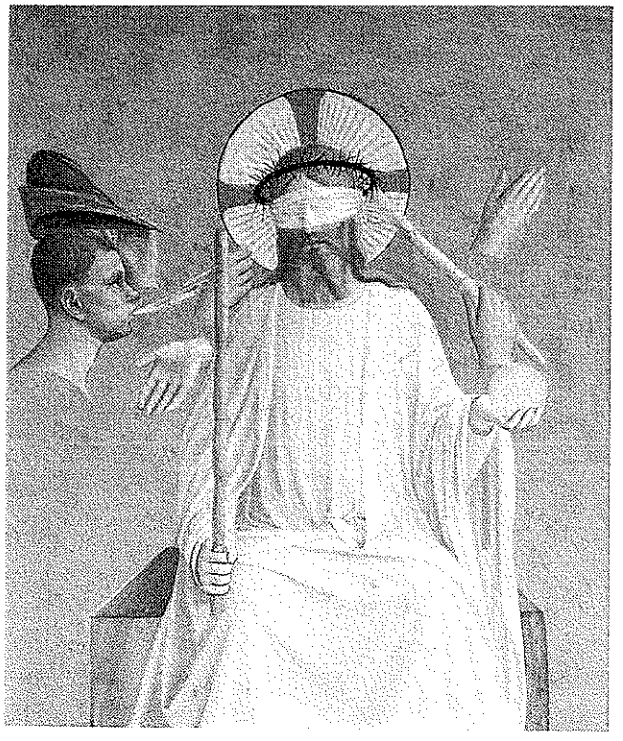
intuitive conceptions of equity. To take just one example, suppose some wealthy individuals choose to buy a country house in a remote rural region. Do they have the right to expect the same access to top quality medical facilities as anyone else? Should expensive facilities be built in the region in order to bring their personal travel costs down to, say, those faced by the residents of an inner-city area close to a teaching hospital? Or should helicopters be laid on for their special use at no charge?

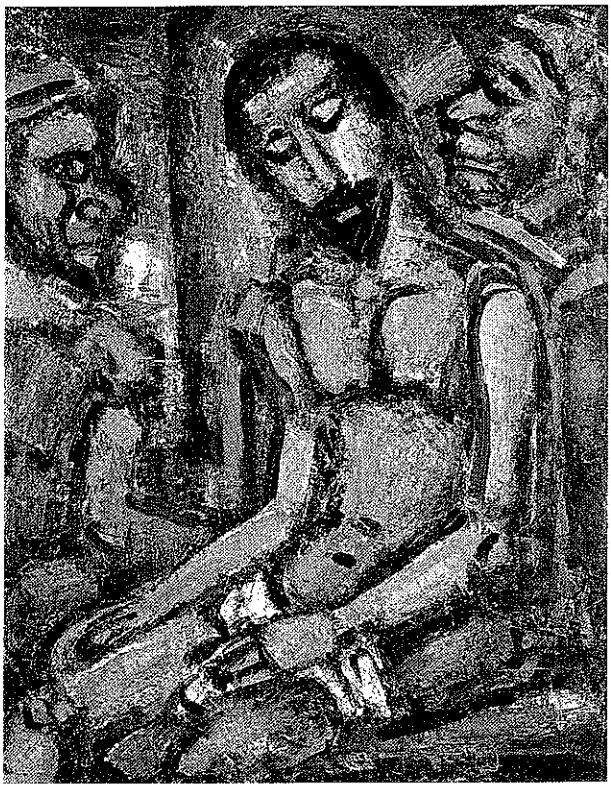
To answer no to these questions is not to imply that *all* people who live in remote areas should not have equality of access to health care facilities. Poor families, or those who for some other reason are " locked into " a location that is poorly endowed with facilities, could well be viewed as suffering inequitable differences in access. But there does not seem to be so strong an argument for equality of access for people who have freely chosen to live in those areas. More generally, where people have a degree of choice about their situation and therefore about their access to medical or other facilities, any resultant inequalities in access do not seem to be necessarily inequitable.

But, as has been pointed out by Olsen and Rogers (1994), there is a more fundamental problem with the definition of equal access in terms of equal prices. Most people might agree that if, for reasons beyond their control, people with the *same* incomes faced unequal prices, then there is indeed inequality of access. But the idea that equal access would be obtained if people with *different* incomes faced the same set of prices might be less acceptable. A poor individual paying the same price as a rich individual will be making a larger " sacrifice " in some sense and therefore will not have the same access to the commodity concerned.

What this argument suggests is that questions concerning the equity of the distribution of health care cannot be separated from those concerning the equity of the underlying distribution of health itself. And this needs some more extensive discussion.







2.3. *Equality of Health*

Although, as noted above, there has been relatively little discussion of the meaning of equity in the context of health care, there has been even less of the meaning of the equitable distribution of health? Should the aim of an equitable health policy be to equalize everyone's health states, so far as that might be possible? Should the aim be to promote equal access to health? Or are there reasons why, on the grounds of social justice or equity, some people " ought " to have better health than others?

The failure to address these questions is in some ways rather curious. To focus on the equitable distribution of health care rather than on that of health itself seems to be putting the cart before the horse. Presumably, the concern for the equity or otherwise of a particular distribution of health of the individual in receipt of such care. If that is the case, then the equitable distribution of health care can only really be equitable if it contributes to an equitable distribution of health. Establishing the meaning of the latter ought therefore logically to be prior to establishing the meaning of the former.

One possible justification for concentrating on equity in the context of health care rather than in the context of health is because health care can be distributed or redistributed by acts of policy in a way that health itself cannot. Since individuals' health is located within themselves it is impossible to take away someone's health and give it to another; that is, it is impossible to " redistribute " health. One the other hand, it is possible to redistribute health care facilities between individuals. Hence, it could be argued, health care is amenable to policies concerned with promoting equity in a way that health is not. Therefore, it makes more sense to talk of the equity or otherwise of the distribution of health care than of the distribution of health.

But this is not very compelling. Although in one sense it is true that it is impossible to redistribute health, this does not mean that the distribution of health is insensitive

to public policy. For it is obviously possible to influence by policy many of the factors that *affect* health, such as nutrition, housing and work conditions, and, of course, medical care itself. Moreover, the factors that affect the consequences of ill-health are also amenable to policy: the distribution of spectacles, or of aids to the disabled, for example. Hence, any evaluation of the relevant policies must involve an evalutation concerns equity, then it is essential to have a conception of what constitutes an equitable health outcome.

Perhaps a more convincing explanation of the absence of discussion concerning the meaning of equity in the context of health is that it is automatically presumed that here at least inequality means inequity. For instance, in the extensive literature on the extent and causes of inequalities in health there seems to be an unquestioned assumption that such inequalities are automatically unecceptable (see, for example, Black 1980, p. 3).

But, again consideration of some simple cases suggests that the link is by no means automatic. Do heavy smokers who contract lung cancer have the same claim, on equity grounds, to resources to restore them to full health (so far as that might be possible) as non-smokers who contract the disease? Are dribers who refuse to put on seat-belts, or motor-cyclists who refuse to wear helmets, entitled to as much compensation in the event of an accident as those who do take those precautions? More generally, should not those who consciously and voluntarily assume health risks in order to undertake some activity solely of benefit to themselves bear the consequences if these prove adverse?

3. Quality as a Measure of Good

The time has come to turn to the economists' own distinctive contribution to the debate about priorities and health care ethics, which has centred on the quantification of the efficiency-equity trade-off. The pursuit of efficiency has been interpreted as the maximization of improvements of health, where health is defined as improvements in the lenght and quality of people's lives. Those two elements have been fused into the concept of the " quality-adjusted life-year " or QALY, the basic idea being that if a year of *healthy* life-expectancy is worth 1, then a year of unhealthy life-expectancy will be worth less than 1, and will be worth less the more unhealthy it is (this is the quality-adjustment element).

Qalys are only concerned with *benefit* that will result from each of the alternatives. Consequently, they cannot entirely determine which decision is the right one. The friends of qalys have not always acknowledged this unnecessarily to attacks from their enemies. The main objection raised against them is that their use is unfair (e.g. Harris, 1987). Qalys certainly do not take account of fairness; they cannot be expected to. Fairness must be considered separately (see Broome, 1988). Nevertheless, benefit is plainly important, so qalys have an important role open to them. However, how well does the total of qalys produced by an action measure its benefit? This is the key question I want briefly to discuss.

There are two ways of producing qalys. One is to prolong a person's life or make it better. The other is to bring into existence a new life. A decision made in medicine will often do both. For instance, if a child is saved she will probably later have children herself, who will enjoy good lives. What is to be done about this? Should one give equal value to qalys brought about by either method? Should they have a different value? Or what, Traditionally, qalys brought about by creating a new life are not counted at all. This traditional procedure seems intuitively natural, but it encounters two problems, one practical and the other theoretical.

The practical problem is that it leads to an anomaly at the borderline between creating life and prolonging life. A study by Byle et Al. (1983) attaches a high value to saving the life of a prematurely-born baby, because if the baby survives she will gain a whole lifetime of qalys. It seems a little odd that saving a baby should be valued so much higher than, say, saving a twenty-year-old. Kuhse and Singer (1988), commenting on this study, point out how particularly odd it would be unless a similar high level is attached to the life of an unborn foetus. But it is not at all clear how the traditional procedure should be applied to a foetus. It matters crucially in this procedure wheter an actin counts as prolonging the life of an existing person, or as bringing about the existence of a new person. So it matters crucially when a person comes into existence. Once she exists, all her future qalys will count; up till then, none of them.

The theoretical problem is to find a sound justification for the traditional procedure in the first place. Philosophical support for it can be drawn from an argument of Naverson's (1967). Naverson argues that a benefit has to be a benefit to somebody and that a person is not benefited by being brought into existence, even if her life is a good one. If, therefore, an action brings it about that someone exists who would otherwise not have existed, that person's well-being is not a benefit arising from the action. This surely expresses the intuitive attraction of the traditional procedure. The qalys of new people are traditionally not counted in the calculations because they seem not to represent a benefit to anyone. Naverson's argument leads us to the following principle for evaluating two alternative actions: the better action is the one that is better for those people who will exist whichever action is done. This principle would support the traditional procedure. Unfortunately, however, it turns out to be unacceptable. The most serious objection is that one can find examples of three alternatives A, B and C, where the principle says A is better than B, B better than C and C letter then A. This is a logical contraddiction: a principle that implies a contradiction cannot be correct (Broome, 1991).

I think it may be possible to find a philosphically defensible way around the practical problem; but I suspect the theoretical problem is insoluble. I suspect the traditional procedure has no sound justification. An alternative is to count in favour of an action all the qalys the

action brings about, including those enjoyed by people it brings into existence. The value of saving a person, for instance, would include all the qalys of her descendants. For decisions that affect which people exist, no principles of evaluation have been found that are free from problems. Consequently, we have no unproblematic way of using qalys in those medical decisions that have such effects. This is a large fraction of all medical decisions. Moreover, the difficulties may spill over into other medical decisions too. If we doubt there should be a large should be a large difference between the value of saving a premature baby and the value of saving a baby is really all the qalys in the rest of her life. It may cast doubt on our whole way of using qalys. The problems raised in this section are serious and fundamental. They afflict the whole of decision-making in matters of life and death, and they remain unsolved.

4. Bringing the Good Back In

Obviously, these ideas need further development. The foregoing discussion has been conducted at a high level of abstraction, concentrating on issues of principle and setting aside the severe practical difficulties that confront us in implementing such a system. But it is important to have a sense of vision to guide our endeavours as professionals concerned on a day-to-day basis with improving the provision of health care in our respective societies. Economists working on the prioritization of health care should develop a framework of thought in which ethical issues are to be considered in practical manner.

It is well known that in their early history the social sciences, and economics in particular, included a moral dimension, which remained until quite recently. But from about the time of the first world war, values were increasingly banned from social science by those favouring approaches that viewed ethics as inappropriate to the study of society based on natural science models. On the contrary, it can be argued that value

judgements can be made as sound, logically and empirically, as scientific predictions. Scientific method, that is, can be used to justify assertions about what *ought to be* just as they are used to justify assertions about what *will be*. Moreover, given the growing recognition of the uncertainty of scientific knowledge itself, value judgements may be as open to valid grounding as are assertions about what was and what is.

I really believe that it is time for social scientists to bring the good back in, making value assertions a part of the critical discourse of economic science. To do so one must contend not only with the positivist view, but also with the post-positivist views that have encouraged subjectivism and ethical relativism. In this way, moral discourse can become a part of the critical discourse of economics, and economics can become a foundation for the objective exploration and evaluation of image of a preferable future.

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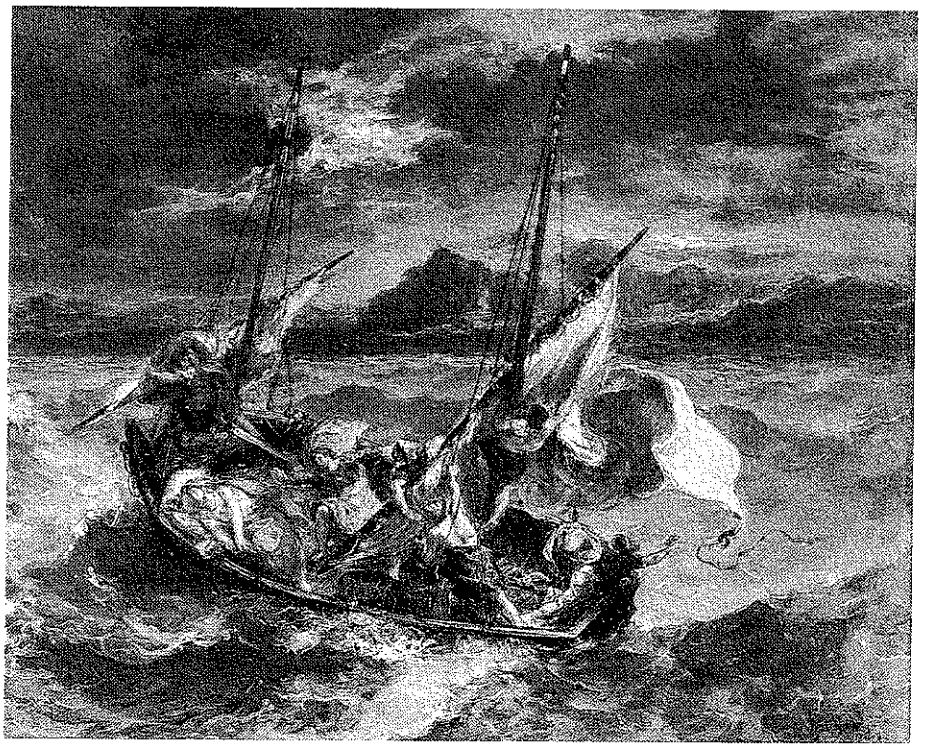


JOSEPH JOBLIN

The Point of View of the Sociologist

All believe they know what life is because they have a direct experience of life. But this does not mean that its real essence is known or that one knows where it is going to or where it comes from. Over the millennia men have sought to propitiate this force, whose presence they have felt. They understood very early on that life obeyed its own laws and they strove to understand what these laws were. Today, they think that they can penetrate its deepest inner secrets. This attempt, which is undertaken by science, has very important consequences for man himself.

Scientific activity has as its aim the satisfaction of that curiosity which leads scientists and scholars to penetrate the secrets of the universe. Whether it is a question of building a bridge, entering the unknown spaces of the stars, or gaining control over the mechanisms by which life is transmitted, the scientist constantly seeks to extend his dominion over the elements of nature.

There can be no doubt about the beneficial results that certain scientific discoveries have had for humanity–Pasteur's discovery of vaccination, for example. But at the same time the value of other discoveries has not been so clear cut. I am thinking here of atomic energy. Other discoveries may certainly be deemed contrary to the interests of man–the creation, for example, of chemical weapons. For this reason, the results of scientific activity cannot be divorced from an ethical approach to life. The bestowing of an aura of absolute objectivity on science must be questioned once again. Indeed, science is part of a project which has a certain vision of human life. It must not be seen as an independent entity which creates its own ethical rules. The goal that a research or scientific team gives to its own activity depends upon the idea of life which they take as their starting point–in a word, their culture. There is therefore a link between science and culture.

It is no easy matter to give a precise meaning to the term " culture " One of the first definitions to be made was that offered by E.B. Taylor in his work *Primitive Culture* published in London in 1871: " Culture (or civilization), taken in its widest ethnographic sense, is that complex which includes knowledge, faith, art, morality, law, custom and every other talent or habit acquired by man through being a member of society." Culture here is seen as being specific to man. It is that synthesis which enables a human group to answer questions posed by its individual members: What is life? Where does it come from? Where does it go? What are the responsibilities of the present generation towards subsequent generations? Religion is the central nucleus of each culture. It bases the answers to these questions on an absolute vision of existence.

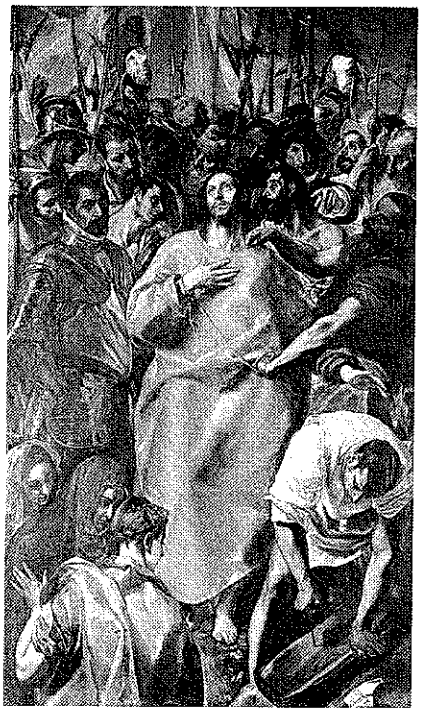
I. The Science/Culture Debate

The traditional relationship between science and culture. Down the centuries national societies and the agreements to which they gave rise were homogeneous enough to give the same answers to the questions we have just asked. It followed that in each society ethical considerations acted to control and govern scientific activity, even though such activity if compared to what we know today was very circumscribed. On the whole, the relationship between science and culture was not of a conflictual nature.

The relationship between science and culture in our times. Contemporary industrial society has lost that cultural homogeneity which was safeguarded for centuries (and even for millennia) by other civilizations. Those societies which have entered the modern age have become pluralist. After making economic, scientific and technological progress the reason for their existence, these societies have come to realize that this development will become even greater when they manage to make all races, creeds and religions work together in an attempt to increase knowledge and capacity. In a word, and without formulating an explicit theory, science has become something for its own sake. It accumulates knowledge and ways of behaving much as books are stored up in a library. There is a vast quantity of neutral data which man is invited to use in order to answer his vocation to penetrate new mysteries of knowledge without ever ceasing in this endeavor. His responsibility is based upon the use that man makes of this knowledge to explore new opportunities, even though a fixed principle is that man does not have to worry about the value in itself of the object of his inquiries. A new relationship between science and culture thereby becomes established. By definition science must

free itself from being controlled and governed by culture. The conquest of the secrets of the universe finds its legitimation in itself. It is thought, therefore, to have an intrinsic value, a value which nobody has the authority to judge, least of all old cultures which are thus seen as obstacles on the road to progress and advance. In modern society the relationship between culture and science has become conflictual.

The apparent impossibility of finding a solution to this conflict between science and culture. A first sight it might seem impossible to find a solution to the conflict between science and culture. There are two arguments. One maintains that culture is the controlling principle of every form of human activity and is thus the judge of the orientation given to scientific activity (at this stage we will leave to one side the question of how we can know which culture would be most suited to such a role). The other argument sees every step taken by science as an advance. Research must be left totally free and it is for man to decide (using his own cultural framework) how the fruits of this research should be used. In support of this last argument there is the fact that the scientists who created nuclear energy were engaged in pure research and that after atomic energy was used against man it was used to his ever greater advantage.



II. Towards a Method by Which to Clarify the Science/Culture Debate

No rational argument exists which enables us to decide between these two positions. One calls upon culture to judge scientific activity and the other believes that scientific activity constitutes a justification in itself. The proponents of each of these two theories are absolutely convinced of the truth of their approach, upon which they bestow a total value which is almost religious in character. This, in turn, renders them almost completely closed to other arguments. It is therefore necessary to go beyond mere rational methods if we want to throw effective light upon this debate.

A method by which to examine the contrast between science and culture. A passage from the encyclical *Redemptor Hominis* puts us on the right track. After observing that " peace comes down to respect for man's inviolable rights " (§ 17), the Pope is inevitably drawn towards affirming that despite the speeches made by heads of government and heads of state which proclaim their attachment to these rights, the rights of man are constantly violated and peace is seriously threatened. Starting with the fact that there is a contradiction between the programs of governments and their actual behavior, as is the case with the peoples they govern, His Holiness concludes:

> " If, in spite of these premises, human rights are being violated in various ways, if in practice we can see before us concentration camps, violence, torture, terrorism, and discrimination in many forms, this must then be the consequence of the other premises, undermining and often almost annihilating the effectiveness of the humanistic premises of these modern programs and systems. This necessarily imposes the duty to submit these programs to continual revision from the point of view of the objective and inviolable rights of man."

Thus does the Pope refer to the experience of social realities to complete this simple argument. It is from its fruits that one judges a tree. It is from this point of view that we should decide what is and what is not acceptable in the whole science/culture debate.

Only the *values of life* can be allowed to judge science. We should start from this principle because it is the basis for every concept of existence. Scientific research and activity must therefore be considered in a positive way every time that they contribute to the development of life and every time that they become part of a culture of life. But what is LIFE?

III. Reflections on Life

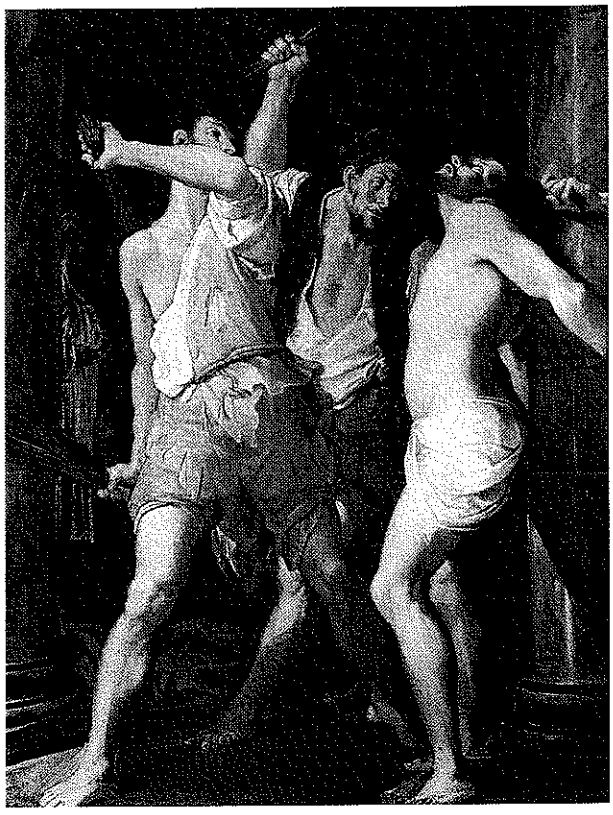
What definition should we give to life? It seems to be an indefinable element. It is seen as a reality

whose nature cannot be understood. It is first and foremost a fact in the way it presents itself to us. Everywhere it expresses itself it is recognized as being the source of a *creative dynamism*. Nothing seems to be able to stop it because although each of its specific expressions is destined to die and can, at any time, be destroyed by a mere nothing, it is nonetheless born again in a process which has no end.

Life is the opposite of death. Just as the latter is an evil, the former is a good. All cultures agree on this point, even modern culture. Traditionally, cultures have bestowed a value of sacredness on life. Indeed, man is not its master. Life is given to him and is taken away whatever his actions may be. This takes place at both an individual and a collective level. It is a force which includes everything because the individual does not seem to be of much importance in relation to the species as a whole, and the species itself is destined to disappear in the interests of that wider phenomenon which is LIFE.

– *"Spiritual development"*[1] *characterizes human life*. A reflection on the phenomenon of life enables us to classify the forms it takes. The participation of living creatures in this spring called LIFE is not always the same. Man is the only creature to be fully aware of death and in all civilizations he has sought to govern this perspective –this knowledge he has of the finite nature of his existence–through culture. Men are not the only living creatures to live in society–that is to say to attribute a role to the individuals which go to make up society in the same way as they give a role to things which they use. But only men are aware of their individual and collective identity and express this identity in a certain number of rules which become acquired and suitable forms of behavior by which to deal with life. But whilst in the case of animals one is often dealing with innate forms of behavior which are handed down through the generations without changing, the same is not true with regard to man. For man, forms of behavior are acquired, transmitted through upbringing, and liable to modification. The complex of these forms of behavior is fixed through being placed in the realities of values shared by a group of humans. Religion confers an absolute and fundamental character on these values. Art is a symbolic expression of the relationship between the real forms of existence and what man believes existence could be.[2]

– *The wish to engage in a "spiritual development" of life is borne out by an increasing internalization of human psychology*. One thing stands out when one considers contemporary man–an *increasing complexity* of the expressions of life on both the spiritual and biological levels and the individual and collective plains.



At the present time we know that life has existed for millions of years, that at the beginning simple life forms appeared and that afterwards organisms of an ever increasing complexity came to cover the earth.

The increasing complexity of life forms has not suffocated man's sense of individual responsibility. In becoming increasingly aware of the ever more complicated relationships which condition him, man has been led to a greater *internalization* in order to conserve his own identity within society.

Contemporary man seems to have arrived at a *crucial point* in his evolution. Faced with the opportunities provided by science, he is called upon to choose those paths which will most help his spiritual development.

– *A recognition of a feeling of the common responsibility of the generations* has always accompanied man in his attitude to the meaning of his responsibilities. In all cultures there is a shared characteristic–namely, dependence of the present-day generation on those

which preceded it and its responsibilities towards those generations which will follow in the future. The Bantu civilizations expressed this concern very well when they declared that the present generation must hand on what it has received from previous generations intact to generations to come [3] This behavior is based upon religion and is therefore given a sacred character. It well explains the static quality of many of the civilizations of the past, even though conditions existed for the development of science Culture acted as a brake on research and thus on its own advance.

own devices. This new mental approach was to change the relationship between man and science.

Did the wish of Western man to dominate the forces of nature and to use them for his own ends imply a rejection of God, as is often argued? The question should not be posed in these terms. In the first place an imprecision is involved. *Opposition between science, on the one hand, and religion, on the other, does not exist.* Certain deeply religious minds have participated in the advance of a scientific world which has since become a part of our common heritage. After the Renaissance scientists began to ob-

the finite nature of man–but in the way in which this was developed and carried forward

A scientist of our own day has stressed the role played by the Roman College in this process. Under the influence of P. Calvio this new approach to reality was spread throughout Europe and the Americas [4] The fact that the instruments of observation placed man in contact with complicated realities the existence of which had not hitherto been suspected made their analysis necessary to their understanding. The scientific spirit was coming into existence The idea was to isolate some of the component ele-

IV. The Existence of a Governing Norm for Scientific Activity

At the end of a long process, within Mediterranean culture there prevailed a culture within which religion ceased to act as a brake to the advance of science. Indeed, it gave man the reasons to dominate the world around him. Within other civilizations an attitude of submission towards nature was conserved and placed within men's souls. But within Mediterranean culture men gradually detached themselves from this way of looking at things and dedicated themselves to subjugating the forces of the world and using them for their

serve astral phenomena One of the reasons for this lay in advances in optical technology due in large part to Galileo. These steps forward allowed a discovery of those strange and wonderful realities which stood behind what had always been believed to be the final realties of things. Pascal, Mersenne, and Bacon were moved by wonder when they contemplated the marvels of the infinitely small and the infinitely great What was new about all this was not the way by which these minds approached the very small and the very great–something those of a spiritual frame of mind had always done in order to show

ments of reality and to subject them to special observation. The danger of this approach would become apparent with the passing of time Indeed the researcher would come to consider the portion of realities he studied as constituting a separate whole obedient to its own laws and to its own logic, and he would do this without reference to the overall whole to which they belonged The scientist was no longer to study human phenomena in their totality but in their individual manifestations and without reference to the overall human whole of which they formed a part. One human reality seemed to exist be-

yond his psychological control or rather, as in materialism, the spirit was thought to be nothing else than a product of matter. Henceforth nothing would be denied analysis or experimentation because of its nature and " the living world would be freed from any idea of the transcendental, from any factor whose cause was not amenable to knowledge."[5]

Whether or not the materialist vision of life is subscribed to, the fact remains that all scientific minds uphold the idea that they are directing their inquiries towards an overall interpretation of existence, and that this is seen as having the value of an incontestable absolute principle. They are servants of an active culture which, *volens nolens*, is dependent upon a philosophy and an anthropology. They submit themselves to its logic. For example, it is impossible to understand how a biologist could erect a barrier to deviations in scientific research given that he is equipped solely with the ethics of the value of his own research. How could he oppose the will of an authority which believed that a certain category of men deemed inferior could be used in medical experiments and research if he was armed only with his own techniques and methodical processes and had himself already argued that experiments on human embryos were acceptable? If the Aztecs sacrificed their young prisoners to their gods in order to gain their favor and to acquire strength, is it not also perhaps true that human beings in the twenty-first century may be preparing to carry out such rites within the context of their own civilization?

A vision of life influences human behavior because behavior always tends to correspond to ideas of what is good, true and right held by those who are responsible for such behavior or of the civilization to which that person belongs. If it is true that today There is an encounter between science and the culture of life, this is not because man has conquered a new freedom (namely the freedom of research) but because the West, where modern science has taken great steps forward, has changed its overall philosophy by which life is interpreted and because the social forces which are ascendant in the West no longer call upon religion to give a meaning to life. But this does not mean that a development of modern science outside the contours of a culture based upon religion necessarily guarantees that life itself is better served

V. The Need to Situate Science in a Culture of Life

In societies termed traditional man could try to understand the laws which determined events but he did not try to change them. In societies termed modern man claims to have the power and the vocation to organize the world " in his manner "[6] It is certainly true that the scientist is always encouraged to act in the most favorable way possible to the development of life. But he is not immune to error in this field. What modern society has to do is to choose the right path by which to achieve a balanced relationship between science and culture.

The sociologist can have a dual approach in relation to the need to clarify the relationship between science and culture. On the one hand he can be content to observe the broadly stable equilibrium which has been established and to evaluate the chances of duration given the processes which are at work. On the other he can be aware of it and see it as a fact which must be understood to the full, including its origins. He can measure its depth and strength in order to evaluate the impact it will have on the evolution of humanity. He can study it scientifically and proffer an explanation which may act as a guiding hypothesis for his future inquiries. The second approach is the one adopted here. Indeed, man is a thinking being who wants to understand his situation in the world in order to deal with it in lucid fashion.

The sociologist who wants to understand and explain social movements is involved in a debate about the meaning of human life. This debate is not only of an intellectual character, it also has an ethical-social dimension. It is certainly true that ideas retain their importance and must be the object of

constant re-evaluation. But given the widespread doubt which characterizes present-day generations, the peoples of the world are searching for what works to the benefit of man. The deviations of totalitarianism taught that the nations should not look to ideologies for ideas about what paths should be taken. On the contrary, they should examine the various interpretations of human life which are proposed to them and recognize which ones offer the best ways of serving man.

If today's Christians really believe that Christ is the perfect man and that his teachings can lead man to salvation, then they will shine forth virtue in their own spheres of action and thus lay the bases for an authentic culture of life.

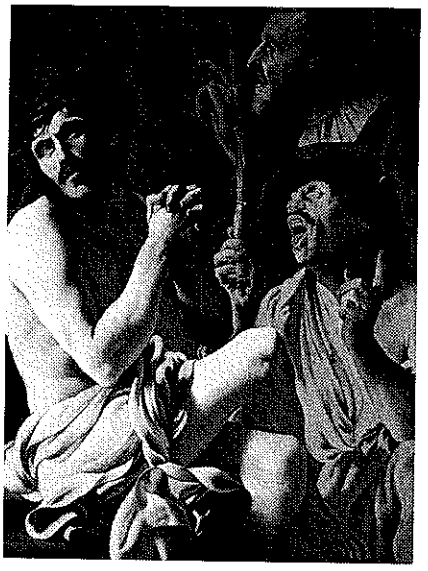
Certain Features of a Culture of Life

The thought of believers of the modern age has been rather late in devoting attention to what could actually constitute a counter-culture of life in relation to man's dream of being the sole arbiter of his destiny and of not having to take account of objective considerations of an ethical character in carrying out his scientific activity. Here I will confine myself to observations on what the nature of this counter-culture could be and what its instruments might be.

The Content Which Must Be Offered by a Culture of Life

– *An overall explanation of human existence* Man has never been able to avoid referring to a system which explains the universe. The human species is the only species to ask questions about the causes and effects of the phenomena which it observes. One of the most interesting sketches found in the pre-historic caves of Lascaux is a drawing of a man killed by a bison to the indifference of the animals in the vicinity. From the nature of the drawing, however, one can well grasp the distress of the artist–he is the only being who asks about the meaning of his existence.

– *Safeguarding and adapting the experience of generations* Down the centuries man has had to face new realities which raise doubts about the previous scientific explanation that he had given of life. He has tried to make this explanation more accurate and has fused continuity with the new. There is indeed a *continuity in human history* because the point at which humanity has arrived is the fruit of free decisions taken by man. These decisions have tended to *harmonize the intangible fundamentals* of the human condition *with the challenges of the present* They have separated out what is essential from what is the product of specific historical circumstances within received tradition. The distinction made by populations between what exists in a permanent fashion and what is transitory is connected to their ideas about *service to life*. Its content is not determined by the weight of arguments advanced by various positions. It is the peoples themselves who go where they think they will find freedom, truth, equality, solidarity and all those values without which they think life would not be worth living. These values are at the origins of a culture which supplies orientations to science.



The answer to the science/culture debate certainly depends upon the formulation of a coherent interpretation of human life But this is not enough. The peoples must also find in the behavior of believers an answer to their spiritual aspirations and ambitions.

Some means offered to Christians by which to take part in the formation of a culture of life. I would like, in conclusion, to direct attention towards three points which it seems to me we must reflect upon if we want to reconcile the contemporary perspectives of numerous scientists with the cares and concerns of Christians

1. *Christian education* must strengthen the personality of the believer. It must develop a spiritual approach which *in a negative sense* induces within him a revulsion towards programs for the future which enslave the individual. *In a positive sense* it should enable him to discover that he has the power to insert the values of the " civilization of love " into reality and into

his environment. A rejection of attacks upon the integrity and the life of people finds the reason for its existence in this approach. It springs from a desire to respect the transcendent value of each human being in each and every circumstance.

2. An approach of this character is the fruit of an education which leads each individual to make his own that belief which at its essence is anchored in faith. Thirty years after the end of Vatican Council II it is a good idea to ask ourselves about the ways in which we have reacted to its warning about the separation of doctrine from action, that principal cause of the religious crisis of our epoch.[7]

3. One individual alone cannot substitute a social fabric with another. In discussing this question with the faithful gathered outside Spire cathedral, John Paul II reminded us that personal commitment and an upright life within one's own environment are indispensable. But he went on to say that individual initiatives are not effective unless they are joined to those of others. The spread of an Christian culture within the professional environment has been made possible in large measure by the silence of Catholic professionals. These last have not found in *ad hoc associations* that type of environment in which they could compare their reactions to certain changes and developments. Furthermore, they have not been able to promote public debates which might have encouraged their professional colleagues to face up to their responsibilities. John Paul II has often spoken (and in a variety of circumstances) to Catholic international organizations. He has emphasized their important role as *mediators*[8] between the questions posed by professional environments and the teachings of the Christian. A greater attention must be given to the creation of currents of thought by means of which (and notwithstanding their large number of commitments) scientists and professionals from the medical field can acquire a more precise vision of their responsibilities within their own work environments.

Conclusion

Science and culture are not in opposition. Some scientists condemn the " restrictions " that this or that cultural tradition is said to impose upon them and complain about their arbitrariness and *a priori* approach. These scientists believe that they are striving after a freedom which would not involve restrictions of any kind. But in reality they are seeking to substitute one interpretation of experience with another.

Sensitive phenomena cannot be understood by intelligence without being linked to an absolute principle of interpretation. From a sociological point of view this could be called a religious vision of existence. Men of science, even those who are most positivistic in outlook, justify their activity with reference to the basic principles of a culture.

The sociologist does not judge the various hypotheses of action placed before each generation. He observes that each culture bestows a different function on science. He also observes that the Promethean dream of Mediterranean civilization often leads to a humiliation of man if that dream is pursued without reference to objective ethical rules. The Pascal phase then comes into play–he who strives to become an angel ends up a beast.

The encounter between science and culture in contemporary society illustrates the deep disturbance of man in relation to the " situation limits " through which he seeks the path to " material progress and spiritual development " He " is engaged in waiting for a new Renaissance, the arrival of a time when the value of life and the greatness of man will be recognized–man in the full exercise of his responsible freedom, man the spark of the spirit, the creature of love "[9]

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[1] INTERNATIONAL WORK ORGANIZATION, *Philadelphia Declaration*, 1944: " all human beings, of whatever religion, race or sex, have the right to seek their material progress and spiritual development."

[2] P. MICCIOLI, *Il riemergere della domanda religiosa* ', in L'Osservatore Romano, 14 June 1991.

[3] BIBOMBE MUAMBA, *L'Afrique et le droits de l homme*, in International Federation of Catholic Universities (ed.), *Image of Man in Human Rights Legislation* (Herder, Roma 1985), p. 144.

[4] J. BLAMONT, *Le Chiffre et le Songe Histoire Politique de la Découverte*, O. Jacob, Paris 1993, p. 942.

[5] F. JACOB, *La Logique du Vivant Une Histoire de l Hérédité* Gallimard, Paris 1970, p. 183.

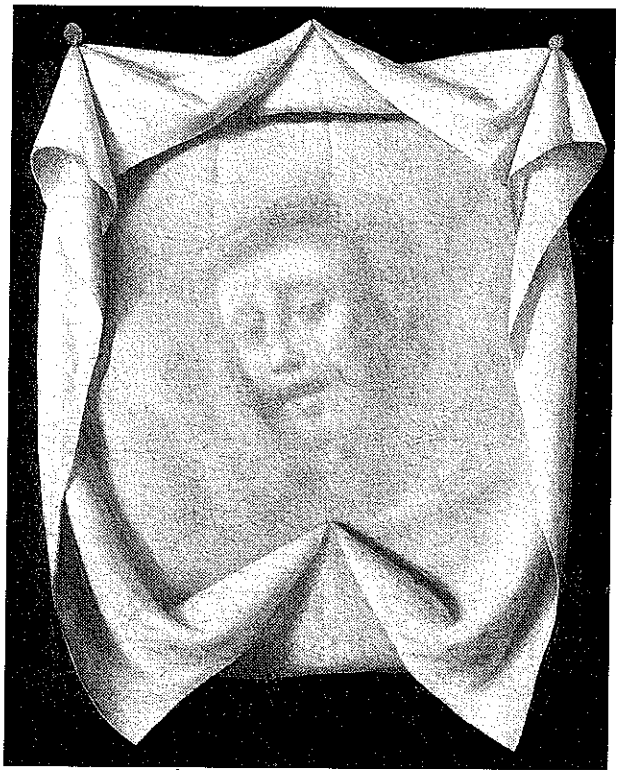
[6] PIUS XII, *Christmas Message*, 1956.

[7] *Gaudium et Spes*, § 43.1.

[8] Chiefly during visits by John Paul II to Centres of the Conference of International Organisations at Geneva and Paris (1982).

[9] M. MAROIS, *La Légende des Millénaires Réflexion sur la Vertige de la Science et de la Condition Humaine L'Aghe d'Homme* Lausanne 1992, p. 117.

Round Table



Life: The Religions in Dialogue

GEORGES M. MARTIN COTTIER

The Catholic Religion

To the Sadducees (" who say there is no resurrection ") who had asked Jesus questions so as to put him in difficulty, our Lord replied: " Is this not why you are wrong, that you know neither the scriptures nor the power of God? " And he went on: " And as for the dead being raised, have you not read in the book of Moses, in the passage about the bush, how God said to him, I am the God of Abraham, and the God of Isaac, and the God of Jacob'? He is not God of the dead, but of the living; you are quite wrong " (*Mk* 12: 18-27)

The revelation of the living God necessarily leads to the revelation of resurrection: " as I live, and as all the earth shall be filled with the glory of God " (*Nm* 14: 21). The Creation and history make his power very clear indeed. The Old Testament and the New Testament are a hymn to life, and life springs from the living God.

Because God is the living God, each and every life–and in especial fashion human life–is received as a gift from his hand and as a blessing Thus it is that one understands the seriousness of the commandment: thou shalt not kill (*Ex* 20: 13). In the book of Genesis one can already come across the following lines: " For your lifeblood I will surely require a reckoning; of every beast I will require it and of man; of every man's brother I will require the life of man. Whoever sheds the blood of man, by man shall his blood be shed; for God made man in his own image " (*Gn* 9: 5-6). An attack on the life of man is an attack on God himself because God created man in his own image It is precisely because life is precarious and fragile that it should be entrusted to God's protection

The man of the biblical tradition is intensely aware of the positive character of life: " because God did not make death, and he does not delight in the death of the living " (*Ws* 1: 13). Man is responsible for the gift he has received: " Do not invite death by the error of your life " (*Ws* 1: 12). Indeed the Holy Scriptures teach us how to live out our lives. Even when eternity remains veiled, life on this earth is to be defined, at an essential level, as being attachment to God–" fountain of living water " (*Jr* 2: 13:17, 19). True life is to be found in the search for God; happiness is to be reached through living in the temple of God.

The songs of the Servant give us new and anticipatory light on the mystery of Christ (cf. *Is* 53): the sacrifice of the persecuted Holy One has a salvific value and gives his brothers access to life. And it is at the time of the persecutions that the full revelation of the resurrection takes place, and this in the form of a promise to martyrs who die for God (cf. *2 M* 7: 23-26; *Dn* 12: 21; *Ws* 5: 13, 15). " for God created man for incorruption, and made him in the image of his own eternity " (*Ws* 2: 23). Love of life and an awareness of the eminent dignity of each and every human person are fully upheld here in this special place.

* * *

In Christ one encounters the fullness of life Hence the Holy Scriptures describe him as " the living one " (*Rv* 1: 18) or " the author of life " (*Ac* 3: 15). To live in Him like a shoot which draws sustenance from the vine is to enjoy true life and is to have the ability to bear much fruit: " of the fruit who dwell " (*Jn* 10: 1-17). " I have been crucified with Christ; it is no longer I who live, but Christ who lives in me and the life I now live in the flesh I live by faith in the Son of God, who loved me and gave himself for me " Ga 2:20).

The richness of this message can be expounded by dwelling upon two inter-connected themes: the vocation of man to divine life and the mystery of the cross of Christ, the spring of life. The behavior of a Christian here finds its inspiration and the motivations for its very existence.

* * *

" In him was life, and the life was the light of men " (*Jn* 1: 4). Thus does the prologue of the Gospel according to John effect a surprising juxtaposition between light and life; and right away we gain a vision of the profundity of this life. Beyond biological life there is spiritual life, and above spiritual life there is divine life. And it is in reference to this last that we learn about the " Word of life " (*1 Jn* 1: 1).

This life is a new life which makes us into new beings (cf. *2 Col* 5: 17) of God: " See what love the Father has given us, that we should be called children of God; and so we are. The reason why the world does not know us is that it did not know him Beloved, we are God's children now; it does not yet appear what we shall be, but we know that when he appears we shall be like him, for we shall see him as he

is " (*1 Jn* 3: 1-2). One enters this new life through the new birth of baptism: " Truly, truly, I say to you, unless one is born anew (verse 5: of water and the Spirit), he cannot see (verse 5: enter) the kingdom of God " (*Jn* 3: 3).

In this way this new life, the gift of God, is the life itself of God: " For God so loved the world that he gave his only Son, that whoever believes in him should not perish but have eternal life " (verse 16). We are also told: " And this is eternal life, that they know you, the only true God, and Jesus Christ whom you have sent " (17: 3).

For this reason the heart of the believer is directed towards the mystery itself of God, in whom there is fullness. The mystery of the Trinity, of the Three Persons in the Unity of Essence, is life in its highest sense, in a form which passes all understanding. In this way we are called to become participants in divine life (cf. *2 P* 1: 4). The Christian is imbued with the force of hope which directs him towards this complete and sanctifying fullness, and in charity and bearing faith he thus becomes the Temple of God. In the Holy Spirit and through the mediation of Christ, the Christian gains access to the Father.

The most Holy Trinity dwells within us through the gift of grace. Over the centuries Christian mystics have never ceased to praise this mystery of divine life which is bestowed upon man: " If a man loves me, he will keep my word, and my Father will love him, and we will come to him and make our home with him " (*Jn* 14: 23).

* * *

A doctrine about life has to address itself to the question of death. Ancient wisdom from Socrates on entrusted philosophy with the primary task of learning to die. It is however significant that this encounter with death was seen essentially as an encounter with the fear of death. In general, paganism has been drawn between two extremes: the cult of force, of health and of youth on the one hand, and a rejection of a direct encounter with decrepit old age and death on the other.

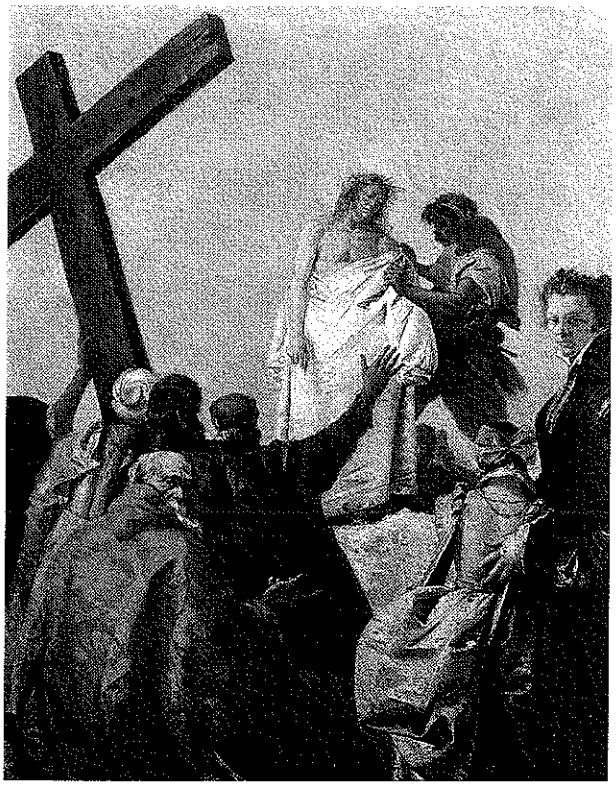
Rather than drawing back from the question, the Christian faith perceives the mystery of death and the resurrection of Christ and gives meaning to what would appear to be a denial of the possible: " I am the resurrection and the life; he who believes in me, though he die, yet shall he live, and whoever lives and believes in me shall never die " (*Jn* 11: 25).

At the outset the Christian faith was aware of the tragedy of death. This was not only the outcome of a natural process but had its roots in the religious and spiritual history of mankind: " the wages of sin is death " (*Rm* 6: 23). Death entered the world with sin and because of sin (cf. 5: 12). Paul compares death to a force which " rules " over human existence (cf. v. 14: 17). Death is also the image of the wages of sin, and as such allows us to enter its inner significance: sin is a spiritual death. The most decisive and important struggle between life and death takes place at a spiritual level.

* * *

To be saved is to be liberated from this deeply rooted slavery of sin and death. The Son of God made man freely gave his life for us on the cross and in so doing freed us from sin and death: " Greater love has no man than this, that a man lay down his life for his friends " (*Jn* 14: 13). Christ's voluntary death upon the cross is a spring of life. His resurrection makes clear that this redemptive sacrifice was welcomed by the Father.

The Christian is imbued with faith and hope and lives in the certainty that he will be present on the day of the resurrection of his Saviour: at the end of history death, " the final enemy," will be defeated (cf. *1 Co* 15: 26). Christian faith frees man from fear of death



at that very moment at which it becomes the path of his life. In this way one well understands the words of Christ: " Truly, truly, I say to you, unless a grain of wheat falls into the earth and dies, it remains alone; but if it dies, it bears much fruit. He who loves his life loses it, and he who hates his life in this world will keep it for eternal life " (*Jn* 12: 24-25). This way of approaching the subject is so profound and so radical that the apostle can speak about it in the present tense: " If then you have been raised with Christ, seek the things that are above, where Christ is, seated at the right hand of God. Set your minds on things that are above, not on things that are on earth. For you have died, and your life is his with Christ in God. When Christ who is our life appears, then you also will appear with him in glory " (*Col* 3: 1-4).

This life in Christ and with Christ is the heart of the Christian experience. St Paul bore witness to it in magnificent fashion: " I have been crucified with Christ; it is no longer I who live, but Christ who lives in me; and the life I now live in the flesh I live by faith in the Son of God, who loved me and gave himself for me " (*Ga* 2: 19-20).

The Easter mystery of Christ will continue in its impact until the end of history. There will arrive " a new heaven and a new earth," the " new Jerusalem " will come down from God. The Almighty will remove every tear " and death shall be no more, neither shall there be mourning nor crying nor pain anymore, for the former things have passed away " (*Rv* 21: 1-7). Such is the certainty of joyful hope.

The Church continues on her pilgrimage through the time of history waiting for this blessed day. This waiting and the certainty that it will be rewarded constitute an essential aspect of Christian life. But it is precisely from this point that the Easter mystery departs, and the fruits of life of this mystery will one day be fully evident. The sufferings and death accepted and offered in union with the cross of Christ are from that moment rendered fertile. The sick and infirm occupy a privileged place in the work of salvation.

* * *

Christ opened the doors of the Kingdom of God to us. The presence of this kingdom is to be identified with his presence. During his life on earth he announced the coming of this kingdom by preaching and by performing miracles involving healing. These miracles attested to the fact that the time of the Messiah had come. This is the sense of the answer given by Jesus to envoys sent by John the Baptist: " Go and tell John what you hear and see: the blind receive their sight and the lame walk, lepers are cleansed and the deaf hear, and the dead are raised up, and the poor have good news preached to them " (*Mt* 11: 4-5).

When the disciples of Christ strove to alleviate suffering and cure illness they are walking in the footsteps of their Master. Furthermore, the works of mercy express a profound mystery–the mystery itself of divine charity. The believer knows that his Lord identified with all those who suffer: " Truly I say to you, as you did it to one of the least of my brethren, you did it to me " (*Mt* 25: 40). On the Judgement Day each man will be judged as to his previous readiness to open his heart to the afflictions of his brethren. And let it be remembered that He who is the " Resurrection and the Life " identified with these brethren with infinite love.

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ABRAMO ALBERTO PIATTELLI

The Jewish Religion

The Talmudic maxim to the effect that " saving a life is the same as saving the whole world " (Sanhedrin 37a) well demonstrates how the value of human life is infinite. It follows from this in logical fashion that a fraction of the infinite is always infinite. Nothing in this world has greater value and greater moral importance than human life. Even the commandments of the Torah–the directives and rules of divine law–must take second place to the higher value of saving human life.

The biblical verse to be found in Leviticus (18:5): " You shall therefore keep my statutes and my ordinances, by doing which a man shall live "is interpreted by the Talmudic exegesis (Yoma 85b) as meaning that the saving of human life takes more than precedence over the observance of the Sabbath day, over the absolute rest which is prescribed for that day–a practice which has very great religious value for the Jews. From this reality we may deduce another–that because the laws relating to the Sabbath day are more important than any other it naturally follows that all the other rules and ordinances of the Torah may be suspended when human life is at stake.

However there is an exception to this commitment to, and rule about, life. Rav Yochanan (Sanhedrin 84a) summed up the Jewish position on this whole subject and taught that the entire rabbinical exegesis of the sacred texts agreed on the fact that if observance of a rule of the Torah came into conflict with the need to save a human life then that rule of the Torah (which it may be pointed out constitutes divine law) could be disobeyed. If, however, the saving of human life involves a transgression of the laws relating to murder, idolatry or sinful sexual relations such as adultery, then the supreme good of life has to be sacrificed.

Murder, idolatry and sinful sexual relations are considered by Jewish tradition as constituting aberrations described by Jewish masters as " *ieareg veal iaavor* " By this they mean that the individual must sacrifice his own life rather than engage in such acts. Rabbi Moses ben Maimonides, the famous high Medieval theologian and medical doctor (better known by the name of Maimonides), explained the reasons for these three exceptions to the established principle of " disobey and you will not die " with reference to the need to sanctify the name of God: " All the members of the family of Israel–he declares in the Mishné Thorá codex–are commanded to sanctify the great Name of God ...When a Jew is obliged by an idolater to violate a commandment of the Torah under threat of death, then that Jew must commit a transgression rather than meet his death ...This rule must be applied to all of the commandments with the exception of idolatry, forbidden sexual practices and murder " The sacredness of human life takes second place only to the biblical commandment to sanctify the name of God.

An individual must never become involved in an act or a service connected to idolatry, even when this involvement is *pro forma*. This is because the infinite value of human life would disappear and disintegrate in the presence of the moral and intellectual decadence of idolatrous practices. Furthermore, murder to save life is prohibited. Murder does not involve the acquisition of a new life, it merely substitutes one life with another. " Is your blood bluer than mine "?is the question which arises in such a situation. Something should also be said, in conclusion, about sinful sexual relations (like adultery), which are placed on the same level as murder by divine decree. If an individual's way of leading his own life becomes perverted and corrupt the idea of the sacredness of life runs the risk of losing its meaning.

I would like at this stage to pose certain questions. According to Jewish thought and practice, is there a level or a parameter in relation to the quality of life beneath which life loses its sacredness? Does this kind of life perhaps become deprived of its infinite value? I have in mind here the terminally ill, people in a state of irreversible coma, and all those cases where life has lost all value and quality. As has already been observed, in the Jewish way of looking at things life has an infinite value, it is an experience which will never come again through all eternity. Every small fraction of human existence has the same identical and infinite value; no distinctions can be made. The relief from suffering cannot be achieved at the expense of life itself. The principles of Jewish medical ethics are based upon the concept of the sanctity and infinite value of human life. Judaism is a religion in favour of the " right to life." The obligation to save a life is incumbent upon both individu-

als and societies. A doctor, for example, is commanded by the Bible to use his medical skills to cure a sick person, and thereby preserve and prolong his life. In the same way the sick man has the duty to take care of his life and to undergo the doctor's treatments for his malady. Suicide or deliberate euthanasia are most certainly forbidden by Judaism. The biblical principle expounded in the Psalms of David is of relevance here: " The Lord has chastened me sorely, but he has not given me over to death " (118:18).

There is another observation to be made. The idea of the sacredness of life springs from its connection to God. The biblical commandment " Be holy because I, your eternal God, am holy "is not an injunction to the individual to live in a certain way or to become something which he is not. To become, that is, like He who lives in the celestial realms, and thus to change his own nature through mystical and transcendental reform. This commandment to be holy contains a call to draw back from what is impure, ignoble and unworthy. It is an invitation to become involved, instead, in ideals of goodness, mercy, love and purity, and in so doing to achieve the real image of God. God is Holy because he represents all the features of goodness and moral perfection–it is for man to imitate such holiness.

The first chapter of Genesis describes the creation of man in high and striking terms. It employs a rich and evocative metaphor. " So God created man in his own image; in the image of God He created him " (*Genesis* 1:27).

What is an image? By definition an image suggests a great resemblance to the original, but it is always a little less than the original itself. The metaphor must mean that man, in lesser measure, has qualities which are infinite and transcendent in God. Commentators and thinkers have proffered various interpretations on the meaning of the phrase " in the image of God " Generally speaking they all see the metaphor as referring to things which are unique in, and peculiar to, man, and which distinguish man from other living things. Some of these authorities speak about immortality (Wisdom of Solomon, Nachmanides); some refer to reason and the ability to exercise freedom of choice (freedom of will) (Filone Alessandrino, Abraham Ibn Ezrá) and others.

But the Jewish philosopher Saadia Hagaon, who lived in the tenth century, considers the phrase within its immediate context and explains it with reference to the role attributed to man in the process of creation. In this process man is a partner and not a sovereign force. Man's existence means being in the presence of the divine and cooperating with it. As the theologian Abraham Joshua Heschel has written: " It means being witnesses to the sacred, bearing witness to the grandeur of honesty, of the glory of uprightness, of the sanctity, the truth, the wonder and the *mystery of being living beings*. Each and every one of us has gained a glimpse of the mystery of the world. Each and every one of us has experienced the wonder of love, the glory of compassion. Being human means the celebration of a greatness which is above our own selves."

The sanctity of life, therefore, means seeing life not as a possession, but as a gift and a mission which God, in his infinite goodness, has decided to confer upon the beings he has created.

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MOHAMMAS MASSED JAMÉI

The Idea of Life in Islamic Thought

1. The large number of philosophical concepts of life, and in particular of human life, are influenced by the more general cosmological ideas of a whole range of thinkers and by the interpretation that they offer of existence and its origins. Differences in approach, therefore, are determined far more by a cosmological vision than by the specific question of life. For this reason, a mere emphasis on the supreme value of life–and in particular human life–will not of itself be able to change the opinions of those who have another approach. In the same way, such an emphasis will lead to respect for those values whose failure to be upheld constitutes a threat to life itself. This is because, as has already been observed, the divergence does not begin at this point; and for this reason praise for certain values does not constitute a fundamental solution to the essential difficulty.

In order to understand the various different ways of thinking about the concept of life, it is necessary at the outset to grasp their underlying ontological bases. Only in this way will it be possible to set in motion a dialogue which is authentically rich and constructive. Indeed, this dialogue will bear fruit only if those who take part are fully aware of the different opinions and shared approaches which are at work, and of the criteria, principles, agreements and disagreements from which these spring. At the same time, there should be a clear understanding of the meaning of the core beliefs and of the role of these beliefs in their respective philosophical systems and schemata of thought.

From a perspective of contemporary history, it would be fair to say that there have never been so many kinds of influential cosmological systems as there are today. One is dealing here not only with a vast range and number of such systems, but with theories which are very different from each other and very different from those which have often held sway in the past. In addition, the differences between today's systems are very much greater than the differences of yesteryear. In ancient times the various civilizations certainly had differing cosmological approaches, but the differences which characterize those of today are massive in comparison.

At this stage it would be valuable to give a brief survey of religious ideas about life. No religion can remain indifferent to questions concerning the universe, life, and above all human life. After all, each and every religion is necessarily concerned with the most important and consequential aspects of the life of man. This is especially true in the case of the revealed religions because the ultimate purpose of such religions is the communication of a message to man from heaven. The same cannot be said of religions which do not express revelation and are involved in the mere presentation of a moral and spiritual exegesis.

The internal structure of the first category of religions necessarily means that the question of life and of man is at the center of religious concern and interest. Indeed, the revealed religions believe that they are an integral part of a divine message which has been sent in order to achieve the liberation of man. Obviously enough, the two essential features of this message are God himself and his creation, man. On the one hand there is God the author of the universe, of life and of man; on the other there is man, who has received the gift of intellect and of superior life, and for this reason is worthy of the highest tutelage and the utmost attention. In other words, in the case of the revealed religions human life is the object of attention from two angles: when one speaks of God and of his character and actions–and here man is seen as the noblest of God's creatures, the first being in the creation–and when one speaks in explicit terms about the human and his characteristics. Here one defines what he is, what he has been created for, what the purpose of his existence is and how this purpose can be fulfilled. All this well shows how important the whole subject is for the revealed religions, and especially those linked to the inheritance of Abraham.

We will now consider what Islam has to say on the subject. Here, as well, one should first grasp the ontological approach and then deal with the specific question of life and human life.

2. In the Islamic scheme of things the universe was created by God. The reality of the universe, however, transcends the reality which is perceived by the senses. The world of the senses exists and is real, but it is only one part of reality which we define as being present. God created the universe, and rules the universe: he gives it order and ensures its continued ex-

istence. The actual reality of the creation is the practical result of the will and decision of God; it is an expression of his knowledge

Islamic ontological thought, therefore, is heavily influenced by such theology in that existence is considered an act of God, and its actual reality is seen as the outcome of his will. As a result, an understanding of the character of divine will and action helps us to grasp the meaning of the expression and manifestation of his will –that is, the features and aspects of life itself. Existence can be understood by considering life or by taking the Creator as a point of departure and thereby perceiving the true nature of the relationship between God and the creation. It is more than evident, however, that the value and the depth of understanding attained by taking the second path is by no means inferior to that offered by the first.

But here much more can be said, and indeed should be said. An understanding of the true character of the Creator provides us with a methodology by which we can understand the creation–that is, existence itself. Once it is recognized that the fundamental principle of the universe is a wise, powerful, and knowing entity (God) who is free from need and who is never without sound purpose and is never moved by wickedness, ignorance or necessity, then it naturally follows that the creation itself is an expression of these characteristics. We come to accept, therefore, that the universe has not been set in motion without reason, that it is not a chaotic and blind amalgam. On the contrary, it is endowed with the value of meaningful purpose; it is the bearer of a mission and of a message.

It is from this wide approach that we must consider existence and understand the linkages between its various parts and their interacting relationships. This approach does not enable us to uncover the laws of nature from a scientific point of view (in the modern, or rather experimental, sense of the term) but it does provide us with a most helpful way of achieving a high level of philosophical insight. The simple assumption that existence is not something which is blind and without a sound purpose influences and modifies our vision and interpretation of the world, and this is something which has decisive consequences for the practical sphere.

The attitudes and actions of humans are strongly influenced by beliefs and by the way in which these beliefs are given expression. It is more than clear that the behavior of an individual who sees the universe as chaotic and without a purpose is completely different from that of someone who has a diametrically opposed approach. With regard to the first kind of person, one might observe that it is very difficult to make him believe in the intrinsic value and fundamental goodness of life, and thus to ensure that he respects certain principles and obvious limits to behavior–unless, of course, he is motivated by personal interests which coincide with such limits and principles. The second kind of person, on the other hand, is naturally led to follow such a path.

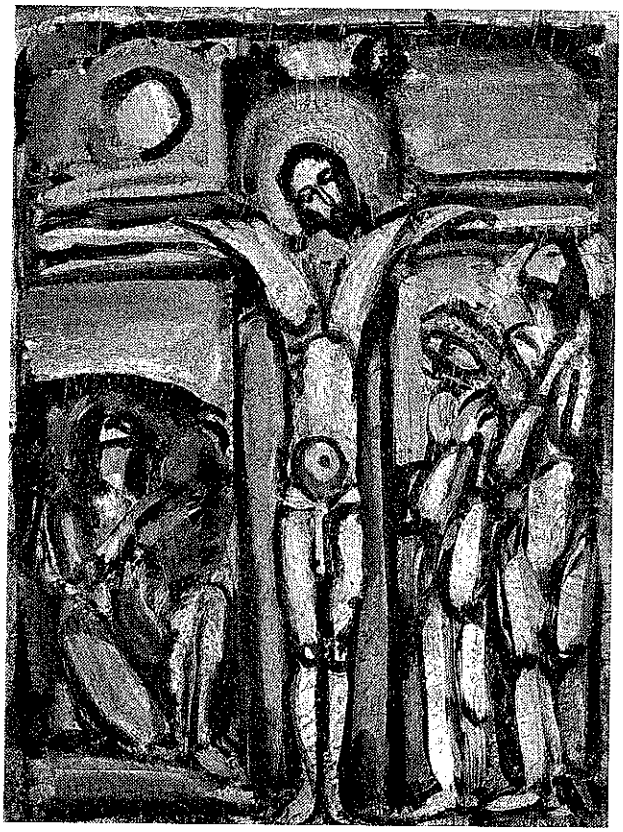
3. Living beings are a part of what exists. Like the rest of the creation they have been brought into being by divine will and decision. The Koran, in addition to repeatedly stating with precision and clarity that God is the sole creator of what exists (a part of which is represented by living entities), also states explicitly in a number of verses that He is the force behind life. This demonstrates the importance of life and underlines the great difference which exists between inanimate things and animate beings. Life, therefore, should not be considered as belonging to the same category as other phenomena of nature. Life is superior to such phenomena and has a special value and dignity. And this is what makes it the special object of concern and stewardship on the part of the Almighty.

It is precisely because of the value bestowed upon its existence that Islamic thought endows each living being with special rights. Whether one is dealing with plants or with animals, Muslims are invited–and in some instances specifically called upon–to respect such rights. Respect for all creatures and the stewardship of their life and health are repeatedly seen as praiseworthy objects, and at times are perceived as actual duties. Causing damage to them is to be condemned and in some cases is specifically forbidden. Islam recognizes the superiority of man and human life in relation to other living entities and allows man to use them in line with certain rules and guidelines. This, however, does not mean that man can treat animate beings in the same way as he might use the inanimate world for his own gain.

The prophet of Islam and other great figures of the Muslim tradition–whose sayings and deeds act as moral and legal guidelines for members of this faith–have repeatedly enjoined respect for the rights of living beings. They have urged that men should not senselessly damage or break off seeds; on the contrary, humans should give them water. In addition, men should forbear from action which could harm trees and plants. At times the kind of damage which can be done to plants is also outlined and severely rebuked.

With regard to animals, whether small or large, tame or wild, used directly by man or not, the declarations of the luminaries of Islam are even more strict. In certain instances, even forms of behavior which could harm creatures which are so small that they cannot be seen (such as those to be found in water) are adjudged unacceptable.

All this demonstrates that in the Islamic approach to life, life itself is endowed with special dignity and meaning. All living beings are seen as the creations of God, and he takes care of them by bestowing importance and value upon them. Each one, because it is the object of God's special concern and attention, has an intrinsic and not an extrinsic value. It is more than obvious that God has so ordered the world that man can use other living entities and take advantage of them. This, however, must occur with full respect for certain precise rules and principles: it can never be the case that the value of other living beings derives from their being put at the service of man. Indeed, although they are used by man they nonetheless possess an intrinsic value.



4. Man is the most noble and the highest of all the living. His superiority derives from his will, his ability to choose, and other inherent qualities of his special essence which God has placed within the human being as a special pledge. Naturally enough, one should never forget that the superiority of man is of a potential character: he has the ability and the capacity to achieve ever greater heights. This, however, does not mean that each individual is superior to other living beings regardless of the way he acts, orders himself, or expresses his innate capacities. Islamic texts emphasize that the value of men who act badly is to be considered as being of lesser consequence than the animals.

In this approach, therefore, man is the most special and the most exemplary of living beings. He bears within him the divine spirit and he is the living being who is most similar and most akin to God. For this reason, he is the only being who can draw close to God and dissolve himself and annul himself in Him: this, indeed, constitutes the greatest happiness that there is. Such happiness springs from linking up with the infinite and with eternity. Man, however, can take the opposite path and lower himself to the basest of levels, thereby becoming a personification of wickedness. These are the two extremes that man can reach, and they are extremes within which –and in the infinite space which separates them–he acts out his own ultimate destiny and bears responsibility for the form that his personality and his humanity acquire. For this reason each and every individual–because of his free will–has the ability to choose. Furthermore, by means of this free choice he shapes himself and determines his own ultimate condition.

According to the Islamic mystics, the pain, suffering, loss, and deep distress that man undergoes spring from separation and distance from the original Principle. What man really yearns for is a return to the infinite Being from whom he has been separated.[1] However, human beings in the course of their lives generally confuse this very real and primary aspiration with the desire for fleeting

and superficial objects whose possession they strive for in vain. They soon come to see that the objects of their desire are of limited and temporary value, and thus it can happen that they turn their attention to other equally transient and superficial things. This process, naturally enough, continues on its obvious and repeated path.

The inadequacy of the pursuit of these ephemeral objects of desire when placed beside the nobility of the spirit, which yearns for the infinite, is a source of suffering and distress. The removal of this suffering can be achieved only through a discovery of the path that leads to what in mystic language is termed " Good," " Perfection," and " Absolute Beauty." Man is intrinsically a celestial and sublime being, but he has become a prisoner of terrestrial traps and snares. His liberation and his happiness can be achieved through a recognition of the original point of departure –they are not to be found in this worldly dwelling place.[2] Obviously enough, this does not mean that our earthly lives should be neglected. But our life here below should be lived out in full awareness of our heavenly origins, and only this can ensure a luminous return to happiness.

In terms of potential, man is the highest of living beings. This constitutes the criterion by which we must determine our attitude towards others. This means that we must see every human being as the most noble of God's creatures; it is this which defines what our duties are and forms the basis for the respect which is due to every man. If each living being is endowed with rights, this is especially true in the case of man, who is the noblest of creatures.

5. From the principle that man is the highest form of earthly being it follows that he is called upon to honor certain responsibilities and perform certain duties. These special duties derive precisely from the fact that man is superior to other living beings. These duties involve both the obligation to perform certain actions and the need to refrain from certain kinds of behavior.

It is equally evident that he should engage in everything that involves the defense and the safeguarding of man, morality, spiritual values, and the strengthening of the family as an institution; he should also give help to mothers and expectant women and to those who take part in the world of education and instruction. In contrary fashion, he should work against whatever threatens these values, fight against forces which act to break up the family, and combat practices which injure the dignity of man, such as abortion and euthanasia.

In the Islamic scheme of things human and moral values are absolute. They are independent of the passing of time and the changes that time engenders, and must always be respected. Great changes alter the circumstances of these principles and possibly the ways in which they are applied. But the deep inner meaning of these principles does not change. For example, the principle according to which the family is the natural and primary cell of society is above time and must always be respected. Indeed, the strengthening and the defense of the family must be the object of the fullest commitment. However, in this area as well, the ways in which such a commitment is expressed depend upon historical and social circumstances and situations. The passing of time does not alter the inner meaning of the family, and does not change the need for a commitment to its defense and strengthening.

The fundamental principle is always the same: the safeguarding and defense of man, his dignity, and the values present within his nature, given that he is the chosen member of the creation. As a result, when there is a conflict between the rights of man and the rights of other living beings, the guiding criterion is that of giving first place to man. In the same way, whenever the right to life of a human being who is fully formed comes into conflict with the right to life of a potential human being (that is, a human being who has not yet reached the stage of full formation), and when there is no way in which the rights of both can be reconciled, then it is natural that the rights of the former take priority.

It is upon this basis that certain experts in the field of Islamic jurisprudence consider abortion morally acceptable when the continuation of pregnancy involves evident and indisputable dangers to the life of the mother. This is because (in line with the general principle outlined above) whenever the right to life of the mother comes into conflict with the right to life of the foetus, the right of the former must be upheld to the detriment of the latter.

His Excellency MOHAMMAS MASSED JAMÉI
Iranian Ambassador to the Holy See

[1] At the beginning of his famous spiritual poem " Masnavi," the great Iranian poet and mystic Moulavi speaks of this separation from our origins. He is listening to a reed flute as it tells its story and gives sad lament to this separation:

" My sweet song has made men and women cry ever since I was taken from the reed bed!

" I want a heart, a heart pained by separation from the Friend, a heart that can reveal to him the passion of the longing for love.

" He who remains for long distant from his origins, always searches for the time when he was at one!

" In every gathering I have wept my sighing notes, the constant companion of the unhappy and the happy,

" and everybody believed, alas, that they were my friend; yet nobody looked into my heart and my deepest secret.

" And my secret is not far off, not distant from my sighs: they are the eyes and the ears that this Light do not have!

" The body of the soul is not veiled, the soul of the body is not veiled: and yet, the soul can be seen by no man

" This cry of the flute is fire and not the wind; and he who lacks this fire should fall into nothing!

" It is the fire of Love which has fallen into the flute, it is the fervor of Love which has entered the wine."

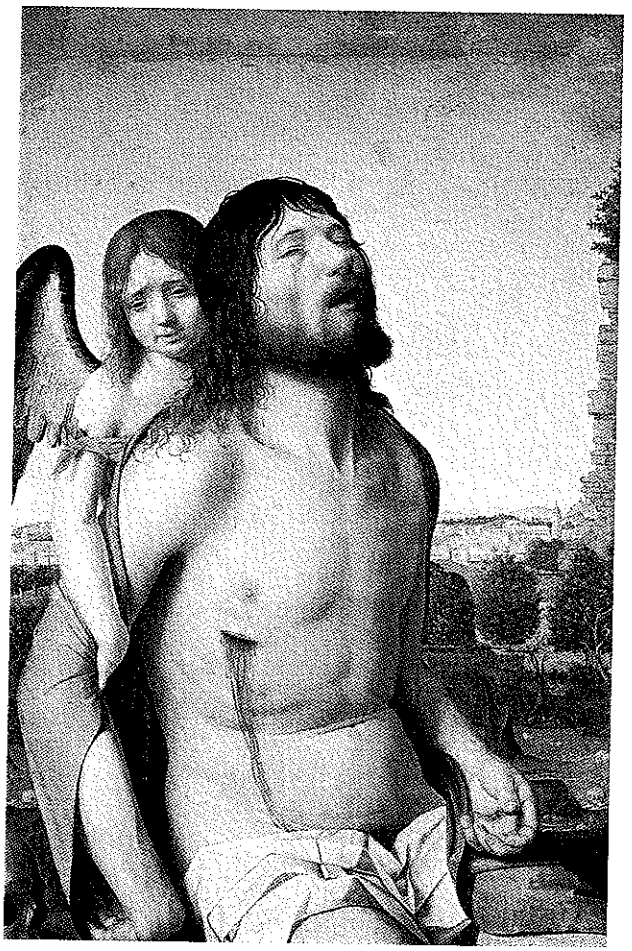
[2] In one of his ghazals Hafez, called by the Iranians " the arcane tongue," tells of the celestial nature of man and of his falling into the terrestrial net:

" What should I tell you? Last night in the tavern, drunken and out of my senses, an angel from the Invisible World gave me good tidings:

"' O royal hawk of keen sight who had a nest in the Tree of Paradise, your dwelling place is not this corner, this place of suffering.

"' They call you from on high, from the Throne surrounded by battlements. I do not know how you fell into this net, this world "

Round Table



Tasks and Challenges for the Life Sciences on the Threshold of the Year 2000

CARLA GIULIANA BOLIS

Technological Progress and Service to Man

Mankind has always sought the challenge of new discoveries to improve lifestyles and understanding of the glory and meaning of life. It is interesting to note that similar discoveries have been applied simultaneously in different parts of the world which are not linked by communication. It would thus seem that the search for better understanding of life is innate in man, indicating a constant desire to acquire more knowledge and love in life. Many early discoveries arose, in a certain sense, by chance, but the ancient Greek and Roman mathematicians and philosophers recognized a logical sequence in comprehending the concept of the unity of life, especially the events linking life to nature.

The great scientific revolution, which was fundamental in transforming man's way of living, thinking, and working, took place towards the end of the seventeenth century. This period was particularly fruitful in Europe, where the foundations for new concepts and interests were laid. People became increasingly interested in the beauty of life, as is reflected in paintings, architecture, and literature, in the exultation of God and the impact of his teachings on the reality of life and the quest for perfection.

Bacon, Kepler, Galileo, Descartes, and Newton were all men of social and human commitments, dedicated to the task of finding the true relation of nature to man and to the philosophy of science in a broad sense.

However, it is the twentieth century which has engendered change and challenge. Throughout this century technologies derived from new scientific approaches have been modifying the structure of life. Many discoveries are contradictory in essence, but man only discovers these contradictions later on, when damage may already be done. Perhaps there is a tendency to forget that *natura non facit saltus* and greater consideration should be given to the application of technologies. Man should remember that it is not in his power to change the course of the world–rather, he should utilize science as a catalyst for the improvement of knowledge and respect for life in every detail. Consequently, industrialized countries have a responsibility towards developing nations in applying appropriate technologies.

Much progress in the health sciences has made life easier and permitted a longer lifespan, and this reality should enable all men to reflect at length on how great and magnificent a gift life truly is.

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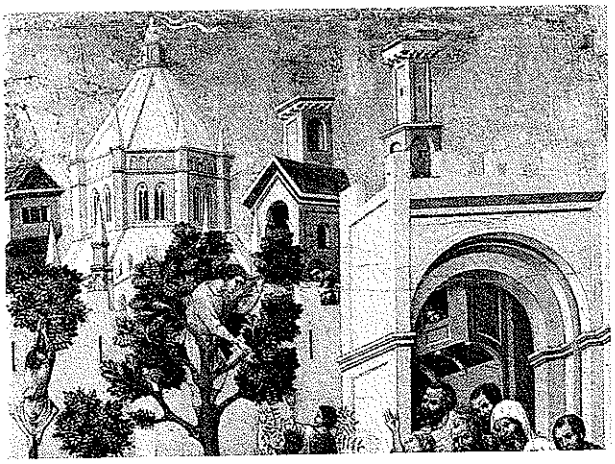

MARIA TERESA VÁZQUEZ

Tasks and Challenges for the Life Sciences on the Threshold of the Year 2000

Only about ten years ago man would not have in the least imagined what spectacular advances science would have achieved. Nor could he have dreamed of the heights which would have been reached in experimental knowledge and (at a more particular level) of those areas of knowledge which have a direct or indirect bearing on life itself.

The great achievements reached by human intelligence in the field of the positive sciences are in themselves means by which to favor and promote life. If reason weakens, and if this blurring leads to a confusing of means with ends, then the science of life will become automatically transformed into a science of death. It will rebel against its own creator, namely man.

The great challenge to the different branches of science on the threshold of the year 2000 is to be found in the fact that man should return to his roots, that he should rediscover himself in the reality that he is the only rational being able to ask himself who he is and where he is going. Let the simple answer to these questions be immediately given: man was created by God, in his image and likeness, with the mission of rendering him glory. In short, he leaves the hands of God to return to God who is waiting for him and who loves him. St. Augustine declared: " *Fecisti nos Domine ad te et inquietem est cor nostrum donec requiescat in te* " (" you made us for your sake, Lord, and our heart will not find rest until it rests with you ")[1]

Man is not only the outcome of biological laws. He is the product of the creative will of God who loved man from the outset and loves him in every conception. He loves him because he is like God. He loves him as a person who bears all the dignity that He has conferred upon him, and He also loves those who are born with handicaps or infirmities. The will of God is written into every person.

" Man is the only creature on the earth who God has loved for his own sake."[2] This has many practical consequences for human life because man knows that he is limited but also feels he can do anything when he recognizes the power of God. The Almighty, furthermore, is his father and treats him with a tenderness natural to this relationship of father and child.

Many sciences are concerned with life: biology, biochemistry, genetics, medicine, embryology, physiology and all the rest. Without listing them all, we can nonetheless affirm with certainty that their manipulation of nature against nature leads to error, to disorder and thus to death. Such activity does not deserve the name of science because science is concerned with truth. And when this becomes obscured science loses its way and man becomes entrapped in its uncertain and ambivalent snares.

We should remember that there are different kinds of life: vegetable, animal and human. Only human life, the life of a person, has the ability to decide its own fate. A plant is born, grows and develops until death; it is inexorably and ceaselessly engaged in its purpose. Animals are guided by their instincts and seek to preserve their own lives and to defend their species. They also dedicate themselves to their purpose without doubts, without fail, and without sound and fury.

Only the human being is blessed with an intelligence which leads him to be aware of the Truth, and a with will which leads him to God and to responsible freedom which he exercises once the above mentioned pre-conditions furnish him with the necessary elements. And only man can decide what to do and how to do it. This includes the transgression of the laws of his own nature, something which in theory and appearance is something we only think about but which in fact–as realities unfortunately well demonstrate–is something which takes place with every great frequency and in ways which are ever more sophisticated during our own times.

It is an evident fact that each and every one of us here today possesses life. This life has been received by us–even though in some cases this may not be true–because a man and a woman who love each other have given themselves in the totality of their persons (biologically, mentally and noologically) to give life to a new being. In no case was our opinion taken into account. We exist without ever having been asked if we want to exist. This shows us that life is a gift, something which is free and independent of our own wishes. It follows from this that we are not so much owners of life as its stewards. I would even go so far as to maintain that we should be good stewards, and this involves avoiding acts of manipulation, corruption and so forth. This gift cannot be " maltreated," either by us or by

others. We do not have the power to take our own lives (either indirectly or directly) by doing bad things. Nor do we have the right to take other people's lives, either at its beginning through abortion or other practices, or at its end through euthanasia, with the pretext of " avoiding pain "

When these aberrations are committed we should remember that God always forgives, man sometimes, but nature never. Nature always vindicates herself and does so with uncontrollable fury. Nature can give us unknown illnesses, congenital malformations, genetic alterations, and many thousands of other things of which modern man has as yet no inkling.

We should bear in mind that man was created by God and for God. If we bear in mind what Aristotle wrote at the beginning of his first book of metaphysics–namely that " all men have a natural propensity to knowledge "[3]–we can easily grasp that man asks himself about his origins, the meaning of life, his mission, happiness, and so ono. Answers to these various questions give rise to the various sciences.

In this way we can speak about theology as an inquiry into the knowledge of God, of philosophy as an ontological science centered upon intelligence and thus unique to man, the only rational being. In addition there are other branches of science which are concerned with the empirical study of reality.

Seen in this hierarchical light–that is to say with the Creator as the point of departure–we come to understand that man's mission is to take care of the order established by God for the benefit of mankind and the whole universe. He must rule the creation and " recreate " himself within it not for his own selfish gain, as an alteration of the rule of nature would involve, but by using these rules for the good of the whole of humanity. Thus it is that are we able to analyze what all the sciences have in common, namely:

– God is Truth and theology is its discovery.

– Man looks for his identity and for truth in itself; philosophy answers his questions.

– The empirical sciences are nothing else than studied reality, the search for the truth it contains.

– God is love.

– Man lives by love, looks for love and fulfills his mission by loving.

– The positive sciences, if they are such, love truth because in truth they find the reason for their existence.

To conclude, God in his infinite love for men embodied himself in the second person of the Most Holy Trinity, and more specifically in Christ who came to *serve* man. The life of man is *service* through the family and from this starting point, within the wider contexts of society. The positive sciences are at the *service* of humanity. The three principles of *truth, love,* and *service* are at the heart of science.

In what ways, therefore, can science authentically respond to the challenge on the threshold of the year 2000? It can only be done with reference to man. In the application of his potentiality he becomes the author of these sciences and the planner of technology. At the same time we must remember that a correct environment is a *sine qua non* for the complete fulfillment of the human person, and this environment is to be found in its natural location–the *family,* the primordial cell of society. In meeting the challenge to man we must meet it within the family. It follows from this that the challenge does not so much regard science in itself but the scientist, that person who dedicates his efforts to the search for truth out of love and a sense of service to humanity.

When we invoke the family we are referring to it in its true sense, not to the unsound unions of half married couples where the children of different fathers find their homes. Nor are we talking about " substitutes," a category which has grown a great deal in recent years: children who are interested in their real mothers and not those who are rented out, or children who know that they come from sperm banks. We are talking about the family in the real sense of the term, a place where the love between two beings united by a stable bond predominates and gives rise to other beings. " Love is the only means by which another human being in the deepest level of his personality can be welcomed. Nobody can fully know the essence of another person if he does not love that person... the person who loves promotes the well-being of the person loved, and to this person he expresses his inner capacities and character."[4]

Within this circle where love and pain intertwine like the threads of a marvelous carpet, the life of a person grows and develops with great probabilities of success. Even though it may seem paradoxical, the reality of love-pain cannot be separated. On the contrary, it is absolutely necessary in the acquisition of a great number of qualities and in the attainment of human maturity. When people are loved for what they are, with their defects and qualities (always however trying to improve themselves at an individual level), the way they live

together is raised to a higher level. This shows the truth of that famous phrase of Nietzsche: " Whoever has somebody to live for is able to tolerate how they are." Children are brought up in line with this reality. They " rediscover " themselves and manage to identify their own selves. They are able to discover their real mission with evident clarity, and this mission is then pursued during the remaining years of their lives.

We cannot however forget that an element exists without which this task is impossible: SERVICE. Serving that individual who is able to forget about himself and thus dedicate himself to those who are in need. Herein is to be found the true dynamic of family life: dedication to others so as to achieve happiness by indirect means. One derives happiness from the happiness of others. Let us hear what Rabindranath Tagore has to say on the subject:

> " I slept and I dreamt that life is only happiness. I woke up and I saw that it is only service; I served and I saw that service is happiness "

This is the richest and most effective way of living out responsible freedom–a freedom which raises human dignity and imitates Jesus Christ in the highest and most living giving of himself to mankind to achieve man's liberation from bonds derived from man's weakened and fallen nature

When the family is destroyed, society is destroyed. This is why so many people are engaged in trying to damage the family, to deprive it of force and vitality, and why so many people employ scientific advance to " destroy " the basic cell of society.

Every member of a family has a mission, a special mission, to carry out. It is up to each member to discover what that mission is. The parents should show the way so as to enable the other members to find their path. This is what upbringing is all about and really means To bring up means to prepare for life, to teach how to live. The path to be followed, the example, must be consistent with the meaning of life. Life is taught with one's own life. Those transcendental values of which one is aware are transmitted and communicated through the actions and activity of daily life. They are taught through struggle, and this constitutes an arduous task which lasts as long as life itself. But it is more than worthwhile because we give the very best of ourselves.

The bringing up of children, like any other human activity, takes place over time and through self-dedication. For this reason one way of measuring what this involves is to ask oneself the question: how much time should I dedicate to my children? The answer can lead us to realize that we pass only a few minutes at home with our children. During mealtimes for example, or at weekends. If this is the case we can conclude that what we teach our children is as poor as the time we dedicate to them. When we talk about family upbringing there is no such thing as " teaching from afar." We must spend a lot of time with the family and with our children. Children are brought up day after day, during trips, during free time, and within the family circle.

The challenge is to be found in our capacity to count the days and the hours we dedicate to our children. We should not take refuge in such excuses as: " I dedicate little time to them but the quality makes up for this." If we add quantity to this quality the upbringing we impart would certainly be more effective. The dilemma is not solved through giving children many minutes of " quality." They should not be given more or less time. They should be given the necessary time. Each child should be so treated, whatever the situation may be, and with sincerity. The conclusion of all this is more than obvious: to bring children up parents must spend time with their children, and such time spent should be a time of dedication

The unification of criteria is a vital element in the bringing up of children. This requires time within the marriage, time to decide objectives and guidelines and to determine the character of family life. This can be quantified in terms of time as well.

During the time dedicated to children parents should try to know them and understand them. They can thus help them to express their capacities. In the same way parents can foresee what problems their children may have in the future, problems evident from their expressions and their behavior. Parents can involve themselves with their children and talk to them at the right moment. They can learn to " look into their children's eyes " and therein read their worries. But to achieve this, obviously enough, parents must spend time with their children.

It is certainly true that in some family situations much less time can be spent with children–situations where both husband and wife work, where there is illness, where there is an involvement in political life. But these situations should always be studied and decided about within the marriage itself. There must be a consideration of what the consequences might be for the family, and there must be a responsible evaluation of what should be done and how it should be done. A distinction must always be made between primordial needs–the feeding, housing and clothing of the family–and primary needs–the upbringing of the childreno In many cases it will be necessary to take temporary decisions which for a certain period of time will damage the primary needs. But the primary importance of such needs do not thereby become neglected. They are merely subjected to the requirements of a transitory situation with a view to their being solved as soon as possible. Drawing a distinction between these various needs often leads, at a practical level, to the avoidance of a whole host of family conflicts.

This insistence on family upbringing might appear excessive. But the truth is that it is not the empirical sciences which enable us to solve the problems which man creates in relation to his origins and his end but the human sciences. Many governments, however, want to distance these sciences from many programs concerning the upbringing of childreno. Not long ago Fernando Lazaro Carreter, the director of the Royal Academy of the Spanish Language, observed in a publication of the Menéndez Pelayo Uni-

versity of Spain that: " the isolation and marginalization experienced by the humanities within the Spanish educational system is the best way possible of producing donkeys."

We must concentrate our efforts on the family because it is the cell of society We will not be able to change the bad features of society if we do not develop the family and strengthen its bonds, remind it of valid criteria, help it to escape from the many traps which its enemies lay for it Does the family have enemies? Yes. They are enemies which attack it from within and from without with the sole aim of corrupting it. One of these enemies we allow into our homes in ingenuous fashion and without any discriminating spirit–the television We live with scenes of sex, unnatural behavior, vulgar words, violence, murder, disordered lives presented as a model to be followed, every kind of consumerism. We enter into a world of drug addiction, of alcohol consumption, of reaching ends without caring about the means. And all this is seen by children, by adolescents, by young people and by parents, and it is these parents who allow the television into the home as a " great friend."

Using a broad range of methods, which vary in their sophistication according to the moment, governments try to encourage us to us employ precautions. For example, the use of condoms to avoid certain diseases. These campaigns, which cost a great deal of money, are promoted in order to introduce young people to various kinds of practices. At the same time thousands of human beings die of hunger every day. They die from a lack of basic needs or because of diseases which have been eliminated in the developed countries and which could be effectively combated with all this money Where will this road lead humanity to?

The problems and the aberrations which are so present in modern society spring from the condition of the family, given that modern society is merely an association of families. From society spring the state and the government But the state can only deal with the difficulties at a secondary level It can and must offer the means by which citizens can make their lives easier, but its mission cannot supplant that of parents and of the smallest unit of society, as the family is called by the Holy Father John Paul II: " the family must be recognized in its identity and accepted in its social subjectivity. As a community of love and life, the family is a strongly rooted social reality and in its own special way a sovereign society. The rights of the family are strictly connected to the rights of man: the right to responsible procreation and to the education of children. The family is a community of parents and children, and at a times a community of different generations. When a number of generations live together these rights increase and change their character "[5]

The " large-scale " societies (nations, states, international communities) must respect these rights and ensure that they are enjoyed by each and every family. The state must implement its principle of secondary support without " imposing " laws which " crush " the family under the appearance of freedom. In the same way it must not " solve " problems which should come under the purview of the family. Here I am referring to subjects such as the right to the creation of educational centers, the need for dignified work by which the individual achieves fulfillment and improves society. At base, these subjects concern the smallest form of society–the family–and the state which must promote the development of this small unit. But it should not do this by means of a particular ideology of a particular government. It should respect the full freedom and responsibility of the parents. The state, that is to say, cannot " invade " the sphere of the family; nor can it relegate it to a secondary role as regards transcendental subjects and thus cause very great damage to society as a whole.

Last November, in this very place, Professor Jerome Lejeune gave a scientific demonstration of the realities of human cloning. " In the first place the possibility of cloning–that is to say the identical reproduction of an adult which bypasses sexual reproduction–is prohibited by nature. True cloning would be when a leaf of the begonia plant is planted and a new plant is thereby achieved. This is not possible with superior beings for reasons which were only discovered three or four years ago, reasons which at one time no geneticist would have imagined. You should know that the experiment of Stillman and Hall, as they relate it, was done to stimulate bioethical debate Their manipulation was not successful." This great defender of life, who is no longer among us, left an impress behind him which cannot be cancelled.

Many people want to achieve a goal by one means or another That goal is the frontal destruction of the family. They want to do this because they are well aware of its influence. The " famous " Cairo conference bears this out In my country the Constitutional Court established that the norm of the penal code which declares that the sterilization of people with serious

mental deficiencies is not an actionable offence, is a norm which is not ruled out by *Magna Carta*. If this route is taken, we will end up by destroying all of humanity's values.

We can never escape the truth. Even though truth at times is hard, we should not try to forget it or omit it. If we were to do so we would commit a major error which would not only give rise to the aberrations cited above but would also provoke many others.

In Julian Marias' article " Contempt for the truth " we read: " Modern man is told many more things than was the case in previous epochs of his history. He is bombarded and machine-gunned with things said again and again during the day with means which were not previously available. Most of the time he is unable to decide whether what he is told is true or false....truth and falsehood disappear from the horizon, and man becomes inert before that horizon."

If the historian does not tell the truth, if he relates something which did not happen, if he hides what did actually happen, or distorts it, this does not mean that he is of little value. It means that he has committed an intellectual crime. The same may be said about those who draw false consequences from a scientific discovery or turn a mere hypothesis into a certainty, or maintain that what is in reality difficult to prove is in fact incontrovertible. I ask myself what the real root of contempt for truth really is. I believe that it lies in contempt for oneself. Truth is so intimately linked to the human condition that its deliberate absence is the nearest thing we have to suicide.[6]

We may ask ourselves a simple question: where will these people who are brought up in a real family, in truth, in love and in service do what they have to do? The answer is very obvious: in the natural sphere of the society to which they belong, in their own environment. That is to say in the place which most corresponds to them, through the perfect performance of their professional work. The answer comes from Genesis: man was created by God " *ut operaretur et custodiret illum*."[7] The answer lies in seeking to devote all human activity to the Creator. And to do so, in the words of the Blessed José María Escrivá de Balaguer, " by making Christ the goal of all honest activity."[8]

Work is the form of human activity which most naturally leads to the fulfillment of the individual. Through work he acquires a whole range of qualities and serves society. The more he fulfills himself with greater knowledge, practical expertise and personal involvement, the more will he be able to do good to humanity. Any form of noble and honest work can be the subject of our personal efforts. The value does not lie in the task itself but in the person who performs this task. God wants to receive " good fruits " in the creation. This means that work badly done, work carried out without the full commitment of the individual's talents, is not worthy of God and not worthy of man. A work done without much care will not be well received. In the modern world's competitive system the individual must make a great effort, but he should do this not with the selfish aim of rising on the economic " ladder," but in order to express his own dignity.

On what therefore should we base the tasks and the challenges of the life sciences on the threshold of the year 2000? Not upon the sciences but upon their author–man. The real challenge is to be found in man rediscovering himself. This will be possible only if he recognizes that he is a creature of God who has been raised by Jesus Christ to the dignity of the adoptive son of the Father. And only if he asks himself (and answers truthfully) where he comes from and where he is going. This he will be able to achieve within the family and through the exercise of his human activity, in the light of the Truth, and with love and a spirit of service.

In conclusion, one can observe that we should not look for these challenges in the sciences but in man challenging himself by looking for and meeting God. In this way the sciences will certainly know, serve and love truth. This is because their author will know, serve and love his Creator, and render glory to Him.

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[1] Cf. *Confessions*, I, 1.
[2] Cf. *Gaudium et Spes*, 24.
[3] Cf. *Metaphysica*, I, 1.
[4] Cf. VICTOR E. FRANKL, *El hombre en busca de sentido*.
[5] Cf. H.H. JOHN PAUL II, *Letter to Families*.
[6] Published in *ABC*, June 1994.
[7] Cf. *Gn* 2, 15.
[8] Cf. *Amigos de Dios*, no. 58.

JOHANNES PETRUS M LELKENS

Endangered Life in a Culture of Death: The Possible Fate of an Anencephalic Child

No doubt you agree with me that what is at stake nowadays is neither more nor less than human life itself. As the Holy Father says, we live in an era of the culture of death. A culture of death which will also take on unprecedented proportions. To mention only the most important manifestations of the reigning anti-life mentality: the widespread use of contraception in all its forms (induced abortion included), the striving for legalization of euthanasia in many countries and for tolerating it without punishment, as is the case at the moment in my country, the Netherlands. To discuss all situations in which persons or classes of persons run the risk, now and in the near future, of loosing their lives by willful medical interventions, would lead too far afield. Therefore, I will confine myself to only one category and will take as an example: the anencephalic child, often called " a baby born without brains "

Why this choice? At the moment the anencephalic infant is a center of interest for transplantation surgery for neonates and small children

Here two major problems arise In the first place, donors of the appropriate size are scarce. Where most adult donors are recruited from among previously healthy, young people involved in traffic accidents, the number of infants who become available in equivalent circumstances is very limited.

In the second place, the diagnosis of being totally and irreversibly brain dead, a prerequisite for organ removal, is rather difficult in young infants

On the other hand, if an anencephalic may be considered as being " not alive " or as a " nonperson," then the use of his organs can be taken for granted: no longer a " human subject," he has become a " human object "

For those not familiar with the anatomical features of anancephaly I'll give a short description of this anomaly. A knowledge of the Greek origin of the term " anencephalic " (*anenkephalos* = brainless) often leads to the assumption that the anencephalic child, by definition, lacks a brain. Although these infants suffer from a gross disruption of brain development, they are certainly not brainless, as we shall see. According to the textbooks on human embryology, the brain and the spinal cord are formed by the so-called neural tube during the first four weeks of gestation. At approximately three weeks gestational age, this neural tube closes throughout its length. Anencephaly results from failure of the head end of the neural tube to close. The result is that the brain will not develop further forward than the brain stem This means that the cerebral hemispheres and the cerebellum are absent in anencephalics. Because the skull bones fail to enclose the cranial cavity as well, the malformed brain remains exposed. The third week is decisive in this respect: non-closure of the neural tube means anencephaly, often accompanied by spina bifida, the defective closure of the bony encasement of the spinal cord.

The life of an anencephalic child is endangered in two ways: by induced abortion because the mother does not want to continue a dead-end pregnancy, or, as a newborn, by being considered as a source of organs for transplantation purposes. In particular, it is important to know the arguments being used to justify these interventions. By clearly understanding what is going on in this field of medicine one is able to reject on reasonable grounds certain practices which may cost the lives not only of anencephalics but also of other deformed or dying persons. Are anencephalics alive?

The presumption that there is no cerebrum in anencephalics has been used to underpin contentions that these infants are " not alive." Apart from this coupling of being alive with the presence of the cerebrum, the anencephalic does not meet the criteria of brain death: the cardiorespiratory functions are intact and thus prove brain stem function. Furthermore, Chaurasia (1) found that the cerebrum is always present, albeit in a rudimentary form. Bell and Green (2) in subsequent research also discarded the traditional view that anencephaly can be characterized as an absence of the cerebrum. They reported that microscopic examination of a dark vascular mass attached to the base of the skull (the cerebrovasculosa area) revealed that it was much less disorganized than had been thought before. A cerebral vesicle, a poorly developed equivalent of the normal cerebral hemisphere, was consistently present in this area.

Reviewing reports in the literature on the EEG (electroencephalogram) of anencephalic infants, Schenk et al. (3) noted that, despite being of low voltage, the records

were virtually identical to those of normal infants. We may conclude that the anencephalic child does not meet at all the internationally accepted criteria for brain death.

However, as in adults, an imbalance between the supply of organs suitable for transplantation and the demand for them has arisen and is still increasing. A number of means to overcome this imbalance have been proposed. All involve some form of reconsideration either of the criteria for death or of attitudes towards those in the process of dying. An alteration of the criteria for donor selection has already led to the proposal to consider the condition of " cerebral death " as equivalent to " brain death." Originally, the concept of brain death was not a result of data collected from an individual entering this state. It was, as it presages the early onset of conventional or biological death, a prognosis of death in order to discontinue resuscitation attempts. Now the concept of brain death has evolved as a prerequisite for organ transplantation and is being considered as a criterion of death. However, as McCullagh says, if one argues, on the basis of this, that " brain dead " is equivalent to dead, one is effectively substituting a forecast of the patient's future course for the actual present state: the future becomes the present (4).

Nowadays more emphasis is laid on the irreversible absence of consciousness than on the presence of spontaneous respiration.

Because of the prognosis of both conditions, cerebral death and PVS (persistent vegetative state) without complete loss of brain function are now regarded by some as equivalent to death. Needless to say, the life of the anencephalic infant is endangered in this respect. They are considered as being " brainless " and their prognosis is very bad indeed. They will die within one or several weeks after birth! Many anencephalic infants who are likely to be of potential use to others are being killed by the scalpel which harvests their organs. The " slippery slope " is real (5).

It cannot be expected and it would also be illogical that only anencephalics will fall victim to an alteration of the criteria for the determination of (brain) death or to the use of a prognosis–often a fallible medical forecast–as a basis for ending an individual's life, be it for transplantation purposes or out of compassion. A whole category of dying and deformed individuals may be classified as meeting these new criteria or points of view. Therefore, one of our tasks, now and in the near future, must be to inform the communities we live in about the dangers ahead. We have to take a firm stand against this kind of " involuntary euthanasia." It is rather an " active termination of life without request " (6) getting in by the back door through a probably widespread and even legalized " treatment " of the anencephalic infant.

Is an anencephalic a person?

Categorizing anencephalic infants as nonpersons has been based among other things on the contention that an anencephalic is not a member of the human species. In this respect, counting the number of chromosomes will prove the opposite. In anencephalics 46 chromosomes were also found. It was especially the lack of knowledge about the biological nature of anencephalics which resulted in their designation, together with other infants with severe malformations, as " monsters," a term which, according to Lemire (7), persisted in textbooks until the 1960s. Nevertheless, some neurologists keep on trying to define the human person in terms of neurological capacity or deficit. However, personhood is unconditional and not a product of human development but precedes it. Every human being is a person from the time of conception. The nucleus of this concept of personhood is that a human being is created in God's image and likeness. This gives every human being a unique value. It is the duty of physicians to sustain the life of a defective infant and to insure that this life shall be as good and as free from disability as possible. No doubt, the mere sight of an anencephalic infant with its distorted face, lacking a skull, sometimes accompanied by a spina bifida throughout the whole length of his back and other malformations, may fill us with disgust. It may cause in us a desire to terminate this life for the benefit of the mother and in the interest of the child itself. But then let us keep in mind that the suffering Christ is present in our patients in a particular way and let us recall the words of the prophet Isaiah, describing His features:

> " His appearance was so disfigured beyond that of any man
> And His form marred beyond human likeness " (52:14-15).

Are we prepared to crucify Him once more in killing this anencephalic child and other dying or deformed people?

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GALINA SERYAKOVA

Crisis of the Family in Russia and the Goals of Pro-Life Organizations

Sons are a heritage from the Lord, children a reward from Him.
(Psalm 126:3)

The Russian word for family, " sem'ya," consists of two words: " sem " (meaning " seven ") and " ya " (which means " I "), as if the word itself presupposed the presence of seven individuals in the family.

However, it is painful to verify that the type of Christian family, with four or more children, that was characteristic for Russia over the passage of several centuries, has irreversibly disappeared in a mere 50 years.

The years of domination of communist ideology were years of widespread persecution of our Holy Church, years of destruction of traditional foundations of a national morality. The family as the domestic church became the chief victim of such policies. One can say with conviction that the family became the object of a single-minded campaign of discredit by the Bolshevik government.

The classical Russian Christian family was an obstacle on the road to barracks-like Communism. It was possible to make a " screw " (according to Stalin's scheme) from a person only if one destroyed all that was human, and deprive him of the cultural memories of generations. To realize this was impossible without the destruction of faith in the family.

Over the years everything human was destroyed in family life here, as the interests of socialist society and party principles were placed above the interests of the family. The practice of " repudiation " of husbands and fathers by their wives and children, who declared them " enemies of the people," demonstrated the complete degradation of the norms of family ties and loyalties. People living side by side were ready at any moment to renounce one another, and denounce one another to one or another branch of the KGB, or to abandon family at the call of the party and leave for another part of the country. Everything connected with the family was considered something second-rate, Philistine, and insignificant, compared to the plans of communist construction.

An absolute majority of women was occupied in the sphere of public manufacturing. The deprivation of their traditional role in nurturing and educating children as the mistress of the home was accompanied by the slogan: " liberation of women from domestic slavery " Under the slogan of " emancipation of women " in 1920, abortion was " legalized " for the first time in the world.

Today it is possible to speack of the tragic consequences, literally about an ecological catastrophe, as well as of the physical, psychological and spiritual devastation of a huge number of women. During the years since 1920, the number of children killed by abortion is double the total population of Russia.

Newborn children went through the standardized route of government upbringing: day-care, kindergarten and school. And along that entire route the children were accompanied by ideology. Propaganda led to the idea that " the child belongs to the society into which he was born, and not to his parents " (N. Bukharin, *The A, B, C's of Communism*). The school fought against religion. A few generations grew up estranged from their immediate families, and without a complete family upbringing.

All these particulars of the historical route of Russia, together with three wars and their consequences, have actively contributed to the breakdown of the traditionally large Russian family, and to the acceleration of the fall in the birth rate.

The perception of a number of our contemporaries is that marriage has lost its character of holiness and indissolubility, and its higher meaning in the birth of children. The egoism and cynicism we are observing now with regard to family life is the consequence of the ruinous destruction of traditional Christian moral foundations. The very need to enter into marriage is weakening among an ever greater proportion of the population, with the growing practice of " partnerships " or temporary living arrangements without any responsibility of one to another. The latest sociological research, based on reliable tests, reveals a concurrent devaluation of family values, of parenthood, and of children. One out of two marriages ends in divorce. The one-child family is particularly disposed to easy divorce, and such families in Russia are the absolute majority.

For more than a quarter century, such families have failed to secure even the basic replacement of generations. Now, in fact, a stable decrease in population is being observed in 69 regions of Russia, in which 93% of the country's popula-

tion lives. Throughout Russia in 1993, the number of those who died was 50% greater than the number born, and in the territories historically settled by Russians, the former is 2.5 times greater. In these territories the overall rate of birth (the average number of children born during a woman's child-bearing years) is 0.9 to 1.2, when the average necessary for simple replacement of existing population should not be less than 2.2. Just last year the population of Russia was reduced by 800 thousand persons.

The society is slowly withering, as depopulation quietly eats away at it like a cancerous growth. What awaits in the next few decades? Huge spaces populated by old people, for whom no one will provide in their old age. Monstrous disproportions between female and male populations, which itself is a potential graveyard. We have to admit that this process may be irreversible. This is a realistic threat to life on the threshold of the year 2000.

The " demographic winter " (the fall in birth rate) is characteristic of all industrial, Christian countries, but in Russia the tendency toward depopulation is particularly acute against the background of the global crisis of the family and the colossal quantity of abortions, which is tightly linked to this crisis.

The problem of defending the unborn is particularly close to me, and, as the director of the Russian pro-life organization, I would like to offer a more detailed account of this problem.

For many long years Russia has preserved a gruesome leading role in everything concerning abortion. The number of abortions in this country could always be measured in the millions. According to official statistics for 1993, the total of abortions in Russia for that year was 3 million. On average, for every child born there were more than two killed by abortion.

However, these figures are clearly lower than actual numbers, since they do not take into account " mini-abortions," i.e., those carried out in the first 4 weeks after conception, and likewise abortions in private doctors' offices, or at home.

It is not only the statistics that are astonishing, but the indifference with which our society relates to the problem. In Russia, abortion has become something habitual, everyday and accessible. As a matter of " social consciousness " its psychological acceptability is very high. Only 15% of women in Russia have no experience of abortion, whereas on average every woman has 2 to 4 abortions during her lifetime. The majority of our people do not know and do not even think about the fact that abortion destroys human life, that there does not exist some magic moment when we can say about the conception of a child: this was just a piece of flesh, but now it's a person.

The practice of massive abortions has brought us to the point where we value the conception of human life less than material well-being, conveniences and psychological comfort. The child in the womb is viewed either as a being of doubtless value, or as something absolutely unnecessary, depending on the position of the parents and their life situation. A sociological inquiry, conducted last year in Moscow, showed that 76% of Muscovites do not consider abortion to be the murder of a person, and 60% wanted the government to make the availability of abortion even easier.

Since 1987, late abortions have been permitted, that is, abortions after 12 weeks of pregnancy, in the last months before birth. Permission is granted under so called " social indications," but in fact is granted on the demand of the parents of the unfortunate child. And all this is done under the banner " improving medical help for women." In Moscow, the number of such late abortions is now over 2,000 per year.

In these conditions we consider instructional and educational work to be our fundamental aim, particularly among young people. We have conducted dozens of discussions and lectures in defense of unborn life and we can say confidently that abortion thrives on ignorance.

An absolute majority of young people, with whom we have had discussions, admitted that neither parents, nor doctors, nor teachers ever spoke on these subjects with them. A huge gap in knowledge has in a way erased from their awareness a whole system of the human organism–the reproductive system.

A few years ago a Russian participant in one of the first television links between the U.S.S.R. and the U.S.A. was asked a question about sex by one of her piers. She burst out, without thinking, " There is no sex in the Soviet Union! " That phrase became very popular in our country, since it reflected the real state of things, i.e., a vacuum in the sphere of sex education, in family psychology and ethics that had gone on for several years. Today we have, on the one hand, a significant number of people who are afraid even to talk about the intimate side of life, and, on the other, those who calmly and without a thought relate to abortion as the only an usual way out of an unwanted pregnancy.

The embryo in the first stages of its development is looked upon by many as a kind of growth, a group of cells, fastened to the tissue of the mother's uterus, feeding itself on the mother's account, but not having an individual life of its own. In this view the mother has the full right to dispose of the conceived child as her own property.

Here the negative role should be noted that a series of drawings and illustrations–from the arguable teaching of Darwin about evolution–have played in the formation of young people. These drawings are present in all school biology texts that I have seen. From them one draws the conclusion that the earlier the stage of development of the human person, crocodile, fish, the more they resemble one another. Although there is really some resemblance, the impression young people receive–including future mothers and fathers–is that in the early stages of development the child is not really a person, so that it is not necessary to defend him or her. No explanation is given in school to 14-16 year olds, with the result that these young enter adult life with deep-seated mistaken and deceitful notions.

We applied to the Ministry of Education with the request to exclude these drawings from the new editions of school texts, as they give an incorrect understanding of the value of human life. Generally speaking, we cooperate with all

government agencies, with religious, social and political organizations who can help in achieving our goal of changing social awareness in Russia in regard to human life, and, above all, in regard to abortion and euthanasia, and the rebirth of Christian values for the family. We are widely engaging means of mass information: the press, radio, and television in the popularization of certain knowledge about the development of the child before birth.

Unfortunately, government bureaucrats from the Ministry of Health, while admitting in their words the negative consequences of abortion, consider the widespread distribution of contraception as the only alternative. Contemporary methods of natural family planning are unknown in Russia, even among the majority of physicians, to say nothing of the general population.

For this reason we consider the second most important aim of our pro-life organization is widespread propaganda about the principles of responsible parenthood, magnificently laid out in the encyclical *Humanae Vitae*, and developed in the *Letter to Families*.

We are organizing seminars for physicians willing to make known the practice of natural family planning, and we are publishing and distributing literature on that theme.

We shall be opening schools for "Responsible Parenthood," in which married couples and young people can learn exactly what is Christian marriage, always open to the transmission of new life, where they can learn self-control and natural methods of regulating conception.

Within these aims we wish to prove to young people convincingly, clearly, and in an interesting manner the advantages of chastity before marriage, as well as helping them to achieve changes in behavior which will create for them a completely new way of life.

Today as never before, the family and the family way of life are in need of support. It is precisely the family that is the best guarantee of a healthy and dynamic society. In this difficult period of transition for Russia, the help of the Church in strengthening the family is the moral obligation of every Christian.

It is vital to pressure the government towards a radical reform of existing priorities in the interests of the family as the most important of social institutions.

It is my deep conviction that authentic rebirth in Russia is impossible if the foundation of all reforms being carried out is not the rebirth of the family in its traditional Christian aspect.

In conclusion, I wish to repeat the words of Patriarch Aleksei II, from his address to the participants the conference in defense of unborn life, which we held in cooperation with Human Life International la May: "... The family is the domestic church. The foundations of the family and its strength must be inviolate. A solid family, healthy in spirit, in which children and youth are brought up with high moral formation, is the foundation of society and government, and the guarantee of a blessed life and a dignified place in the world community."

Dr. GALINA SERYAKOVA
Education Specialist
Founder and President
"Right to Live" Russia

EDOUARD GAGNON

The Challenge for Science Is to Respond to the Needs of the Person

The specialists in the various different disciplines who have spoken over recent days have already given their answers to the important question to which our round-table discussion must address itself. They have also stressed the evident truth that when one is dealing with the challenges of science–as long as one does not turn it into a god–one is also dealing with the evident responsibilities of men and women whose lives and callings are linked to science: researchers who are constantly extending the field of theoretical and practical knowledge, the professionals who put the results of such research at our service, the politicians have to constantly reconcile the good of the community with the authentic good of individuals and their quality of life.

I hope that I will be forgiven if I speak a less wise kind of language, even at the risk of singing "*extra chorum*." Obviously enough, it is not in my capacity as President of Eucharistic Congresses that I can make a contribution to the debates which are now underway. I would like to base my contribution, rather, upon the contacts that over twenty years of service to families and my present-day pastoral commitments, have provided with people from all cultures and walks of life. These are people for whom all branches of science constitute a science of life because science conditions their daily existence. What should be expected, in practical terms, from today's artisans of science? People express such expectations through their hopes for the future but also through giving voice to their suffering and frustration.

Principles

These artisans of science agree with those principles which are constantly expressed by the Church–first and foremost those principles which have been expressed from Vatican II onwards and by successive Popes. Recently, for example, when congratulating those intellectuals who refused to agree to the patenting of the genome, John Paul II reminded us that the human body is not an object like any other and that the results of research on human life should be made available to the whole of the scientific community. They must not be made the private property of any one single group that would thereby enrich itself from such ownership.

His Holiness has often emphasized that science must help man to understand himself, not least in order to guard against the risks to his physical and psychological health which present-day rhythms of life clearly produce. The Pope makes clear that the questions which present themselves to our society increasingly need the benefit of science, and further observes that science constitutes one of the great resources of our developing world. But John Paul II goes on to add that science on its own is not able to grasp the transcendental origins of man and to understand the ultimate purpose of his existence. Furthermore, the certainties obtained from science must be measured and weighed against the whole truths of man. Indeed, the moral good of every form of progress should be judged in relation to the real benefit that it brings to man in both his corporeal and spiritual capacities.

But man is not an abstraction. It is easy to speak about the rights of man in general and to wring one's hands when faced with the violation of such rights or the sufferings of those who are distant from us, and then to forget about the daily misery of those who are close at hand. The greatness of science, observes the Pope, lies in its capacity, in a very special way, to be at the service of those of our fellow men who are need to lead a life which conforms to their nature and to their incomparable dignity.

Questions

The great challenge to men of science lies in being able to respond to the needs of people. But many observers of the real involutions of scientific progress–the man in the street, the father or the mother of a family, and the unemployed youth –pose a large number of questions about such progress which are themselves evident challenges to science.

– What can we do to place the gains of scientific research at the service of all men and not merely the rich? Will what already takes place in many countries become a widespread practice–that is, a defence of the lives of the rich and the treatment of their suffering, not to speak of the practice of euthanasia on unproductive people and leaving them to die without medical care in order to produce solutions to demographic imbalances? During the Bucharest Conference on Population the representative of one important nation proffered what he thought was a masterful

policy It consisted of confining access to public medical services and to state schools to the first two children of a family only.

– How should we explain the contradiction between the respect displayed towards the conceived child which is manifested in the development of methods by which to treat it when it is still in the womb, on the one hand, and the ease with which other embryos are got rid of much as one would discard a thing or remove an irritant, on the other?

– Why should there be an attempt to limit research in the field of energy and to impede the discovery of new sources of energy for economic and other reasons when we are faced with the problems derived from the impact of pollution on health? How can we help the worker who has to deal with the full bombardment of infernal traffic when he has to go home after a tiring day's work?

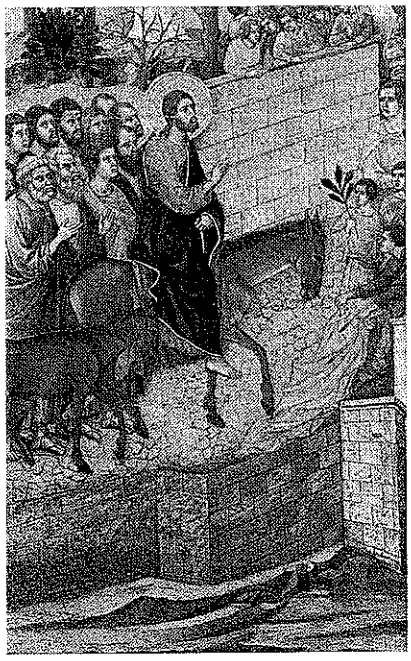
– How is it possible that after the convincing studies carried out on the effectiveness of natural methods of birth control by doctors, sociologists and experts in this field, and after the telling evidence of their evident utility, how is it possible that almost every faculty of medicine still outlaws the teaching of such methods? Is it a question of convenience? Is it a question of obedience to the ideological power of those powerful associations and industries which are against life? Is it a question of indifference towards the increasing promiscuity and immorality which favours the distribution of contraceptives? Is it perhaps a question of a refusal to see how the employment of natural methods requires and strengthens the union between the marriage partners?

Science must serve truth. It must serve all truths and not just some in particular It must not rule out certain fields of research and teaching because of pressure exerted by political, ideological or economic factors.

– Why should we allow it to be deemed mere dogma–as I have heard eminent Catholic university professors maintain– that young people ought not to live out and develop their sexuality in practical form? Hundreds of thousands of young people in the United States of America have recently declared that they believe that chastity is to be viewed in a positive light and have further stated that it is their intention to practice chastity until marriage. The Christian is well aware of the teaching of Christ about purity and knows that he can count upon his grace because our Saviour would never allow somebody to be tested beyond the limits of endurance

– Why should we allow the constant repetition of the idea that the distribution of contraceptives is an effective defence against AIDS? The sexual licence that this idea encourages and the fact that condoms are ineffective in more than ten per cent of all cases explain how their easy distribution is always accompanied by a spreading of this very disease.

– Why should it be that the rationalization of work creates unemployment and endangers social stability rather than easing the burdens upon the worker?



– Why, to conclude, should some nations die of hunger while others throw food into the sea and pay farmers to produce less? It has always been said that the reason lies in the problem of transport. But the Gulf war well demonstrated the hollowness of this explanation.

– The man in the street understands that wars have provided a suitable setting for the advance of medicine and forms of technology which can simplify our daily lives. But he also knows that war is never necessary and that if the will were there, many resources which are wasted could be put at the service of health and of public well-being.

Conclusions

These challenges are very great and concern society itself. But society is composed of ourselves, with our abilities, our convictions, and our will. Each of us has a role to play in responding to the needs of our fellow-men and in reducing their suffering.

But each of us also has the duty to make public opinion (and scientific researchers) aware of the suffering of those who are both near to us and in the world more generally. For this reason we must go against prevailing trends and opinions and we must be fully conscious of what powers determine fashions, trends of thought, and slogans.

None of us can achieve this alone. Acting together is a duty and the most effective way of making our voice heard. You here today well demonstrate that coming together is not a question of defending professional or personal privileges but rather a matter of offering a valuable contribution to humanity and to all men, whatever their condition may be.

Each and every one of us must remove at least one of the obstades that the interest groups of consumer society and the ostracism of secularized and atheist humanity have raised against the truth.

Cardinal EDOUARD GAGNON
President of the Pontifical Committee for International Eucharistic Congresses (Holy See)

AN VERLINDE

The Nursing Profession on the Threshold of the Year 2000

I. Introduction

Nursing and midwifery accelerated tremendously, and have technological and scientific progress have totally transformed them in a very short time (over the last 25 years).

Traditionally, the health care worker/ midwife is the doctor's primary assistant Health care development is mainly based thereupon, and consequently the image of health care workers and midwives. The outside world sticks to this traditional image, yet the picture of the health care workers and midwives has changed completely. They no longer consider themselves as assistants to the doctor, but as collaborators with a personal input and self-governing as far as their profession is concerned, together with the increasing scientific development of that profession.

This existing trend can no longer be halted; in some parts of the world the professionalization of the job is further developed than in others. The world of nursing/midwifery is being confronted with an enormous challenge; namely, the joining and integration of technical knowledge and aptitudes to the fact of " being near," caring for people, commitment (for some, the vocation), and all this is based on Christian principles.

Over the last few years economic reasoning has become more important in Europe, but also in Africa, Asia, South America and Oceania.

It is evident that hospitals, health care centres, home care and care for the elderly, in any part of the world, cannot survive if they don't take into account economic considerations in their management. Although economic reality is only applicable to a certain extent; ethical or human considerations limit the economic approach. Even matters which are not productive and have no contribution whatsoever are being considered. Health care workers and midwives have an enormous task here; it has always been so, it still is and it should remain like this right into the next century.

II. Changes in Nursing and Midwifery

a) *Social Movements*

The challenges of the nursing and midwifery profession for the next century are actually not new at all, but are rather the continuation of many social changes and reorientations over the last 20 to 30 years.

Since World War II the profession has been reorientated regarding its social meaning in relation to many social movements.

In the past health care workers/midwives were mostly nuns active in health. According to the period and the culture, we experienced the development of hospital care, home care, and many variations thereof.

Nuns and brothers took care of the sick in the name of charity. Charity was actually the linking factor in all social classes within Christian, and other religisouly inspired, societies. Care for the sick was done by men (brothers) and women, and because of this the profession was held in great esteem and a high social status was acquired.

Furthermore, the profession was considered as a service to others.

b) *Secularization*

The very strong secularization over the last few years, more so in the Western countries, has brought about the situation where nursing and midwifery are a profession rather than a vocation, primarily a pattern copied from the doctors.

It should be noted that the task of taking care of the sick and the needy by religious authorities has been taken over by political, governmental and non-governmental organisations.

The right to have decent health care has become an entitlement/ duty and is no longer based on charity and vocation.

c) *Nursing Patterns and Systems*

It is a great pity that apparently there are still a great number of health care workers/midwives who have chosen a more technical and administrative career which implies the loss of skills, attitudes and the commitment to " being near."

In the Western countries the dimension of " taking care " is slowly being re-introduced; i.e. being aimed at the physical, psychosocial, economic, moral, and religious well-being of the sick and the needy.

The action of the entire world of nursing should be to focus on providing care with human dignity, in the right proportion and with the proper technical knowledge. Palliative care, integrating nursing, and special programmes, such as, for

instance, caring for AIDS patients according to nursing patterns, are now being actualized.

In the unique combination of technical and administrative activities together with communications skills and a humane attitude lies the hub of the nursing and midwifery profession and the identity of these health care workers.

It looks obvious and easy! Nothing is further from the truth.

Health care workers and midwives meet many obstacles within the profession, within society, and also within religious value patterns.

The health care worker/ midwife has, therefore, to define, or re-define, her/his position, i.e., define his/her social position in relation to other health care workers, doctors, patients and their relatives.

These are the concrete goals for the 21st century.

Taking into account the worldwide economic limitations, health care workers/midwives will have fewer means and should nevertheless be able to provide optimal care; this means that from what is ethically desirable one has to switch to what is ethically acceptable.

d) *Nursing Authenticity*

In the future, health care workers and midwives should safeguard the " authenticity of nursing/midwifery," which implies more than nursing/midwifery autonomy.

Health care workers/midwives are respected for their skills and the way in which they behave.

Health care workers have a key position and are able to influence, to a large extent, developments within the management of both health and society. A fundamental condition is that health care workers and midwives learn to develop a unanimous view. For CICIAMS this means a view which is rooted in an ethical reference frame, based on Christian norms and value patterns.

Health care workers and midwives are people of today belonging to the culture and society in which they grew up.

According to Father Joblin (September 1994), the loss of interest in the human component in nursing is due to fundamental change in the pattern of values in our societies.

In most of our societies problematical health matters are treated by public authorities and, in most cases, to the exclusion of a religious dimension.

It is generally expected that spiritual and religious values should only be found in the intimate life of an individual and that they have no social meaning whatsoever.

Many health care workers report that in cancer wards, AIDS units, longterm care wards, emergency wards, and disaster areas, there is a growing need for a spiritual and religious dimension.

Health care workers/midwives are actually privileged inasmuch as they can put into practice values such as solidarity, generosity and spirituality. In a secular world health care workers and midwives ought to behave more as Christians now and in the future, in their professional and religious attitude. Nursing authenticity will be the highest value in the future.

Health care workers and midwives cannot remain indifferent towards their fellow man and certainly not towards those in society who have been hurt. The fellow man makes an appeal to true kindness.

Kindness has a price, but man himself becomes a better creature by showing kindness. Health care workers and midwives have been confronted over the last few years, and will be confronted in the future, with great difficulties relating to the work environment, social rules, regulations and interference by the authorities, on all continents.

Nursing/midwifery authenticity also means developing vision in management; i.e. become more involved in the process of caring, both at the level of direct care of

the patient and at the level of organizing care on the basis of ethical kindness.

III. Challenges for Nursing and Midwifery in Relation to the Way of Life in the 21st Century

a) *Specialisation and Fragmentation of Health Care*

In many societies and cultures being in good health is considered by individuals as being the highest blessing

But specialisation entails dependence. A specialist depends not only on his colleagues, but also on people who practise other skills. Often the main aim, namely, care for the patient, is not being attained, because the patient is no longer the central figure, but it now is the specialist who is in the centre.

This specialist health care worker becomes the central factor in caring for the patient, determines the way of thinking, the methods and the technology relating to care.

(Example: Pattern of Self-Care of OREM, Integral Nursing).

Sometimes this specialist health

A third important concept is interdependence. However important the common goal may be, it does not exclude individual responsibility and the expertise of each team member.

b) *Positioning of the Health Care Worker/Midwife in an Interdisciplinary Team Connection*

The goal of unity requires that team members be able to work together on an equal basis in the interest of the patient

Health care workers and midwives ought to define the specific

Gradually the unlimited endeavour to be in good health ought to become more relative. Psychic and social factors should be discerned. The decrease of financial means and the growing enquiries about ethical implications have to be given more and more thought.

In response to this we notice a health care system of ever higher quality, the increase of possibilities in the medical and the nursing fields and the creation of all kinds of medical and nursing specialisations. Each specialisation functions within its own structures, its own way of thinking, its own methods and technology.

care worker designates the patients who suit his or her specialty.

An interdisciplinary team approach is the answer to this fragmentation. The care given should be integrated, not in the person of only one health care worker, but in the person of the patient.

Interprofessional collaboration is, therefore, the most important characteristic of teamwork. Working together towards a common goal is the second key notion. The patient is the central figure and is in fact the reason for the team's existence and forms, in a certain way, the focus of all the team's efforts.

aspects of their profession and present them in an acceptable way to the people who practise other skills, and should express these aspects in the immediate care of the patient.

In a team the health care workers have the most difficult position. They stand at the crossroads of three worlds; namely, the world of their fellow members in the profession, the world of doctors and supporting medical staff, and the world of the patients. The differences among these worlds are manifold as far as power, interests, knowledge, skills and opinions are concerned.

1 *Problems in the Relationship with Doctors*

a) Health care workers are the doctor's subordinates in both organisational and professional matters. The health care workers may act in an autonomous way as far as the care of the patient is concerned.

b) Doctors control information concerning the patient and concerning the health care worker. Health care workers have to wait for information or strongly insist to get it. This underscores the commanding position of the doctor.

c) Health care workers are almost always " close to the patient " The approach is not bound to certain rites and so their field is easily accessible.

Unlike doctors, health care workers have few status symbols; their profession has a much lower social status.

2 *Problems in the Relations with Patients*

The patient should be considered as a " royal customer " and should be the object of great care.

There is disharmony in attitudes to patients. It is expected that health care workers be emotionally and socially involved with patients and assist them at all times.

Such health care workers cannot keep the necessary distance proper to professional behaviour. They run the risk of becoming over-involved, suffer from stress, and the danger of burn-out becomes a real threat.

3 *Problems in the Relationship with Colleagues*

Here the method of nursing and the way it functions can be pointed out.

In nursing there exist two patterns which are completely different from one another; task-nursing and integral nursing

In *Task-Nursing* every health care worker knows her/his task and will endeavour to accomplish it to the best of her/his ability.

In *Integrated Nursing* every health care worker will act as an autonomous expert and, after consultation, she/he will coordinate the necessary care to be given to the patient.

It may happen that health care workers are not involved enough with each other or that group cohesion is far too strong. Leadership, aimed at the group, is a favorable factor in the commitment of health care workers

c) *Emancipation of the Profession*

Health care workers, midwives, and medico-social assistants will in the first place have to develop their own professional identity.

The idea of holism, which approaches man as a whole, i.e. as a somatic, psycho-social, economic and religious unit in a socio-cultural context, looks like a justifiable starting point.

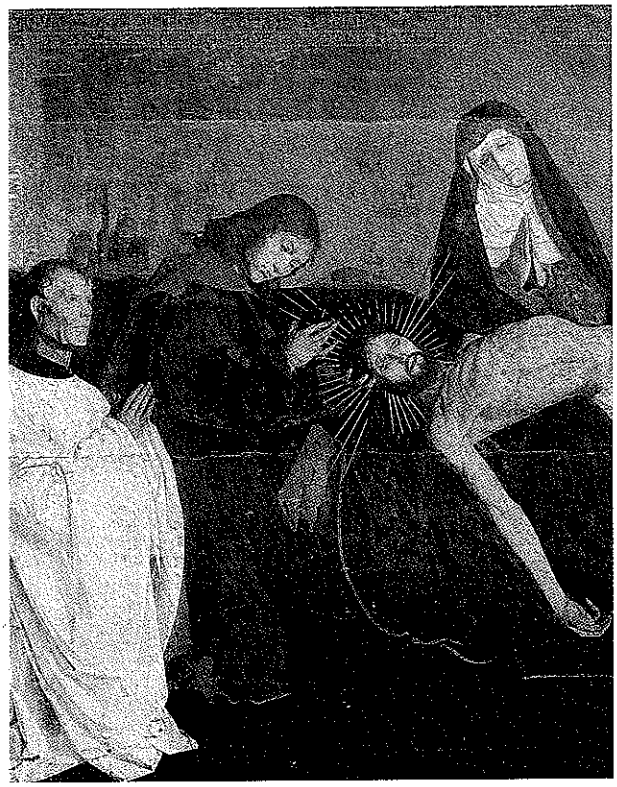
Integrated Nursing, with proper work instruments, such as the designation of patients, and systematic nursing practice, offers possibilities leading to the emancipation of the professional as well as to the demarcation of work territory in relation to other health care workers. Consequently, health care workers/midwives will have to arrogate a number of roles to themselves in order to define their professional place in a team.

a) Defending the patient in relation to care is an answer to the fragmentation of health care

b) In their mediator's role health care workers/midwives are the right hand of the doctor and the advocates of the patient

c) For health care workers/midwives it is necessary to negotiate. Negotiating means evaluating one's own input and the input of others

d) Health care workers have to combine two kinds of leadership styles. A task-oriented leadership



style aims at the performance of the team members, efficiency, and the limitations of the team members' autonomy.

Person-oriented leadership stresses mutual relationship and pays quite a lot of attention to the group atmosphere, making the most of team members and positive feedback

On the other hand, the health care worker/midwife has to help the patient to remain as independent as possible. Here the pattern set by Orem and the formulation of universal self-care conditions are a good starting point. Self-care ensures that the patient is not likely to get care which he/she does not require; that he/she gets the kind of care only he/she alone can provide or with the help of others. Self-care relies on the possibilities and on the strength of the patient. Health care demands that the health workes identify themselves with the patient's perspective. This means seeing reality through the eyes of the patient, and, afterwards, when one has as good a picture as possible of the situation, to find out what appears to be most important. This also means identifying what helps the patient most in following the way he/she has chosen.

d) *Training of Health Care Workers, Midwives and Medico-Social Assistants*

The training should result in providing expert and fully qualified health care workers. Not only knowledge, skills and attitudes have to be acquired within the profession, but also the basic principles of other health care workers.

An awareness of professional identity, the compiling of health care patterns and proper work instruments will contribute to the autonomy and emancipation of the profession.

Health care workers have to learn to be flexible in order to be able to manage the ever-changing job offers, and to be as efficient as possible under different circumstances. In the training of Catholic health care workers, midwives, and medico-social assistants space should be provided for systematic training in bioethical problems. During their training and in their day-to-day activities, health care workers are confronted with problems on a bioethical level: brain death, organ transplant, problems related to AIDS, etc.

It is high time that health care workers develop their own ethical standards adapted to their own culture.

Health care workers, midwives and medico-social assistants should be taught how to listen to the inner human being.

This is only feasible if all health care workers pay attention, in a systematic way, to religious matters.

One cannot expect that everyone within the health care system will be able to have religious conversations, but one may expect a fundamental openness in which religious matters can be expressed. All this should be developed in the course of training; in this way a religious environment will be developed in Catholic training centres, and later on in the field.

It is evident that necessary attention should be paid to the organisation of pastoral matters; via a pastoral service and/or task force where energy will be spent in creating pastoral openness.

Nursing/midwifery training should offer holistic health care references where patients in every dimension, the faith dimension included, can be helped.

Very often future health care workers, midwives and medico-social assistants feel it is not their destiny or they show very little enthusiasm about experiencing to the full their vocation. Christ said in his day, " The harvest is big, but the labourers are few," and Jesus' answer is still applicable: " Pray to the Lord of the harvest, that He bring in labourers for His harvest "

IV. Action for Future Practice

In order to meet the challenges of the year 2000 it is necessary to react now to the problems encountered by health care workers.

a) The individual health care worker has to react and it is, therefore, very important that the health care worker become aware of his/her own professional and Catholic identity.

As a starting point one can refer to what His Holiness Pope Paul VI, and later on Pope John Paul II, called *the civilisation of love*.

b) Unified action must be understaken by Catholic professional organisations, in this case by CICIAMS.

More than ever before Catholic professional organisations have an extraordinary mission to be the driving force and guide of the professionalism of their members.

During CICIAMS' 15th World Congress, September 1994, all the speakers strongly emphasized that through group cohesion and joint action ideas ought to be more clearly asserted via the professional activities of health care workers, midwives and medico-social assistants.

Catholic health care workers, midwives and medico-social assistants are no different from other colleagues as far as professionalism is concerned. According to the society and culture, health care quality and nursing differ; i.e. in industrialized countries nursing and midwifery are of very high quality. Catholic professional organisations offer the possibility for the religious dimension to have a valid place and to integrate this into the total framework of health care

Although it seems rather difficult to motivate colleagues to become members of a Catholic professional organisation, the need to unite is greater than ever before, because of the increase in secularization and the loss of basic values.

Members of a Catholic professional organisation find the strength to carry on and also find the strength to support others.

This is the essence of nursing and midwifery.

It is evident that all CICIAMS members realise that the organisation is a living part of the Church. The strong traditional bond which exists between CICIAMS, the local Church and the Vatican ought to be maintained and should even be strengthened The challenge for CICIAMS is to differ from non-confessional professional organisations, on the basis of Catholic principles.

Our vocation as a Catholic professional organisation is based on believing and on attachment to the Church.

From this CICIAMS gets its significance in the world now and will continue to do so in the future.

CICIAMS should also meet expectations in the case where individual members await a joint and public breakthrough to cast light on difficult ethical problems, and in this manner be a human witness to God's magnitude.

The Gospel says that love, affection and caring can have a healing effect. This is what Christian health care workers, midwives and medico-social assistants experience and this gives them the courage to carry on.

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of the International Catholic Committee
of Nurses
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(Belgium)
Consultor to the Pontifical Council
for Pastoral Assistance
to Health Care Workers

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JEAN DRÉANO

Tasks and Challenges for the Pharmaceutical Sciences

At this point in the debate, and after all these brilliant talks by highly qualified people, I am going to try to outline the main avenues of research open to Pharmaceutical Science on the threshold of the 21st century, as well as ensuing challenges and responsibilities.

I. Pharmaceutical Science

1.1 Pharmaceutical Science may be defined as science applied to therapy, using basic research from the life sciences (such as biology) and from the material sciences (such as chemistry) Its aim is to cure, or at least relieve the sick Its domain also includes illness prevention and certain diagnostic means.

Pharmacology–" the golden bridge between Biology and Medicine "(Paul Lechat) – is the geometric centre of Pharmaceutical Science, containing several areas of specialization designed to continually improve upon the effect of medicine. These fields include pharmacodynamics, pharmacocinetics, chronopharmacology, immunopharmacology.

The technological environment is very important and complex, because of the necessity of introducing an active and often toxic matter into a human or animal body with minimal risk.

" Pharmacotechnics " or " galenic pharmacy," however, is not the end of the line: the effects of drugs on the organism must be studied too.

That is the role of " pharmacovigilance," a particular form of toxicology, and " clinical pharmacy " which concerns the human contact with the patient.

1.2. *Resounding Progress*

For the last two centuries major advances have followed one after the other. As a matter of fact, we have just commemorated the death of Lavoisier, one of the founders of modern chemistry and physiology, who died during the French Revolution in 1794.

The progress has been made from methodical research like isolation of the active principles of vegetal substances (quinine, morphine, digitaline etc.), the therapautic use of advances in chemistry and organic synthesis (aspirin, anaesthetics etc.), and the systematic improvement of serums and vaccines.

In this last half-century alone, in the span of one individual's professional life, so many new chapters have been added that it makes one realize just how poor our therapeutic arsenal was on the eve of the Second World War!

All of today's major series (antibiotics, hormones, antihistamines, antidepressants, neuroleptics, cardiovascular medicine, hypotension medicine, anti-tumor medicine as well as others) have yet to exhaust their possibilities

Consistent progress is being made towards substances which are better and better tolerated by the human body, facilitated by the use of computerized models.

The vegetable kingdom continues to hold surprises, and we have recently seen a fungus-based drug, cyclosporine, responsible for the success of organ transplants, as well as products created from the yew tree or the great periwinkle work effectively against cancer.

1.3. *New Paths*

New paths, however, which some do not hesitate to call revolutionary, have appeared in recent decades, signaling in some sense the end of empiricism.

The arrival of biotechnology

Could its origin date from the prior discovery (1953) of the structure of DNA (deoxyribonucleic acid) and thus the sorting out of the genetic code?

The painstaking work of fundamental research has permitted the development of molecular genetics and opened the way to biotechnology and genetic engineering. Cloning techniques, together with the arrival of monoclonal antibodies, have created a lot of hopes for new sources of therapeutic agents or diagnostic products.

Today the prospects for gene therapy are vast, particularly with regard to degenerative disease, cancer, viral disease, and hereditary disease.

Replacing a defective gene may become possible

The structure of the human genome is being mapped (100,000 genes). Thousands of proteins will be isolated as a result of this work, and some will be used for therapeutic purposes.

Conversely, the " antisens " technology will make it possible to block the production of undesirable proteins.

Simultaneously, progress in immunology and peptide study will extend the field of vaccinations to viral disease and cancer.

The world-wide research effort concerning HIV will certainly contribute to this progress, even if solutions to AIDS do not seem imminent.

1.4. *Molecular Pharmacology and Vectorisation*

For millennia, medicine was taken either orally (digestive track) or through the skin (anointing). It was only at the beginning of this century that we were able to witness the development of the injectable track, and particularly intravenous injections, which permit the entry of drugs immediately into general or local circulation.

The active substance, however, spreads unnecessarily throughout the organism and thus favours undesirable side effects.

The new classes of drugs already mentioned have compelled galenic research to direct itself toward the " vectorisation " of drugs: defining the " targets " for the drugs through the use of appropriate " vectors," and using the mediator-receptor couple, neuromediators, or neurotransmitters. All of this complex research has led to greater selectivity in therapeutic action

Molecular pharmacology is thus on the move towards one of the old dreams of pharmacologists: to work only on the necessary spot.

The consequences are going to be considerable–first, on the drug industry, but also in the requirement of a new precision in diagnoses and therapeutic choice and the follow-up of effects. All of this will modify the daily practice of doctors and pharmacists.

We are turning our back once and for all on " panaceas "

II. The Main Areas of Concentration in the Health Field Today

2.1. The increased development of degenerative processes is the logical consequence of population aging, which gains three months each year in our geographical area

This explains the increase in joint articulation diseases (often disabling), cancer, cardiovascular and cerebrovascular disease beyond a certain age. The same is true of senility disorders, including the difficult Alzheimer's disease and psychic disorders.

This demanding morbidity is very expensive. Only adequate treatment can lighten its economic burden and improve the quality of life for older people.

Progress also needs to be made in pain relief, as part of the " palliative treatment " of those near the end of their life.

Progress here will serve as a response to the underlying temptation to legalize euthanasia.

2.2. The other great worry concerns the infectious diseases one might have thought were controlled or even on their way to being eradicated, like smallpox. The increase in viral disease today, the appearance of " new " diseases like AIDS, the return in strength of bacterial and parasitic diseases–through new chimioresistance–have made us very cautious in our prognosis. Let's not forget either the 200 million people suffering from paludism. Some media have spoken of " the return of great fears."

III. Challenges and Responsibilities of the Pharmaceutical Industry

3.1. " The greatest challenge for the pharmaceutical industry lies in its public health mission " This recent affirmation by a head of the industry (B. Mesuré, S.N.I.P. France) is based on the fact that nearly all of the drugs used in the world come from the pharmaceutical industry, and also " that by buying drugs today we are investing in the care of the suffering of tomorrow."

Because the drug industry has a threefold challenge:

– the scientific challenge of research and development for the discovery and experimentation of drugs truly effective against major scourges;

– the technological challenge of mass production because of the necessity of providing essential, quality drugs to all–at least according to the " essential drugs " list established by the W.H.O. for the poorest populations.

Whereas the slogan " health for all by the year 2000 " may seem presumptuous, they must make " drugs for all by the year 2000 " a reality, if only by humanitarian aid;

– an economic challenge, for the notion of profit is ill-perceived, even if it is essential for long-term investment. A challenge because it is ever more difficult for social organisms to finance increasing demand.

A certain balancing is called for, with possible transfers of technology and the reduction of the cost price of essential drugs ever more necessary.

3.2. *The Challenge of Orphan Products*

Certain illnesses (called " orphan " illnesses) not very widespread (small number of patients) or very localized, are nonetheless serious.

Research, completely absorbed elsewhere, is not very interested by them: the production of an unprofitable drug does not interest an industy financially.

Alerted by patients' organizations or by the media, public opinion sometimes becomes aroused, with encouraging results.

But the field is immense. It has been noted that of 18,000 identified illnesses, only 3000 have a treatment. It is obvious that public and private solidarity have a role to play. This could be the first area of corporate sponsorship action of the multinational drug industry or the use of public funds devoted to basic research, " simultaneously the most costly and the cheapest," or, in addition, the object of fiscal incentives.

3.3. *The International Legal Context*

A challenge which must not be forgotten on this small planet where information circulates faster and faster: the multiple legal questions raised by the ownership of discoveries.

Without going into detail, take into account first, that it takes an average of 12 years to turn out a drug, which leaves only 8 years on the original 20-year patent. And second, that rights on intellectual property must be protected if we want to motivate research teams.

3.4. In the case of *clinical testing* of drugs, the people who participate at their own risk must also be protected.

In France, the law of 20 December 1988, called the Huriet Law, defines the very strict legal framework concerning the essential experimentation of drugs on healthy people.

IV. Ethical Questions

This last requirement leads us quite naturally to conclude with the ethical questions raised by the application of pharmaceutical science.

4.1. If basic research, entirely oriented towards the development of knowledge and the discovery of the riches of Creation does not in itself raise ethical problems, such is not the case for its applications: think of atomic science!

It is unnecessary to reconsider at length the uses of research on human sexual hormonology. The precise knowledge of the female cycle has allowed the control of births by natural means which rely on the self-control of the couple, as well as the invention of many contraceptive substances which affect ovulation before fertilization.

They must be clearly distinguished from substances or processes which take effect after fertilization. These include, for example, " anti-hormones," which forbid the implantation and the survival of the fertilized egg and which some people call " contragestives." Questions of vocabulary which are not innocent in this fundamental debate concerning life and different abortion techniques.

4.2. The problem is complicated by the fact that some of these substances, called " dual effect " sub-

stances, –may also be used in a therapeutic context. Here we come across the old debate which brings the therapist up against the double meaning of the Greek root " *pharmakon* "–remedy or poison–depending on the dosage and the sought-after goal. The Hippocratic Oath already mentions the same problem.

The relevance is obvious today in drug abuse and pharmacomania which divert drugs from their original purpose

These abuses may lead to the withdrawal of a useful drug from circulation or at least from over-the-counter sale, to the detriment of the patient.

4.3 Drugs of the future and pharmacogenetics, mentioned earlier, will raise other ethical questions. They stand to affect the hereditary capital of the human being, or, by means of " nootropes," the human brain Axel Kahn has written that " gene therapy makes one dream and makes one scared " (Fondation de France, 82) by interfering with the program which links us to our ascendants and descendants. On the positive side, however, in the case of a congenital illness, gene substitution may perhaps avoid the possibility of abortion in predictive treatment

These new therapies will relaunch the old debate about the balance of risks and benefits. Indeed, the risks will remain uncertain for a long time because their consequences will not be immediate, and only appear perhaps in the following generation. We have a painful example at hand in the case of pregnant women who took synthetic estrogen and whose adult daughters currently have very serious problems.

4.4. *The Withdrawal of Drugs*

This last example reminds us that both the industrialist and the pharmacist are faced with a moral dilemma because of serious side effects, which often appear much later and affect sometimes only a few, more fragile people.

Should drugs be withdrawn from circulation immediately or should even their production be permanently stopped as in the case of Pyrazol or Clioquinol? The decision to withdraw a drug may be difficult not only for economic reasons, but also because it deprives a great majority of patients of an effective remedy.

4.5. *Towards New Regulations*

These decisions of growing difficulty for the researcher or the isolated practitioner have given rise to more and more ethics committees, particularly within hospitals, where they provide the appropriate authorities with authorized advice.

A " National Ethics Committee " in France regularly hands down advice which is generally followed by public authorities

The French Parliament just voted in " bioethical laws " (29 July 1994) concerning (1) the respect of the human body " guaranteed from the beginning of life," (2) the use of its elements and products (in particular the products of somatic or cell therapy which make up drugs), (3) medical assistance in procreation, and (4) prenatal diagnoses.

At the same time, the plan for an international bioethics agreement " for the protection of human rights and of the dignity of human beings with regard to the applications of biology and medicine " is being studied at the European Council.

The principle that " the interest and well-being of the human being must prevail over the sole interest of society and science " has been accepted. Controversies remain over research possibilities on embryos under 14 days old.

These protective barriers, the fruit of a minimum political consensus of opinion, run the risk of being outflanked by new scientific possibilities. Health care workers will have to remain steadfastly vigilant to prevent drifts, particularly toward eugenics.

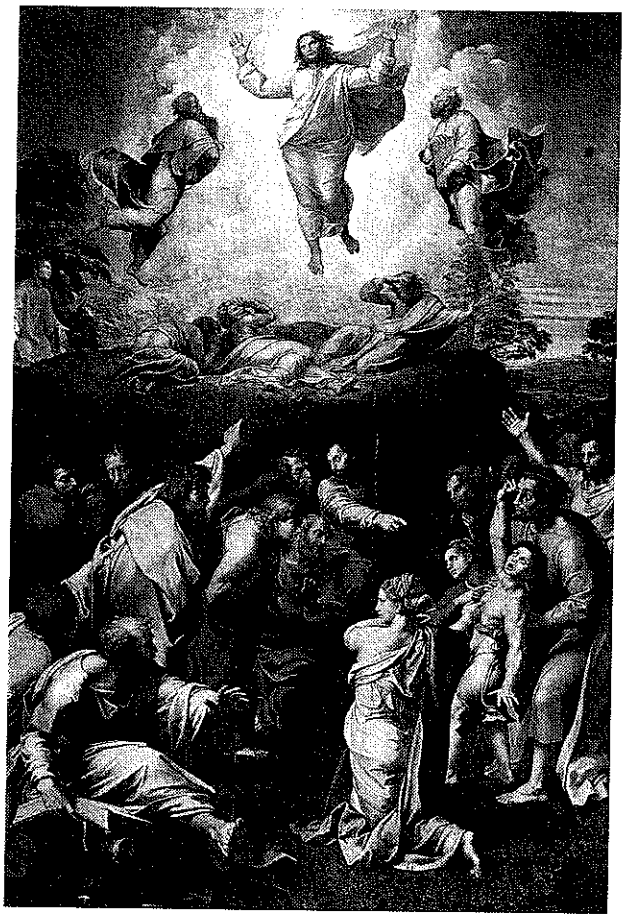
Joint reflection with humanists, moralists, theologians and legislators will be ever more necessary.

Seminars like this one will have even more reason to take place.

4.6. In his speech to the working group of the Pontifical Science Academy on 20 November 1993, the Holy Father recalled that " the permanent deepening of knowledge on the living is a good in itself," " but that it was important to measure the moral problems bearing not on knowledge itself but on the means of acquiring knowledge and its possible or foreseeable uses," the golden rule remaining that " each human being must be considered and respected as a person from the moment of conception."

Dr. JEAN DRÉANO
Member of the National Pharmacy Academy (France)
Past President of the International Federation of Catholic Pharmacists

Round Table



The Health Worker: A Servant of Life in the Technological Society

MEI-SHU LAI

Vision and Plans for the Future of the Medical Mission

Just like our prodecessors in medical work, the medical worker today faces a lot of challenges for the future. We should act as pioneers in our challenging world and be actively involved in medical care around us

There are some groups which deserve our special attention. Taiwan is at turning point in the population transition; the fertility rate of married women has declined to under replacement level. Survey findings show that the average number of living children for women aged 40 to 49 years had declined from 6.1 in 1975 to 3.1 in 1992; the number of women producing four or more children has also declined from 18.8% to 6.1%, and the number of women producing only one or two children increased from 61.8% to 79.3% in the same period. Furthermore, the proportion of married women among women of higher reproductive ages (20-34 years) has declined from 67.3% to 56.9%; the average first marriage for women increased from 22.7 to 26.0 years, and for men, from 27.1 to 29.1 years These and other factors have caused the birth rate in Taiwan Area to decline sharply; at the end of 1993, 25.77% of the total population of the Taiwan Area were in the age groups under 15 years, and 7.1% in the 65 and over age groups. Therefore the health of our newborn and active life expectancy of our senior citizens deserve higher priority.

To improve life quality for the 320,000 newborns babies and maternal child health, the Genetic Health Law was promulgated in 1984 and enacted in January 1985 Currently major activities are:

1. Pre-marital and genetic health examination
2. Prenatal genetic diagnosis
3. Screening newborns for congenital metabolic disorders.

The neonatal screening for congenital metabolic diseases was carried out In the first few years, it was experimental, so no target was set. Since 1987, a target has been set for each year; it reached 96.7% of live births in 1993, and will reach 97% in 1995. Presently 5 diseases, phenylketonuria (PKU), histidinemia (HE), galatocemia (GAL), congenital hypothyroidism (CHT), glucose-6-phosphate dehydrogenase deficiency (G-6-PD deficiency), are screened. Each year 10 PKU children are nurtured under special milk provided by the national budget, 85 hypothyroidism children are under thyroid hormone replacement and prevent the future occurrence of cretinism, 5000 G6PD children are carrying the warning card for daily living to prevent accidental attack of RBC hemolysis. Thus our vision is that the young are all provided with a chance to get fully developed.

In 1973, there were only 500,000 persons over the age of 65 years and comprised only 3.2% of the total population. Yet in 1985, the number doubled to 1,000,000 persons. The annual increase rate was 5% and eventually reached the state where Taiwan was included in the category of " aged community " in 1992. This graying of the population will be faster from now on. Health and medical care needs of the aged are becoming more important for medical workers. We have to prepare ourselves to serve society with loving care. At age 65, the life expectancy for men is another 15 years and for women 17 years. The prolongation of life expectancy alone is not enough. Our goal should be that the aged can live longer, healthier, happier, and more hopeful, and continue to enjoy a higher quality of life. The life expectancy minus the days one is confined to bed and is dependent on others for his daily affairs is the so-called " active life expectancy." Thus our vision is to prolong the active life expectancy of our senior citizens.

There are two major categories of the care system in Taiwan. One is the conventional care system and the other is the innovative care system. The conventional care system includes (1) acute medical care services and (2) chronic medical care services provided either in the clinic and hospitals or in specialty hospitals or psychiatry, tuberculosis, and other specific disease facilities.

In terms of the accessibility of medical care for our senior citizens, the various existing health insurance schemes, adopting a fee-for-services payment system, reached 54% of our elderly in 1993 Our government is working to implement a National Health Insurance System with mandatory universal coverage, by the beginning of 1995; then, the other 46% of our senior citizens will automatically become eligible for receiving both acute and chronic medical care in the very near future.

The innovative care system focuses on (1) health promotion, protection and disease prevention and (2) long-term care. To push our

elderly to stay as healthy as possible, the following action strategies have been identified as priorities to promote the health status of our senior citizens.

1 Promoting physical fitness.

2 Providing professional services in smoking cessation of the elderly individual.

3. Providing professional guidance for balanced diet and healthy eating habits in the elderly.

4 Designing a program in mental health.

5. Preventing fall and motor vehicle injuries.

6. Promoting oral health to maintain chewing function.

7. Maintaining visual functions.

From 1952 to 1992, the percentage of agricultural the population decreased from 56.1% to 12.3%, pointing to a trend of decreasing physical activity in population as a whole. In Taipei City–the largest city in Taiwan–there were 71.8% males and 75.1% females, above age 15 belonging to the physicaly inactive group; among those over 60, 60% were physically inactive. Exercise suited for the elderly is relatively limited because of joint degeneration, poor eyesight, poor balance and decline of organ function. In general, promoting physical activity of the elderly must take into account the fact that many individuals may be fragile and may suffer from other conditions or diseases. It is also important that physical activity should acknowledge the cultura traditions of the elderly.

Tai-Chi Chuan (shadow boxing) is a popular conditioning exercise in the Chinese community. It is well known for its gentle and graceful method. Studies showed that Tai-Chi Chuan training is beneficial to the cardiorespiratory function and may be promoted as a suitable conditioning exercise for the elderly. Greater attention now is being devoted to the education and counselling components of physical activity, in reducing coronary risk. Physical education programs for our elderly and their families in the future will be character-

ized by the growing availability of basic communications technology (radio, television) and increasingly sophisticated home information systems (cable television, videotext, and teletext). Health professionals bear responsibility for the content and presentation of the appropriate information. Non-physician health professionals will play an increasingly important role in cost-effective education at a community level, since they are in close and regular contact with patients and their families.

Cigarette smoking is still the nation's largest cause of death. As health professionals we can and must contribute to some effort, both by assisting individual patient cessation and by contributing to broader tobacco control activities in communities; Among our elderly around 50% of males and 5% of females are smokers. Because the elderly visit clinics or hospitals 10 times per year on the average, the potential for the health care community to affect smoking prevalence in Taiwan is both large and substantially underutilized.

To increase the effectiveness of the health care community in promoting smoking cessation, the Department of Health has funded research efforts to develop more effective intervention methods for use by physicians and health professionals.

Options include nicotine chewing gum, tobacco cessation courses, nicotine reduction therapy, education, counseling, social contracting and social support to assist with smoking cessation. Nicotine transdermal patches were developed by our pharmaceutical company and have proven to be an effective stop-smoking therapy. An acupuncture smoking cessation clinical trial is going on. The change in health professionals for the future is the recognition that they have a responsibility to every person seeking help who smokes to prevent the risks associated with smoking and to urge them to quit at an appropriate point in their care.

Moreover, early diagnosis of disease should be integrated into our health care system. The following action strategies have been implemented:

1) providing periodic health examination, especially emphasizing blood pressure, blood cholesterol and blood sugar;

2) providing services for early detection of cervical cancer and breast cancer in women; hepatoma and colorectal cancer in selected high-risk groups.

It is hoped that medical workers will train in various specialties with a " geriatric focus " and join together to be a team for holistic care for our senior citizens. Due to the nature of aging and progress of chronic disease, the elderly's health decline and their functions are impaired. " The aged all have a space to spend their declining years " This was said 3,000 years ago. The custom of taking care of the elderly among the family members still prevails in culture in Taiwan. They spend the rest of life in their own families. Our policy of long-term care is still in the process of development to meet our own need.

A Nurses' Act was promulgated in May 1991; the legal basis for opening and registering long-term care facilities, such as " home nursing care " and " nursing homes " has been provided. The aged have a higher probability of facing the crisis of death. An ideal pattern of hospice care includes a team of workers who serve the dying with holistic care. A peer model is carried out in Taiwan instead of the teaching model.

We should aim for a state of complete physical, spiritual and social well-being for our senior citizens. They should not only have a good quality of living but also a graceful quality of dying.

Medical missions tomorrow will focus on the care of our aging society. Medical professionals working with a high touch instead of high-tech perspective will be a model to serve the elderly.

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FERYAL BÉCHARA

Nursing: Integral Care for the Sick

Introduction

Since the days of Hippocrates care has been characterized by profound moral concern. The ethical imperative spread during the age of Christianity, and during this period morality was determined and inspired by respect for the individual and love for one's neighbor. To these were added the so-called " scientific " and " technological " currents developed to deal with the needs of survival. Science thus came to the aid of this initial moral concern. Care is a project for life. It is the flowering of independence, something which accompanies all phases of life. It is therefore a relational dimension, an ideological and philosophical choice.

I. What Does Care Mean?

Care is above all, an act of life. Care exists from the moment that life appears because life has to be taken care of if it is to survive. Like all living beings, men have always needed care because care is an act of life. Care takes the form of a whole variety of activities which seek to maintain and conserve life, and thus enable it to continue, to reproduce and to develop. It is therefore a help in life's struggle against death: the death of an individual, the death of a group, or the death of a species.

Care in the sense of nursing care means above all else the protection of life which has been called to live. The medical function is directed towards the treatment of illness. Nursing care, on the other hand, involves the protection and the development of the sources of life

Nursing care is a fundamentally human activity. It is the implementation of respect which is unconditionally linked to an overall approach to the human person. In this approach the body must never be divorced from the spirit because the spirit is present within a different environment of its own and is linked to the whole universe.

Nursing care has the primary duty of helping individuals and groups to live in the highest condition of health. The functions of this care involve both health and illness, and cover life in its entirety, from conception to death

In providing care the nurse seeks to create an environment where the values, habits and spiritual beliefs of the individual are respected.

II. An Idea of the Human Being

Man is an overall being, a complex and dynamic whole with spiritual, psycho-sociological, psychological and biological dimensions. He is placed within an environment on which he acts and which acts on him The human being strives for a state of dynamic balance between his body and his spirit, between the different elements of his personality, and between himself and his environment. This dynamic balance is based upon a possibility of growing, of developing, of adapting and of fulfillment. This requires abilities which enable him to establish positive relationships with other people and to acquire knowledge and skills.

This state of balance is never final. It must be regained each time that facts change in relation to the individual, whether within him or between him and his environment This state of dynamic balance is not the same for every person. Each individual is unique and thus is placed within a unique set of circumstances.

The human being is both life and spirit. Life is energy and is expressed in the form of a vital and dynamic impulse. The spirit is the principle element which enables man to be man (a person), a unique being created in the image of God

Man is different from the other creatures and is characterized by an ability and a will which involve looking for, and giving a meaning to, his own life, even though this search may be conducted at varying levels of clarity or awareness. Now, each form of suffering, each illness, each change in his health, can raise questions about the meaning of life which the individual has given to his life.

Each human being has a right to life and health. This is a good which is acquired by nature Health is influenced by culture, upbringing, and by the micro-environment and by the macro-environment. It is a positive attribute which calls man to utilize his spiritual and life resources. It touches the entirety of man Health, therefore, is an inherent good of life and is placed under its movement, and this involves different levels of health. Health cannot only be maintained and renewed, but it must also be developed and advanced.

This idea of the person and of health means that the needs of

nursing care are broad-ranging and that their availability corresponds to a fundamental right of the individual, without any form of discrimination. The international code of medical ethics declares: " respect for life, for human dignity and the rights of man are an integral part of nursing care. This care is not influenced by matters of nationality, race, belief, color, age, sex or social or political considerations." This idea enables us to place the exercise of the nursing profession in its right context, to give a vision of it, and finally to describe the actions to which it gives rise.

III. The Two Types of Care Considered–Care and Cure

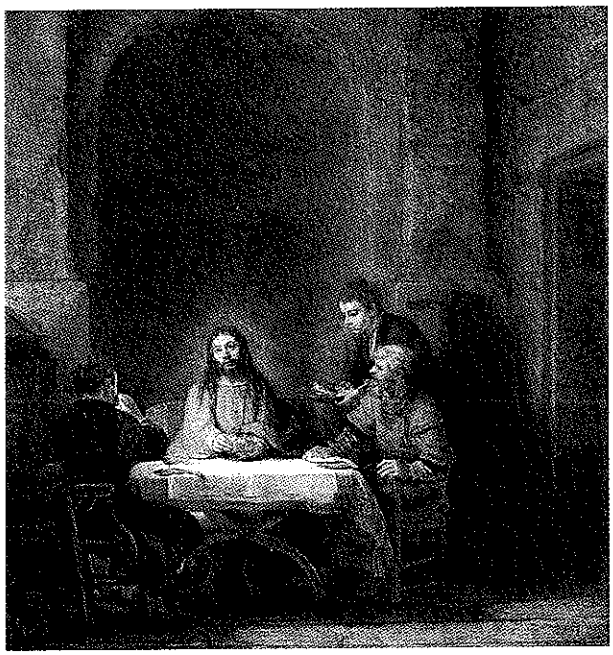
a) the habitual forms of care which are linked to the maintenance and continuity of life;

b) the care of repair (*cure* in English) linked to the need to repair what obstructs life.

a) *Care* is a philosophy which defines the essence of nursing service. It involves care for the person in all his various dimensions, whether they be biological, social, familial, spiritual, relational, or so forth.

Habitual care is based upon every type of habit, whether relating to belief, custom or to life itself. These permanent and daily forms of care constitute the structure of life and ensure its permanence and duration. They represent that set of activities which guarantee the continuity of life and they are as follows:

– drinking, eating, evacuation, washing, moving, moving from one place to another, and everything which contributes to the development of life: the image of the body, the network of relationships, the stimulation of change through everything which is fundamental to life, everything which is a source of vital energy such as light, warmth, and relationships with people known to one.



Through the renewal and maintenance of health or the final test for life constituted by death, *caring* implies a complete respect for the person. In other terms, the relationship of help does not only concern itself with the illness, it is also directed towards the sick person. It does not only direct its attention to pain, it also concentrates upon the suffering person. It focuses both upon the information which has to be given and upon the person who is to receive that information. It does not only see death, it also sees the dying person.

b) That *caring* which, as has been said, constitutes the essence of nursing care must be distinguished from *curing* which is the responsibility of those in the medical field. This latter form of care involves care directed at repair (*cure*) or treatment and seeks to limit the illness, to fight against it, and to discern its causes. These forms of care are added to other forms of care already in progress. Indeed, they can take on meaning only if they contribute to the continuity and the development of life, even though it might be the case that for a short while and in certain circumstances these forms of care can be for a fleeting moment " that which saves."

Without a concomitant presence of forms of care already in progress (food, hygiene, emotional support) we would be faced with the stabilization or aggravation of the process of degeneration: life recedes each time one worries more about what is dying rather than what is living.

When treatment prevails over care–that is, when forms of cure neglect care dedicated to habitual matters–there takes place the gradual cancellation of all of the life forces of the person. This is because the life springs of energy become exhausted, whatever those springs may be, whether physical, emotional, social or all the rest. This cancellation can even reach

the point of an irreversible deterioration.

IV. The Process of Nursing Care

" If it is true that care cannot be limited to the illness, whether it is benign or not, then we must ask ourselves what elements or signs can contribute to the creation of a procedure of nursing care beginning with situations experienced by people who ask to be cared for. In so doing we must bear in mind both the nature of the care which is being practiced to ensure the maintenance of life and the nature of the care being engaged in to repair it."

The process of health care lies in an analysis of a situation which enables an identification of the nature of the needs or the problems of the person who is being cared for. It also allows an implementation of those care initiatives which can respond to these needs and problems. This analysis is also useful in the evaluation of the steps which are being taken to provide care, and in giving support to the actual organization and direction of the different forms of care being promoted.

This process involves four major phases:

a) the gathering of information and analysis of that information (that is, the diagnosis of what nursing care is needed);

b) the planning of care, something which involves deciding upon objectives;

c) the implementation of care in line with this planning; and

d) the evaluation of the results

a) *The First Phase*

The gathering of information and the analysis of that information in order to identify the requirements of nursing care or the problems of care for the patient. This first phase involves a knowledge of the patient, of his deficits and his expectations in relation to care, hospitalization and health, and of the resources he has, and all this in order to face up to the needs of his health

This phase needs a positive contribution both from the person supplying care and from the person who is cared for. It is a creative process which begins with the discovery of what is causing the problems. It involves learning to recognize the signs of these problems and finding their meaning and significance. These signs fall into three categories:

– those which refer to the person;

– those which refer to his environment and which allow an understanding and knowledge of his relationship to the trajectory of his life, his style of life, and the general surroundings he lives in; and

– those that refer to what he expects from his illness or handicap, or the difficulties that the person is actually having to deal with.

Beginning with these indicative elements it is possible to identify the levels of independence which is to be maintained and/or developed. One can also calculate the areas of dependence which have to be dealt with so that the forms of nursing care to be supplied can be decided upon.

These indicative elements form the basis of care and are used to determine the nursing care which is necessary to remedy the dependence, and develop the independence, of the people being cared for. They are also the signs which enable an evaluation of the implementation and the putting into practice of the overall care program.

b) *Second Phase*

The planning of care involves deciding upon what can or must be done by the sick person, the outcome to be aimed at: the objective and how it can be reached, which

brings one to forms of appropriate care.

This process of planning leads to the drawing up of a care project by the nurse responsible for the patient. In doing this, account must be taken of the fundamental needs of the patient beginning with the information which has been gathered from the patient/nurse relationship. One is referring here to his biological, psychological and spiritual needs. The care programme is a means of communication which helps to develop personalized forms of care and also helps to ensure their continuity. This is thanks to the joint approach of a " care team " for which the nurse assumes the whole responsibility. The nurse delegates to each member of the team the cure to be provided and takes into account the skills of that team member. The nurse also bears in mind the specific needs of the patient to whom that team member has been entrusted.

This amounts to a legal and permanent dossier in which are to be found the forms of nursing care envisaged and carried out, in addition to the responses of the patient to these different forms of care.

c) *The Third Phase*

The provision of care through the implementation of the care programme. This project guides the nursing staff and reduces the risks of omission, error or duplication in the administration of the different forms of care. These forms of care are provided at the same time as medical treatment because of the cooperation of other professional workers

d) *The Fourth Phase*

Evaluation is a means of controlling and improving the quality of the forms of care provided. It monitors the difference between objectives set and the actual results. In fixing the objectives of the different kinds of care it is important to have precise criteria which allow an evaluation which operates at every level of the process of nursing care and constantly engages in an analysis of the situation. An evaluation of the quality of this nursing care is a matter of professional ethics.

The improvement of the quality of nursing care is intimately linked to attempts to change attitudes to routine care, to creative and scientific care, and is also a matter of placing the individual at the center of these attempts.

Conclusion

It is possible to affirm that the human being will always have to secure a dynamic balance which will enable him to live in harmony with himself and with others, and to fulfill himself. It is also possible to imagine that on every occasion when he has go through the crises of life, whether they be accidents, illness, handicap, birth or death, he will have need of a professional person who will be able to see him in all his dimensions, in his entirety and in his complexity, and will be able to help him to regain that state of dynamic balance which we call life.

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M. MAURIZIA BIANCUCCI

The Value of Life in Social-Medical Care for Long-Term Patients

It must be remembered that the long-term patient is not necessarily (or always) the same as the sick and *elderly* long-term patient, although it is certainly true that the number of people belonging to this latter category is much greater than those belonging to the former, especially in the developed countries. In Italy and in other countries where our organization provides social-medical care for long-term patients, we have before us the phenomenon of a dramatic aging of the population. In our country, in 1950, there was one person in their sixties for every nine people. If population trends continue on their present path, in the year 2020 there will be four. There is an inevitable correspondence between the increase in the number of sick long-term patients and the aging of the population; there is also an accompanying increase in levels of medical progress and treatment.

Many of the aspects of the condition of the elderly long-term patient were discussed during the third international conference promoted by the Pontifical Council for Pastoral Assistance to Health Care Workers in 1988. The acts of that conference remain a very important document for the subject discussed by this round table here today. But because of the subject of this ninth international conference, this round table must devote itself to the value of life in care for the sick long-term patient. Indeed, the life of the sick long-term patient, whether he is elderly or not, always has the same and unchanging value. Exceptions or gradations of any kind cannot be accepted when we come to assess and evaluate the value of his life. Any discussion of the nature and the prerogatives of care for the sick long-term patient must be based upon this firm belief. There must be a recognition of the value of his life, or more specifically of the value of his *living*.

In my opinion there are two initial difficulties to be overcome. On the one hand there is the negation (which takes place at a theoretical level as well as a practical level) of the value of the life of the sick long-term patient, above all else when this life seems to be lived out at a mere vegetative level. Such a negation is linked to a very serious form of attack upon life. I am referring here to euthanasia. It should be said, however, that this negation, luckily enough, is noticeably limited in its diffusion.

The second difficulty is of a practical character. While we engage in an abstract recognition of the value of every human being (whatever his state may be), in actual fact the sick long-term patient is seen as somebody who is on the threshold of death. This is especially the case if he is elderly and/or unconscious, in a vegetative state, or in a condition of total mental alienation. The risk, therefore, is that care will take the form of looking after a dying person rather than caring for a living individual, a bearer of life, which is a gift of God to be enjoyed by every other human being.

The sick long-term patient has need of a kind of care which is neither exclusively social nor exclusively medical. Both forms of care are needed. In order to achieve this fusion of social care and health care, we must base our actions upon a complete vision of life. That is to say that we must take as our starting point the conviction that life is sacred, inviolable, and worthy of being lived. And this regardless of age or biological realities.

From the Christian point of view, this idea is fully enriched by the Bible and by the teaching and the practice of the Church. In the Bible there are very many passages which see the elderly as wise, and which deem respect for him as one of the fundamental obligations of human behavior, even when the elderly person is without his faculties and thus seriously ill. In the *Ben Sira* we read: " Son, look after your father in his old age, don't cause him worry during his life. Even if he loses his faculties do what you can for him and do not despise him while you are in the flower of life." It goes on: " Look for the person who has his faculties and go and visit him. Your feet will wear out the threshold of his home "(*Si* 6:36).

The social marginalization of the elderly person, even if he is ill, is as far as one could imagine from the practice of the Church. Indeed, for centuries the Church has taken care of the sick through local churches and special institutions. In the leadership of the Church the infirmity of the elderly person has never been an obstacle to a full appreciation of his prestige or his ability to make a contribution.

For the Church, the reason for this unifying idea of social care and health care comes from a precise belief about human life as a whole. Camillus de Lellis drew inspiration from this belief when he called the sick, and especially the incurably

ill, " my principles." One can read in *Donum Vitae* that the " inviolability of the right to life of the innocent human being from the moment of conception to death is a sign and call for the same inviolability of the person, to whom the Creator has given life "(Congregation for the Doctrine of the Faith, *Donum Vitae*, 22 February 1987, introduction, 4).

In *Salvifici Doloris* the Holy Father John Paul II writes: " the terrain of human suffering is much larger, more varied and multidimensional. Man suffers in various ways, which are not always taken into account by medicine, even in its most advanced and specialized forms. Suffering is something *even wider than the illness*; it is more complicated and even more deeply rooted in humanity itself " (*Salvific Doloris*, 5). And this is because, the Holy Father continues, the difference between physical suffering and moral suffering–the " pain of the body " and the " pain of the soul "–springs from the corporeal and spiritual dimensions of man. Furthermore, " the vastness and the variety of expression of moral suffering are certainly no less marked than in the case of physical pain. At the same time, however, moral suffering seems to be almost less identified by, and less amenable to, treatment (*Ibid* , 5).

Given that suffering, as the Holy Father makes clear, is " something wider than the illness," in the case of the sick long-term patient it requires special *treatment*. One is referring here to moral *treatment* which should form a part of social-medical care for long-term patients. It should be treatment which makes a decisive contribution, not least to the effectiveness of treatment which is strictly medical in character. In the case of long-term patients such treatment is often ineffective because things go on day by day and there is no attempt to act together with the sick person in a moral and spiritual sense. For this reason we proclaim that " no sick person is untreatable, even in cases where that person is incurable." This reality is being increasingly recognized in clear and evident fashion by science itself.

Daily experience in the presence and at the side of sick long-term

patients enables us to give an almost visual evaluation of the belief that such a treatment does exist–a treatment which is of overall value in caring for both the terminal and the incurable sick person. This is a *treatment which does not concentrate its attention on approaching death but focuses on continuing life.*

Two conditions, above all else, threaten the life of the sick long-term patient, especially if he is elderly: a *feeling of loneliness* and of being left on his own, and a sense of unending uselessness

We must react to the feeling of loneliness by providing forms of community life which do not substitute for the family of the sick person but which to act to integrate it. When the long-term patient is in a hospital or a home, the relatives should not merely be listened to–they should be encouraged and persuaded not to abandon their relation, as indeed, and unfortunately, is becoming increasingly the case

Inside the hospital or home, care should ensure that all those who are responsible for those who are looked after, and those who are themselves looked after, form a true and authentic community of which every person feels a part. From this point of view, *religious care* is of very great importance. At a personal level it increases hope and at a social level it becomes a force working for communion and union.

The chapel or the oratory reveals itself in the fullest sense as a clinic for the soul when one is dealing with homes for the care of sick long-term patients, as indeed is the case with other places of care and treatment. In that clinic for the soul the sick person can meet the Lord, he feels Him nearer; he calls upon Him, either individually or with the person who cares for him or with other patients, for He is the doctor of souls and bodies And this opportunity which the patient has of living out his own infirmity in a religious dimension must be recognized and made possible *in the best way*, even in the case of those who belong to other religions. This last consideration is of ever greater importance because of the increasing mobility of the world population.

Furthermore, we should never forget that in places of care and treatment the sick long-term patient brings with him his own history, a history which can bear upon his daily state of mind. The need to have someone with whom he can talk to intimately is very great, not least when he seems to be closed up within himself and immersed in introspection Indeed, the person who is in pain naturally fights against self-exclusion, but in actual fact he himself often becomes the very force behind such a condition.

In this endeavor to help the sick long-term patient to overcome his own sense of loneliness, it is important to be near to him in the solution of his practical problems such as those caused by his social position or those relating to the recognition of some of his rights by public institutions, and so forth.

In his *Testament* our founder calls upon us to display " heroic charity towards all those who are in need so that they can help themselves " In his directive he gives such emphasis to the fundamental duty to promote and defend life that he transmitted it as an essential part of the *bequest* left to the religious order to which I have the joy to belong, namely the Benedictine Sisters for Reparation to the Holy Face.

In Kupienin, Poland, in the diocese of Tarnow, the John Paul II Home for the Elderly, supported by our congregation and inaugurated in recent days, will have joined to it a school for children, almost to stress that human life is an unchanging value at every stage of existence.

The *feeling of one's own unending uselessness* is the most frequently experienced and grave condition undergone by long-term patients, especially if they are in full command of their faculties If the sick person is not offered a chance to appreciate his own usefulness, one cannot encourage a true and positive evaluation of pain, even in the case of those who have strong religious faith.

Indeed, a sense of uselessness is bound up with a lack of physical strength and often with mental fragility. It leads to inertia and to a loss of interest in the immediate world. There is an attempt to withdraw from what is around one and to achieve authentic and effective apathy

The long-term patient must be involved in activity suited to him wherever this is possible, and even where such an undertaking is very difficult. This may often mean minimal activities, but these can help him to feel that the place where he is taken care of is really his home They can lead him to love his environment and the objects around him, to love everything.

In our homes what we strive to do is to make the long-term patients understand that we are not the mere providers of a service and that they are not merely the receivers of such a service We try to make them understand that from them we receive a lesson of life, an example of courage and strength, a living image of the suffering face of Christ–that ideal of our consecrated religious life

I was personally close to our founder, Servant of God Abbot Hildebrand Gregori, for many years and during the increasing illness which led him to death. He had been a man and a religious figure of great activity during his life, but for many years he experienced the suffering of inactivity. From this physical inactivity, however, he imparted to us, his spiritual daughters, the highest possible lesson about the nature of consecrated religious life.

The work of social-medical care which we perform in our homes involves an attempt to imitate the example of our founder. It is a constant challenge, but it is a challenge to our ability to be providers of love: this is because we believe in the primary value of life.

Mother M MAURIZIA BIANCUCCI
Superior General of the Benedictine Sisters for Reparation to the Holy Face of Our Lord Jesus Christ

FRANK A. CALAMARI

Palliative Care to Support Life

The intense debate currently underway in the United States concerning the reform of our health care delivery system has many complicated public policy and ethical dilemmas connected to it; none however, are more difficult to resolve than those surrounding the care and treatment of adults in the terminal phase of illness. Compounding society's difficulty in dealing with the issue are two major concomitant paramenters: increasing technologic capabilities and decreasing moral and social standards. I will not dwell on the apparent moral and social degradation of the United States in recent years; Suffice it to say that for every step forward that we have mane (e.g., Civil Rights and Social Justice legislation), we seem to have taken two steps in reverse on many fronts (e.g., drug and alcohol abuse, violent crime, illegitimacy rates, etc.). Concerning the forces of technology, one has only to revisit the social and epidemiological conditions present at the turn of this century. Life expectancy in the United States for the average male was 48.1 yrs. and the average female 51.1 yrs. Today those numbers have skyrocketed to 72.6 yrs. and 79.3 yrs respectively (1). In addition, it was not uncommon for a hospital to discourage admission to many in need, including those people with terminal illness. Also, the academy training for physicians was in disarray and this led to doctors being ill equipped and pooly trained to treat serious disease (2, 3). How ironic it is therefore, that at this time, with some of the finest Academic and Research Centers in the world, whose physicians can perfom " medical miracles " and extend life beyond the wildest dream of our forbearers, that we are confronted with some who either can see few bounds for technical intervention (futile care) or those who would seek to deny prematurely even the most fundamental of interventions (abandonment). A most recent permutation of the latter includes the trend to popularize and legalize the ability of physicians to participate actively in assisted suicide employing starkly different approaches, criteria, and philosophies (4, 5).

In order to provide focus for this presentation, I will concentrate on the diagnosis of cancer in the adult population and seek to present in a financial and ethical context how good public policy will lead to the support of good end stage treatment for the dying patient. I will then describe the real life working model of Calvary Hospital in the Bronx, New York which has been delivering top quality palliative care to advanced cancer patients for 95 years.

Financial Backdrop

For many years now, pundits in the United States have " railed against " the volume of resources spent on a dying patient, particularly during the last six months of life. Bemoaning the high cost of dying, they say 30% of Medicare funds (funds spent on people 65 yrs+) are spent on the approximately 6% of Medicare beneficiaries who die in that year (6, 7). Extrapolating Medicare data to the population in general has led many to estimate huge potential savings in this area. They contend that through the use of Advance directives; Hospice care; and the reduction of futile therapies, tens of billions can be saved and redistributed to other pressing health care needs (8). Interestingly though, when one examines and analyzes the most current data and then corrects some faulty baseline assumptions, a different picture emerges. For example, although the 6% of the Medicare population who do die do consume approximately 30% of Medicare resources in that year, only 1% of the overall American population dies in that same year. Projecting straight line data from the Medicare population to the general population is misleading. Secondly, embedded in the data is the presumption that *all* the deaths identified were predictable. In fact, physicians report this is not do-able, " Retrospective cost studies will inflate costs at the end of life as compared with costs for patients known in advance to be dying because they include many patients receiving expensive care who are not expected to die yet do die " (9). In addition, the data on cost reductions associated with: the use of Advance Directives; delivering end stage care through a Hospice; and reducing " futile care," are far from conclusive or impressive. Data on patient bills, comparing those with Advance Directives vs. those without, show no significant difference (10). In terms of Hospice care compared to an acute hospitalization, costs are lower, but dipending on whether the Hospice is home based or hospital based, the savings range from 27%-15% (11); signifi-

cant but not huge. Finally, in the area of futile care an even more confusing and mixed picture emerges. To begin with, defining and identifying a futile action, even among physicians, is far from an exact science. In a recent study designed to measure the general level of agreement among physicians on the issue of futility, little agreement was actually found. Physician definitions of futility were divided into three groups: those focused on quality of life criteria; those applying more physiologic criteria; and those focused on psychological issues including the psychology of the physician and the patient (12). Furthermore, when one considers the other side of the futility coin, namely, individual patient's needs, we also see little agreement. Depending upon the individual patient's clinical picture and psychological gestalt, what may be considered futile intervention for one patient could actually be indicated and appropriate for another patient. It appears that more research is required in this area and that the data on this subject is currently nonconclusive and perhaps even somewhat counter-intuitive (13). The purpose of this elaboration is twofold: First to propose that, contrary to the declarations of some, the expenditure of resources for the dying patient may not be inappropriate, and secondly, money is not the main cause, nor is it the main solution, for the Abandonment/Futility issue. In general, it appears that patients are not abandoned because of lack of money, and futile care, although never desirable, does not seem to be bankrupting the system.

Ethical Backdrop

One of the most controversial ethical issues in medicine today is the determination of the physicians role, if any, in accelerating or assisting in the death of a dying patient. So much has been written on the topic that, in the interest of space, I will reference only one source for each side (14, 15). Many of the authors, on either side of the issue, seem well intentioned and legitimately agonized over the question. In developing their positions, the nomenclature of medical ethics is employed. Medical ethics has many aspects associated with it, but the three components that seem most often cited in the critique and analysis of medical interventions are: *Autonomy*–a form of personal liberty of action in which the individual determines his or her own course of action; *Nonmaleficence*–the obligation not to harm people, including the principle of " Double Effect "; *Beneficence*–the duty to help others when we can do so without risk to ourselves (16). Those supporting physician assisted suicide weigh-in heavily on patient autonomy and beneficence as their supporting rational; while those opposed seem to place limits on patient autonomy and apply the principle of nonmaleficence to supporto their case. Although, the plaintiffs on either side of the issue seem committed and impassioned, to the non-ethicist, both the rubric and language used to present their arguments can become abstruse and their deductive reasoning subjective and muddled at times.

In reflecting on the issue and the arguments two critical factors become apparent to me: First, although suicide has been individually decriminalized, in most jurisdictions it is a crime to assist a suicide (17). Despite any sympathetic or empathetic feeling we may harbor, if someone fails at a suicide attempt, we don't reload the gun for them; we hospitalize them and attempt to protect them from themselves. Secondly, physicians have been drawn into this argument primarily because of their sole power to prescribe the drugs that facilitate a discreet death. This power was granted to physicians for obvious quality control reasons and, therefore, should not automatically be extended " de jure " to include the power and responsibility to induce death. Under the principle of double effect, if the primary reason a drug is prescribed is to relieve extreme pain, and death is a secondary outcome, that seems ethical and moral to me. However, if the principal reason a drug is prescribed is to induce the death of the patient, and pain relief is a secondary redundant outcome, I

believe we will have crossed a boundary that is both bad practice and dangerous public policy (18, 19).

Palliative Care

In researching the history of palliative care, it is almost impossible not to see it mentioned alongside hospice care and/or terminal care. Therefore, I will use palliative care as the overarching term and hospice/terminal care will flow from it. Palliative care has been defined as care of patients when cure is no longer possible, the aim to control symptoms and prolong life (by means of surgery, radiotherapy, chemotherapy or hormone therapy) (20). Palliative care appears to be more appealing for physicians as opposed to the non-scientific connotations of " hospice " or the too franck association with " death " of terminal care (21). As is the case in Britain, Canada, and Australia, the United States is evaluating the establishment of palliative care as a clinical speciality, however, there remains some significant opposition to this modification at this time (22).

The clinical universe for care to the cancer patient can best be demonstrated by the following diagram which adds a bridge between acute care and palliative care identified as palliative therapy (23).

Presently most attempts at curative care are conducted in the acute care treatment facility where the power of science and technology are applied to their fullest extent. If unsuccessful, some patients will remain in the treatment center, probably not receiving optimal palliative therapy or palliative care, while some may be referred to a hospice or nursing home for their palliative care. As shown in the following table, the overlap between these services is clearly demonstrated. However, finding and maintaining the appropriate clinical range of services and articulating this level of services to physicians and patients is a key challenge (24).

Wheter provided in a specialized facility, a community hospital, or in the home, the palliative care of the future must be interdisciplinary, scientifically based, and totally committed to the patient first. The overall medical management of the patient along with the ability to competently provide: pain relief, physical comfort and dignity, psychological and religious support, is imperative. Caregivers must learn to treat the dying patient not as shortcoming of their intellectual, technical, and psychological abilities, but actually a huge test of all they have to offer in those areas.

Calvary Hospital

I am proud to report that a place on earth does exist for dying cancer patients where Futility and Abandonment are not accepted, and where some of the best palliative care that man has to offer is being delivered. Calvary Hospital is a not for profit facility dedicated to providing palliative care for advanced cancer patients in an environment that recognizes their spiritual and emotional needs as well as their physical needs. As a hospital within the Archdiocese of New York, we are committed to care in the spirit of Judeo-Christian charity and within the Ethical and Religious Directives for Catholic Health Care Facilities. The underlying philosophy of our care is the *Nonabandonment* of our patients and all this implies. The dying patient is a living human being with the rights and privileges, including the inalienable sense of dignity and self worth, this status affords (25). The Hospital bears witness to this concept through its respect for the unique dignity and worth of each person, regardless of physical condition, color, creed, national origin, social or economic status.

In existence for 95 years, Calvary Hospital is the only hospital totally dedicated to the palliative care of the advanced cancer patient. This noble work for incurable cancer patients began in France. In 1842, Madame Garnier, a young widow, with the approval and blessing of Cardinal de Bonald, founded a lay organization known as Women of Calvary. These women opened their first hospital for cancer patients in Lyons. Their work continued in Paris, Marseilles, Saint Etienne, Rouen and Brussels. It was in Brussels that Mrs. Annie Blount Storrs, an American widow who was educating her children abroad, became acquainted with this organization. In a spirit of loving generosity, she joined the Women of Calvary, accepting the Silver Cross, the symbol of charity, humility, sacrifice and prayer. About 1894, Archbishop Michael Corrigan granted her permission to introduce Women of Calvary to New York City. Mrs. Storrs was joined by eleven women and one of these was Mrs. Catherine C. McParlan, widow of a New York City fireman. Mrs. McParlan received the Cross of the Women of Calvary on June 12, 1899. From that day until her death on January 29, 1958, she gave generously of her time, money, and love to alleviate the sufferings of destitute cancer patients. Mrs. Storrs and her companions first ministered to cancer pa-

Acute Care	Palliative Therapy	Palliative Care
Chemotherapy	Palliative Chemotherapy	
Radiation Therapy	Palliative Radiation	
Surgery	Palliative Surgery	
Pain Management	Pain Management	Pain Management
Drug Therapy	Drug Therapy	Drug Therapy
		Supplemental Therapies (PT/OT)
		Home Nursing
		Family Support
		Adjuvant Therapies (homeopathy, acupuncture)

tients in their own homes. Between 1910-1958, the Dominican Sisters of Blauvelt were invited by the Archdiocese of New York to help care for the patients at the House of Calvary and in 1915 they moved the facility to Macombs Road in the Bronx. From 1958-1972, the Dominican Sisters of the Sick Poor administered the hospital and upgraded its medical-nursing program. They were able to attract the noted researchers and clinicians, Dr. Bertram Bell, Dr. James Cimino and Dr. Michael Brescia, who organized and recruited a medical staff, and continue to this day to serve the institution. Their work was continued from 1972-1976 by the Little Company of Mary who assisted in the administration of nursing and overall patient care. Now there is a lay administration, but religious people from many different communities share in the work of the hospital. Today, Calvary Hospital stands in the Northeast Bronx offering a modern, medical setting which can care for 200 inpatients, along with a growing ambulatory and home care program. Although there are similarities to hospice, Calvary is licensed as an acute care facility. In addition, unlike hospice, Calvary employs a medical model and centers on the patient and less so the family unit. Also, a full medical workup including treatment of acute episodes of illness is the modus operandi. Intensive, excellent nursing care is provided through the innovative and cost-effective Cancer Care Technician Program. This program selects exceptional ancillary care givers and provides a clinical and didactic training program to them, whereby, upon completion they function under the direction of the professional nurse manager to deliver the demanding physical care required of our patients. Finally, the Calvary Hospital inpatient length of stay is approximately 30 days versus approximately 60 days for hospice. We attempt to care for the most difficult and complicated cases that would be inappropriate for hospice or nursing home placement.

I am often asked the following two questions: " What is the magic of Calvary? " and " Can it be duplicated elsewhere? " Much to the dismay of the experts, my answer to the first question is quite uncomplicated, *it's the people*; those inspired people mentioned above and numerous others who have been magnetized to the hospital's mission over the years. The answer to the second question flows from the first answer and reverses a modern day idiom, *yes, if the inspired come, it will be built!*

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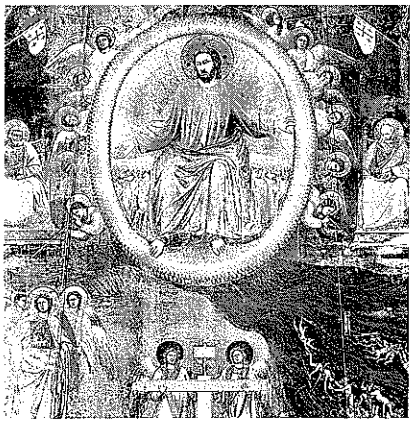


VICTORIA GILLICK

Volunteers Serving Life

In order to know, love and serve life effectively in the years ahead, volunteers within the European pro-life movement need to understand the *source* of the anti-life mentality within their societies. The Cairo Conference on Population and Development gave us all the clues we need, and I would therefore like to offer you my own thoughts on how this mentality has been fostered in Europe over the last thirty years, and how pro-lifers are respondig to it today

Although not actually present at the Cairo Conference, I took part in a radio discussion on the B.B.C World Service with one of the leading advocates of population control, Professor Malcom Potts, former Medical Director of the International Planned Parenthood Federation. Dr. Potts has been urging government control of womens' fertility for as long as I can remember, and so I took this particular opportunity to remind him of what he had said during World Population Year in 1974, when he had called for more abortions everywhere to curb population growth, and I then described to him the disasterous consequenses of abortion on the European birth rate. He replied that there had been " mistakes " since then because he had not realised, twenty years ago, just how enthusiastically people were going to take up birth control when offered the choice. But he utterly rejected my claim that the escalating number of divorces, abortions and unmarried teenage mothers were the result of population control policies. These, he declared, were the products of a " change in society " which he and most reasonable people were very worried about.

What nonsense! What hypocrisy! There is ample' evidence that the principal organisations and individuals orchestrating the " sexual revolution," from the 1960's onwards, have been those within the population control movement. It has been they whom we have heard demanding such things as women's sexual liberation, the abolition of censorship, free contraception and abortion, easier divorce, legalised sodomy, sex education, the condom campaign, embryo experimentation and euthanasia. They engineered these " changes in society " precisely because they knew that their cumulative effect on peoples' attitudes and behaviour would eventually bring about, not merely zero population growth, but finally a reduction in the overall number of people. That is why they are now proposing to engineer the same self-destructive scenario in Third World countries.

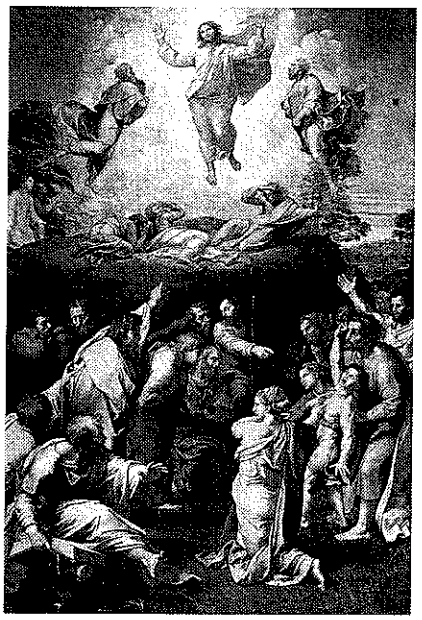
What kind of people would want to see such confusion and unhappiness inflicted on their fellow man? The impression I have gained from listening to these obsessive population controllers over the years is that they are suffering from a deep-seated spiritual disorder that manifests itself as a pathological fear and loathing of humanity in general, and the poorer members of humanity in particular. Its simple name is Misanthropy, and it is indeed a miserable and a misery-inflicting condition, expressive of all that is dark, desperate, and despairing in man's soul when it is emptied of any belief or hope in a wise and loving Creator.

Of course, such people have always existed, and in his famous story, " A Christmas Carol," the 19th century author, Charles Dickens, embodied the misanthropes of his own day in his odious character, Mr. Scrooge. At one point in the story the Ghost of Christmas Future upbraids the loveless Scroge for his outrageous suggestion that poor people should be encouraged to die so as to " decrease the surplus population " " ... Forbear that wicked cant," cries the Ghost, " Will you decide what men shall live, what men shall die? It may be that in the sight of Heaven you are more worthless and less fit to live than millions like this poor man's child. Oh God! To hear the insect on the leaf pronouncing on the too much life among his hungry brothers in the dust! "

When a society is full of energy and self-confidence few people will pay much attention to these misanthropic misfits in their midst. But when a society is full of anxiety and spiritual distress, people are all too susceptible to the misanthrope's warped and godless view of mankind. The appalling loss of life in Europe during the first half of the 20th century had left us in just such a vulnerable condition, for one can discern in those immediate post-war decades all the symptoms of a collective, chronic grief: the anger and confusion, guilt and disillusion, the frenetic activity and profound loss of religious belief. Had we been given time to recover our equilibrium and wise men and women to govern us, we would have eventually been reconciled to our tremendous loss, recovered our peace of mind and self-esteem and

rediscovered our faith once again. But we were given neither time nor wise government; instead, we were overwhelmed by Misanthroupy's cankerous tree, which soon infected every level of society, largely through the media and the medical and teaching professions, but more especially and fatally via that shadowy brotherhood of social engineers, the most influential of whom were the senior civil servants who worked in the back rooms of government departments, and whose unseen hands pulled the strings and formed the policies of successive government ministers

By the 1970's Misanthropy had succeeded in establishing itself as a sociopolitical science that was not only the very antithesis of Christianity, but was every bit as rigorous and cohesive in its beliefs as the Catechism of Catholic Doctrine. Every particle of Misanthropic faith and practice is now related to, and dependant upon, every other particle. One may pluck at its more obviously controversial dogmas, such as abortion or contraception for schoolgirls, but these things are only a part of the whole anti-life miasma that has been so carefully concocted around us. That is not to say that pro-lifers have been wasting their time campaigning against such issues. On the contrary, their continuous public protests and private works of mercy have protected the lives of countless thousands of children, and their unwavering witness to God's merciful love for humanity has been a constant guiding star to all those who have been yearning and searching for the Truth in the moral wilderness that has surrounded them. However, many pro-lifers today are convinced that this soul-destroying wilderness has sprung almost entirely from the contaminated seeds that have been sown deep within the female psyche during the formative adolescent years. The Cairo Conference only served to reinforce their conviction that modern sex education lies at the heart of our problems; for the social engineers at Cairo made it abundantly clear that their brutally simple aim–to reduce population growth–was to be achieved by developing in young girls an unnatural antipathy to motherhood, and a corresponding



reluctance among older teenage girls to marry during their main child–bearing years, through an intensive and sustained programme of school–based indoctrination. In other words, *fertility control* would be brought about by *mind control*.

From the 1970's onwards these European social engineers led a concerted attack against the teaching of Christian moral values in schools, and this then left the way clear for them to introduce their own birth control agenda into the classroom. Today, almost all Europeans have been subjected to some form of birth control indoctrination. It is now compulsory in all British schools on the pretext of A.I.D.S. prevention. Even before the onset of puberty little girls are given a rudimentary outline of human reproduction which is then immediately countered by detailed and repeated instruction in how *not* to have babies, and how to *prevent* pregnancy by means of contraception. Soon afterwards school based nurses, teachers or visiting family-planners will give them further instruction, with demonstrations, in the use of every kind of contraceptive. From the very outset, therefore, a girl's fertility and potential for motherhood is represented to her, not as a precious gift of God to be cherished and enjoyed in adult married life, but as a curse of nature which only continual contraception, backed up by abortion, can keep under control. Increasing stress is laid on the physical and emotional *dangers* of an unplanned pregnancy, and on the career *disadvantages* of getting married and having children. A young girl's natural desire for marriage and motherhood is held up before her as a poor choice, fit only for women with little education and low self-esteem; whereas having a job, earning lots of money and enjoying a variety of carefree and child-free relationships is presented to her as by far the better option for modern, liberated young women. In the adolescent girl's mind, therefore, pregnancy, motherhood, and marriage become associated with *negative* things which are against her own best interests and which she must seek to avoid at all costs. To compensate for this contrived repression of their maternal instincts,

girls are instilled early on with the concept of unrepressed sexual pleasure. Recreational sex is thus substituted for procreational sex. On every side of them, whether in schools, teenage magazines or on the television, the young girl hears the same message being hammered out: sex is safe and fun, but pregnancy is dangerous and bad.

After so many years of this " anti-natalist " education it is hardly suprising that a third of all 14 and 15 year-old girls in Britain are now sexually active and using some form of contraception to negate their fertility. As a pregnancy counsellor with a national pro-life organisation I have frequently carried out pregnancy tests on little schoolgirls, some as young as 13, who giggled together about which boy they were having sex with that week. All of them have received extensive birth control instruction at school, and all of them were on the Pill. None of them, however, had any understanding of their own fertilty, and none of them had ever heard any teacher mention the words chastity, marriage or motherhood. All these little girls, like the thousands before them, will spend the rest of their contracepted teenage years, emotionally, intellectually and physically rejecting motherhood in the depths of their being. And should they become accidentally pregnant these contracepting girls will almost always seek an abortion in order that they can return to, and remain in, a neutered state. By the time these girls are of an age to marry and have children, they will usually be living in an uncommitted relationship with their latest boyfriend, and in consequence they will rarely risk having more than one baby, and many will choose to have none at all. And so the story goes on...and the birth rate goes down.

On the face of it, we older prolifers seem to have been fighting a loosing battle. However, coming up behind us is a growing army of young Christian pro-lifers who are starting to tackle the moral wilderness at its source and are producing excellent material for parents and schools, based on the wise old Christian saying, that " virtue grows by praise ". The general term for this new approach is Chastity Education, and it comes like a breath of sweet fresh air to all those who have, for so long, had to suffer in silence under the tyranny of State-run sex education. Young people are responding to it at once, for its positive and attractive presentation of chastity and marriage gives hope, meaning and dignity to human sexuality–which is what all young people need and what most of them still want. Other pro-life volunteers are now opening counselling centres where teenage girls, caught in the downward spiral of contraception and promiscuity, can receive practical help if they are pregnant, and moral guidance and encouragement to restart their lives by embracing " secondary virginity." The main pro-life organisations are also considering including chastity education in their talks to young people in schools and colleges.

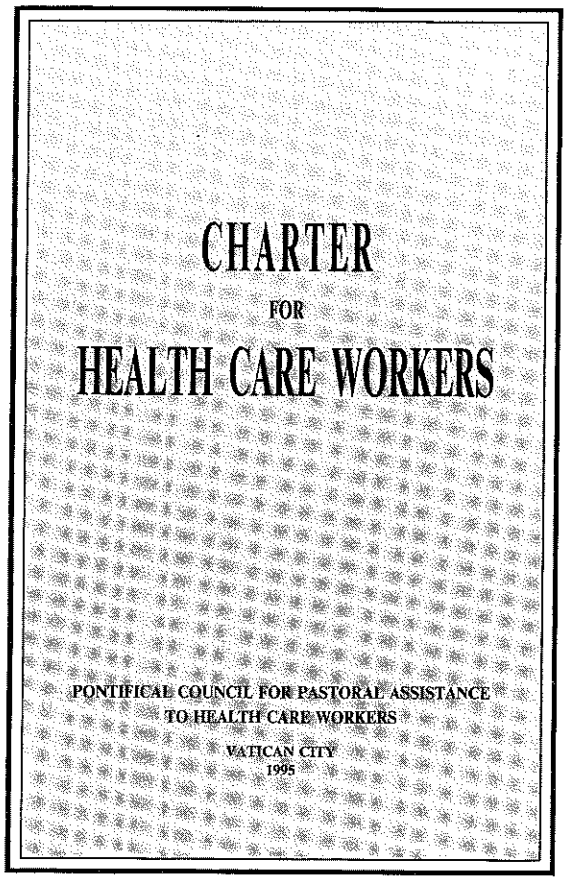
On a less happy note, Catholic parents in Britain have been placed in a very difficult position following the recent publication of a document issued by the Catholic Education Service which has been endorsed by a senior member of the Hierarchy. This document, entitled " Education in Sexuality," sets out a programme for primary and secondary schools, which, apart from the occasional reference to various Vatican documents, appears to differ very little from the explicit and value-free sex education currently being taught in most State schools. Considering the wealth of resource material now available from Christian pro-life organisations, it is a tragedy and a scandal that the only books recommended for Catholic children by the Catholic Education service are those produced by the ultra-permissive Family Planning Association! These books detail all known methods of contraception and many perverted sexual practices, and include such useful items as: " How to make the perfect contraceptive."

What is happening to the Catholic Church in Britain? Has it perhaps been infiltrated by Misanthropes...?

Many people nowadays are fearful that Misanthropy's grip on society is terminal; that we are too morally confused and spiritually exhausted to save ourselves now. But this counsel of despair fails to take note of human history, in which it can be seen that every period of injustice and cruelty, of grief and inhumanity, has been eventually transformed by God, through the prayers and good works of those He has inspired with His Love. Indeed, the greater the evil, the greater the inspiration, as is clearly evident in the steady and unstoppable growth of the pro-life movement around the world. It was in the last century that a remarkable Christian, Josephine Butler, spoke out against the abominable and legally-sanctioned trade in child prostitutes throughout Europe. In the midst of her life-long battle, when every official hand was set against her, she looked at the growing multitudes of ordinary men and women who were moved, as never before, to defend the lives of these poor children and at that moment she was overwhelmed with the certainty of ultimate victory. Her words are an inspiration to us today as we struggle to know, love, and serve life:

" There is no evil in the world so great that God cannot raise up to meet it a corresponding beauty and glory that will blaze it out of countenance! "

Mrs VICTORIA GILLICK
Pregnancy Counsellor of the British Pro-Life Organization (Great Britain)



The result of long, careful, and multidisciplinary preparation, *The Charter for Health Care Workers*, has now been published, through the initiative of the Pontifical Council for Pastoral Assistance to Health Care Workers.

It is certainly a source of satisfaction that the Congregation for the Doctrine of the Faith has approved and confirmed, both fully and swiftly, the text of the *Charter* which was submitted to it—one more reason to recognize its thorough validity, as well as a concrete confirmation of the effectiveness of the interdepartmental cooperation which was expressly desired by the Motu Proprio instituting the Pontifical Council for Pastoral Assistance to Health Care Workers.

There are many reasons why we must know, disseminate, and apply the directives contained in this deontological code for health workers. This publication fills a gap which has been clearly observed not only in the Church, but by all those identifying with the Church's primary task to advance and defend life.

The extraordinary progress of science and technology in the immense field of health policy and care have made bioethics, or the ethics of life, a discipline in its own right. Hence the need—rigorously responded to by the *Charter for Health Care Workers*—to provide an organic, exhaustive summary of the Church's position on all that concerns affirming the primary, absolute value of life in the health field—of all life and of the life of every human being.

Consequently, after an introduction on the figure and essential tasks of health workers—or, rather, "ministers of life"—the *Charter* groups together its directives around the threefold subject-matter of *generation, living, and dying*. And so that subjective interpretation will not prevail over the objective value of this content—as often happens—in drafting the document there has almost invariably been a preference for drawing upon the words of the Supreme Pontiffs or of the authoritative texts published by the departments of the Roman Curia. These references plainly demonstrate that the Church's position on fundamental problems in bioethics—while maintaining the unalterable limits of advancing and defending life—is highly constructive and open to the true progress of science and technology, when firmly joined to that of civilization.

At the beginning of the *Charter* it is stated that the health worker's activity is "a form of Christian witness."

With humility—but also with pride—we can thus regard this *Charter for Health Care Workers* as an integral part of the "new evangelization," which, in serving life, particularly in those suffering, following the example of Christ's ministry, encounters its decisive dimension.

It is hoped, then, that this tool will come to form part of the initial and ongoing training of health workers, so that their witness will be a demonstration that the Church, in defending life, opens her heart and her arms to all men, for Christ's message is addressed to all.

Cover Price: 15,000 Italian lire, plus shipping costs

Special discounts are offered for large orders.

Requests for the *Charter* and payment should be sent to

The Pontifical Council for Pastoral Assistance to Health Care Workers.

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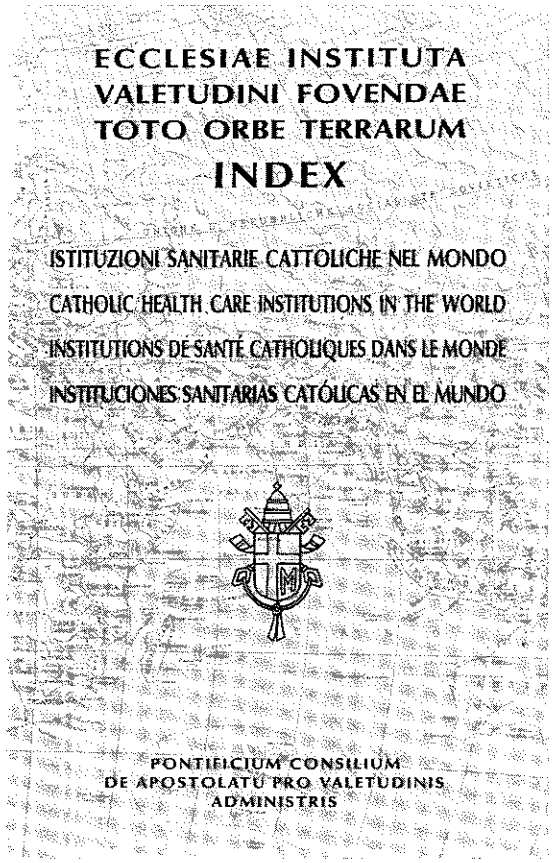


The Pontifical Council for Pastoral Assistance to Health Care Workers is now making available the second edition of the census of the Church's healthcare facilities, entitled *Ecclesiae Instituta Valetudini Fovendae Toto Orbe Terrarum—INDEX*. This directory brings together data on 21,757 facilities in 12,596 localities distributed among 135 nations.

Hospitals constitute 34% (nearly 7,000) of the total number of facilities connected with the Church and run by religious institutes or dioceses

Nursing homes (4,700 worldwide) constitute the second most numerous category among Catholic healthcare facilities; representing nearly 23% of the total, they are mainly located in the developed countries (81% in Europe alone). Clinics are the third largest category (about 20% of the total) and are to a great extent located in developing countries, with 1800 in Africa (44% of the total) and nearly 1550 in Asia (37,5%). There are about 160 leprosariums in all, with 77 in Africa and 61 in Asia

The Church maintains over 1000 rehabilitation facilities for the disabled, mainly in Europe

The extent, effectiveness, and leadership of the Church's commitment to health care, both quantitatively and qualitatively, are revealed by the census figures, which are, moreover, still incomplete as a result of the objective difficulty in gathering all relevant data.

This directory, then, is not just a list of names, addresses, and numbers Ongoing contacts and a day-by-day commitment to research were required to complete it Before taking shape as a listing of information, this volume, at the stage of data gathering, demanded an exchange of knowledge and was the occasion for deeper examination of the topics and problems connected with health policy and care which Catholic medical facilities all over the world must face.

It is precisely these characteristics which make this volume a precious instrument for consultation by the Church hierarchy and Catholic organisms: Papal Representatives, Bishops' Conferences, diocesan Bishops, national and international associations of Catholic physicians and health professionals, universities and libraries, groups, movements, specialists, and individuals directly involved with health policy and care.

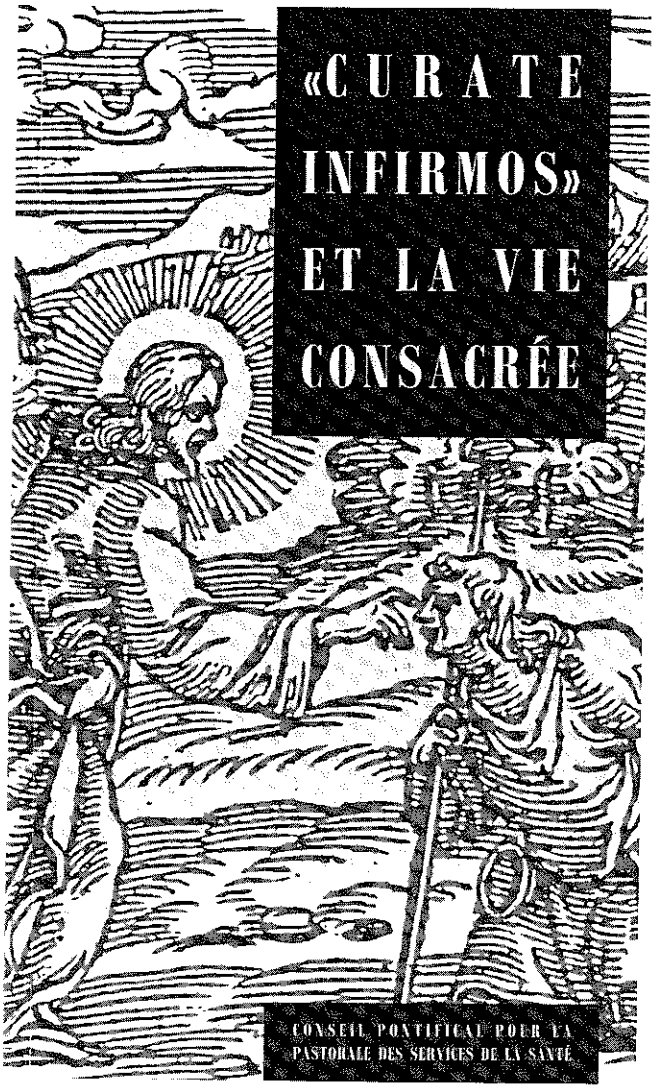
The directory has helped experts to map out specific areas with a high risk of pathology and greater healthcare needs through quantitative and qualitative analysis of certain facilities (leprosariums, centers for the disabled, nursing homes)

Particularly for religious orders and public institutions, the INDEX constitutes an essential data base to program commitments, reorganize territories and activities, and redistribute and rationalize resources

To aid in disseminating the directory and thus facilitating new editions, the Pontifical Council needs support for its efforts

The volume, of over 1000 pages, costs 100,000 Italian lire, or the equivalent in U S dollars, plus shipping charges.

Requests should be directed, and payment made to The Pontifical Council for Pastoral Assistance to Health Care Workers Via della Conciliazione, 3 00193 Rome Tel.: (Area Code 06 for Rome) - 6988-3138, 6988-4720, 6988-4799 Fax: 6988-3139



"The Ordinary Assembly of the Synod devoted to the subject of *Consecrated Life and Its Mission in the Church and in the World* has enabled our Council to examine subjects dealt with by the Synod Fathers in both personal statements and supplementary publications providing reflection, suggestions, and proposals.
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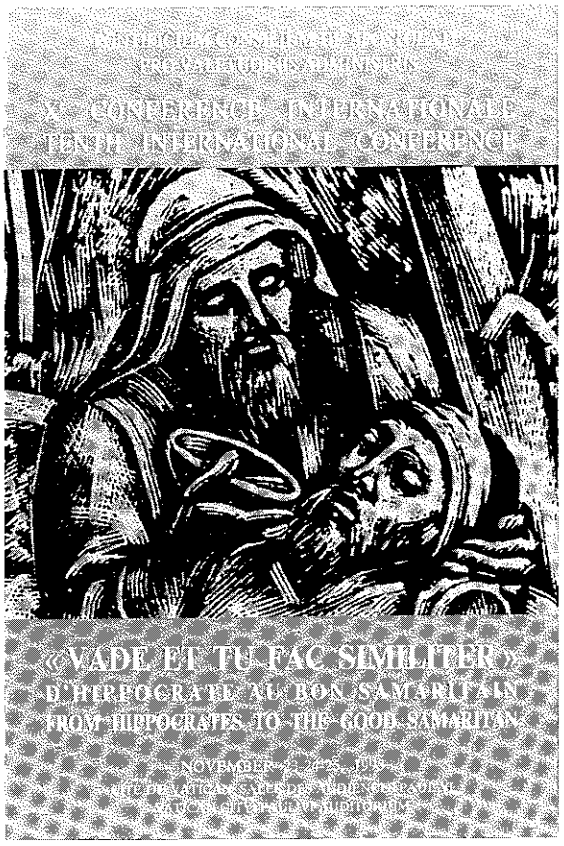

The Tenth International Conference organized by the Pontifical Council for Pastoral Assistance to Health Care Workers, entitled "From Hippocrates to the Good Samaritan," will be held at the Vatican, in Paul VI Hall, November 23-24-25, 1995.

The phrase "From Hippocrates to the Good Samaritan" seeks to suggest a theme involving general methodology which is increasingly attracting convergent interdisciplinary considerations: reason and faith, medicine and morality, and the principles of natural ethics alongside the directives flowing from the Gospel message do not move on separate planes or postulate applications based on particular ideologies; reason needs faith so as not to lose hope in its wonderful capacities, and faith spurs human reason and science to continue forward along their path serving man.

The Good Samaritan in the Gospel can identify with the *Hippocratic Oath*, which is, in turn, fully implemented in the attitude of the Good Samaritan. We cannot be entirely Hippocratic without arriving at the loving generosity of the Good Samaritan, who, for his part, places his heart in the hands of the tools which medicine offers him.

At a time when technological progress in particular is threatening to draw science onto a terrain which is falsely regarded as neutral, both natural ethics and Christian morality feel called to defend the rights and tasks of human reason, which, by its very nature, cannot renounce serving man in the inviolable sacredness and most lofty dignity of his condition and destiny.

No registration fee is requested to take part in the Conference sessions; however, all voluntary contributions will be most gratefully accepted and used towards the aims of the Conference itself and of the Pontifical Council, particularly the construction of a children's hospital in Moscow and a nursing home in Kupienin, Poland.

The entrance for Paul VI Hall at the Vatican is located at Sant'Uffizio Square. To be admitted a personal ID badge is required which may be picked up at the Pontifical Council's office (Via della Conciliazione 3, Rome), on presentation of personal identification.

Attendance at the Conference should be confirmed as soon as possible by contacting

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