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«Unxit me evangelizare pauperibus»,
proclaimed Jesus (*Lk* 4: 18).
Evangelisers must devote
special attention to the poor.
The poor, in a certain sense,
are also those who do not enjoy
the fundamental good of health:
well organised pastoral care in health, too,
forms a part of the world
of evangelisation.

John Paul II

from the speech to the participants at the fourth plenary meeting
of the Pontifical Commission for Latin America,
23 June 1995

Editorial

Pastoral care in health in two pontifical documents: "Ecclesia in America" and "Fides et Ratio"

Pastoral Care in Health in the Apostolic Exhortation "Ecclesia in America"

On 22 January 1999 the Holy Father signed and consigned to the bishops and all the people of God in pilgrimage in the continent of America the Apostolic Exhortation "Ecclesia in America". In this Apostolic Exhortation he describes to us how the encounter with the alive Jesus Christ, the road for conversion, communion and solidarity, should take place in the land of America.

This is a document sub-divided into six chapters with 136 numbered sections in all of which, after the introduction, there follows a discussion of the alive Jesus Christ who is seen as the road for conversion, communion and solidarity, and of the mission of the Church today in America, that is to say the new evangelisation.

From the important subjects discussed in this Apostolic Exhortation I have selected here those which refer in a particular way to pastoral care in health and I also offer a small commentary upon them. There are four points in particular of relevance to us: the encounter with Jesus Christ in the sick person, the conversion to holiness in pastoral care in health, solidarity in pastoral care in health, and the problem of drug-addiction.

1. The Encounter with Jesus Christ in the Sick Person

In the section numbered 18 it is made clear that encounter with the alive Jesus Christ in America takes place through the encounter with the sick person. We find the alive Jesus Christ in care for elderly people and the sick, in the asylums, in the hospitals, in the dispensaries – wherever an awareness of a concrete solidarity between the different communities of the continent and the whole world is expressed and the brotherhood of Christians is demonstrated.

The subject of the encounter with Jesus Christ in the sick person is known to a significant extent through Mt 25:36-39 and 43-45 where there is the description of the final judgement where Jesus tells us that he was sick and that we visited him, or that in contrary fashion we did not visit him, in the least of our brethren.

In America there are 4,359 Catholic health care centres which are registered as such. There are many opportunities here for the encounter with Jesus Christ, and the same is true in other hospitals and in relation to all those sick people who live at home. This encounter in general takes place with the whole world of health and health care, which in the continent of America is very large.

From many points of view, both in North America and in South America, in Central America and in the Antilles, one of the main questions which currently interests society is that of health. In many countries health has become one of the most prominent concerns of the public sector. This is so for reasons of social justice and it is in care for health that we find one of the special places to encounter the alive Jesus Christ.

The 4,359 Catholic health centres are the proof that the whole of America today is concerned with meeting the alive Jesus Christ in the world of health. This encounter is becoming ever more intense and in the Apostolic Exhortation it is observed and emphasised that this encounter in the world of health is in the heart itself of the Church, in addition to being a patrimony of the Church in America for many centuries, indeed ever since the evangelisation of the continent.

2. The Conversion to Holiness in Pastoral Care in Health

Holiness is to be found in the encounter with the alive Jesus Christ. For this reason, in addressing itself to the question of conversion, section 30 of the document "Ecclesia in America", while discussing the various forms which holiness takes, tells us that being holy is nothing else but the extension of the love of Christ in history, and in particular in the provision of care and treatment to the sick.

Holiness is to be found in the union, carried out by the Holy Spirit, of man with the Father through Christ. If Christ is to be found in the sick person when the Christian draws near to the sick and works for his or her benefit, the Holy Spirit unites him or her to Christ and advances him or her down the road of holiness. For this reason many saints have chosen the path of pastoral care in health and have made a special charism of the religious orders which they founded – saints such as St. John of God or St. Camillo de Lellis.

3. Ecclesial Solidarity in Pastoral Care in Health

In order to favour communion with Christ and all those in the continent, in section number 48 of the Exhortation the Pope invites people to accompany children in their encounter with Christ. The Church is grateful for the work of – amongst others – those health care workers who are at the service of the family and children and engage in the same approach as Jesus Christ, who said: "let the children come to me..." (Mt 19:14). He also refers to the painful conditions of many children in America – conditions characterised by a lack of suitable care and concern for their health.

It is in solidarity that we must achieve holiness in the care and treatment of the sick, and it is from this point of departure that we must fight against the culture of death in a society dominated by the powerful. This is something the document declares in section number 63. The Pope has in mind the elderly and the terminally ill who are at times the objects of euthanasia, a practice which has so often been condemned by the Magisterium of the Church. He expresses his appreciation for what is done to defend the terminally ill. He appeals to the Catholics who work in the medical-health care field to defend those lives which are most at risk by acting with an upright conscience formed by Catholic doctrine.

In an effectiveness-based society where everything is measured according to the criterion of cost-effectiveness, the elderly and the terminally sick are not productive and the tendency is to move towards their elimination. This is the logic of the culture of death. The Pope condemns this way of thinking and invites us to fight against it. The person has an inviolable value which is rooted in his or her own dignity as a human person, quite apart from what his or her productive capacity might be. The globalisation of the economy in the sphere of health and health care can indeed have positive results but if everything comes to be based on the pursuit of gain we will instead merely arrive at the extremes of euthanasia and suicide which today in euphemistic fashion are described by the term "assisted death".

Later on the Exhortation dwells upon the question of the native peoples and Americans with African roots. As as already been pointed out, the Church has been characterised by the attention that she has paid to the sick, and especially to the sick of the native peoples, during the history of the evangelisation of America. The hospitals established everywhere for the native peoples are famous. In section number 64 there is a call to respond to the health care needs of the native peoples and Americans with African roots. In some areas of America government welfare policies have not reached these sectors and the Church must not abandon them but must continue with her centuries-old role of support. This does not mean, however, that direct Church action should not take place when such welfare policies do reach those areas which are most in need. The Church's experience will point out to her new paths which, in being based upon those which have already been followed, will be of a sufficiently creative level to meet new needs and requirements.

4. Drug-Addiction

Another question linked to pastoral care in health is that of drug-addiction. The Exortation does not in the least forget about this question but instead makes a number of observations about it.

Section 24 examines the obstacles in the way of encountering Jesus Christ, and refers in this sense to drug taking and to the drug traffic. This phenomenon constitutes the challenge which most strongly works against the international prestige of the world's nations.

In discussing solidarity, section 56 of the Exhortation places the use and sale of drugs amongst the sins which cry to heaven. Reference must be made here to the drug traffic, the laundering of illegal profits, etc. The Exhortation stresses that this crisis is an expression of a deep crisis made up of the loss of a sense of God and the absence of moral principles. Without moral reference points people fall into an unending greed for wealth and power which darkens every evangelical vision of social reality and which also works against the promotion of solidarity and peace.

Further on in the Exhortation, in a renewed discussion of solidarity, section 61 dwells upon the problem of drugs and refers to the need for co-operation to achieve its elimination. The document does not fail to see the problem in terms of the production of the relevant raw materials for drugs by poor peasants who see such activity as a useful way to escape from poverty. It also calls for support for alternative kinds of agricultural production which will allow more honest ways of living. The Exhortation also stresses the fact that in order to fight the problem of drugs it is necessary to achieve an authentic sense of the meaning of life.

There can be no doubt that the problem of drugs is very marked today in America and that it could not be neglected by the Exortation during that document's examination of the difficulties which are to be found in that continent and which hinder the New Evangelisation and damage solidarity. Pontifical doctrine on the question has on other occasions[1] stressed the three fundamental steps which must be taken

with regard to the abuse of psychotropic drugs and all the consequences of such use: prevention, repression and accompaning.

Prevention means all those kinds of education and training which must be provided to society to deal with this area, and in particular to the young generations with whom efforts must be made to ensure that in each individual those fundamental Christian principles which give a meaning to life are deeply rooted – those values without which it is impossible to really combat the practice of drug taking.

If there is no demand for drugs, the supply will dry up. But as long as there is a demand there will be a supply, and with all the problems of illegal production and dealing that this involves. There are differences with regard to supply and demand but one cannot divide the Americas into drug producing countries and drug consuming countries. All these countries are at one and the same time both producers and consumers, and this is especially true with regard to synthetic drugs. Everyone should urgently tackle the problem at its roots – there will not be a request for drugs if suitable education and instruction takes place and in particular if there exist those Christian values which give authentic meaning to life and prevent those acts of escape which so characterise the state of drug-addiction.

With regard to the question of *repression*, the Pope has elsewhere strongly and severely condemned the wicked trade in drugs, has called those who engage in it "dealers in death", and has called on the world's governments to act decisively to ensure that this plague is extirpated. However, it must be admitted that if the demand continues then it will be very difficult, if not impossible, to put an end to this accursed trade.

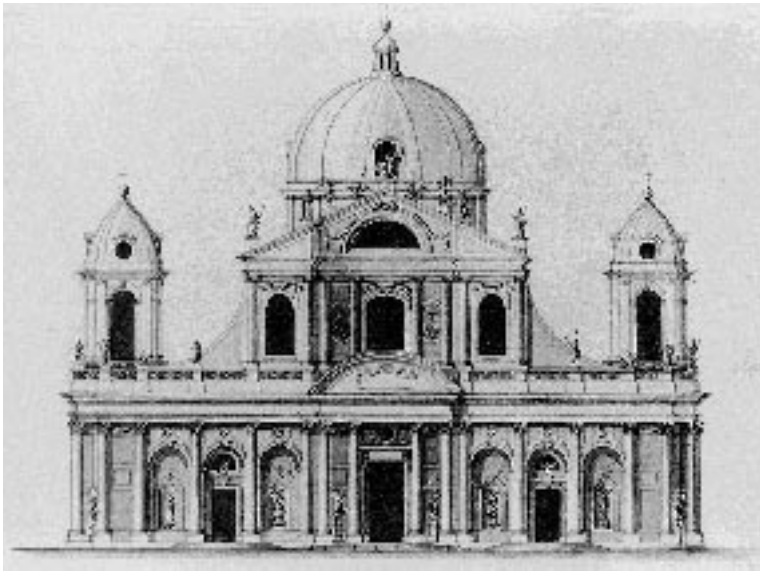
On other occasions, when discussing the accompanying of drug-addicts, the Pope has spoken to us about love which bestows responsible meaning on life and has affirmed that this is a vocation which leads us to accompany the drug taker so that he or she can escape the state into which he or she has fallen. At the Pontifical Council for Pastoral Assistance to Health Care Workers we are committed to helping a large number of pastoral workers, especially as regards prevention and accompanying. In a short while a guide for prevention and accompanying will be published to help those who are afflicted by this scourge.

In conclusion we should congratulate ourselves that in this Exhortation pastoral care in health is seen as an encounter with the alive Jesus Christ, the road for conversion, communion and solidarity in America; that care for the sick person is perceived as an encounter with Jesus, conversion and holiness, a journey of holiness; and that drugs are seen as an obstacle which hinders the achievement of such solidarity. Let us hope that this examination of pastoral care in health in America will act to provide it with greater impetus and will help health care professionals to expand their fields of work from an authentically Christian point of view.

His Excellency JAVIER LOZANO BARRAGÁN
Archbishop-Bishop Emeritus of Zacatecas,
President of the Pontifical Council for
Pastoral Assistance to Health Care Workers.

Note

[1] Cf JAVIER LOZANO BARRAGÁN, 'Posiciòn Etica y Moral de la S.Sede con Rélacion a la Droga', *L'Osservatore Romano*, Spanish edition (n.7), 13 February 1988. And in particular for solutions to the drug problem see Javier Lozano Barragán, 'Lucha contro el Tràfico Ilìcito de la Droga', *L'Osservatore Romano*, Spanish edition (n. 28), 10 July 1998, p. 24.



Pastoral Care in Health and the Encyclical "Fides et Ratio" by His Holiness John Paul II

Even though it might appear at first sight that the subjects dealt with in this encyclical are distant in character from the concerns of our ministry of pastoral care in health, when we come to engage in a careful examination of this pontifical document we realise that in fact at the very heart of the encyclical the subjects which we are interested in are seen as being of fundamental importance. Indeed, the questions of pain, suffering, death and the overall meaning of life and so forth recur again and again throughout the encyclical.

In this brief comment an attempt will be made to examine the encyclical by drawing attention to those aspects of this publication which are nearest to the concerns and tasks of our Pontifical Council.

Introduction

In the six sub-sections with which the encyclical begins there is stress on the idea that the contemporary world is in the grip of relativism. Man has directed his attention towards himself, has abandoned the idea of opening himself up to the Transcendent, and has given up asking himself about the overall meaning of his existence. By stressing only the conditioning factors which limit his knowledge and by consigning the meaning of these realities to relativism, man engages in something which appears to have no purpose. This is because man refuses to pose questions about his real purpose and goal. Only if revelation is allowed to guide reason is it possible to reach and understand the deepest areas of human existence.

1. The First Chapter

In the first chapter, entitled "the revelation of God's wisdom", emphasis is placed upon the gratuitousness of revelation (n.7), upon the relationship between words and works in revelation (n.10), upon the relationship between time and eternity (n.11), upon the meaning of the Incarnation (n.12), mystery, freedom and truth (n.13), and upon the partial character of our understanding of mystery, the function of love in understanding, and what constitutes progress in understanding (nn.14-15).

In the light of the foregoing are to be understood the healings, the works of Christ which – like those which express and confirm the words of Christ – are the splendour of his deep truth, the expression of the words of a friend which Christ proclaims in his Message of the Kingdom. The truth of the resurrection of the Lord puts these healings performed by Christ into their true perspective. These healings, especially where they involve raising people from the dead, become a prelude to the resurrection of Christ himself and of all of us. They are the prelude to the full resurrection to which we are led by the Spirit.

In order to respond to the very serious problem of death and find out what its meaning is, it can be observed that the answer at an overall level is the Incarnation. Death is inevitable when it is associated with the reality of time. Eternity has now touched time, and its partiality, its pain and its fleeting quality are healed through the irruption of totality into partiality by divinity itself.

It is certain that the totality and the total meaning of existence still remain in a state of mystery and that they will not be able to be understood in all their ramifications. This is so above all else with regard to pain and death – knowledge of which, it is to be observed, is limited and fragmented. But we can advance a great deal in our comprehension thanks to the gratuitous love of God which reveals to us that the death and resurrection of Christ are a foreshadowing of the vision of God which is achieved in the shared happiness of our own resurrection.

This revelation about the total meaning of existence is the authentic truth which makes us free. Freedom brings us to truth and truth leads us to freedom, and by an act of freedom, by a fundamental act of freedom – which is linked to the deepest part of our being – we understand the truth of the meaning of our lives in the loving revelation of the death and resurrection of Jesus Christ. This is full and complete health, or to put it another way and by looking at it from another angle, this is the solution to the humanly insoluble problem raised by suffering and death.

Since freedom is the most important factor in the construction of man, and because this construction itself is our essential task in life,

we have before us an apparent paradox which, however, is the reality itself of what can be seen as a "free obligatoriness": that is to say, the acceptance of this revelation in order to affirm ourselves as human beings who are open to full existence.

2. The Second Chapter

With regard to the second chapter, which is entitled "Credo ut Intelligam", I would like to draw special attention to sub-section n.18 where emphasis is placed upon the three rules of the people of Israel by which that people can obtain knowledge; sub-section n.22 where reference is made to the need for metaphysics in order to acquire this knowledge; and sub-section n.23 which sees wisdom as a fracture in habitual approaches to knowledge about the dead Christ. It is very revealing that if we want to acquire knowledge about the problems of pain and suffering we must pursue this path of inquiry. A manipulative knowledge which in reality should be dominated and kept down is not suitable to an understanding of the deep significance of illness and pain, and this is even more the case with regard to death. The knowledge which we can gain about these questions is necessarily on-going and progressive in character. It is also very important fact that this a gratuitous knowledge which must be received with all due reverence because it comes from the giving God. This is knowledge "which prays" and which is reverential in the presence of mystery. Only in this way can one transcend the information which is received from the senses and acquire a metaphysical knowledge of evil, pain and death where we can intuit and sense the truth about such matters and issues.

It is exactly in our subjects that we find the absurdity of the absolute autonomy of man, given that in pursuing such a policy man closes himself up in his own death without any means of escaping from it. Here we encounter the frontier between reason and faith, and as the encyclical proclaims (n.23) these are the rocks upon which reason can be shipwrecked and come to grief. But if they can be avoided through this knowledge which is respectful of God, and full of awe of God, then one can reach an acquisition of all truth. Indeed, the solution to the problem of evil is obtained by wisdom which sees death as a source of life and love. And this in such a way that at the centre of all knowledge the idea that what or who is nothing – the despicable, the plebian, the insane, the weak, madness, scandal – is presented as the profoundest solution. Not, however, as a mere abstraction of a system but in the historical uniqueness of the human-divine person of the paschal Christ. In its knowledge of pain and death, philosophy, indeed, is capable of perceiving the unceasing transcending of man, and helped by faith it opens us to a welcoming of the preaching of the crucified, dead and resurrected Christ.

As has been previously pointed out in this paper, reason and faith meet each other in our special subjects of concern and find both their barriers and their space for encounter. This is a space where in full veneration death is to be found and perceived as a source of truth and love, and where one reaches the fullness of the greatest truth about man.

3. The Third Chapter

In the third chapter, which is entitled "Intelligo ut Credam", there are two principal ideas. The first is the wish of all men to reach an absolute and universal truth which provides an answer to the question of the ultimate meaning of their existence and death – that opening up to the Transcendent, that opening up to God, which crowns the truth of values which shape their lives (nn.24.27). This idea is disturbed by wrongful attitudes which are brought about by ill-will and limits to the employment of reason (n.28), but this does not in any way prevent human beings from being endowed with the capacity of find truth (n.29).

The second idea is that the various forms of truth, whether self-evident, experiential, speculative, religious or revealed, can be reached and grasped directly. This is true but in most cases this is achieved through the witness of a person who is different from the individual who comes to know (n.30-31) – here we encounter the role of Tradition. We uphold a truth because of the trust that we feel in the witness who communicates that truth to us, where together with the truth we receive at times the gift itself of the person who bears witness (n.32). We are not satisfied with partial truths, whether factual or scientific in character, but with the absolute truth,which in the final analysis is the Trinitarian truth testified to us in Christ (n.33) and which reaches our reason and our faith, given that this truth does not contradict itself (n.34). In this way, the relationship between faith and reason takes place at a very profound level (n.35).

The ultimate meaning of existence, illness, pain, suffering and death is not supplied to us in a declaration which is merely doctrinal in character – it has all the warmth of the persons of the Most Holy Trinity through the witness-gift of Christ himself. The final meaning of existence emerges not through a simple

statement made by Christ but is something which stands out because of his personality – the personality of Christ who is the Word of the Father as understood by us through the love of the Holy Spirit. The Easter of Christ is the gift of the personal Truth of Christ himself which in his love is given to the point of death, his death on the cross, and his glorious resurrection. It is the giving of himself which provides us with the meaning of everything which belongs to our existence. The person of Christ is the central truth of each and every human being, and the centre of every life. The form by which to reach this revealed universal truth is trust in the person who bears witness and at times the same Truth, Testimony, Witness and Truth are to be identified in the same person – Christ. Trust and Love towards this person and the act of acceptance of this truth are the gift of the Spirit who has been given to us so that we can call our Father in heaven "Father". It is an act in which we join ourselves to the Trinitarian life in order to participate in this divine life through the act by which we reach the truth and become children of God in the Son of God. We are made truth in the Truth of the Son of God. In this way the solution to the problem of suffering, death, pain and evil is not something which is external and which must be searched for – it is to be found within our own beings as persons as the adopted children of God.

4. The Fourth Chapter

In the fourth chapter, which is entitled "the relationship between faith and reason", the point of departure is the rational expression of faith during the different epochs of the history of thought (n.36), always having a critical approach (nn.37-38), taking philosophical thought and purifying it (nn.39-41), seeing that faith is reasonable but at times not understandable (n.39-41), and realising that faith does not destroy reason but makes it sublime because everything which leads us to the truth comes from the Holy Spirit (nn.43-44). When reason is separated from faith (n.45), there is a radicalisation of the absolute autonomy of reason and this no longer leads to truth (n.46). Emphasis is placed upon "instrumental" reason which works for knowledge of utility and pleasure (n.47), thereby weakening both faith and reason – faith is so weakened by emphasising experience and feeling, thereby leading the individual to close himself up in myth; and reason, deprived thereby of strength and force, is unable to turn its gaze to the newness and radicality of being (n.48).

There can be no doubt that with the passing of the ages recourse has been made to philosophical thought in order to understand the problem of pain and suffering, as well as the problem of death and evil in general. The concept of deprivation and therefore of non-being is seen as something of fundamental importance in order to solve the question of the origins of evil. Because evil is deprivation we should not strive to search for a positive cause for its existence. We should look, rather, to a lack which explains its reason for existence. St.Thomas solved the problem posed by Manichean thought with reference to two original principles – that of good and that of evil. He concluded by observing the absurdity of the bestowal of a positive principle from which evil could spring. Despite this fact, there can be no doubt that in following the thought of St.Anselm we find ourselves within the incomprehensible mystery of evil, which we reach rationally but in front of which we halt because of the limits which are involved – both because of the fragmentary character of our knowledge and because of its inherent limits. This is because with regard to evil, suffering, pain and death we are face to face with the same mystery of man as before and in the final analysis we have before us the mystery of God made man.

When we come to subjectivism and the denial of the metaphysics and the objectivity of being, it logically follows that all contributions to a possible understanding of the mystery of evil, suffering, pain and death become obscured. When instrumental reason is adopted as the only source of knowledge and everything becomes measured in terms of economic and technological effectiveness – as indeed happens with contemporary philosophy – then all forms of thought which transcend the reduced world towards which this reason applies itself emerge as useless and are declared to be without meaning. At the same time, any set of questions and issues which seek to have some value are not allowed to be proposed. And the consequences of this are clearly seen: faced with a reality which cannot be eliminated merely by an act of will, experiencing every day the mystery of evil, and given that evil cannot be merely denied, one has before one its concealment and the hiding of illness and death or a palliative approach towards it through the employment of euphemisms or trivialities, to which contemporary society, indeed, has frequent recourse.

The problem of death is examined solely in terms of being an experience from the point of view of feeling after reference has been made to the absurd in order to define it. In every instance the answer which the contemporary world gives to it is that of the ostrich, and this

is done through the employment of weak thought and in the fear that it will be faced with the realities which challenge deeply it at every moment of the day. Faith must recover all of its strength in order to present a valid and universal solution to the problem of the ultimate meaning of existence, with all of its parrasia. At the same time, reason must recover all of its audacity in order to turn its gaze towards the radicality and the newness of the life of death itself.

5. The Fifth Chapter

In the fifth chapter there is a discussion of "the interventions of the Magisterium in philosophical matters". After upholding the healthy autonomy of philosophy, the encyclical points out that when philosophy does respect revealed truth then the Magisterium, as the custodian of Revelation, acts to intervene (n.49). Assumptions, conclusions, the bases of philosophical systems and their elements are judged in terms of their compatibility with the faith. Conceding the need for a healthy pluralism, what is thought about God, man, his freedom, and ethical considerations affect revealed truth (n.50). Philosophical reflection is not eliminated, but there is a recognition of its correct limits when faced with the mystery of Christ who is all truth (n.51). This is what the Church has done in the past, especially during the last century and nowadays (nn.52-54). Today the possibility of achieving absolute and universal truths is subject to doubt; there is talk about the end of metaphysics, people fall into rationalism or fideism, or into biblicism; it is forgotten that the whole of the Church interprets Holy Scripture; and in this process the speculative tradition, the philosophical traditions, and traditional terminologies pass from the mind (nn.55-56). St.Thomas Aquinas correctly espoused the relationship between philosophy and faith in his theology, and for this reason he is once again suggested as a reference point, without, however, the brilliant contributions of modern Catholic theologians (nn.57-59) and the contributions made by Vatican Council II (n.60) being underestimated. Some theologians and professors of theology have neglected philosophy and have in their works and teachings underestimated the value of rational knowledge and metaphysics and overestimated the value of scientific knowledge. They have neglected the most profound principles of wisdom, it is observed, because they have not been able to sustain a real and authentic dialogue with modern culture (nn.61-62).

Revelation provides us with the ultimate meaning of existence, especially in relation to the decisive subjects which have been examined hitherto in this paper. When statements or practices which are in opposition to this revealed meaning are met with in the sphere of these subjects, then it is obvious that the Magisterium must intervene – for example in relation to questions concerning respect for life from its origins to its final stages. It is not unusual, therefore, for the Magisterium to direct our attention towards such subjects and issues as the terminally ill, euthanasia, death, organ transplants, and so forth.

The marginalisation of definitive questions relating to man in certain teaching centres and in some publications has in turn marginalised pastoral care in health in the mind of some pastors. Or rather it has given them a unsuitable direction by concentrating only on certain sentimental or perhaps social or psychological aspects of the question without insisting upon the due centrality at a basic level of the unique answer provided by the death and resurrection of Christ. The statements of the encyclical lead us to reflect upon how the negation of absolute and metaphysical truths leads us to adopt a mistaken form of pastoral care in such practical areas as the behaviour which the health care worker should practice in relation to the contemporary problems of Catholic hospitals, the approach of chaplains towards the patients which such hospitals treat and look after, teaching in relation to the last stages of life, and so forth.

6. The Sixth Chapter

In the sixth chapter the encyclical addresses itself to the subject of the "interaction between theology and philosophy". In this chapter two great themes emerge. On the one hand, there is the question of how theology can be united with philosophy in relation to the two principal functions of theology – the "auditus fidei" and the "intelectus fidei" (nn.64-69). And on the other hand, the question of how both can be united in approaching the problem of the encounter between faith and cultures – that is to say the philosophy of values (nn.69-72). The third theme is that which concerns philosophy and theology, philosophy completely separate from theology, Christian philosophy, and philosophy derived from theology (nn.73-79).

With regard to the whole question of pastoral care in health, in the "auditus fidei" we should observe how much attention we should pay to listening to what the Word of God has to say on the basic questions of the general meaning of existence. We must gain access to its "argumentative" knowledge to which indeed the Pope refers – that critical and univer-

sal knowledge directed towards answering the most profound questions which are posed by man. Here we also encounter the "intellectus fidei" which provides us with that systematic and profound vision which dogmatic theology can offer us in relation to the problems and issues which are of particular interest to us. In a special way one observes the need for bioethics which bears powerfully upon the various aspects of moral theology. This is because, as is observed, in this subject matter the declarations of revelation are more general and reason must therefore operate with greater force and incisiveness.

When reference is made to cultures and values it is to be observed that the highest Truth and the highest value is Christ himself (n.71), and that a culture lives through its ability to communicate its own values to other values. For this reason, a culture's highest possibility for life lies in its openness to the highest value, which is Christ, in the truth of his death and his resurrection. In this form the other values of a culture are to be seen as further elaborations which can help us, according to the richness which they contain, to express with greater fullness and intelligence the Easter mystery as applied to the real needs raised by the fundamental questions about human existence.

It is also opportune to stress, when reference is made to Christian philosophy, the importance of its subjective dimension (n.76), which enables the philosopher to free himself from presumption and in humble fashion to acquire the necessary value by which to address himself to questions which only with difficulty could be solved without the help of revelation, such as those questions concerned with evil and suffering.

7. The Seventh Chapter

"Current requirements and tasks". In this chapter there are three major areas of thought: the first is the problem of the fragmentary character of contemporary knowledge; the second is the errors which currently threaten mankind; and the third is that relating to theology.

7.1. The Fragmentary Character of Current Knowledge

The first part of the chapter, which goes from number 80 to number 85, outlines the philosophical truths contained in revelation and then proceeds to emphasise the problem which we may call "instrumental reason" – that is to say the process whereby instrumental reason has removed sapiential wisdom from knowledge of truth. A multiplicity of answers are provided to contemporary issues and questions derived from a basis of fragmented knowledge. Emphasis is placed on instrumental reason which is directed towards how to do things and not towards why they are. We have here a knowledge of phenomena and not a knowledge of objective truth, of truth as a bridge between knowledge and things in themselves. Metaphysical knowledge is denied and the mind remains in the superficiality of experiential knowledge. When the field of linguistic analysis is entered a halt is made at the structure of language and the sense of mediate meanings without the ultimate meaning of the truth which is expressed or notified in the final analysis by the language itself being reached and grasped.

From this point of view, it is obvious that when reference is made to the problems of pastoral care in health it is not possible to go beyond a phenomenal presentation of pain and suffering and to achieve an understanding of their ultimate meaning. In this way the problems of medicine are studied without the achievement of an understanding of man in an overall sense, and in a way which is not within the confines of an anthropological vision which unifies him. Pastoral care in health is necessarily modified and a series of occasional forms of behaviour within an immediate perspective arise, and this without attention being paid to what such pastoral care really involves. The consequence is a mere functional approach. Such is the character of many paths which are taken, especially in the field of psychology.

Here, too, we encounter the difficulties of integrating sacramental pastoral care in health into this vision. This is because there is not a deep perception of the relationship which can exist between the sacrament and the illness, especially its union with death. Everything is seen as something which has a character which is nearer to ritualism rather than being a deep and unifying vision of the total and overall meaning of the existence of man. Instrumental reason produces a pastoral answer – how things should be done and not what pastoral care in health actually is; how one should proceed in a case which springs from the modern situation of health and whose principal support is the dialogue between the physiological sciences of medicine and the psychological sciences. When, for example, we enter the field of which is termed "counselling" the question arises as to what pastoral care might be able to do which has not already been included in such counselling. Indeed, when there is a medical team which is doing the work of a chaplain it is even asked what point there is in

calling the chaplain, a ministerial priest, and what the purpose is of administering the sacrament of penitence if the sick person has become fully open to the secular person – whether that patient is religious or not – and has opened his heart to him. Thus everything in such a situation seems to be merely a matter of the relationship between the sick person and God. Might it not be useless, it can be asked, to add a confession which seems to be a mere formality and which is thereby outside the new scientific context in which current pastoral care takes place?

Here the encyclical lays stress upon the need to grasp the truth of the overall meaning of existence and thus to understand the solutions to the problems with which we are concerned in addition to the meaning in our health care field of the absolute and universal truths of God, of man in the image of God, of his dignity and liberty, and his redemption only in Christ and his Church, summoned and united by the Holy Spirit, whose message is expressed in the message of Christ who died and rose again. In our specific case this message becomes effective in practical terms in the sacraments which are administered and to which very valuable help can be given by the dialogue between the medical, physiological and psychological sciences but which can never be replaced or substituted by such sciences or by the practices which have been here mentioned.

7.2. Errors

In the second part of this section, from n.86 to n.91, the encyclical discusses six errors

which are seen to have had an especially damaging effect on modern thought, namely: eclecticism, historicism, scientism, pragmatism, nihilism and postmodernity.

In eclecticism there is an acceptance of statements outside of their systems, contexts and judgements. In historicism truth changes according to its relation to a given and transient epoch of history. In pragmatism choices are offered without any reference to values and very often the guidance of the opinion of majorities is accepted and followed. In nihilism there is an abandonment of any attempt to reach objective truths. And in postmodernity nihilistic positions and approaches are adopted and followed.

These all are expressions of relativism which the encyclical described previously and which involves certain tendencies and trends which can be observed and which must be avoided. This is also true with regard to the whole area of pastoral care in health.

Indeed, with regard to *eclecticism* in the field of pastoral care in health any proposal of the psychological sciences which is applied immediately must be avoided if attention is not paid to which system it has been taken from, what its context really is, and what kind of evaluation and assessment it requires. There are proposals which can seem to be very brilliant at first sight, especially within the world of psychoanalysis, but which in reality follow principles which belong to positivistic systems which compromise, or at least seriously limit, the truth of their contents.

In *historicism* we come up against the problem of the Tradition of the Church – many past practices belonging to pastoral care in health, and especially those concerning the field of sacramental pastoral care, run the risk of being left by the wayside or have already been left behind because they are said to belong to a past era: they were once valuable, it is asserted, but have now, in the modern world, lost their value. In this field we must make a distinction between values in themselves and their adaptation to past epochs, and we should distinguish in particular the values of the errors which in the past may have arisen at the level of practical implementation. Values advance in every epoch and we would run the risk of contradicting ourselves if we thought that today they are irrelevant. If an action of pastoral care in health was previously good at an essential level, there is nothing which necessarily prevents it from being so today. It is certainly true that the way of implementing that action must change in line with the times, but on the other hand its essential character must remain. Thus it is evident that what was true before cannot go out of fashion and be

false. Let us return today to sacramental pastoral care, and the examples of such a line of approach are not lacking. We may think of the anointing of the sick and of the solemnity which is involved in the administration of this sacrament. Pastoral sensitivity may tell us how we should administer this sacrament today, but nothing must weaken our awareness of the necessity of this sacrament and its obligatory character.

In *scientism,* as has already been pointed out, the only acceptable truth is thought to be that which can be proved in the scientific field. Thus it is said that to speak of the meaning of life, death and pain is something which is to be placed in the realm of the emotions and is something which has a emotional value, but which also lacks real substance because one enters here the field of the irrational and the imaginational. At the present time it is accepted that the spiritual dimension forms an integral part of what constitutes health, and this dimension has been accepted not as something which is irrational and imaginational but as something which gives unity and harmony to the physical, mental, psychical and social features of man. Here it has been possible to advance against scientism and it has been possible to locate health beyond its positivistic reduction. It is in this sense that one can understand the significance of certain statements and principles which since 1977 have been accepted by the World Health Organisation.

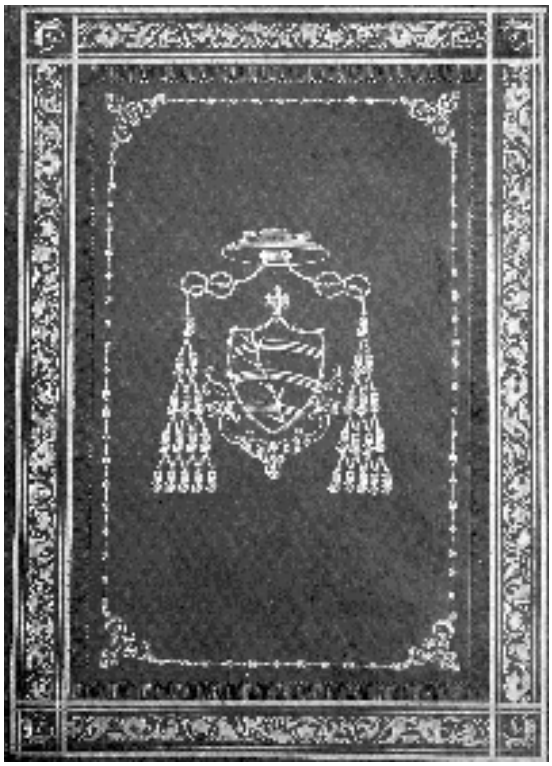
The acceptance of spirituality within the subject of health in contemporary thought opens up a very large field to pastoral work because it projects forward the horizon of the total and complete meaning of existence. Such pastoral work should fight against scientistic thought and bring out how the real Christian spirituality of the death and resurrection of Christ is the meaning which unifies the physical, psychical, mental and social features of man and thereby constructs his health in a real and authentic sense.

In *pragmatism* medicine and its agents run the risk of adopting very important positions – as indeed are all those which are concerned with the health of man – in relation in particular to life and death without any reference to values, but based instead on criteria of economic and productive efficiency. In modern societies – and this is especially the case given the globalisation of medicine in the economic field – it is very easy to adopt the criterion of cost-efficiency in the practice of healing or the administration of medicines and drugs. A certain kind of medicine or drug is supplied or not supplied to a sick person without reference to whether he or she actually needs it, but instead in terms of its cost and the prospects for the achievement of the subsequent (economic, technical, scientific and work etc.) effectiveness of the sick person. This pragmatism easily leads on to the practice of euthanasia in the medical world. Once again, and echoing the encyclical, we can observe how important it is to behave in this field in line with objective and metaphysical criteria such as those of the dignity of the human person, made in the image of God, who strive to conserve his life as a divine gift – naturally enough without therapeutic overkill and by using the instruments to hand in a proportionate way in order to defend the life of the sick person.

It may be observed of *nihilism,* which has taken control of so many aspects of modern life, that in rejecting any kind of objective truth one falls into full relativism, and the consequences for pastoral care in health are exactly those which have been outlined previously in this paper. When in the flames of postmodernity, nihilism presents itself as an absence of a criterion of life all those positions mentioned above lead pastoral care in health into that vicious circle where nothing can be achieved.

7.3. Theology

In the third part of the chapter which goes from n. 92 to n.108, that is to say the end of the encyclical, reference is made to theology and its renewal and especially to positive theology and the problems it encounters with regard to linguistic analysis which, indeed, does not reach truth but merely obtains a knowledge of the structure of language, of the nature of language, without coming to the revelation of the



absolute truth of the one and trine God, of Christ who died and rose again, and of the Spirit which unites us in the Church. The encyclical then discusses dogmatic theology and its universal but reformable concepts, and of cultural openness in this field which indeed can overcome the problems of historicism and pragmatism. It then goes on to examine moral theology which overcomes the errors of relativism and applies universal and objective good to particular cases, and also discusses the kerygma and the catechesis where faith takes advantage of philosophy to support the message of life – the papal document argues that faith stimulates reason and criticism and that reason provides faith with originality and openness in the presentation of the Message. The encyclical also maintains that philosophy is the mirror of culture and that Christian philosophy is the most helpful place for dialogue with non-believers. The encyclical finishes by making an appeal to theologians and philosophers, and to professors of theology and philosophy, to inquire deeply into objective, universal and transcendent truth. It affirms that immanent systems of philosophy have deceived man by promising him an absolute autonomy which in reality is not possible without self-destruction. The encyclical is crowned at its end with a fine reference to Our Lady who is compared here to the relationship between philosophy and faith – just as humanity was not destroyed but made sublime to the utmost through the Incarnation of the Word, so in the same way philosophy when employed by faith will not be destroyed but instead rendered sublime to the highest degree of its effectiveness.

In theology we can observe how mysteries intertwine and provide us with an ever greater understanding when they are compared. This is especially true with regard to the ultimate purpose of man. The mystery of life, the mystery of death, the mystery of suffering, and the mystery of pain are more clearly understood when they are seen in the light of the basic truths of the Christian faith which is expounded here: with the one and trine God, with the Easter mystery, with the Spirit and the Church. In this way we come to the simple expositions of absolute and universal truth which revelation offers us, and in this way we can gradually advance in the presentation of a pastoral care in health which answers every time ever more to the deepest and most troubled questions posed by contemporary man.

In the health and health care field many spaces are now opening up which previously were not known about – in the field of bioethics, in that of tanatology, in that of human rights, in that of economics, in that of sociology, and so forth. In relation to all these fields we need moral theology because it is precisely this discipline which helps us to meet the challenges which are now before us and to which we must respond. In this way, philosophy must always be present in our endeavours and initiatives in order for us to adapt the message of faith to daily life and to expound it as a kerygma and catechesis of life and its ultimate meaning. In all these parts of theology, faith will stimulate reason to investigate new horizons and provide us with new answers – those answers which in springing from reason can be criticised according to the virtuality of reason so that they do not lead us to conclusions which contradict the postulates from which reason has advanced, or rather which stimulate it to correct principles which are apparently true but which in reality are not. In this way, our answers given today will not be merely the tired repetition of ancient formulas. Instead, they will have the originality and the openness of a truth which becomes discovered in an ever wider fashion.

An authentic philosophy of health will be a mirror of the universal wish for health which is present in our contemporary society. Our culture is a culture of health. This will be reflected in the bases which will be drawn up in this kind of philosophy. When it is led by faith, this philosophy of Christian inspiration will adapt itself in order to achieve dialogue in the field of health and suffering, with non-believers as well, and will open up the path to wider horizons within the realm of faith itself.

A perception of health and illness which engages in a process of self-enclosure because of a mechanistic approach is nothing else but the absurdity of a death enclosed within itself – destruction for destruction. All philosophy, all forms of thought about health and illness which are not open to the Transcendent – whose highest truth is none other than that of Christ who died and rose again – are a deception. This brief paper may be concluded with the fine words with which the encyclical itself concludes: “philosophari in Maria”. In the field of health and health care we invoke Our Lady as “Salus Infirmorum”. She is the health of the infirm because she gives us full health when she gives us her Son. In her fruitful virginity she opens our minds and enables us to understand that from vital nothing the Spirit makes Life come forth in the flesh of the Word of God. May she be our guide so that we can understand at a deeper level pastoral care with regard to life, and pastoral care in health!

His Excellency JAVIER LOZANO BARRAGÁN
Archbishop – Bishop Emeritus of Zacatecas,
President of the Pontifical Council for
Pastoral Assistance to Health Care Workers.

Magisterium

Addresses by
the Holy Father

Christ is the Answer to Human Pain

After celebrating Mass on Sunday, 24 January, at the Hermanos Rodríguez Racetrack in Mexico City, the Holy Father returned to the Apostolic Nunciature. In the evening he went to Adolfo López Mateos Hospital to visit some of the patients and deliver a written Message for all the sick in Mexico.

Dear Brothers and Sisters,

1. As I have done on other Pastoral Visits across the world, on this one, my fourth to Mexico, I also wanted to share with you, dear sick people hospitalized in this centre named after Adolfo López Mateos – and through you with all the other sick of the country – a few moments of prayer and hope. I would like to assure you of my affection and, at the same time, I join in your prayer and that of your loved ones, asking God, through the intercession of the Blessed Virgin of Guadalupe, for fitting health of body and soul, the full identification of your sufferings with those of Christ and the search for reasons which, based on faith, help us to understand the meaning of human suffering.

I feel very close to each one of those suffering, as well as to the doctors and other health-care professionals who offer their selfless service to the sick. I would like my voice to transcend these walls to bring Christ's voice to all the sick and to all health-care workers, and to offer in this way a word of comfort in their illness and of encouragement in the mission of assistance, recalling in particular the *value of suffering within the framework of the Saviour's redemptive work.*

Suffering is one of the mysteries of human life

To be with you, to serve you with love and skill, is not only a humanitarian and social work, but above all an *eminently evangelical* activity, since Christ himself invites us to imitate the Good Samaritan, who, on seeing the suffering man on the wayside, did not "pass by on the other side" but "had compassion and went to him and bound up his wounds ... and took care of him" (Lk 10:32-34). Many pages of the Gospel describe Jesus' meetings with those burdened by various illnesses. Thus St Matthew tells us that Jesus "went about all galilee, teaching in their synagogues and preaching the gospel of the kingdom and healing every disease and every infirmity among the people. So his fame spread throughout all Syria, and they brought him all the sick, those afflicted with various diseases and pains, demoniacs, epileptics, and paralytics, and he healed them" (Mt 4:23-24). When St Peter, following in Christ's footsteps, reached the Beautiful Gate of the temple, he made a lame man walk (cf. Acts 3:2-5), and when rumours of what had happened spread, "they even carried out the sick into the streets, and laid them on beds and pallets, that as Peter came by at least his shadow might fall on some of them" (ibid., 5:15-16).

From the beginning, the Church, moved by the Holy Spirit, has wanted to follow the example of Jesus in this regard, and thus she considers it a duty and a privilege to stay beside the suffering person and to nurture a preferential love for the sick. I therefore wrote in the Apostolic Letter *Salvifici doloris*: "Born of the mystery of Redemption in the Cross of Christ, the Church has to try to meet man in a special way on the path of his suffering. In this meeting man 'becomes the way for the Church', and this way is one of the most important ones" (n. 3).

2. Man is called to joy and to a happy life, but everyday he experiences many forms of pain, and illness is the most frequent and common expression of human suffering. In the face of it we spontaneously wonder: "Why do we suffer? For what do we suffer? What does people's suffering mean? Can physical or moral pain be a positive experience? Each one of us has certainly asked these questions more than once, either from our bed of pain, during convalescence, before undergoing surgery, or whenever we have seen a loved one suffer.

For Christians these are not unanswerable questions. *Suffering is a mystery*, often inscrutable to reason. *It is part of the mystery of the human person*, which is only explained in Jesus Christ, the One who reveals to man his own identity. Only through him will we find the meaning of all that is human. "Suffering", as I wrote in the Apostolic Letter Salvifici doloris, "cannot be transformed and changed by a grace from outside, but from within... However, this interior process does not always follow the same pattern... Christ does not answer directly and he does not answer in the abstract this human questioning about the meaning of suffering. Man hears Christ's saving answer as he himself gradually becomes a sharer in the sufferings of Christ. The answer which comes through this sharing ... is above all a call: 'Follow me!'. Come! *Take part through your suffering in this work of saving the world*, a salvation achieved through my suffering! Through my Cross" (n. 26). This is why, when faced with the enigma of suffering, we Christians can say: "Your will be done, Lord", and repeat with Jesus: "My Father, if it be possible, let this cup pass from me; nevertheless, not as I will, but as you will" (Mt 26:39).

3. Man's greatness and dignity consist in being a child of God and being called to live in intimate union with Christ. This participation in his life brings with it a sharing in his pain. The most innocent of men – the God made man – was the great sufferer who took upon himself the weight of our failings and sins. When he announced to his disciples that the Son of Man had to suffer much, to be crucified and on the third day to rise again, he also warned that anyone who wanted to come after him would have to deny himself, take up his cross each day and follow him (cf. Lk 9:22ff.). Therefore there is a close relationship between Jesus' Cross – a symbol of supreme suffering and the price of our true freedom – and our pains, sufferings, afflictions, hardships and anguish which can weigh on our souls or take root in our bodies. Suffering is transformed and elevated, when in those moments we become aware of God's closeness and solidarity. This is the certainty that gives inner peace and spiritual joy to the person who suffers generously and offers his pain "as a living sacrifice, holy and acceptable to God" (Rom 12:1). The person who suffers in this way is not a burden to others, but by his own suffering contributes to the salvation of all.

With Christ even suffering and death have meaning

Seen in this way, illness and the darker moments of human life acquire a profound dimension, even one of hope. We are never alone before the mystery of suffering: we are with Christ who gives meaning to all life: in moments of peace and joy, as well as in moments of affliction and sorrow. With Christ, everything has meaning, even suffering and death; without him, nothing can be fully explained, not even the legitimate pleasures God has joined to the various moments of human life.

4. The position of sick persons in the world and in the Church is not in any way passive. In this respect, I would like to recall the words which the Synod Father addressed to them at the end of the Seventh Ordinary General Assembly of the Synod of Bishops: "We need you to teach the whole world what love is. We will do everything we can so that you may find your rightful place in the Church and in society" *(Per concilii semitas ad Populum Dei Nuntius*, n. 13; *L'Osservatore Romano* English edition, 2 November 1987, p. 11). As I wrote in my Apostolic Exhortation *Christifideles laici*: "The Lord addresses his call to each and every one. Even the sick are sent forth as labourers into the Lord's vineyard: the weight that wearies the body's members and dissipates the soul's serenity is far from dispensing a person from working in the vineyard. Instead the sick are called to live their human and Christian vocation and to participate in the growth of the kingdom of God in a new and even more valuable manner... Many of the sick can become bearers of the 'joy inspired by the Holy Spirit in much afflictions' (1 Thes 1:6), and be witness to Jesus' Resurrection" (n. 53). In this regard, we should remember that those who live in sickness are not only called to unite their suffering with the Passion of Christ, but to play an active part in the proclamation of the Gospel, bearing witness by their own faith experience to the strength of the new life and happiness that come from encountering the risen Lord (cf. 2 Cor 4:10-11; 1 Pt 4:13; Rom 8:18ff).

Thank you for the prayers you offer for my ministry

With these thoughts, I have wished to inspire in each and every one of you the senti-

ments which enable us to undergo these present trials in a supernatural way, seeing them as an opportunity to discover God among the shadows and doubts and to glimpse the broad horizons that can be seen from the height of our daily crosses.

5. I would like to extend my greetings to all the sick in Mexico, many of whom are following this visit on radio or television; to their relatives, friends and all who help them during these moments of trial; to the medical and health-care staffs, who contribute their knowledge and care to overcoming or at least to lightening them; to the civil authorities concerned with the progress of hospitals and other treatment centres in the various states throughout the country. I would especially like to mention the consecrated persons who live their religious charism in the health-care field, as well as the priests and other pastoral workers who help them find comfort and hope in faith.

I cannot fail to express my gratitude for the prayers and sacrifices so many of you offer for me and my ministry as Pastor of the universal Church.

As I give this Message to Bishop José Lizares Estrada, Auxiliary of Monterrey and President of the Episcopal Commission for the Health-Care Ministry, I again offer you my greetings and my affection in the Lord, and through the intercession of Our Lady of Guadalupe, who said to Bl. Juan Diego, "Am I not your health?", thus revealing herself as the One we Christians call upon with the title "Salus infirmorum", I cordially impart to you my Apostolic Blessing.


BVLLA

ELEVATIONIS, RECOGNITIONIS, OSTENSIONIS, IEPOSITIONIS, TRANSLATIONIS, ET CONSIGNATIONIS SACRI CORPORIS GLORIOSISSIMI APOSTOLI SANCTI BARTHOLOMÆI IN NOVA ECCLESIA, BENEVENTI EIDEM ERECTA, DECRETO SACRI CONCILII PROVINCIALIS SECVNDI ANNO DOMINI MDCXCVIII. MENSE MAIO, PRÆSIDENTE EMIN. CARDINALI VRSINO ARCHIEP. METROPOLITA CVM ALIIS QVATVORDECIM EPISCOPIS COMPROVINCIALIBVS, ALIISQVE INFERIORIBVS ORDINARIIS, NEC NON QVATVOR ABSENTIVM EPISCOPORVM SVFFRAGANEORVM PROCVRATORIBVS; NOVEMQVE EXTERIS EPISCOPIS, SACRAS PRÆDICTAS FVNCTIONES HONESTANTIBVS.

You are the Reflection of the Good Samaritan

The Holy Father spoke to those attending the convention of the National Italian Union for Transporting the Sick to Lourdes and International Shrines (UNITALSI), when he received them on Saturday, 20 February.

Dear Brothers and Sisters,

1. I am pleased to extend an affectionate welcome to all of you who have come to Rome to attend the annual UNITALSI Congress. I extend a particular greeting to your President, Archbishop Alessandro Plotti of Pisa, and I thank him for the cordial words expressing your sentiments of devotion and affection. I also thank him for presenting the objectives of this annual meeting, along with the ideals and goals of your association. Together with him I greet the national chaplain, as well as the directors and those involved in the activities your organization promotes.

I would like to express my satisfaction with your charitable and thoughtful work, which you carry out with discretion and generosity to the benefit of those who are suffering in mind and body. You offer them a special sign of your love by giving them the opportunity to have the profound experience of a pilgrimage to various shrines and places sacred to the Blessed Virgin, and by supporting them in faith and hope when their life is tried by suffering.

The organized assistance network set up in the various Dioceses of Italy testifies to the generosity of the many priests, doctors, nurses, charity workers, stretcher-bearers, guides and volunteers who, by expressing the image of the Good Samaritan in today's world, care for the sick in a material and spiritual way.

2. Dear brothers and sisters, your annual convention is dedicated to reflecting on the "UNITALSI spirit" in relation to the changes and challenges of today's rapidly developing and changing society. They call for a wise search for adequate answers which, by drawing constant nourishment from the Gospel ideal of love, can direct the Union's national activities and imbue them with new enthusiasm. However, the challenges of today's society and your efforts to make timely improvements in your structures must not lead you to abandon the needs and spirit which led to the birth and wonderful development of UNITALSI.

Structures and organizations may change but they cannot alter the spirit and charism of UNITALSI's service. Above all, charity must remain its radiant and vital heart, without which your work would lose its meaning (cf. 1 Cor 13). Fraternal and caring love, nourished daily by prayer, is expressed in making the sick the focus of every effort: it is they who reflect the face of Christ crucified, and in their sufferings we can see the mysterious sign of the Father for the salvation of the world.

3. As the entire Church approaches the Great Jubilee, you are called to accompany the pilgrimage of those who, suffering in body and spirit, are a message of redemption and salvation in the world. On the great journey of God's people, pilgrims of pain and suffering are an allegory of humanity in its search for Christ, "the true light that enlightens every man" (Jn 1:9). As "humble servants of the sick" (cf. *Statutes*), you are entrusted with the task of supporting them in their difficulties and helping them to transform their sufferings into the mysterious presence of salvation.

I hope that what the Spirit suggests in the course of this meeting will give effective direction to your concern and instil a renewed commitment to the service of charity, in which every Christian is called to reveal God's fatherly love.

May you be guided and accompanied by Mary, a devoted pilgrim to Elizabeth's home, where her loving care enabled her cousin to discover the Father's plan.

With these wishes, I cordially impart my Apostolic Blessing to you all.

Love and Solidarity for the Dying

On Saturday, 27 February, the Holy Father received the members of the Pontifical Academy for Life, who were holding their general assembly in the Vatican on the theme "The dignity of the dying". Here is the Holy Father's address.

1. Distinguished Members of the Pontifical Academy for Life, who have come to Rome for your annual general assembly, welcome! As I extend my cordial greetings to each one of you, I thank your President, Prof. Juan de Dios Vial Correa, for his kind words expressing your sentiments. I also greet the Bishops present: Bishop Elio Sgreccia, Vice-President of the Pontifical Academy for Life, and Archbishop Javier Lozano Barragán, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, with which the Pontifical Academy for Life is associated.

A special mention should be made of your unforgettable first President, Prof. Jérôme Lejeune, who left us almost five years ago on 3 April 1994. Foreseeing the growing threats emerging on the horizon, he keenly desired this new institution, almost as his spiritual testament to safeguard human life.

I would like to express my pleasure with all the work of meticulous research and wide-ranging information which the Pontifical Academy for Life has been able to organize and accomplish in its first five years of existence. With the theme you have chosen for your reflection, "*The dignity of the dying*", you intend to shed the light of doctrine and wisdom on a frontier that is new and crucial in many ways. The life of the dying and the seriously ill is exposed to many dangers today, at times expressed in forms of dehumanizing treatment, at others in desregard or neglect, which can even reach the point of euthanasia.

"Culture of well-being" sees no meaning in suffering

2. The phenomenon of abandoning the dying, which is spreading in developed societies, has various causes and many dimensions which you have carefully analyzed.

There is a sociocultural dimension which is known as "concealing death": societies governed by the quest for material well-being see death as meaningless and, in order to eliminate the question it raises, sometimes propose its painless anticipation. The so-called "culture of well-being" often involves an inability to see life's meaning in the situations of suffering and debilitation that accompany human beings as they approach death. This inability is all the worse when it occurs in a humanism closed to the transcendent, and is often expressed as a loss of trust in the value of the human person and life.

Then there is a philosophical and ideological dimension which appeals to man's absolute autonomy, as if he were the author of his own life. In this perspective, the principle of self-determination comes into play, with even suicide and euthanasia being exalted as paradoxical forms of both self-assertion and self-destruction.

There is also a medical and care-giving dimension which is expressed in a tendency to limit the treatment of the seriously ill, who are sent to health-care structures which cannot always provide personalized and humane care. The result is that the hospitalized person often loses contact with his family and is subject to a sort of technological invasiveness that humiliates his dignity.

Lastly, there is the hidden pressure of the so-called "utilitarian ethic", which governs many advanced societies according to the criteria of productivity and efficiency: in this perspective, the seriously ill and the dying who need prolonged specialized treatment feel, in the light of the cost-benefit relationship, that they are a burden and a liability. This mentality prompts people to give less support to the final phase of life.

3. This is the ideological context behind the ever more frequent public opinion campaigns aimed at legalizing euthanasia and assisted suicide. The results already achieved in some countries, with supreme court judgments or parliamentary votes, confirm how widespread certain convictions have become.

A bond of love and solidarity should embrace the dying

It is an indication of how far the culture of death has advanced, which can also be seen in other phenomena which in one way or another are traceable to the lack of respect for human dignity: such as death caused by hunger, violence, war, the lack of traffic control, disregard of safety regulations at work.

In the face of these new manifestations of the culture of death, it is the Church's duty to remain faithful to her love for man, "the primary and fundamental way for the Church" (*Redemptor hominis*, n. 14). Today it is her task to cast on the human face, particularly the face of the dying, the full light of her teaching, the light of reason and faith; it is her duty, as she has done on various crucial occasions, to summon all the forces of the community and of people of good will so that with renewed warmth they will embrace the dying in a bond of love and solidarity.

The Church knows that the moment of death is always accompanied by particularly intense human sentiments: an earthly life is ending; the emotional, generational and social ties that are part of the person's inner self are dissolving; people who are dying and those who assist them are aware of the conflict between hope in immortality and the unknown which troubles even the most enlightened minds. The Church raises her voice so that the dying are not left alone as they prepare to cross the threshold of time to enter eternity.

4. "*The dignity of the dying*" is rooted in the fact that they are created by God and personally called to immortal life. This hope-filled vision transfigures the distruction of our mortal body. "When the perishable puts on the imperishable, and the mortal puts on immortality, then shall come to pass the saying that is written: 'Death is swallowed up in victory'" (1 Cor 15:54; cf. 2 Cor 5:1).

Thus in defending the sacredness of life, even that of the dying, the Church is not in some way absolutizing physical life, but is teaching respect for the true dignity of the person, a creature of God, and is helping him to accept death serenely when his physical powers can no longer be sustained. In the Encyclical *Evangelium vitae* I wrote: "Certainly the life of the body in its earthly state is not an absolute good for the believer, especially as he may be asked to give up his life for a greater good... No one, however, can arbitrarily choose whether to live or die; the absolute master of such a decision is the Creator alone, in whom 'we live and move and have our being' (Acts 17:28)" (n. 47).

From this stems a line of moral conduct towards the seriously ill and dying which is opposed, on the one hand, to euthanasia and suicide (cf. ibid., n. 61) and, on the other, to those forms of "aggressive medical treatment" which do not really maintain the life and dignity of the dying person.

Euthanasia and assisted suicide must be opposed

It is appropriate here to recall the condemnation of euthanasia, understood precisely as "an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering", since it is a "grave violation of the law of God" (ibid., n. 65). The condemnation of suicide should also be borne in mind since "suicide, when viewed objectively, is a gravely immoral act. In fact, it involves the rejection of love of self and the renunciation of the obligation of justice and charity towards one's neighbour, towards the communities to which one belongs, and towards society as a whole. In its deepest reality, suicide represents a rejection of God's absolute sovereignty over life and death" (ibid., n. 66).

5. Our times call for the mobilization of all the forces of Christian charity and human solidarity. Indeed, we must meet the new challenge of the legalization of euthanasia and assisted suicide. To this end it is not enough to oppose this deadly trend in public opinion and parliament, but society and the Church's own structures must also be involved in providing dignified care for the dying.

With this in mind, I willingly encourage those who promote projects and initiatives to help the seriously ill, people with chronic mental disorders and the dying. If necessary, they should work to adapt social structures to the new needs, so that no dying person will be neglected or left to face death alone and helpless. This is the lesson that many saints have left us over the centuries, and recently Mother Teresa of Calcutta with her caring initiatives. Every diocesan and parish community must be taught to look after its elderly, to care for and visit its sick, at home or in special structures, according to need.

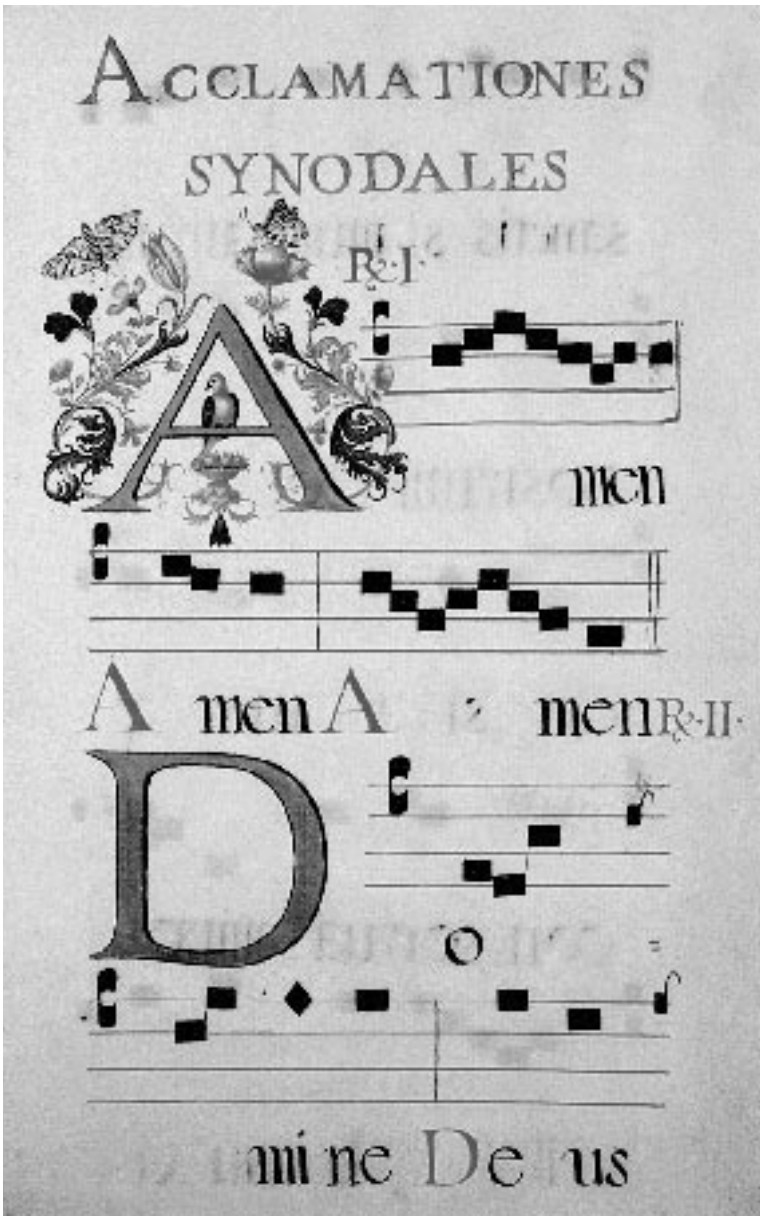
Heightening the awareness of families and hospitals will certainly encourage a more widespread use of "palliative care" for persons who are seriously ill and dying, in order

to alleviate the symptoms of pain and, at the same time, to bring them spiritual comfort through diligent and loving care. New institutions should be established for elderly peopole who are not self-sufficient but alone, and above all an organized network should be promoted for the financial and moral support of home care: families who want to keep a seriously ill person at home must make sacrifices that are sometimes a very heavy burden.

The local Churches and religious congregations have an opportunity to offer a pioneering witness in this field, in the knowledge of what the Lord said about those who devote themselves to aiding the sick: “I was sick and you visited me” (Mt 25:36).

May Mary, the sorrowful Mother who stood by Jesus as he died on the cross, pour out his Spirit on Mother Church and accompany her in the fulfilment of this mission!

My Blessing to everyone.



Topics

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The Health of Women

PAPER BY MONS. JEAN-MARIE MPENDAWATU, OFFICIAL OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, AT THE OPENING OF THE DELIBERATIONS OF THE INTERNATIONAL CONFERENCE ON "WOMEN'S HEALTH ISSUES" WHICH WAS HELD AT THE CATHOLIC UNIVERSITY OF THE SACRED HEART OF ROME FROM 18 TO 22 FEBRUARY 1998.

It is with great pleasure that in the name of His Excellency Mons. Javier Lozano Barragán, the President of the Pontifical Council for Pastoral Assistance to Health Care Workers, I find myself here amongst you this afternoon to inaugurate the deliberations of this conference on the subject of "the health of women" which will involve you being reunited here over the next four days.

The President of the Pontifical Council for Pastoral Assistance to Health Care Workers has entrusted me with the task of communicating to you his regret at the fact that other commitments, connected with his position, have prevented him from participating personally at this assembly, as indeed he would have liked to have done in order to have repeated in your presence the importance of the topic of this conference. This conference is important not only because of the primary relevance of its subject but also because of the co-operation which has taken place with the Institute of Bioethics of the University of the Sacred Heart and the Centre of Clinical Bioethics of Georgetown University, two prestigious institutions which have made a notable contribution in the bioethical field to the scientific community. First of all I would like to thank His Excellency Mons. Elio Sgreccia for his invitation to speak today. My heartfelt thanks are also directed in equal measure towards Prof. Edmund Pellegrino and all his collaborators from Georgetown University for the excellent work which their Centre performs in the field of clinical bioethics.

I would also like to greet Prof. Juan de Dios Vial Correa, the President of the Accademia Pontificia pro Vita, who has secured the patronage of this organisation for this international conference.

There are very many academic, administrative, civil, military and political authorities present here today at this inaugural sitting of our international conference. I would like to greet you all with great cordiality.

I would like to give a special greeting to Prof. Adriano Bausola, the rector of the Catholic University of the Sacred Heart, who welcomes us here today in this prestigious seat of the "Agostino Gemelli" faculty of medicine and surgery which was rebaptised by the Holy Father John Paul II with the name "Vatican III".

Lastly, but not least in terms of importance, I would like to extend a cordial greeting to all the other participants at this conference: political and scientific authorities, researchers, health care professionals, social workers, students and all those others who are interested in various ways in the subjects and issues of this conference and who will carry into the whole world and into the various sectors of social, medical, scientific and political world the message which will emerge from this important encounter.

Next May, to commemorate the fiftieth anniversary of the foundation of the World Health Organisation, the member states of this great international institution will adopt a political declaration and a programmatic document which are concerned with the "new policy and strategy of health for all in the twenty-first century".

Those who over recent years have had the opportunity to follow the preparations for this important document know that amongst those subjects which are at the centre of the new vision of health and health care in the world especial importance is given to that of "the health of women" which finds its basis in so-called "gender-specificity".

In this paper I would like to dwell upon certain medico-health care issues associated with the "health of women" as emerge from the 23,000 (twenty-three thousand) socio-health care institutions of the Catholic Church which are at work throughout the world.

These are the results of a study carried out on the subject which was organised by the Pontifical Council for Pastoral Assistance to Health Care Workers together with the episcopal commissions for pastoral care in health.

The results of our research come from an inquiry carried out on a sample of 107 countries from five continents, two international federations of associations which represent the health care world, and numerous religious orders, and which centred around the "programmes, activity and socio-health care centres which work for the wellbeing of women (from birth to adulthood) and which are in the hands of the Church and public institutions". These results enable us in this prestigious place not only to share useful information which outline the general state of female health in the world but also to reflect together on the possible future application of initiatives which are currently being tested.

Female human resources are a *valuable patrimony for development in the health care field* and in particular in certain specific contexts such as gynaecology, obstetrics, health care education, and human, moral and religious training. This is borne out by the courses of professional training which have been set in motion in many of the countries which are the subjects of our study – courses for health care workers and educators, for nurses and assistant nurses; schools which teach obstetrics; courses of moral, human and religious training for the humanisation of medicine, and the diffusion of the social doctrine of the Church and human rights.

In Africa as in Asia, in Latin America as in Eastern Europe, there is no lack – albeit with different purposes and origins – of *courses in health care education* which seek to spread certain fundamental ideas and notions

about personal, collective and environmental hygiene. Indeed, illnesses and diseases which spring from the poor conditions of hygiene in rural villages in Africa, slums in Asia, and the shanty towns of Latin America are very widespread. These are places where thousands of men, women and children survive, at times by eating refuse and sleeping in hovels of two square metres in size without, water, light or sewerage systems.

Preventive action is thus principally directed towards health care education and the promotion of health. Special attention in this sense is paid to young women because of the particular role which women play within the family, in work both inside and outside the home, in addition to the upbringing and care of children. The initiatives in the sphere of prevention are many in number, such as looking after expectant women, post-birth aid and assistance, pre-, peri- and post-natal consultancy, the promotion of the maternal breastfeeding of children, looking after infants, and the teaching of the use of medicine and curative treatments prepared with natural herbs.

In particular, in order to reduce infant and maternal mortality – which is still very high in some countries – numerous initiatives have been promoted to raise awareness and distribute information at a capillary level about systems of immunisation and vaccination designed to avoid illnesses of a marked level of seriousness (in the countries of Africa, Latin America). The same has been done in relation to initiatives designed to encourage the diffusion of a more suitable education concerning diet and nutrition in order to achieve prevention as regards illnesses caused by intestinal parasite infections in children. Of course in African, Asian and some Latin American countries, given the continuing existence of illnesses such as leprosy, tuberculosis, dysentery, cholera and other endemias, prevention takes place both through massive information and awareness campaigns and through specific prophylactic measures where these are available. In the richest countries, where pockets of poverty are becoming ever larger and more conspicuous, prevention also involves identifying those special conditions of social difficulty and privation whose usual and most vulnerable victims are indeed women and children.

In the countries which are less developed in economic terms, therefore, assistance for women is largely based upon basic health care education directed towards securing a knowledge of certain essential hygiene and health care norms and upon programmes of immunisation to protect women and children from a large number of endemic diseases. But in the more developed countries, where certain conditions of hygiene are seen to be enjoyed by the majority of the population, prevention seeks to specialise in prophylactic terms through diagnostic controls and periodic check-ups.

At the more specific level of *assistance to expectant mothers*, in some of these countries – for example in Germany – in addition to being provided with state of the art medical care, during the period of pregnancy women receive financial grants so that they can gain medical and psychological assistance when this is necessary. Medical support during childbirth is at a very high level and after leaving the hospital the young mother is entitled to receive the help of an obstetrician who follows her condition of health and supports and directs her in her care for her new born child. For mothers who breastfeed their children, regular medical visits for the purposes of prevention and control are also envisaged.

But in discussing assistance to expectant mothers one should not forget all the problems and difficulties of teenage mothers who are young and at times very young, and who have been left alone to deal with the difficult choice of whether the foetus should live or die.

Supported by a large number of movements and voluntary work associations, the Church is fully committed to facing up to this grave disorder of contemporary societies. Action on a broad front is engaged in, which goes from the cultural promotion of a deeper sense of the value and the dignity of life to support for all those women who are in situations of difficulty or who suffer from social problems, and on to specific help for expectant young mothers who are in prison, are drug-addicts, or who live in a state of physical-social indigence.

It is important to emphasise the very significant difference between the countries of the developed world and the so-called non-aligned countries. In the poorest countries which have the highest population growth rates and the highest birth rates (those in Africa and Asia), and where a sacred sense of respect for life finds its roots in the native cultures, teenage mothers are welcomed and supported according to custom by their families. Indeed, in these countries it is very rare to come across family residences or accomodation centres for young mothers. The work of the Church, therefore, is principally directed towards rendering the decision concerning conception wiser and more aware. This is done through the spread of natural methods of conception. It is opportune to remember how in African culture, for example, the idea of some form of birth control even when natural in character is very difficult to put across. In the tradition of Western Africa, which is animist in character, birth and death are a part of the ritual of life. The newly born child is thus seen as a gift thanks to whom the lineage of the ancestors is continued and considered a sign of the continuity of the ancestral line.

In the richest and most economically advanced countries where a capitalistic and consumeristic society reigns, the commitment and endeavours of the Church are directed, in different fashion, principally towards a recovery of the sense of respect for life and above all else of respect for the life of the embryo. The drama which is now taking place in contemporary societies of so-called well-being is demonstrated by the high percentage of abortions due to the priority given, in a legal sense as well, to "*the right of the woman to abort*" over the right of the embryo to reach the correct epilogue to the development of the foetus – life.

And it is specifically in these societies (in North America and Western Europe), which have a demographic index which is characterised by an increasing ageing of the population and birth rates of between 0 and 1%,

that the Church has most difficulty in generating a new sense of respect for life despite the fact that it has been demonstrated, in a scientific sense as well, that *the embryo is already a human life and is a complete human being in all its genetic inheritance*.

In order to provide care, assistance and support (of a psychological character as well) for young women who find themselves in such a condition, help centres and residential homes throughout the world work to offer not only suitable health care services but also advice and suitable training and instruction to prepare them for motherhood. There are also consultors, telephone help centres, and support centres for those who choose to give their child for adoption or into care, and diocesan offices for human development.

In North America for example, as in Canada, the sphere of socio-assistance intervention is very large and at the same time this is where emergencies are most felt. American society, which is a society of development, economic wealth, of the most unchecked form of capitalism, and of the great multinationals, is also a society which is face to face, often in impotent and powerless fashion, with the marginalisation and the lonely suffering of those weakest parts of the population who live in conditions of severe social deprivation. In Canada the social difficulties of women and children is perceived in such urgent terms that there are a large number of initiatives taken in their defence. There are centres and consultors for street girls, for native girls, for girls with psycho-physical, social and spiritual difficulties, for supplying food aid to women who are tramps, for looking after children and women who run the risk of falling into prostitution, and for taking care of drug-addicts or ex-prisoners. Finally, some reflections on two horrible developments which wound our world, the plagues of our century: *AIDS and sexual violence against women and children.*

With regard to the prevention of AIDS and helping its victims, our research has demonstrated that there is a massive commitment on the part of all of the countries which we have consulted to fight against this evil which primarily attacks that part of the young population which is most at risk because of sexual relations or drug addiction. HIV infections have increased everywhere even though in some countries of the African and Asian region this increase has been more intense and more worrying. In this region, too, such infections have been more seen in women between the ages of ten and twenty-nine, in urban areas more than in rural, and with a concomitant increase in sieropositivity during pregnancy. At the *centre of the action of the Church and public health care structures is to be found preventive activity even though different methods are used*.

The local governments of these countries often promote massive information campaigns and advise the use of contraceptives which are to be found on the market. *The Church, on the other hand, is dedicated to an action of the moral training of young people*.

In addition to providing scientific information on the ways in which the virus is transmitted, there is an attempt to communicate a different way of approaching other people, which is more responsible towards, and respectful of, the life of others – a new way of living and experiencing the affective world of the couple.

The support and services offered at a socio-health care level for AIDS victims and their families are present everywhere even though in some areas they are not sufficient in number. What, however, offers comfort is the fact that Christian communities recognise the need to offer psychological and spiritual support to the families of the sick people as well. These families often live out real human tragedies and cruel experiences made up of social marginalisation.

Our contemporary society lives out the drama of violence and sexual abuse in relation to women and children, abuses which take the form of illegal traffic in children, child prostitution, sexual tourism, and many others. Women, the bodies of women, are today made the objects of a business, a pitiless business which does not spare the most undefended and the weakest of our brethren – children.

The reason for this infamy practised by mankind cannot but be found in an unchecked moral permisiveness linked to an iron logic of profit in the name of an extreme individual freedom which does not halt even before respect for the person. A joint commitment of the Church and of governments is needed not only to guarantee services of care and loving medical treatment to the victims of these abuses, but also to combat the culture of death and violence both with legal weapons and with instruments which educate and form people's consciences. We need to "*rebuild*" man as well.

The special nature of women, their natural dispositions, and the uniqueness of the experience of motherhood, all bestow upon them a sensitivity which in the field of health care is a valuable gift for the future development of health services in the world. Women combine intuition, synthesis, creativity and flexibility with rationality, logic and analysis. In today's woman there takes place an absolutely unique synthesis which is the fruit of self-research, rediscovery and a positive appreciation of her own dignity, of that "*feminine genius*" which would so act to sustain health care in the world.

The contribution of Catholic universities in general and institutes and centres of bioethics in particular will be decisive for the debate which is now underway about the *health of women*. This is a debate, however, which often lacks a real anthropological and moral horizon.

One must not, and one cannot, be frightened about looking for and finding the facts and arguments which sustain life – this service is a mission, it is the preaching of the Good News of Christ.

May our universities, our researchers and our medical doctors be of a level to perform this mission which has been entrusted to them by the Church, and offer a medical-health care service and a service of study and of research of the highest quality which is characterised by an authentic catholicity in the universalist sense of the Gospel and in loyalty to the Magisterium of the Holy Father!

The Brain and the Soul

EXPERIMENTS IN BRAIN SURGERY AND THE RESULTS OF RESEARCH

1. The Fundamental Question

This paper proposes to discuss the objective reality of the soul and the role of the brain. Two main theories now exist: firstly, that the brain belongs to the 'self' and not the other way round – the brain thereby being considered a necessary instrument for the soul,[1] and secondly, the materialist point of view according to which the 'self' is a creation of the brain and the spirit is a physical state. We will attempt to resolve this dilemma by examining the recent disoveries of neural science.

2. What is the Brain?

This question is very important, particularly in neurosurgery, because the results of brain surgery can be directly perceived.

Structure and Function

a) Surgery to relieve pain provides a concrete example of this fact. Such surgery is conducted at the level of the brain or the spinal chord as the 'ultimo ratio' in certain cases of intolerable pain of an organic origin which has failed to respond to treatment. This is of particular interest to us because of the approximately 21,000 brain and medulla operations which were conducted from 1973 to 1993, 2,500 were analgesic in purpose.

The method of surgery on the brain or spinal chord depends on the type of pain from which the patient suffers.

We can:

– disconnect the paths of pain by means of a localised lesion of the nerve pathways and the central nucleus;

– abolish the perception of pain (e.g. by acting upon the morphine receptors);

– modify the way in which pain is felt by the patient (the neighbouring area of psychosurgery). This involves a definitive disconnection by stereotaxy technique of the nerve pathways, particularly in the frontal region, that is to say the connections between the dorso-median nuclei of the thalamus and the frontal-orbital cortex, or the cingulum, anterior capsule, fibres.

These operations have only rarely been conducted since the introduction of neuroleptics and have been carried out mostly in England in cases of serious anxiety, of obsessional neurosis or depression and suicidal tendencies which have proved resistant to other forms of therapy. Such operations can cause the pain, while still being perceived, not to be felt as such and no longer to be expressed through the emotions. In the field of psychosurgery new operating techniques (stereotaxy) make it possible in general for the important changes in the personality of the patient to be avoided – very differently from the classical frontal leucotomy which is no longer practised. My mentor and friend, Professor Aloys Werner,[2] has published an account of a case worthy of interest and which to my knowledge is unique. A bilateral frontal leucotomy cured a patient of a very serious and disabling anxiety neurosis. Extremely pious before the operation, the patient subsequently showed religious indifference, and this is something which disturbed her intellectually without otherwise affecting her.

The Basic Question: What is the Brain? What is its Role?

The brain has a particular, fundamental importance for the character and expression of the personality, a function which cannot be compared to any other organ, not even to that of the heart. A human being who has undergone a heart transplant remains the same person. However, lesions of the brain – due to, or the results of, illness, traumatic injury or maybe even the result of an operation – entail the loss of functions in the cerebral zone which is affected. There are very rare and striking exceptions – some of which I have known personally – of spectacular cures which medicine cannot explain, which do not however invalidate this rule. The integrity of the structures of the central nervous system is necessary to its functions. A precondition certainly, but are these structures also the actual cause of these functions?

3. Materialist Points of View – a Critique

This type of interpretation postulates that the physical-chemical processes of the brain are alone responsible for all the cerebral functions and the only explanation for the spiritual functions. This opinion is not always expressed in a clear way and indeed is clothed in a subtle fuzziness. I know personally or through my reading the main exponents of this materialist vision – such as, for example, J.P. Changeux, D.C. Denett or G.M. Edelman. But I am bound to state that their arguments are only rarely sufficient.[3, 4, 5, 6] These are based upon the application of pressure upon the potential precursors on the surface of the skull in the frontal parietal regions, but the initial phase of this process is probably only a manifestation due to the recording equipment.[4] In comparison,

the writings of John C. Eccles are based on results obtained by the most modern methods of neurophysiology (direct evidence from the individual, nerve cells tomography through the emission of positrons, Xenon techniques, among others), and these are results which lead to quite different conclusions.[5] Occasionally there are even attempts to place the brain on an equal footing with a universal computer (the 'Turing machine'). The differences between the two approaches, however, are irreconcilable.

The Brain and the Computer – How they Differ

a) Complexity: each human brain comprises around 100 billion nerve cells linked by several thousand connections (synapses). The number of these connections can be estimated at around a million billion.

Nevertheless it is true that the unimaginable complexity of the brain is not sufficient on its own to distinguish it from a computer. However, I would like to remark on this subject that the brain of an insect by far surpasses the most powerful computer with regard, for example, to the problems of interaction between the individual and the environment.

b) fundamental differences:

– Plasticity: modifications to the neuronic connections, for example during the learning or regeneration process. The development of computers endowed with a certain plasticity is not wholly out of the question in the future although as yet such attempts have been unsuccessful.

However, unlike the brain the computer will never be able to engender or provide material for the emotions, abstractions, or subjective consciousness, and this is the decisive principle difference between the two. It is also the 'Achilles heel' of the materialists who carefully avoid discussion of subjective consciousness which is materially neither explicable nor even perceivable.

Modern neural science demonstrates that the superior mammals possess highly evolved cerebral functions such as a certain degree of intelligence marked by a capacity for abstraction, in addition to feelings such as affection, fear, joy, sadness, faithfulness and the perception of pain. These animals have a consciousness which, as far as one can judge, is not of the same order as the consciousness of self which is possessed by man: '*Cogito, ergo sum*' – 'I think, therefore I am', declared Descartes.

This 'self-consciousness' is the highest level of subjective consciousness; it signifies, *inter alia*, that a human being not only thinks, but knows that he thinks. When Professor Cuenod, director of the Institute of Research on the Brain at the University of Zurich, was asked in 1994 what the attitude of neuroscience was on the question of self-consciousness, he replied that 'a purely scientific explanation does not exist'.[7] This opinion is also valid for other spiritual concepts, such as value judgements, moral and ethical dimensions (good – bad), and the capacity of free self-determination. Eccles himself wrote on this subject in 1989: 'All spiritual aspects of human nature will forever be beyond a scientific explanation'.[8]

4. Dualist Interaction (DI): the Foundations of the Concept

The concept of 'dualist interaction' postulates that the brain and the soul are two autonomous realities which interact. The concept was proposed by John C. Eccles (1903-1997) (1, 5, 8). And his pioneering work was subsequently rewarded by the award of the Nobel prize.

At our current stage of knowledge there are two arguments which support the idea of DI:

a) their congruence with the results of experimental neuroscience, and

b) the support offered by quantum physics.

According to Eccles, the synapses play a major role in the interaction between the brain and the soul. It is at these points of contact that the exchange takes place of signals from one cell to another through the intersynaptic space, through the neurotransmitters which are themselves freed by the vesicles. The possibility that the neurotransmitters could free themselves is extremely unlikely because an external precipitating factor is necessary. Will and intention can increase the slight probability of a neurotransmitter being freed and in a locally targeted way. The propagation of impulses to the organ-target (e.g. through the musculature) leads to the desired effect (e.g. voluntary movement).

Only information would come from the spirit: the target increases the probability, this last concept being a physical dimension without energy or mass. Yet the probability can have consequences at the microcosmic or even microscopic level (for example at a synaptic level), as is shown by the laws of quantum physics. The energy for the process which leads to the target-organ does not come from the spirit but instead is supplied by the body. Even if we have to keep the spirit open to the existence of other possibilities concerning the brain-soul interaction, current knowledge allows the following conclusions:

a) our universe of matter and energy is accessible to a spiritual outlook 'from above' without breaching the laws of physics (e.g. the law of conservation of energy); and

b) the brain and the soul are intimitely linked by their interaction, but at the same time are different entities.

The experiences of Eccles and researchers suggest that our brain is not the cause of superior functions such as consciousness, but simply a necessary instrument for the duration of our temporal-spatial existence. In his work of 1964 'Wie das Selbst sein Gehirn steuert' (How the self commands the brain)(5), Eccles quotes several researchers whose opinions are similar to

his own, figures such as F. Crick, D. Hodgson, R. Penrose, J.R. Searle, R. Sperry, H.P. Stapp, authors who published the greater part of their work in the 1990s.

The Reality of the Soul. Notes on Dualism

The number of authorities who argue for a modified concept of body/soul dualism in neural science is impossible to ignore. As the following examples show, the time when scientists denied the existence of the soul has now definitely passed.

Wilder Penfield (1891-1976), a neurosurgeon who specialised in the surgical treatment of epilepsy and the founder of the Neurological Institute of Montreal, wrote in his journal: 'Perhaps, in many centuries' time, we will come closer to the truth when we understand that we will have to turn away from the complexity of the physiological processes and acknowledge the existence of the soul and of God... a soul has to exist to direct these mechanisms.' And to this effect Penfield quoted Shakespeare '...the brain, the fragile house of the soul'.[9,10,15,22]

J.C.Eccles (1903-1997), a doctor deeply involved in research on the brain, wrote in 1989: 'Each soul is a new divine creation... I cannot conceive of an other possible explanation, neither purely from the genetic viewpoint and its fantastical and improbable lottery, nor from the differentiations resulting from the environment which do not determine individuality but only modify it.[8]

The current debate on dualism is interesting. H.P.Stapp, who recognised the important role of quantum mechanics in neural science, wrote in 1991: 'What is wrong with dualisim, why is it so rejected?'.[11] Japanese researchers came to similar conclusions at the Second International Congress on Brain Death held in Havana in 1996.[12] The discussion on this theme exceeds the boundaries of this paper, but two observations are pertinent: psychophysical unity does not necessarily mean that the body and the soul are the same, while the separation of body and soul at death does not exclude the unity of the earthly being.

It is also interesting to note how many theologians reject the idea even of a moderate concept of body/spirit duality. Many even dispute the existence of a soul or preach ill-founded opinions, such as, for example, that of absolute death: a human being dies *in toto*, so that eternal life is only possible as a new creation, as a result of divine grace. These theologians do not seem to be aware that such ideas are in contradiction with our faith. To quote a passage from the Catechism of the Catholic Church:[13] 'The Church states that each spiritual soul is created directly by God – it is not imparted by the parents – and that it is immortal: it does not disappear when separated from the body at death, but reunites with the body at resurrection'(ch. 366). These statements can be superimposed on those of the texts of the Orthodox Catechism communicated to me by my friends in Russia. The Catholic Catechism has been acknowledged not only by the Orthodox but also by many Protestants.

5. Extreme Medical Situations: Observations and Facts

5.1 Brain Death[14]

This diagnosis has a special meaning concerning the transplant of organs (the heart, liver, pancreas and even the lungs). The essential questions are: does brain death mean the death of the human being? Is the transplant of vital organs acceptable in this situation?

Brain death is equivalent to the irreversible arrest of the most important cerebral fuctions, in particular those of the cerebral cortext. Diagnosis is based on clinical signs clearly defined and, if necessary, on the result of complementary tests (cerebral angiography, electrophysiological examinations, and so forth) as well as on criteria confirming that there are definite lesions (the duration of signs and symptoms, the ruling out, *inter alia*, of poisoning or extreme hypothermia)

Where the diagnosis is correct the state of the patient is beyond doubt. Resuscitation is without doubt no longer possible and to state the contrary would be false. A patient who is brain dead goes into an irretrievable coma. He no longer breathes of his own accord and he shows no reflexes from the cerebral trunk. Any interruption in artificial respiration will necessarily result in cardiac arrest within a few minutes. However, artificial respiration enables the heart of a patient in a state of death to continue beating, and the vital organs are thus still supplied with blood for a limited period. But these functions are in some way disconnected from the organism as a whole. In such a state the coordination, the unifying principle (the soul), is missing.

Is such a patient dead in the metaphysical sense of the word? That is to say: is the soul separated from the body? The question, as Pope Pius XII observed, falls outside medical competence. The Catholic Church still has no official position on this subject, as was communicated to me personally on 19 October 1996.[16] On this question most specialists (among whom are to be found many erudite Catholics) believe that brain death is an insufficient criterion for the death of a human being. One cannot be absolutely certain on this matter because the separation of the body and the soul cannot be resolved empirically.

The Congregation for the Doctrine of Faith of the Catholic Church does not categorically reject organ transplants. The precondition is the consent in the first instance of the patient himself or herself and secondly that of a responsible person close to the patient. In certain circumstances it is even permitted for a person to give his or her own life, when fully aware of what is at stake, to save that of another

human being. Personally, as a Christian and a Catholic, I support transplant medicine as long, however, as the diagnosis of brain death is beyond doubt and that consent has duly been given. If these conditions are respected precisely it is not, in my opinion, acceptable to compare the transplanting of organs with the practice of euthanasia. One is here reminded of the subtle way in which Pope John Paul II deals with this delicate problem by referring to it as the 'tragic dilemma'.[17]

5.2 Clinical Death

It is essential to distinguish between brain death, where recovery is beyond hope, and clinical death taken in a more general sense, as for example in the case of cardiac arrest resuscitation at the time of a myocardium heart attack following temporary cessation of the respiratory and cerebral functions. The resuscitation of the patient can be successful if conducted extremely quickly. To summarise: in the event of brain death the heart continues to beat but resuscitation will be in vain; in the event of clinical death the temporary arrest of the heart does not rule out successful resuscitation.

Example: Cardiac arrest during an operation on the hypothalamus

A sudden cardiac arrest is a rare complication which can occur during operations on the hypothalamus, the control system located in the upper part of the cerebral trunk, which is of great importance for consciousness and behaviour as well as for hormonal and vegetative regulation. Of the 3,100 patients on whom we have operated in the last twenty years suffering from tumours of the central nervous system, 18% of tumours were located in this area. The majority were adenoma of the hypophysis (58%) and meninges (28%), in other words benign tumours. The majority of adenoma can be dealt with by means of a nasal tube, while a transcranial access at the base of the cranium on the right side is necessary for the meninges and most craniopharyngiomes. Current microsurgery techniques make it possible in the majority of cases to remove the tumors without complication, even if not all risk attending the operation can be excluded. Thus two patients between 9 and 12 years of age suffered cardiac arrest during the removal of a craniopharyngiome as a result of a spasm of small arteries from the C4 part of the internal carotid artery which had become joined to the surface of the tumor. These centres of cardiovascular control are located in the rear part of the hypothalamus supplied by these arteries. In both cases resuscitation was conducted, successfully, with cardiac massage lasting 20 minutes in one case, 40 minutes in the other. Today, 12 and 16 years later, these patients continue to enjoy good health.[22]

Patients who have experienced such events sometimes talk of 'near death' phenomena.

5.3 Near Death Experiences: Interpretation and Meaning[6]

People near death have reported such phenomena, for example patients who have been resuscitated following a cardiac arrest. The existence of NDE has been recognised since the beginning of time, and numerous recent reports

and publications exist on this subject. The sensations of joy have already been described, encounters with beings resembling angels or deceased relatives, or terrifying creatures unable to separate themselves from their material bonds. Certain cases are particularly striking: the patient spoke of having experienced a realm of knowledge containing those who existed in the past, present and also the future.

Such accounts should always form the subject of a critical analysis: the well-known review 'The Lancet' has published an excellent study on this subject,[18] documenting the cases of 28 patients who had suffered an arrest of the most important cerebral functions. The phenomena described were of a quite extraordinary nature, and impossible to account for in purely neurophysiological and neuropathological terms. The authors conceded the possibility of a 'transcendental interpretation'. We would point out that, in general, scientific attempts at explanation (lack of oxygen, endorphines etc.) are insufficient in the majority of cases.

The same also applies to another form of NDE: out of body phenomena. A senior doctor of my acquaintance, also a professor at the University of Zurich, told us of an example which he himself had witnessed. I knew of another case, that of a Catholic priest, who, following a cardio-respiratory arrest related to a myocardium infart, and while in a deep coma, was able to observe the doctors and nurses attempting to resuscitate his body from above, and later recounted the scene accurately. An interesting feature of this case lies in the fact that the patient perceived the scene visually and was delighted to do so as he had been blind for several decades. We should emphasise that the possibility of hallucinations can be ruled out here with absolute certainty; although in a sense incomprehensible it was indeed reality which the patient witnessed. Hallucinations are sensory illusions without a real object, as for example in the 'phe-

nomenon of the double' in cases of lesions of the brain in the parietal and temporal regions.[19]

What do NDE mean and what conclusions can we draw? NDE are signs of the existence of higher spiritual functions independent of cerebral activity as well as perceivable reality beyond normal sensory perception.

Does an individual consciousness life exist after death? Near death experiences support this view. We should, however, remember that the individuals concerned were only in a near death state, which precludes any hasty conclusion as to the afterlife. Such NDE allow us to state the following: if there exists a conscious 'element' in a human being, capable of operating in a largely autonomous way in relation to the brain during life, one can suppose that this 'element' is in some way able to continue to exist after death.

NDE do not provide evidence as to the type of life possible after death, even if the patient reports encounters with deceased parents or angels or even the preservation of acquired knowledge. Personally, I am convinced that eternal life is connected with the earthly life, which is certainly different but analogous ('Analogia Entis'). Neither should we forget the words of the New Testament: 'For the eye hath not seen nor the ear heard..'(Cor. 2,9).

6. Science and Christian Revelation – Faith and Knowledge

Finally – and this is a definitive conclusion – neither theology nor philosophy nor science can replace the Christian revelation in its universality (the Bible and tradition). As far as the New Testament is concerned, I think it it is pertinent to ponder those passages which have specific existential consequences for man, which are also comprehensible to children, without engaging in relativisation or the need for interpretation. The promise which Jesus made to the thief comes to mind: 'Truly, I say unto thee, this day shalt thou be in paradise with me' (Luke 23: 42 – 43).

The interpretation of the Holy Scriptures is a case in point. In the Catholic Church interpretation comes under the guidance of the Congregation for the Doctrine of the Faith. There are, however, theologians who call into question the relevant bases (e.g. the reality of Christ's resurrection) through a process of 'demythologisation', which was propagated principally by the theologian R. Bultmann and subsequently by his followers. This approach is today scarcely defendable, and this for the following reasons:

a) Bultmann was wrong in thinking that the New Testament was written long after the death of Christ. In the opinion of current experts the Gospels should be considered as historical documents which were written within 70 years of the death of Jesus. These experts base their arguments on the discovery of two papyri mentioning some fragments from the Gospel of St. Mark, which were found in the seventh cave of Qumran, as well as a codex from the Gospel of St. Matthew, which can likewise be dated to a period earlier than 70 years after Jesus by employing paleographic methods.[20]

b) Bultmann also thought that in our scientific age it was no longer possible to believe in the miracles of Christ as related in the New Testament.

He considered them rather as myths, and thought that the Resurrection was a symbol without any real foundation. In this he was also mistaken. Even today we see examples of medical cures which will forever defy explanation and which can be regarded by theologians as miracles. To these can also be added the findings of quantum physics, according to which, in the current view, the material world is open to transcendental reality.[21]

We should consider scientific research as an absorbing and rewarding pursuit but on the condition that it respects ethical constraints and the limits of possible conclusions. Faith and science are necessarily complementary and in no way exclude one another. Both, indeed, are based on objective truths and realities.[22]

From the point of view of the theory of knowledge, it is faith which takes first place. In each branch of science, even in the realm of high mathematics, there are ultimate hypotheses (axioms) which are neither directly demonstrable, nor evident, but which instead must be accepted as the bases for research. We do not seek, thereby, to deny the importance either of reason or of science but rather to point out how both have been overestimated, as indeed was the case during the period of the Enlightenment.

As regards the existential meaning of faith, my Viennese teacher, Professor Viktor Frankl (1905-1997) wrote in his book 'Logotherapyie and Existenzanalyse' (Logotherapy and the Analysis of Existence): 'What is faith if not the definitive and existential knowledge of a person?'.[23]

Personal examples are in my opinion particularly convincing. In May 1997 Sir John Eccles, the great expert who received the Nobel Prize, the illustrious researcher of the brain, died in Tessine in his adopted country. On his death the parish paper of Tenero-Contra published the following message: 'Thank you, Sir John, for having countered those scientific positivist theories which reject the

immortality of the human soul and consider it their duty to prove that God does not exist. Thank you for having confirmed on numerous occasions and without hesitation that science is not incompatible with faith in God.'

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Testimony

A New Way of Accompanying the Dying

A Priest for Hospitality

The Holy See - at the Heart of the International Committee of Military Medicine

A New Way of Accompanying the Dying: the 'Franziskus-Hospiz" in Hochdahl

Hospice: A Word which Provokes Hope

For about fifteen years the word "hospice", more than any other notion, has generated the hope in those individuals or their families who turn to it that the end of life will be accompanied by tender care, personalised attention, a substantial alleviation of suffering, a sound approach to death, and the consoling accompanying of those who subsequently find themselves in a state of mourning.

Today People no Longer die in their Homes

The positive reception of this word is also a sign that today, in our industrialised society, this hope finds an echo in only a narrow field. At the present time in Germany over 85% of people die in a clinic, a hospital or in a rest home for elderly people, often without the presence of their nearest relatives. The experience of death in the family context becomes increasingly rare although death is increasingly present in the mass media. These and other factors have provoked a notable change in how people prepare for the end of their lives. For many men and for many women dying is no longer a stage of living but is seen as something which has no meaning. The Christian faith about the death and resurrection of Jesus Christ in the personal life of every individual often loses its importance. We find, for example, expressions of this transformation in discussions about active euthanasia or in the changes in mentality in relation to funerals.

A New Approach to Death and Funerals

However, another approach is also gaining ground – the movement in favour of hospices. Originally this movement was born in the United States of America and in Great Britain. This movement has since made increasing progress in Germany because of the demand for such a service. The aim of this movement is to combat the "dedomestication" of death, to break the taboo of death, and to encourage and develop a far richer culture of mourning.

In 1996 there were over 180 institutions or associations in Germany working in favour of hospices (groups of people who work in favour of hospices). In about 270 groups the aim is to help dying at home through the provision of home assistance, and in about 30 hospices people are helped who need a special and more immediate form of being accompanied.

The Position of the Church in Germany

At the beginning the position of the Catholic Church towards hospice organisations was one of caution because their goals were not always clear and identifiable. In 1991, however, with its declaration "dying a death worthy of man and dying in a Christian way", the German Episcopal Conference began to express a radical appreciation of this movement. At the same time the Pastoral Commission of the same Episcopal Conference with its declaration "the hospice movement – profile of a process of help from a Catholic perspective" provided a series of criteria to be applied to the activities of the hospices which were in line with a Christian approach. These stances were brought to fruition in 1996 with the ecumenical declaration entitled: "surrounding death with life".

The "Franziskus-Hospiz": A Model

The "Franziskus-Hospiz, which is situated in Erkrath near Dusseldorf, is a model for the transformation of the concept of the hospice in line with the principles of Christian traditions and values. Those principles will now be briefly outlined in this paper.

A newspaper article on a hospice set up in Recklinghausen in 1987 drew the attention of the Christian members of the Catholic and Evangelical parish communities of Erkrath. They met in order to launch the idea of creating a hospice in their area. Starting in 1988 their numbers became sufficiently large to establish an association named "Franziskus Hospiz e.v. Hochdal". This group soon obtained the support of the high authorities of the female Franciscans of Waldbreitbach who (like many other religious communities) wanted to reconsider their ancient tradition of hospice-style service within the framework of the movement in favour of the renewal of hospitals. In autumn 1999 the female Fransciscans thus decided to take part in the creation of a home-based hospice for pensioners and half-pensioners. And in the same year they began to organise training sessions to explain to people the problems connected with death and mourning and to make them more aware of the needs and requirements of hospice work and service.

Home-Based Hospices

Beginning in 1989 the home-based hospice was established and set in motion where care was provided to people in their homes – something which is of primary importance for hospice activity and which aims at allowing

people who are terminally ill to die in their homes. The sick people have all the forms of care and treatment which are available, in addition to being accompanied in a human way, and all this takes place with full respect for their freedom and their rights. Even those who are near to them benefit from help and care and are assisted when this is necessary.

The Hospice Centre

Some sick people do not have the possibility of dying at home, either for personal reasons or because of medical considerations. They need to be accompanied in a regular and stable way. In order to create a centre of such a kind the female Franciscans of Waldbreitbach, the female Fransciscans of the Holy Family of Mayen, and the German branch of the Cammillian Order of Essen established a public limited liability company at the end of 1990. At the same time a contract with an existing company was also drawn up. At the end of 1992 the building work for a hospice was begun and this was completed with the opening of the hospice in 1995. In 1996 forty-five people were accepted into the hospiace and they subsequently spent forty days in the centre. Forty of them died there.

The Christian Ideal

The "Franziskus-Hospiz" in Hochdal gives express importance to its Christian traditions and does not see itself as being philosophically neutral. However, it respects the personal beliefs and attitudes of those who work there and of those who ask to be helped. Employing criteria expressed by the German bishops with regard to the question of hospices, the "Franziskus-Hospiz" declares that it is open to everybody independently of "family, race, origins, nationality, language, religion, political beliefs, and income. The criteria for admission are based upon the seriousness of the illness of the person concerned and the degree to which there is room for admission". The programme also lays down that the centre does not make use of special instruments by which to shorten or lengthen life but provides normal care and treatment to reduce pain and alleviate the effects of the illness.

Voluntary Assistants and Professional Staff

In order to accompany the terminal ill in their homes or in the centre a large number of professional and voluntary assistants are needed. The professional workers come first and foremost from the professional sector of medicine, from psychology, from pedagogics, from the social services, and from chaplaincies. The economic management of the centre and the upkeep of the gardens is also in their overall hands. In close co-operation with the elderly people who are still active, these workers at the centre work to ensure that the member of the hospice draws near to death with his wishes in relation to his body, soul, spirit and social life being fully met. In order to perform this major service both the voluntary workers and the active staff need suitable training and permanent support. The Franziskus-Hopsiz organised a programme to achieve these ends and has since enriched it further with other kinds of hospice-based initiatives.

Bearing Witness to Life and Faith

In addition to technical skills and expertise those who work in the centre must also be able to bear personal witness to faith and life when an opportunity to do this presents itself while they are accompanying the terminally ill. Indeed, such people can only guarantee the performance of their service and their profession by responding to a profound appeal – that addressed to them by God. For this reason the spiritual accompanying of, and support for, those who work in the hospice and the terminally ill plays an important and by no means negligible part in the life of the hospice. One place in particular, the "Raum der Stille" (room of silence), allows people to withdraw and to pray and reflect. In this room there is a book where all the names of all those who have died in the hospice are written down.

The Sacraments: the Medicine of God

It is clear that the hospice offers liturgical services and links with the local parish in order to achieve spiritual assistance. But in this field it is primarily concerned with the administration of the sacraments because from a Catholic point of view a hospice must have ecclesial assistance. In this sense the anointing of the sick, a sign that God himself descends upon the sick, expresses the link between man and God; the sacrament of penitence leads the terminally ill person to embrace the reconciliation with God which God himself proposes; and the eucharist, which is the closest link with the Lord, can strengthen the sick person on the path towards the moment of the journey towards eternal life.

Care for the Dead

At the Franziskus-Hospiz in Hochdalk there is a special place for saying goodbye to the deceased, and this is situated near the oratory. Respect for the human body, which is the temple of the Holy Spirit, goes beyond death. The daily practice of the hospice also bears witness to how important it is that death leaves the house from the same door from which it came in. Indeed, an explicit adieu is celebrated in the entrance hall.

In the home-based hospice, as in the centre itself, care and concern is not directed solely towards the terminally ill – it is also addressed to their families. A large number of the relationships between those who work in the hospice and the families and friends of the dying are not interrupted when the death of the terminally ill takes place. Those who are in a state of mourning are still accompanied for a long time when this is asked for.

Hospice Work: Hope in the Life Hereafter

Hospice activity as it is carried out at the Franziskus-Hopsiz (which, however, has only been partly outlined in this paper) "displays in an exemplary way how the communication of the Good News, the celebration of the sacraments, and the care and treatment directed towards achieving the physical, mental and social well-being of man, are closely co-ordinated. When it is possible to assist people during the last stage of their lives thanks to the various voluntary or professional services within the framework of hospice activity, it is also possible to communicate hope in a life which lies beyond death to these people" (Declaration of the Pastoral Commission: "the hospice movements – profile of a charitable itinerary from a Catholic point of view").

GREGOR SPIEß

Notes

* Further information about the Franziskus-Hospiz can be asked for from the following address: Franziskus-Hospiz Hochdal, Hospizzentrum, Trills 27, D-40699 Ekrath.

The documents published by the German Episcopal Conference can be requested from the: Sekretariat der Deutschen Bischofskonferenz, Kaiserstrasse 163, D-53113 Bonn.

It is possible to obtain information about the activity and work of hospices from those in charge of the "spes viva" project. Material on this project can be requested from: Katholischen Krankenhausverband Deutschland, Karlstrasse 40, d-79104 Freiburg i.Br.

Other information about hospice work in Germany will be provided by: Gregor Spieß, Pastoral Centre of the German Episcopal Conference, Kaiserstrasse 163, D-53113 Bonn.

A Priest for Hospitality

HOMILY BY FRA. PASCUAL PILES, SUPERIOR GENERAL OF THE ORDER OF ST. JOHN OF GOD TO COMMEMORATE THE TWENTY-FIFTH ANNIVERSARY OF HIS PRIESTHOOD, ISOLA TIBERINA, ROME, 2 MAY 1999

We are celebrating this Mass of Thanksgiving to the Lord for the 25 years of my priesthood under the title of hospitality in our dear and loved Order of St. John of God.

A thank you very much to all the brothers, to the co-workers of the Order and especially of the Tiber Island, to the patients of the hospital who are participating in this celebration and to all my friends. To those present, and those absent, I am most grateful for your prayers, your friendship, your support – all of which have helped me to be a hospitaller priest.

The Word of God to which we have just listened is from the Acts of the Apostles and presents the institution of the diaconate for the community, as basically for service, and it has always been our interpretation that deacons were made to be hospitality.

The Letter of St. Peter talks to us about how God has chosen to make us living stones for the construction of a spiritual building that I interpret, in our case, to be that of hospitality.

The Gospel reminds us of the eschatalogical dimension of our life and indicates to us thai Christ is the way, the truth and the life for each one of us, in spite of the fact that we can meet difficulties as did the apostles Thomas and Philip who did not come to understand the whole meaning of the being of Jesus.

We receive all of this message today in the celebration of my 25 years of priesthood. Anniversaries cause us to remember our history. Especially if, like today's anniversary, they mark milestones in our life because they constitute important periods. I have reflected many times in these days on my vocation as a brother of St. John of God called in the Order to be a priest. I have reflected on the service that I have carried out in the Order as a former of new generations, as a animator and leader both of the Province and the Order, as a priest in the ministry.

I would like, in these few moments, to say something about three elements that I consider basic in my vocation:

The first is *suffering*. My vocation is the fruit of a call from God that I received in adolescence although I did not recognise it clearly then. What brought about my decision to respond was an illness that I had and in which I saw clearly that the Lord was calling me. I saw that He was calling me to serve the sick and I understood that I should do so as a Brother of St. John of God. From then until now the sight of suffering has proved to be a great motivator of my actions.

I had certain experiences during my three years at Carabanchel (Madrid) with young adults who were epileptics and disturbed. Many of you have been in Centres that are similar or even the same. I remember wonderful times lived in the service of these persons, carrying out a catechesis that was accommodated to their intellectual capacity and also arranging celebrations that harmonised with their special identity. I remember well, at one of the first communions that we prepared each year, how the parents of an epileptic boy were very moved and motivated to change their lives for Jesus Christ by faith and membership of the Church.

I have pleasing memories of my pastoral life with the mentally ill at Sant Boi de Llobregat. I worked a lot with the therapeutic community, guided by the principle that we who were offering mental health to others had to work on our own mental health. I remember my work with anguished depressed persons to whom, for reasons of humanity and faith, I tried to communicate the sense of the life that Jesus Christ brings to us. I remember my celebrations of the Eucharist and of the other sacraments adapted to their reality. I remember my work for the project of pastoral care in the institution, and for the formation of the pastoral care team.

It makes me happy to recall the contribution that I was able to make in my time as Provincial to the life of the children's hospital of Barcelona. I was very near to the oncology service where, between the hospitalised children and those who were out-patients, I followed more than one hundred patients. I accompanied them and their families in the processes of illness and death. It was not easy. I remember the death of Armando when one day after I had become General I passed through Barcelona and had the opportunity of being at his side, speaking to him and accompanying as he began his journey to the house of the Father.

Due to my responsibilities, I have not continued to be in such close contact with suffering here in this hospital. I chose to be associated with the group of volunteers in the previous sessennium. I have followed certain patients for various reasons, and that, as it does for all of us, brought me to a better understanding of the mystery of suffering and led me to try, especially in cases where there is not much hope, to open those persons to the eschatalogical dimension of life with a word or with silence, or with a gesture or with personal prayer. I remember, even though ten years have now passed since then, how we spoke to Father Gabriel Russotto of the proximity of his death and the very edifying response he gave us, welcoming the sacrament of the Anointing of the Sick.

I have maintained contact with suffering in my service to the Order as General. In my particular case, the fact of being a priest allows me to draw people to Jesus our Saviour in

the celebration of the sacraments and to bring them the comfort of humanity and faith.

My 25 years of ministry have helped me to understand that suffering is a sacrament and that God reveals Himself through it. Also, in moments of my personal life and in the lives of others, suffering has caused me to ask my questions. Suffering, which in such situations is only partly understood, brings many to doubt the goodness of God. However, times of pain can, in fact, bring us to a forceful proclamation of the infinite mercy of the Lord that extends itself to all persons.

I give thanks to the Lord for all that He has used to call me to be hospitality as a Brother of St. John of God, I give thanks to God this day for His having called me to be a priest under the title of hospitality. For having made me experience suffering, although I have not had to put up with much of it, and for having given me a vocation that is directed at suffering people in order to heal them or accompany them as their condition worsens.

Like St. John of God, I have spent much time in prayer contemplating the Passion of Jesus in order to understand the suffering of so many people in the light of the mystery of the Passion.

The *second element* that I consider basic in my vocation has been that of the responsibilities that our Order has given me. I was an instructor for nine years and I then dedicated the next twenty-five years to animation and government.

In an Order of Brothers I have tried to ensure that my being a priest has deepened my capacity to be a brother. We have written so many times that the function of the brother is to brother. With all my deficiencies, I have always tried to do that. When one takes on responsibilities one often has to take on making decisions that are not always understood; even if it is necessary to admit that we sometimes did not judge rightly. However in that process I have always tried to be a brother.

This has led to me to cultivate in myself a closeness to people. I have never sought to fulfill my ministry by moving away from reality. These basic, universal, objective principles have enlightened me and have helped me to shed light on the situation of others; I have tried to be open and ready to listen. I think that in my life I have done a lot of listening. I take great satisfaction in the number of people who have opened themselves confidently to me.

In my role as an instructor I had to accompany, guided by the human sciences and faith, the vocational process of many candidates. It is a source of satisfaction to me that in the Order there are more than twenty brothers whom I have accompanied in the growth of their vocation. An instructor has to play the double role of being a friend and, at the same time, the one who helps people to grow, to analyze their reality sincerely, introducing them to the spiritual life. I tried to do that in a brotherly way, which is not always easy and, sometimes, not successful.

We have just held a meeting with a group of instructors of the Order. Once again we talked to them about the importance of their mission within the Order, of the need to form people well, of the need to be sensible and to have a modern approach in helping the new candidates to grow in their identity of Brothers of St. John of God.

The fact of being an animator, both in my Province in the first years, and later in the General Curia, has allowed me to carry out my ministry with so many people, in so many places, in so many situations. It is difficult for me to be able to tell whether that has been as brother or as priest. I am happy to find myself with that difficulty because I have always wanted to be a priest brother.

I have done a lot! I could be considered a dynamic person but I don't know whether I am a particularly hard-working one. Many times I have heard comments from people wondering how I can deal with so many things, how I can keep so many different aspects in my head. I don't know; I consider it to be one of the riches of hospitality; necessary if one wants to be a priest under the title of hospitality.

In my capacity as Superior General I am privileged in my service and dedication to the brothers. I dedicate the greater part of my time to them, in my reflections, in my writings, in my visits. I have received great satisfactions from them. I have tried to understand them always and to light their way as much as I can. I feel that they are well disposed towards me, I know that they ask much of me. Their prayer sustains me and gives me the force of charity. In my prayer I unite myself to all of them and by this means I cross borders and transport myself to them, like I do when I can physically visit them, to ask for them what I sense they need in each one of the places where they are.

I have dedicated part of my time to the co-workers, in my writings and my visits. I cannot imagine the Order today without the co-workers and I make a determined effort so that they are integrated in our institutions and are able to create together with the Brothers an attitude of dialogue and respect, and a John-of-God-like atmosphere.

I could never forget one of the fundamental reasons John of God had for the foundation of his hospital. "May Jesus Christ bring me to the time, and grant me the favour, of having a hospital where I can receive the poor and abandoned mentally ill and serve them as I wish." I have that desire also for everywhere that the Order is present.

I have had numerous contacts with workers, with volunteers, with benefactors, with friends, with the members of the associations, foundations, and fraternities that have enriched my life. I live all these contacts, to a degree that grows all the time, as a possibility of seeing widened my community of brothers, because I also consider myself to be the brother of all those persons.

I have dedicated part of my time to other people and institutions; to the local and universal Church with all that that means; to other religious Congregations, and to those whom we call our sisters because they were founded by our brothers, or because they work in our health or social structures; the many chaplains of our centres

with whom we share the evangelising mission of our vocation, I give thanks to the Lord for all that. I have tried to live my relationship with people and with the institutions in a spirit of renewal. I am a fruit of the post-council period. I entered the Order in 1964 and I did all my formation for the priesthood in a post-concilliar atmosphere.

I give thanks to the Lord for the fresh air that has entered the Church and my life in these times and of which I want to be bearer to the Order in these moments in which we are preparing to begin the Third Millennium with the year 2000, letting myself be guided by the Spirit.

May the Lord give all of us the capacity to fix ourselves not only on the history that we have lived but also on the future that we have to build with all our strength.

My wish is that this become reality and that the Order will be the daughter of the Father of the Poor, John of God, with a great sensitivity for those who suffer, for the sick and for the needy.

It is also my desire that the Order will be son of the John of God who is called the father of the modern hospital. I feel called, therefore, to promote and strengthen a culture of hospitality that encompasses technology and humanisation, a hospitality that is put into effect with both head and heart, that is truly "New Hospitality."

The third element that I want to indicate is the *sacerdotal*. I feel that I have been called to be an agent of the new evangelisation and of the celebration of the faith in our hospitaller communities.

The homily has been a particular dedication of my priestly life. I am not aware of ever having presided over the Eucharist without having thought before about how I would comment on what the Word of God had to communicate. I have done that both for my own dignity and out of respect for the assembly that had to receive, if possible, an adequate application of the Word of God and not improvised ambiguities. I give thanks to the Lord for the capacity that He has given me to be able to express with feeling my reflections, appreciations and life experiences in the homily.

Another aspect has been the ritual. I have had a discreet knowledge of the liturgy. I have been respectful of the norms, feeling myself to be free in their application, trying to dignify the liturgy from the content that the words and the expressions can have.

I have tried to live the celebrations that I preside over like a sacrament in which Christ makes Himself present and as a possibility, both at the personal and community levels, of having a true contact in the faith with Christ, the way, truth and life, whom we celebrate and whom we follow.

Without being pretentious, I identify fully with the celebrative being of John Paul II, who always moves inside the rite with spontaneity, identified with the contents of the celebration.

I am not a theologian. I feel more a shepherd, an apostle, a missionary and I have tried to adapt myself to the circumstances in which I have been called to celebrate, trying to make accessible the message of the salvation of Christ to the members that constitute the assembly over which I have presided.

Let me finish. After communicating all this, you know me. I am not able to do less than admit that defining myself as a priest in a Brothers' Order makes me feel a little unusual. I do not know how the others brother priests of the Order feel. At the same time I am brother and priest. My priesthood has been enriched by being under the title of hospitality and being for those who suffer and by the fact that, in my case, I was asked by the Order to dedicate myself to the formation of the brothers and to their animation and government.

I have thought much in these twenty-five years about Blessed Benedict Menni, already almost a saint, who was ordained in this church under the title of hospitality and who was called on to carry out many tasks; instructor, animator, restorer and founder. I hope God does not call me to be a founder.

Yes, I could say to you that everything has helped me much in the spiritual life. I believe that I have been quite assiduous in prayer, with the desire to always replicate the figure of John of God in my actions.

They have been famous for some time, my phone calls to heaven in which I ask John of God each day for the necessary intuitions to carry forward the projects of the Order.

As John of God lived his vocation, I have wanted to live my vocation of brother priest as a service of love, moved by the force of the charity.

I thank you all.

Thanks to the people who have influenced in my life, some of whom are here today; thanks to those who have been companions of mine in the mission and, so, have helped me to accomplish much of what I have done. I thank you all for being here. In all that, there is ample reason for your accompanying me at this time.

I give thanks to those many persons who allowed me to share their experience of suffering, many of whom are already in the heaven and from there they help me and I know that they wait for us.

I give thanks to my family, especially to my mother, whom I thank for everything they have done to support my ministry. I hope to be able to celebrate with them my gratitude for these 25 years in the month of July.

With these words I have wanted to give testimony of how I have lived the message that the Word gives us today and that I keep deep within my heart, that is to say, the diaconate of my priesthood, how I have tried to be a living stone in the Church and in the society from my being a brother priest, how I have captured the fact that Christ is for me the way, the truth and the life.

It is my desire to continue being a priest, as a Brother of St. John of God, in order to manifest the mercy of the Father, being hospitality, in this year dedicated to him in the preparation to the Jubilee.

I ask heaven's blessing for this, especially from St. John of God, Mary and the newly beatified Padre Pio, uniting ourselves thus with the Church in Italy and the world.

Thank you very much.

The Holy See - at the Heart of the International Committee of Military Medicine

Introduction

In keeping with the mission she received from her Founder, the Church has always understood her vocation in terms of a universal perspective. Down the centuries the Church of Rome has made plain her desire to exercise a presence in the world of international relations and has in this way sought to spread the message of peace and concord which she inherited from her divine Lord, rather than exercising mere temporal power. It is with this in mind that we should understand the following remark by J.B. Onorio from his book on the government of the Church: "(The Church) stands distinct from the State through the special nature of her office and has at her disposal essentially spiritual resources which have no correspondence in nature or civil society".[1]

The sovereignty of the Church, with its strong spiritual connotation[2] together with the parity it enjoys with other sovereign states, is exercised by the supreme authority of the Roman Catholic Church – the Apostolic See of the Bishop of Rome, commonly termed the "Holy See". Its sovereignty has never seriously been a matter of doubt within the international community -not even between 1870 and 1929. In the Concordats signed between the Holy See and Poland (1925) and between the Holy See and Lithuania (1927), even though these were agreed before the Lateran Treaty of 11 February 1929, this was explicitly recognised in their first articles. Since then many international organisations, both governmental and non-governmental in nature, have come into existence and the attitude of the Apostolic See has always been one of wishing to act as a generous partner at the heart of those bodies where its presence can be positive in impact.

The History of the Participation of the Holy See on the International Committee of Medicine and Military Pharmacology

At a reunion of the Association of Military Surgeons of the United States of America held in 1920, Commander W.S.Bainbridge and Surgeon General J. Voncken spoke openly of a project which was to result in the convocation of an International Congress. Their intention was to allow military surgeons to exchange ideas and experiences in the wake of the atrocities of the First World War. The project obtained the necessary support from the Belgian government and the first Congress took place in Brussels, bringing together nearly five hundred military doctors and chemists from allied, associated and neutral countries from the Great War. The Congress discussed not only the treatment of injuries and ailments arising from the new means of destruction employed in the war but also examined the organisation and provision of health services in the different armies. The Congress proved a great success and as a result it was decided to organise further such events in the future and to form a Permanent Standing Committe made up of official delegations from the founding countries – Brasil, Spain, the United States of America, France, Great Britain, Italy, Switzerland and Belgium. The General Secretariat was then established in Liege[4] in Belgium.

The Holy See did not become a member of this organisation until 1949 when Mons. Victor L. Heylen[5] was appointed the first official delegate to the International Committee of Medicine and Military Pharmacy. Mons. Heylen retained this post until his death in 1981. On 24 November of the same year Canon Adolphe Vander Perre[5] was appointed his successor and he is currently still the official representative of the Holy See on this body.[7] The importance of the organisation's activities was confirmed on 21 May 1952 by its official recognition by the World Health Organisation as an international body specialising in medical-military matters. As such, the presence of the Holy See on the International Committee is wholly justified – the organisation constitutes an important instrument for the pursuit of strictly humanitarian goals.

Membership of the Holy See on the International Committee and the Position of the Church

Without entering into details concerning the history of the Apostolic See's membership of international organisations, it is first necessary to explain why the Church continues to wish for an international presence. The impact of the Second Vatican Council[8] cannot be underestimated when it comes to analysing the ecclesiastical life of the second half of the century, not only with regard to the impact of this Council on the internal affairs of the Church but also in relation to the Church's re-

lations with the world. The role of the Church in the modern world was the subject of one of the key documents to emerge from that international assembly of bishops. Entitled *Gaudium et Spes*, its opening sentence reads as follows: "The joys and hopes, sadness and anguish of people today, above all of the poor and of those who suffer, are also the joys and hopes, sadness and anguish of the disciples of Christ, and there is nothing which is truly human which fails to find an echo in their heart" (*Gaudium et Spes*, n. 1).

The document is striking for the emphasis it places on the vital link between the human family and the Christian community. One is reminded of the Roman writer Terence when he wrote: "*Homo sum, humani nil a me alienum puto*".[9]

The universality of the Church's mission in the world was similarly emphasised by the constitution of Vatican II, which has already been mentioned above. It was argued that the Church does not have exclusive relations with any particular culture, but rather that she is capable of entering into dialogue with civilisations throughout the ages. This means that the Church is ideally suited to playing a role in the political community: "the Church, whose mission is for all peoples throughout all the ages and in every part of the world, is not bound exclusively or indissolubly to any race or nation, any style of life, any custom ancient or modern. Always faithful to her own tradition and always conscious of the universality of her mission, she can enter into dialogue with diverse civilisations. The result is enriching both for the Church herself and for the different cultures". (*Gaudium et Spes*, n. 58 ß3)

After the Council, the doctrine of inculturation was developed. The doctrine's essential aim was to position faith within a given community in such a way that it could easily become integrated into the community's customs and mores, without thereby losing its capacity to act as critic.

For the Christian faith to work in harmony with a culture certain priorities need to be taken into account, as the same Council document makes plain: "the Church reminds everyone that culture must be subordinated to the integral development of the person, for the good of the community as well as for mankind as a whole (*Gaudium et Spes*, no. 59 ß1).

The interest shown by the Church in humanitarian initiatives is thus clearly defined. It should also be pointed out that the welfare of the community and/or of humanity will only ever be realised when the integral development of the person is seriously taken into account in every relevant instance.

In order to support this approach more effectively, the Church wishes to maintain a presence (sometimes as a participating member, at other times simply as an observer) in a substantial number of international organisations, as indeed was advocated by the Council Fathers: "Just as Man cannot stand disorder, so it follows that the world, even when not forced to witness the atrocities of war, is still continually plagued by conflict and acts of violence. In order to overcome these evils at an international level and to prevent the outbreak of violence it is indispensable that international institutions develop and affirm their co-operation and co-ordination and that no effort be spared in creating those bodies which can promote peace" (*Gaudium et Spes*, no. 83).

The pursuit of peace would constitute one of the priorities of the Holy See in its international activities, and its work within all these bodies at an international level would be one of the finest and most edifying consequences of this decision.

One of the key domains for the co-ordinated struggle of all men of goodwill for a more just and peaceful society is the world of health. This brings us directly to the organisation which concerns us here – the International Committee of Military Medicine. This Committee is moreover one of the best examples of supranational cooperation designed to improve the living conditions of all the human community, as was expressed in the following terms by the pastoral Constitution: "the institutions of the international community must also, each in their own way, cater for the diverse needs of men as regards their social life (food, health, education, work) so as to contend with the many circumstances which can be remedied here and there" (*Gaudium et Spes*, no. 84 ß2). The Church's enthusiastic desire to participate in the Committee's activities was demonstrated by the dispatch of a permanent delegate: "to encourage and stimulate co-operation between all men, it is absolutely necessary that the Church be a part of the community of nations, as much through her official representation as in her entire and loyal support which is inspired by the sole desire to be of use to all"(*Gaudiam et Spes* n. 89 ß1)

The desire of the Holy See to play a full role in the activities of the International Committee as well as those of the various congresses to have taken place since its acceptance as a member in 1949 is primarily due to the organisation's emphasis upon humanitarian aid. At the last Congress held in Peking in October 1996, several members asked that in the future the humanitarian aspect be complemented by the medico-technical approach, something which was at that time a dominant subject in academic discussions. This is in line with the involvement in recent years of various armies in humanitarian action under the auspices of the United Nations, in the form of the "blue helmets," coming to the aid of civil populations, victims of war atrocities and other such crises. The Church believes she has a

specific contribution to make in this context, considering herself, as she does, to be specially qualified in questions of humanity, in the well-known term employed by Pope Paul VI in his encyclical of 1967, *Populorum Progressio* (n. 13), on justice in the world.

The Function of the Official Delegate of the Holy See

It should firstly be pointed out that there are different types of representatives of the Holy See and that some are members of the diplomatic corps and others are not. They can be broken down in the following way: representatives to States, representatives to international institutions, and lastly representatives to international governmental and non-governmental organisations. The International Committee of Military Medicine, being an international governmental organisation, has as delegates specialists without diplomatic status, which is also the case with regard to the pontifical representative on the Committee. This is clearly stated in the Code of Canonic Law concening the figure of the pontifical legate, who represents the Pope in relation to the local Churches of a certain nation, or in relation to the states and public authorities to which that representative is sent.

The official representative of the Holy See must, like all delegates, foster relations with the International Committee and also with the authorities of the Holy See, particularly the Secretary of State and the Pontifical Council for Pastoral Assistance to Health Care Workers, without forgetting that he must also serve as intermediary between the International Committee and the Holy See. In order to consolidate contacts between these two bodies an agreement was concluded to increase the level of co-operation and to establish more reciprocal publishing arrangements. The present article is the first, albeit very modest, example of this.

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Doctor in Canon Law

Footnotes

[1] J.B. D'ONORIO, *Le Pape et le Gouvernement de l'Eglise*, (Fleurus-Tardy, Paris, 1992), p. 41

[2] My former professor at the Dominican University in Rome, Padre J.M.F. Castano, states in an article: "Las relaciones de la Iglesia noc los entes de derecho internacional – Estados y entes ad instar nationum – tiene como sujeto a toda la Iglesia, aunque, claro esta, tales relaciones se establecen mediante, a travis del aspecto juridco de la misma Iglesia. Queremos decir que la Iglesia completa es el sujeto de derecho internacional, mientras que el aspecto juridco eclesial tiene razon de vehiculo de conexion" ('Nueva perspectiva de la Iglesia como sujeto de Personalidad Internacional', *Angelicum*, 1970/72, p. 155).

[3] A distinction should be made between the Vatican and the Holy See. After 1870 the Church no longer enjoyed temporal support to exercise her spiritual mission and it was only in 1929 by the Lateran Treaty concluded between the Holy See and the Italian state that the sovereignty of the Vatican City was officially recognised by the aforementioned state. For its part, the Holy See is not directly bound to the existence of a specific territory and uniquely represents the supreme authority exercised on the Church of Rome by the Pope and his aides in the different ministries of the Roman Curia, headed by the Secretary of State, whose second section deals with relations with foreign states. The diplomatic corps also comes under the auspices of the Holy See as the Vatican City does not maintain diplomatic relations with the subjects of international law. It should be observed in passing that most states currently enjoy relations at a diplomatic level with the Holy See or are desirous of doing so. Finally, reference should be made to Prof. P.Ciprotti, who writes: "by now ascendant thinking recognises that the Holy See has sovereignty in the international field, and indeed sees the international presence of the Catholic Church expressed in the Holy See, something which is quite separate from the territorial soverignty of the Holy See over the Vatican City". (P.Ciprotti, 'Funzione, figura e valore della Santa Sede', *Concilium* (IT) 1970/6, p. 86).

[4] The information concerning the origins of the International Committee has been taken from a *Notice Historique* supplied by the same organisation.

[5] Ordinary professor at the Faculty of Theology of Louvain (1906-1981).

[6] Professor emeritus at the Faculty of Theology of Louvain – la Neuve and the former President of the College for Latin America (COPAL) and Louvain.

[7] Until now the official delegate of the Holy See has always been a Belgian churchman, given that the General Secretariat of the organisation is situated in Liege, in Belgium.

[8] This Council, held from 1962 to 1965, was the 21st Ecumenical Council, relating to the entire Church.

[9] *Deuteronomy* 77.

[10] One should bear in mind, however,the following extract relating to this subject from the *Constitution sur l'Eglise dans le monde de ce temps*: "in their particular fields the political community and the Church are independent from each other and autonomous. But both, although in different ways, are at the service of the personal and social vocation of the same people (*Gaudium et Spes* 76 ß3).

[11] The Church's interest in suffering is the product of a precise understanding of the person and his or her destiny. Medicine and therapeutic care do not concern themselves solely with the good and health of the body but also with the person as a whole. Illness and suffering do not only affect the person in a physical sense, but in his or her entirety, in his/her physical/spiritual wholeness (cf. Jean-Paul II, Motu Proprio *Dolentium Hominum*, 11 February 1985, n.2).

[12] The Code of Canon Law, Canon 363 ß1- 2. (In this case this relates only to the Latin Church, given that the Code of Canons of the Eastern Churches does not speak of this matter, which implies a tacit reference to the Latin Code.) The pontifical document entitled *Sollicitudo Omnium Ecclesiarum* (1969) of Pope Paul VI only states the rules for the first category, particularly the legates (apostolic nunciates and delegates) and their aides.

[13] It is the Second section which refers *inter alia* to the task of representing the Holy See at International bodies and Congresses on questions of a public character. It is this section in particular which pertains to the nomination of delegates (or observers) at those international organisations where the Holy See would like to have a presence (cf. Apostolic Constitution Pastor Bonus, art. 46).

[14] This ministry – founded in 1985 by the present Pope as a simple Commission dependent on the Pontifical Council of Lay Persons, but since the last reform of the Roman Curia an autonomous body within the overall government of the Holy See – demonstrates the care and concern of the Church for the sick by supporting the provision of services designed to help the sick and suffering to ensure that the apostolate of compassion is always to respond more effectively to new needs. It follows closely those developments in both the legislative and scientific fields which concern health (cf. Apostolic Constitution "Pastor Bonus", art. 152-153). In 1995 the Council published a Charter for Health Care Workers which dealt with moral questions concerning procreation (1st part), life (2nd part) and death (3rd part). It should be thought of as a moral vademecum on bioethics in general.

[15] For the Holy See this means the review *Dolentium Hominum* which is published by the Pontifical Council for Pastoral Assistance to Health Care Workers, while the International Committee for its part publishes the *Revue Internationale des Services de Santi des Forces Armies*.

Activity of the Pontifical Council

Seventh World Day of the Sick
The Sanctuary of Our Lady of Harissa in the Lebanon
8-11 February 1999

Account of the Seventh World Day of the Sick

CELEBRATED IN THE SANCTUARY OF OUR LADY OF HARISSA IN THE LEBANON

The Seventh World Day of the Sick was solemnly celebrated at the Sanctuary of Our Lady of Harissa in the Lebanon. The choice of this Marian sanctuary of Harissa in the Lebanon was not accidental. The Holy Father in his message given for this special day observed that "the Lebanon is more than a country. It is a message and a model for the East and for the West". Furthermore, during the year 1999 and within the framework for the preparations for the Great Jubilee of the year 2000 – which is dedicated to special reflection on God the Father who is love – "what place on the earth", the Holy Father continued in the same special message, "could be better as a symbol of unity between Christians and of encounter between all men in the communion of love?"

The Holy Father appointed two special papal envoys for these celebrations held for the Seventh World Day of the Sick – His Excellency Javier Lozano Barragán, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, who took part in the opening celebrations and other activities which were held from 8-11 February 1999, and His Eminence Fiorenzo Angelini, Emeritus President of the same Pontifical Council, who took part in the concluding celebrations held on 11 February 1999 and who presided over a liturgical remembrance of the Blessed Virgin of Lourdes.

The following formed a part of the pontifical delegation: Rev. Mons. Jean-Marie Musivi Mpendawatu and Rev. Don Krzysztof Nykiel, both Officials of the Pontifical Council for Pastoral Assistance to Health Care Workers; Prof. Raimond El-Hachem, General Secretary of Caritas in Lebanon and Professor of Ecclesiastical Law at the University of the Holy Spirit of Kaslik (Beirut); and Prof. José Karam, National President of the Catholic Medical Doctors of the Lebanon.

The chief characteristic of the celebration of the Seventh World Day of the Sick was the joint participation of the Pontifical Council for Pastoral Assistance to Health Care Workers, the Assembly of the Catholic Patriarchs and Bishops of the Lebanon, and the Episcopal Committee for Pastoral Care in Health Services. This convergent co-operation made possible not only a suitable preparation for, and celebration of, this special day of the sick, but also involved a special capacity to raise people's awareness and concern in the ever growing and vast areas constituted by the activities of both the faithful, and of religious and lay institutions, active in the field of health and suffering.

The Long-Term Preparations for the Day

The celebration of this day was announced and set in motion by the Holy Father and was the subject of very many preparatory initiatives. It should be remembered that this Pontifical Council organised a capillary diffusion at an international level of the Pope's message through the bishops responsible for pastoral care in health, in addition to drawing up the official document for the day and similar publications. It should also be pointed out that Vatican Radio broadcast the principal initiatives of the celebrations live.

On 6 January 1999 at the Catholic Centre for Information in Beirut the presentation of the Holy Father's message and the programme for the Seventh World Day of the Sick to the press took place. After this press conference and near to the date of the special day itself very many meetings and events were held involving all the communities of the Catholic Oriental Churches. Their subject was "God is the Father. Charity is the theological virtue which must be practised", and their aim was "encounter between the monotheistic religions".

From 10 to 16 January: the week for the sick promoted by the Greek-Melkite Church was celebrated.

From 17 to 23 January: the week for the handicapped promoted by the Armenian Church.

From 24 to 30 January: the week for sick children organised by the Chaldean Church.

From 31 Janury to 6 February: the week for AIDS and drug victims guided by the Maronite Church.

From 7 to 12 February: the week for the sick organised by the Church of the Latins.

Hospitals and medical centres, parishes and various schools, were all involved in these weekly celebrations. A number of round table discussions were held on the subjects of health, bioethics, the dignity of man, the salvific value of human suffering, and on what the characteristics of a Catholic hospital should be. Fervent prayer for sick people and with sick people and their families and health care workers, in addition to works of charity in the form of the reduction of the costs of being hospitalised, did not fail to emerge during these weeks of preparation for the Seventh World Day of the Sick.

The Celebration of the Seventh World Day of the Sick

The following were the salient moments of the celebrations which marked the days 8-10 of February and which culminated in the concluding solemn celebration of the Seventh World Day of the Sick on 11 February in memory of the Blessed Virgin of Lourdes: the ceremony of inauguration and a round table discussion on respect for life (held on 8 February 1999); the holy day of St.Maron: the celebration of the eucharist according to the Maronite rite and a debate on the identity and management of Catholic hospitals (held on 9 February 1999); the meeting of the bishops responsible for pastoral care in health in Asia (held on 10 February 1999); and the solemn religious celebration held on 11 February 1999.

The celebration of the Seventh World Day of the Sick was inaugurated in the early afternoon of Monday 8 February in the auditorium dedicated to John Paul II in the "Saint-Esprit de Kaslik" University. About five hundred people were present. In addition to the pontifical delegation led by His Excellency Mons. J.Lozano Barragán, the special envoy of the Holy Father, the following were present: His Eminence Cardinal Mar Nasrallah Pierre Sfeir, Patriarch of Antioch of the Maronites and President of the Assembly of Catholic Patriarchs and Bishops of the Lebanon, His Excellency Mons. Antonio Maria Vegliò, the Apostolic Nunzio in the Lebanon, bishops responsible for pastoral care in health from the Philippines, from India, from Indonesia and a representative from Sri Lanka, and civil and military authorities; the presidents and representatives of the international Catholic associations and federations of the world of health, doctors, pharmacists, nurses, hospital chaplains, male and female religious, male and female nurses, female students from medical faculties, and a large number of representatives of health care workers from Italy and Spain.

At the beginning of the ceremony of inauguration of the Seventh World Day of the Sick, His Excellency Mons. José Redrado O.H., Secretary of the Pontifical Council for Pastoral Assistance to Health Care Workers, read the letter of appointment by the Pope of Archbishop Javier Lozano Barragán, president of the same Pontifical Council, as his special papal envoy. There followed a greeting by the rector of the university, Padre Joseph Mouannes, who emphasised the ecumenical vocation of the city of Beirut – a city which opens its heart and its arms to all peoples. After this came the greeting and speech of Prof. José Karam, National President of Lebanese Catholic Doctors, who invited all those who work in the health care field to give sick people many reasons for living and for hoping. In his speech, Cardinal Mar Nasrallah Pierre Sfeir, Patriarch of Antioch of the Maronites and President of the Assembly of Catholic Patriarchs and Bishops of the Lebanon, expressed deep gratitude and thanks to His Holiness John Paul II for having chosen Beirut – "a symbol city of union between Christians and of encounter between all men in the communion of love" – to be the place for the celebration of the Seventh World Day of the Sick.

After this speech by the Patriarch the following individuals addressed the assembly: His Excellency Mons. Paul-Emile Saadé, President of the Episcopal Commission for Pastoral Care in Health Care Services; Dr. Karam Karam, the Minister of Health; Dr.Michel Moussa, the Minister for Social Affairs, and Archbishop J.Lozano Barragán, the special envoy of the Pope, who emphasised that in choosing the Lebanon for the celebration of the Seventh World Day of the Sick the Pope had wanted the country to be the point of departure throughout Asia for a message on the deepest meaning of life. In the year dedicated to careful thought and reflection about God the Father, the special envoy added, the Holy Father proposes illness as the path which leads us towards the Father in the unity of charitable action. The "ecumenicism of works" must make us all feel united when we come to address the suffering and pain of each and every man.

After the ceremony of inauguration a round table discussion was held on the subject of "respect for life" which was chaired by Nailla René Mouawad MP. The following representatives of Christian communities took part in this discussion: His Excellency Mons. Guy Boulos Noujaim for the Catholics, His Excellency Mons. Elias Korbane for the Orthodox, and Pastor Habib Badr for the Protestants. For the Muslim communities the following participated: M.le Juge Bachir Bilani for the Sunnites, Sheik Mouhamad Yazbek for the Shiites, and Sheik Bahjat Gaith for the Druze. Beyond essential differences which clearly existed, emphasised N.Mouawad MP at the end of the round table discussion, there was a common denominator which expresses the negative and positive aspects of a drama, a passion and a love for the human being and his life.

Late in the evening a prayer meeting led by young people from the city was held in the Church of Sant'Elia in the village of Antélia in the "Re'gion Metn" near to Beirut. His Excellency Mons. J.Lozano Barragán, special envoy of the Pope and President of the Pontifical Council for Pastoral Assistance to Health Care Workers, took part. The papal envoy was accompanied by the Secretary of the Ministry, His Excellency Mons. José L. Redrado O.H., and by the President of the Episcopal Commission for Pastoral Care in Health Services, His Excellency Mons. Boulos Emile Saadé.

The ninth of February. A day of festivities in Beirut and throughout the Lebanon because of the liturgical celebrations for St.Maron, the patron saint of the Maronite Church. In the morning, at the church of the seat of the Patriarch in Berké, Cardinal Sfeir, Patriarch of Antioch of the Maronites, presided over the solemn celebration of the eucharist according to the Maronite rite. The following participated as concelibrants: Archbishop J. Lozano Barragán, His Excellency José L. Redrado O. H., bishops of the Maronite Church, the members of the pontifical mission, and a large number of priests. At the end of this solemn concelebration at the seat of the Patriarchy, Cardinal Sfeir proceeded to greet both the pontifical delegation and the participants from Italy, Spain, Belgium, Poland, Mexico, India, the Philippines, Indonesia, Sri Lanka, and the Democratic Republic of the Congo.

During the late morning which was dedicated to thought and reflection, and which was held at the "Saint Esprit de Kaslik" Catholic University, two papers were given on Catholic hospitals. The President of the Ministry, Archbishop J.Lozano Barragán, spoke on the "identity" of Catholic hospitals which are a part of the Church and must respond to the call with which Christ founded his Church. Her deepest identity finds its roots in the vocation to which Christ called her. This is a vocation to holiness along the difficult path of the Cross whose point of arrival is the mystery of the Resurrection. In the absence of Padre Pier Luigi Marchesi O.H., his paper was read by Dr.Maya El Hachem, a lady citizen of the Lebanon and a medical doctor at the Roman hospital of "Bambin Jesu". This paper dwelt upon the subject of "the morality and management of Catholic hospitals".

That afternoon a round table discussion was held on the subject and there was an exchange of experiences and testimonies of service at the side of those who suffer.

In the late evening the health care workers who were taking part in the Seventh World Day of the Sick went to the Church of

the Sacred Heart in the north of the capital city to take part in a prayer evening. The special papal envoy, His Excellency Mons. J.Lozano Barragán, His Excellency Mons. Redrado, O.H., Secretary of the Pontifical Council, His Excellency Mons. Saadé, the President of the Episcopal Commission for Pastoral Care in Health Services, in addition to a large number of priests, took part in this prayer session.

The tenth of February. A meeting of bishops responsible for pastoral care in health in Asia was held on the subject of "the planning and organisation of pastoral care in health at national, diocesan and parish levels". In addition to the President of the Ministry His Excellency Mons. J.Lozano Barragán, the following spoke at this meeting: His Excellency Mons. Saadé, bishops from India, from the Philippines and from Indonesia, and a representative of the Bishop of Sri Lanka.

After stressing the differences in the situations of the churches in the continent of Asia, His Excellency Mons. Lozano Barragán reminded those present of the fact that the national, diocesan and parish bodies devoted to pastoral care in health can have – according to their respective roles – the same ends and nature as the Pontifical Council for Pastoral Assistance to Health Care Workers.

In the late evening, at 21.00, the special envoy of His Holiness to the celebration of the conclusion of the Seventh World Day of the Sick, His Eminence Cardinal Fiorenzo Angelini, Emeritus President of the Pontifical Council for Pastoral Assistance to Health Care Workers, arrived at Beirut. The Cardinal was welcomed at the airport by the Apostolic Nunzio to the Lebanon, His Excellency Mons. Antonio Maria Vegliò, by Archbishop J.Lozano Barragán, by His Excellency Mons. Redrado O.H., and by His Excellency Paul Emile Saadé.

The eleventh of February. In the morning His Eminence Cardinal Fiorenzo Angelini, accompanied by His Excellency Mons. J.Lozano Barragán, His Excellency Mons. J.Redrado O.H., and His Excellency Mons, Saadé, visited the four most important hospitals in the city including the hospital of St.Joseph and the Sacred Heart, comforted and consoled the patients and brought them the blessing of the Holy Father. The same morning of Thursday 11 February Cardinal Angelini paid an official visit to the President of the Republic of Lebanon, Dr Emile Lahoud. In addition to a speech of greeting there was also an exchange of gifts.

The most important moment of celebration was the solemn concelebration of the eucharist which was held on Wednesday, *11 February*, in memory of the Blessed Virgin of Lourdes. This celebration was led by the special envoy of the Holy Father to the celebration of the conclusion to the Seventh World Day of the Sick, His eminence Cardinal Fiorenzo Angelini. The concelebrants on this occasion were: His Excellency Mons. J.Lozano Barragán, His Excellency Mons. José L.Redrado, O.H., His Excellency Mons. Paul-Emile Saadé, the bishops from the Philippines, from India, and from Indonesia, the representative of the Bishop of Sri Lanka, and other Lebanese Catholic bishops of the Maronite, Melchite, Armenian, Chaldean and Latin rites. In the presbytery the following were present: Cardinal Nasrallah Pierre Sfeir, Patriarch of Antioch of the Maronites, His Beatitude Raphael I Bidawid, Patriarch of Babylonia of the Chaldeans, and His Excellency Mons. Antonio Maria Vegliò, Apostolic Nunzio to the Lebanon. The Lebanese civil and military authorities were also present at this celebration.

The concelebration of the eucharist in which thousands of pilgrims took part, amongst whom were many sick people and those who accompanied them, was solemn and impressive.

In his homily, Cardinal Fiorenzo Angelini expressed his deep gratitude to the Holy Father for having made him special envoy to the concluding celebration of the Seventh World Day of the Sick; reminded those present of the meaning and purpose of this special day; and dwelt upon the mystery of human suffering, its salvific value, and the answer to suffering given by Christ through love.The Holy Father, a pilgrim in every part of the world, continued the Cardinal, has preached the Kingdom of God by bending before the suffering and the sick in order to share with them the burden of his own personal suffering. For this reason, the Holy Father is an example for all the Good Samaritans of today's world. The imminent Holy Year "cannot but give rise to a growing search for unity amongst men in order to build the civilisation of love". The test, the litmus test for this civilisation, is the capacity and commitment which are displayed in the vast field of health care and health. The celebration of the Seventh World Day of the Sick concluded with the solemn blessing of all those present, and in particular of the sick.

The twelfth of February. The group from the Pontifical Council, led by its President, Archbishop J.Lozano Barragán, visited the Catholic hospital of "Notre Dame des Secours" in Ibeil, and celebrated the eucharist in the majestic Maronite monastery of San Charbel as Annaya.

Conclusion

1. Emphasis should be placed on the successful preparations which were made for the Seventh World Day of the Sick and upon its positive outcome.
2. During the days of reflection, study and prayer it was possible to observe and admire the openness, hospitality and welcoming approach of the Lebanese Church.
3. The positive development and growth of pastoral care in health in the Lebanon should be observed.
4. Various groups took part in this special day and were immediately fully integrated into the various component days.
5. The spirit of the celebration has continued and lived on after this special day and will lead to greater attention being paid to the sick and the suffering through the "ecumenicism of works", and this with a view to building peace and unity amongst all Christians.
6. The message of the Holy Father remains as an invitation to everybody, and especially to the sick of every age and of every situation in life, and to the victims of infirmities of every kind and of catastrophes and tragedies, to abandon themselves to the paternal arms of God. It is also an invitation to be always the stewards and the servants of life, to do good to those who suffer, to do good through suffering along a path of the experience of charity, and all this in order to build the civilisation of love.

Don KRZYSZTOF NYKIEL
Official of the Pontifical Council for Pastoral Assistance to Health Care Workers

Letters by John Paul II Appointing Special Envoys to the Celebrations for the Seventh World Day of the Sick held in the Lebanon at the Sanctuary of Harissa

The Holy Father appointed Cardinal Fiorenzo Angelini, President Emeritus of the Pontifical Council for Pastoral Assistance to Health Care Workers, and His Excellency Javier Lozano Barragán, Archbishop-Bishop emeritus of Zacatecas and President of the Pontifical Council for Pastoral Assistance to Health Care Workers, his special envoys to the celebrations for the Seventh World Day of the Sick which were held in the Lebanon at the sanctuary of Harissa from 8-11 February. The missions led by Cardinal Angelini and Archbishop Lozano Barragán were made up of Rev. Mons. Jean-Marie Musivi Mpendawatu and Rev. Don Krzysztof Nykiel, Officials of the Pontifical Council for Pastoral Assistance to Health Care Workers; Prof. Avv. Raimond El-Hachem, Secretary General of the Lebanese Caritas and Professor of Ecclesiastical Law at the University of the Holy Spirit of Beirut; and Prof. José Karam, National President of the Association of Catholic Lebanese Doctors.

We here publish the letters of appointment sent by the Holy Father to Cardinal Angelini and Archbishop Lozano Barragán.

To Our Venerable Brother
Fiorenzo Angelini,
Cardinal of the Holy Roman Church, President Emeritus of the Pontifical Council for Pastoral Assistance to Health Care Workers

In my daily sacred ministry there has never been a moment when I have not borne witness to my special pastoral care and concern for all those who suffer or when I have not been near to the sick of the whole world. For this reason, as Your Eminence well knows, fourteen years ago, with the Motu Proprio letter "Dolentium Hominum", I established the Pontifical Commission for Pastoral Assistence to Health Care Workers. I wanted to entrust you Venerable Brother, first of all, with its direction because amongst the archbishops you distinguished yourself by your notable knowledge in this field and by your special ability. Subsequently, I asked you to continue the same service when the Comission became a Pontifical Council.

It is therefore easy to understand with what attention I will follow the world congress which will gather together scientists and experts to celebrate the "World Day of the Sick" and which I wanted to be held from 8-11 February next in the Lebanon, a country which is especially dear to me. With joy I learnt of the subjects which will be debated and discussed, and of the dialogues which will take place between the different religious denominations and faiths. I will certainly follow your deliberations as though I were present amongst you. But I would like, at a meeting which is so important, to be personally present in a more effective fashion by being represented by someone of great authority. I well know that you,

To Our Venerable Brother
Javier Lozano Barragán,
Archbishop-Bishop Emeritus of Zacatecas,
President of the Pontifical Council for Pastoral Assistance to Health Care Workers

Hardly a single day of our Pontificate has passed without my having demonstrated with attention my care and concern for those who are marked by suffering, and a careful and special love for the sick brothers and sisters of the whole world. For this reason, fourteen years ago, by the letter in my own hand *Dolentium Hominum*, I established the Pontifical Council for Pastoral Assistance to Health Care Workers, to which I have never ceased to direct all my attention, and two years ago, Venerable Brother, in full trust, I decided to entrust you with the Presidency of this Council.

It is therefore easy to understand with what attention I interest myself in the world congress which will be held on the occasion of the seventh "World Day of the Sick" which will take place in the very dear country of the Lebanon on 8-11 February next. And it is with great joy that I learnt of the various subjects which will be examined, and of the discussions which will take plave between the different religious faiths which will take part in this congress.

Even though I will follow your deliberations from afar in thought, I wish to send a pastor of experience to these activities who, nominated by my authority, will represent me personally. I well know that Your Excellency is a spokesman for my thought and an excellent adviser, and for this reason I appoint you

Venerable Brother, are the ideal person for such a task. For this reason, by this letter, I appoint you MY SPECIAL ENVOY for the solemn celebrations which will conclude the seventh "World Day of the Sick" on 11 February next in Harissa in the Lebanon.

You will therefore take my place and greet in my name all those who are present. You will encourage the deliberations of the congress with my support and my Apostolic Blessing. By that Blessing I ask that from on high the light descends upon you, in addition to support for all those who are dedicated to health in the world so that all sick people may feel that Christ is present amongst them and that his Church shares their suffering like a mother.

The Vatican, 30 January 1999,
in the twenty-first year of my Pontificate,

JOHN PAUL II

MY SPECIAL ENVOY for the opening of this seventh "World Day of the sick" which will take place on 8 February next in Harissa, in the Lebanon.

You will therefore be present in my place and will also greet in my name all those who are present. You will bring my encouragement to the various assemblies of the congress. So that the participants will achieve effective and fruitful results, you will impart to each one of them my Apostolic Blessing. May it also descend upon you, Venerable Brother, and upon all those who will be gathered together, whom we join most willingly! And we hope that it will bring to the sick a profound and fruitful help in Christ the divine Shepherd.

The Vatican, 30 January 1999,
in the twenty-first year of my Pontificate,

JOHN PAUL II


HISTORIE
DI CIPRIAN MANENTE
DA ORVIETO.
NELLEQVALI PARTITAMENTE SI RACCONTANO
I FATTI SVCCESSI DAL DCCCLXX. QVANDO COMINCIO'
L'IMPERIO IN GERMANIA, INSINO AL MCCCC.
NVOVAMENTE DATE IN LVCE.
CON PRIVILEGIO.
ETERNA
IN VINEG. A APPRESSO GABRIEL
GIOLITO DE' FERRARI,
M D LX.

Mary Leads us on the Path to God

On Thursday, 11 February, the feast of Our Lady of Lourdes and the Seventh World Day of the Sick, the Holy Father blessed and greeted the sick who had participated in the Mass celebrated in St Peter's Basilica on the Pope's behalf by Cardinal Camillo Ruini, his Vicar General for the Diocese of Rome.

Dear Brothers and Sisters!

I am happy to join you at the end of this celebration in honour of Our Lady of Lourdes. This meeting with you who are sick is very dear to me. The event now has a long history: it goes back 40 years ago to when a zealous parish priest of Rome began a Lourdes celebration for the sick. From the beginning of my Pontificate 20 years ago, I have always wished to preside personally at this liturgy in the Vatican Basilica, with the collaboration of Opera Romana Pellegrinaggi and UNITALSI. It is an inspiring time of prayer which spiritually unites the sick of the whole world, especially since 11 February became the World Day of the Sick seven years ago, and from time to time is celebrated at an important Marian shrine: today at the Lebanese shrine of Harissa, near Beirut.

Dear friends, on our pilgrimage towards the Great Jubilee of the Year 2000, we are "walking towards the Father", as was recalled at the pastoral-theological meeting which ends with this Holy Mass. Blessed Mary goes before us on the path that leads to God: she goes before us in faith and hope. I entrust each of you to her, invoking her comfort in your trials. I assure you of a daily remembrance in my prayer, as I affectionately impart a special Apostolic Blessing to everyone present here and to all who are spiritually united with us.

Homily by Cardinal Fiorenzo Angelini

THURSDAY 11 FEBRUARY, GRAND CELEBRATION OF THE EUCHARIST IN THE BASILICA OF NOTRE DAME OF HARISSA IN THE LEBANON.

Most dear brothers and sisters,

I would like first of all to express my profound gratitude to the Holy Father John Paul II who decided that I, as his special envoy, should preside over this concluding solemn celebration of the many initiatives which have preceded this seventh World Day of the Sick.

As the Holy Father John Paul II observed in his message for this special day: "the land which hosts this sanctuary is the Lebanon, which represents more than a country – it is a message and a model for the East and for the West".[1]

This is why it is so significant that the Holy Father, on the eve of the great jubilee of the year 2000, chose this place for the celebration of the World Day of the Sick.

The great jubilee of the year 2000, through a "journey of authentic conversion to the Gospel", cannot but bring about a growing search for unity between men for the construction of the civilisation of love.[2]

Your land, most dear brothers and sisters, according to the strong words of the Pope, "is not only a place of co-existence between the Catholic communities of different traditions and between the different Christian communities, it is equally the meeting-place of many religions". This is why the Lebanon "is able to do so much to serve as a laboratory for the 'building up together of a future of co-existence and co-operation in order to achieve the human and moral development of peoples'".[3]

And this, indeed, is what the Lebanon is, especially during our times: this wonderful country has experienced grave trials, but it has done so without ever losing its awareness of its very high mission of civilisation.

The weeks of meetings and of prayer which preceded this World Day of the Sick; the important congress which prepared the ground for it by discussing and debating the most serious questions and issues of medicine and morality; and the initiatives which were organised in favour of sick people and health care workers – all

these confirmed that the path of authentic conversion to the Gospel – which must characterise the eve of the Great Jubilee – has its most profound and representative expression in service to those who suffer and in a healing positive appreciation of the mystery of human suffering, which was taken on by Christ for our redemption.

If the man who suffers is "the special way of Christ",[4] then this land of Lebanon, which is so near to the places where Christ was a Good Samaritan for everyone, is both a reminder and a stimulus to perceive in care for those who suffer in the spirit and the body the master road towards a civilisation of love, of mutual understanding, and of encounter between all men, whatever their cultural, social, and religious condition may be. Suffering, indeed, unites us all, and also invites us all to search for the same salvation.

The civilisation of a country, like the forward path of humanity, is not to be measured in terms of the wealth of peoples, or their economic and military power. The real test of this civilisation is the capacity and commitment to be found in the vast field of health and health care. It is precisely this commitment which makes possible, indeed which makes necessary, the construction of a bridge of unity between all peoples. This is because we must all recognise the need for, and the urgency of, fighting illness, helping those who are burdened, and laying the foundations for the health of everyone.

It will never be possible to do enough for the sick. Service to them can and must be the launching pad for real human, civil and religious progress. This is because the places of treatment and care are the mansions of the highest expressions of solidarity and love towards one's neighbour.

Today, however, my thoughts and my best wishes go above all else to *the sick,* to *health care workers,* to *voluntary work organisatuons,* and to *the authoritries* responsible for the world of government.

All the thousand forms of human suffering provoked by illness, by violence, by poverty, by abandonment, and by discrimination find their expression in the suffering Face of Christ, who was born in poverty, the object of incomprehension and ingratitude, whipped, crowned with thorns, derided, and then crucified like a criminal. No form of suffering was not experienced by Christ, the Son of God made man.

Dear sick people, recognise yourselves in Christ so that everyone can recognise Christ in you.

And during this year, which by the wish of the Supreme Pontiff is dedicated to special reflection upon the divine person of the Father, you must never feel abandoned. He who sustains the weak stalk of grass, he who rains on the just and the unjust, and he who knows all our needs, cannot deprive us of his loving care.

And just as Christ during his life on earth always had his most holy mother at his side, so you should know how to have her at your side during your suffering, which, offered to God, saves the world, because suffering "lived in communion with Christ belongs to the very essence of redemption".[5]

You, health care workers – doctors, pharmacists, nurses, chaplains, males and female members of religious orders, administrators, voluntary workers – who consecrate your lives and your professions to service to those who suffer and those who are sick, are called to be a testimony to the authentically lived Gospel.

In the figure of the Good Samaritan is to be found "the key to the full understanding of the commandment of love for one's neighbour".[6]

Nobody draws near to man in the full reality of his condition as much as you do because illness and pain are the most authentic and effective x-ray of the human condition. You develop your human, moral and spritual training in the school of suffering. Let the sick be your teachers – only in this way will you be able to discover that they are your brothers and sisters.

Your profession and mission place you in the advance guard of the forward path of civilisation. However, let generosity and a readiness to help be the mainstays of your daily commitment and your professional expertise.

It is certainly true that health care institutions are very important and indeed indispensable, "however, no institution can on its own take the place of the human heart, human compassion, human love, and human initiative, when the suffering of another person has to be addressed", whether that suffering is physical, moral or spiritual in character.[7]

My greeting and my words of encouragement, therefore, also go to the many *voluntary workers,* who, both individually and through worthy associations, are at the side of health care workers and are particularly active in the field of prevention, health care education, and the indentification and discovery of the most hidden and ignored forms of suffering.

This meeting of ours is an opportunity to express deep gratitude to the Catholic, Orthodox and Protestant communities, who, in serving the suffering, give practical expression to that *ecumenism of works* which is the inescapable premiss to unity in faith.

And I would like to express the same sentiment to the Muslim community, and its Sunnite, Shiite and Druze components, who are animated by the same spirit of service.

Service to those who suffer, although it is an integral part of the mission of the Church, is not confined to the Church alone or to the various religious faiths and denominations, even if places of medical treatment and care are the most frequented temples in the world.

My impelling invitation, therefore, is also extended to *public authorities and to those responsible for the world of government.*

With strong conviction we see the questions and issues of health care and health as of

primary importance in the achievement of authentic social justice. No law is truly at the service of man if it is not inspired by respect for, and the defence and promotion of, human life from conception to its natural end.

The promotion and the defence of life are the yardsticks by which we measure the forward advance of civilisation. The contrary is the negation of civilisation.

In commitment to serving those who suffer, the world can find the master road to dialogue, and to the overcoming of ethnic, religious, political and social differences. Nothing unites human beings so much as suffering, and nothing promotes encounter to such an extent as suffering.

The World Day of the Sick is not a festive celebration, nor is it something which is over in a day. It is both a point of arrival and a point of departure in the affirmation of a new way of looking at the problems of mankind. Just as there is no day which is reserved to illness, so the celebration of the World Day of the Sick would have no meaning if separated from belief and work which covered the whole period of our existence.

The Holy Father John Paul II established the World Day of the sick seven years ago, and through his Magisterium, ministry, and above all his high and heroic example, he embodies its meaning and its purpose.

In inviting the sick to be at the side of his pastoral mandate through the offering up of their suffering, the Holy Father has been the highest example of such an approach.

A pilgrim in every part of the world, the Pope, like Jesus, preaches the Kingdom of God by reaching down first and foremost to the suffering and the sick in order to share with them the burden of his own personal suffering.

Your land, brothers and sisters of Lebanon, is both an example and a testing field for this new hope.

Not only in a practical way, but also in a symbolic fashion, Notre-Dame of Harissa is today the lighthouse which draws us near to this hope.

The Holy Father John Paul II has entrusted me with the task of bestowing his paternal apostolic blessing upon you all.

I would like to accompany this apostolic blessing with the Pope's own words: "May the grace of Christ fill you with charity! The efforts of each person made out of love for the Lord and his Church will bring abundant fruit to ecclesial life and to the whole of Lebanese society. Then the Lebanon, the holy mountain, which saw the light rise upon the nations, the Prince of Peace, will be able to flower again in fullness. The Lebanon will respond to her vocation of being light for the peoples of the region and a sign of the peace which comes from God".[8]

S.Em. Card.
FIORENZO ANGELINI
President Emeritus
of the Pontifical Council for Pastoral
Assistance to Health Care Workers

Notes

[1] Rome, 7 September 1989, *Insegnamenti di Giovanni Paolo II*, XII/2, p. 176.
[2] JOHN PAUL II, apostolic letter, *Tertio Millennio Adveniente*, n. 50-52.
[3] JOHN PAUL II, post-synodal exhortation, *Une Esperance Nouvelle pour le Liban*, n. 93.
[4] JOHN PAUL II, apostolic letter, *Salvifici Doloris*, n.3.
[5] JOHN PAUL II, 'Lettera Istitutiva della Giornata Mondiale del Malato (13 Maggio, 1992), 2', in *Insegnamenti di Giovanni Paolo II, XV/1*, 1410.
[6] JOHN PAUL II, encyclical letter, *Veritatis Splendor*, n. 14.
[7] JOHN PAUL II, apostolic letter, *Salvifici Doloris*, 29.
[8] JOHN PAUL II, post-synodal apostolic exhortation, *Une Esperance Nouvelle pour le Liban*, n. 125.

GREETING BY CARDINAL FIORENZO ANGELINI, PRESIDENT EMERITUS OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS, TO MARK THE VISIT OF THE PRESIDENT OF THE REPUBLIC OF LEBANON, GENERAL EMILE LAHOUD.

Mr. President,

in the name too of the Holy Father John Paul II, who has already been a guest in this most noble land of Lebanon, I would like to offer you my most respectful greetings and my most cordial best wishes.

Perhaps no religious celebration is so strong in the appeal it makes to justice, to peace and to concord as this World Day of the Sick.

A commitment to those who suffer is a response of justice and of charity. It is a response which requires that everyone meets for the benefit of everyone.

May the religious faith which today sees all of us gathered together in the desire and the practical wish to promote, defend and safeguard the priceles good of health, be the premiss of, and the hope for, unity and encounter between peoples and a renewed hope for the Lebanese nation!

The World Day of the Sick is a day of life, something which today is severely tested by many forms of suffering and difficulty which this wonderful country, too, has so painfully experienced.

In expressing to you my deep gratitude for your presence here today, I would like to offer you, Mr. President, your family, and the entire Lebanese nation, my best wishes and hopes for peace and for prosperity.

Inaugural Ceremony of the Celebrations of the Seventh World Day of the Sick held in the Auditorium of the University of the Holy Spirit of Kaslik - Beirut, 8 February 1999

SPEECH BY HIS BEATITUDE THE PATRIARCH OF THE MARONITES AND CARDINAL NASSRALLAH PIERRE SFEIR

That the Pontifical Council for Pastoral Assistance to Health Care Workers of the Vatican chose our small country, the Lebanon, to celebrate the Seventh World Day of the Sick, is something which bestows great honour upon us. This choice was approved, blessed and encouraged by His Holiness John Paul II, whose love and esteem for our country is well known to us all. These feelings of the Pope are clearly expressed in his message sent to us today: "Which place on earth, better than the Lebanon, could be today a symbol of unity between Christians and a place of encounter for all men in the communion of love?"

The Lebanon is perhaps the smallest Asian country to welcome the presidents of the Catholic commissions for health care, who today celebrate with us the World Day of the Sick. This small country has been described as the health-giver of the East because of the beauty of its natural surroundings, its healthy and varied climate, its clear and limpid skies, the generous water of the springs which are hidden and surprise us at the foot of a mountain or in the depths of a deep valley, and the four separate seasons with which God has graced it, even though we may well fear that modern life has stolen away some of this beauty with which it is endowed. In addition, God has bestowed upon the Lebanese, whatever their religion or orientation, great patience in the pursuit of study, a marked capacity for learning, and a propensity to develop medical science. By such routes our country has the largest number of medical doctors belonging to the various branches of medicine of any of the countries which are to be found in our region.

Some of them have been led to remain in Europe or to move to the United States of America where they have trained with success in the faculties of medicine and have made their mark in their specialisations.

A certain number of these medical doctors have taken up residence in our neighbouring Arab countries where they direct major hospitals.

The sick person in Lebanon receives the care and attention which is due to him. Those who treat him, if they are committed believers, and in particular members of female religious orders, are aware that through pain and the capacity for sacrifice the sick person shares the passion of Christ and enjoys in exchange a great tranquility of the spirit, a peaceful conscience, and a strong resolve when faced with his final destination. Suffering thereby becomes a balm, and death itself becomes the road to the eternal happiness of contemplating the countenance of God in eternity.

The mystery of the passion is that of Christ who sacrificed himself for us on the cross and thereby became the mystery of love. This is what is explained by Jesus himself in the Gospel when he declares: "This is the greatest love a man can shew, that he should lay down his life for his friends"(Jn 15:13).

So if Jesus Christ sacrificed himself for us and out of love for us, we should return his love with love. If illness and its atrocious pains take possession of us, we must know how to transform them with Jesus Christ into a capacity for sacrifice so that these evils are not in vain and so that through them we can become well rewarded and glorified.

From this point of view we can but be in agreement with the words of St.Paul: "heirs of God, sharing the inheritance of Christ; only we must share his sufferings, if we are to share his glory"(Rom 8:17).

We would like to tell you how much we are honoured by being members of the Pontifical Council for Pastoral Assistance to Health Care Workers. We would like to express again our gratitude to His Holiness and to His Excellency the President of the Pontifical Council for Pastoral Assistance to Health Care Workers for having chosen the Lebanon for the celebration of the World Day of the Sick.

We wish all those invited a happy stay in our country. We also hope that the participants in the conference which precedes the ceremony meet with marked success in their endeavours.

May the Lord bless you!

Excellencies,
ladies and gentlemen,

under the open arms of the kindly statue of the Blessed Virgin Mary, Our Lady of the Lebanon, here in Harissa, and in the name of the President and the members of the Assembly of the Catholic Patriarchs and Bishops of the Lebanon, we open our arms to welcome His Excellency Javier Lozano Barragán, special envoy of His Holiness John Paul II, and the members of the Pontifical Council for Pastoral Assistance to Health Care Workers of the Vatican, the Presidents of Episcopal Commissions for Pastoral Care in Health of Asia, and all those participants who have come from Europe and Asia.

We also welcome their excellencies the ministers, the bishops and the sheiks, and the health care workers who are taking part in this great meeting.

To everybody we say: we bid you welcome to the Lebanon!

The Lebanon, this small beautiful country which has a renowned cultural inheritance and a very ancient history, is the point of encounter between the cultures and the religions of the East and the West, and between the three continents of Asia, Europe and Africa.

"It is the cradle of an ancient culture and one of the beacons of the Mediterranean. Nobody can fail to remember Byblos, with its invocation of the origins of writing, which gave its name to the Bible. Nor can we forget the name of Beyrouth, the mother of all laws. Nor the eternal cedars of God; nor the inheritance of Tyre, Sidon and Baalbek.

"The historical roots of the Lebanon are of a religious character".[1] "The land of Lebanon, in addition to being a place of co-existence between Catholic communities of different traditions and between various Christian communities, is also the crossroads of a large number of religions. As such, it is well placed to be a laboratory by which to construct together a future of co-existence and co-operation with a view to achieving the human and moral development of peoples".[2]

The Lebanon, as the Holy Father observes, "represents more than a country; it is a message and a model for the East and for the West".[3]

The event which sees us gathered here together today is the World Day of the Sick, which was established by His Holiness John Paul II in order to promote the understanding of the fact that service to the sick and the suffering, the defence of life and respect for the dignity of the person are an integral part of the mission of the Church. The Church lays great stress upon the redemptive aspect of suffering which, when lived out by the believer in union with Christ, becomes an act of salvation. Furthermore, the Church in her teachings and in her activities carries out the salvific mission of Christ who took upon himself our sufferings and our trials "in order to share them and take them upon himself, thereby conferring a salvific value upon them".[4]

The Asian continental encounter which is taking place today in the Lebanon is a spiritual encounter which reveals the mission of Holy Mother Church who gathers together under her wings all men, and in particular the sick and the suffering. This meeting is to be placed in the context of the promotion and the defence of life and of the dignity of the human person at a time when the technology of bio-medicine is undergoing rapid growth and dangerous interferences with human life are growing in number – for example the legalisation of abortion, euthanasia, artificial insemination, human cloning, and all the rest.

The Church sees all these acts as being contrary to the will of the God, the only Lord of life. The Church is in favour of the advance of science and technology and does not protest against these forms of technology in themselves but against their so-called moral neutrality. This is because what is technologically possible is not necessarily so in an ethical sense. And this meeting which the Holy Father wanted to be held in the Lebanon seeks to demonstrate the need for co-operation and unity through an ecumenicism of works and openness to "inter-religious dialogue in a place such as the Lebanon where different religious beliefs share a certain number of incontestable human and spiritual values".[5] This great meeting also wants to make people understand that the sick and suffering are also the children of God and that they take part in the redemptive suffering of Christ.

On the eve of the Great Jubilee of the year 2000 and on the threshold of the third millennium, the Pope invites the universal Church to engage in a more careful reflection on the great truth that "God is love". The fatherhood of God extends to all peoples of every religion and race, and his love gathers them together and unites them. Is there is the world a more unifying force than the infinite power of God the Father? This love of God was revealed to us by Christ in person who embodied this compassion of God the Father in his life and in the life of men. This allows us to see God in every sick man who suffers or whose life or human dignity are threatened.

Thanks to the love of God the sick person is no longer an excluded person who is not respected. He becomes, instead, a living image of Jesus Christ who is amongst us. In this way the Church understands the mystery of the compassion of God, has experienced it during her history, and continues to live out this mystery.

It is our hope and wish that the celebration of the Seventh World Day of the Sick in the Lebanon will be a stimulus for a new vision of man, of his value, and of his dignity, and a stimulus for the preservation of life and its holiness through the intercession of Mary, mother of divine Compassion and Our Lady of the Lebanon.

Notes

[1] Esortazione Apostolica, *Una Speranza Nuova per il Libano*, n. 1.
[2] JOHN PAUL II, *Message for the Seventh World Day of the Sick*, n.2.
[3] Rome, 7 September 1989.
[4] JOHN PAUL II, *Message for the Sixth World Day of the Sick, 11 February 1998*, n.2.
[5] JOHN PAUL II, *Message for the Seventh World Day of the Sick.*

SPEECH BY HIS EXCELLENCY THE MINISTER FOR HEALTH OF THE LEBANON, DR.KARAM KARAM, THE REPRESENTATIVE OF THE PRESIDENT OF THE REPUBLIC, GENERAL EMILE LAHOUD

Ladies and gentlemen,

I have the honour to represent the President of the Republic, General Emile Lahoud, at this encounter which is being held here today. The President has charged me with sending you his greetings and his best wishes for the highest success of this celebration. This celebration has received the blessing of His Holiness John Paul II who personally chose the Lebanon from all the countries of Asia as the place for the celebration of the Seventh World Day of the Sick.

I would like to thank the Episcopal Commission for Pastoral Care in Medical Services of the Council of the Catholic Patriarchs and Bishops of the Lebanon for everything it has done to ensure that this exceptional event will be crowned with success.

The fact that the Holy Father chose the Lebanon of spiritual families, the Lebanon of unique life for all the confessions, the Lebanon-message, as he himself has defined it, as the place for this encounter is certainly an important initiative. In this way the Holy Father has consecrated what the celestial religions have consecrated to the sick person.

Indeed, in the Gospel Christ declares: "I was sick and you visited me", and Luke records: "The whole of the multitude tried to touch him because from him there came out a power which healed everyone". The healing of the paralysed man and the leper are the highest examples of the concern which Jesus felt for the sick whatever their illness or malady.

The Koran is also concerned with the condition of the sick. In the Surata 'Anur' we read that "you will not blame the blind man, nor the lame, nor the sick". The Surata 'Al-Baqara' deals with the same subject, and in the Surata 'Al-Tawbah' we also read that the sick and the poor should not be blamed for their condition.

This interest on the part of the celestial religions was referred to by the Pope during last year's World Day of the Sick when he declared: "you who suffer in the spirit and in the body, do not yield to temptation and do not see pain as a negative experience, because the sick person finds meaning to his personal suffering in the suffering Christ."

The Holy Father has defined love as the "healthy meaning of suffering of those who suffer and an answer to all their questions". He also addressed himself to those who take care of the sick and called upon them to "dedicate themselves to suffering people" and thereby to transform their service into "a valuable contribution to evangelisation."

For this reason John Paul II addresses himself to the civil authorities responsible for health care and urges them to engage in the "humanisation of medicine and health care services" and to embrace a "supernatural vision towards man, a vision of the inner man inside the sick person, the image of God and of the Son of God."

We are happy to see that the guidelines of the Holy Father are today mirrored in the Lebanon, a land of sacred messages, a land of tolerance and the humanisation of man, and a land of freedom upheld by the law – freedom of conscience, freedom of expression, freedom of speech, and freedom of action. In this way the Lebanon is ready for the Great Jubilee of the third millennium.


DIALOGO DI MESSER

In VINEGIA.

On 11 February of this year the anniversay of the apparition of the Virgin at Lourdes will be celebrated. In the Lebanon many churches bear her name. The celebration of the Seventh World Day of the Sick will be held in the great basilica of Our Lady which was blessed by the Pope during his visit here two years ago. In this way the link between the Blessed Virgin of Lourdes and Our Lady of Lebanon in the land of a country which the Pope sees more as a "message" than as a "country on earth" becomes completed. Today he fulfills this vision by choosing our country-message as a centre for the most noble of human messages – care for the sick.

The sick person has received the concern and the attention of the President of the Lebanon, General Emile Lahoud, ever since he was appointed. He has never ceased to provide Lebanese citizens with all the forms of care that they need, ranging from the lessening of the burdens of daily life to those elements which guarantee them a life of dignity, in particular as regards questions of health to which, indeed, this presidency seeks to dedicate the utmost care and attention.

Amongst the priorities of the President, within the framework of transparency, integrity and impartiality, we find the following: to ensure that justice rules, the giving of what is due to every citizen, and a primary emphasis on ability so that all the social classes are able to communicate with one another and so that each citizen is a partner to his fellow citizen in the spirit of rights and duties.

In the field of health care the President is striving to devote special attention to the weakest sections of society, such as the poor and the sick, so that they

have suitable forms of health care and human care as well. This is the approach which we are now engaging in at the Ministry of Health where we are activating all those instruments which are necessary to ensuring that citizens have a point of reference which is suitable from a health care point of view and which is equal to the dignity of the citizen and of man. In this way illness will not be a terrible nightmare but instead will have a point of reference at our Ministry. This is a point of reference which will guarantee treatment and care through specialist doctors and healing through the help and will of God. Following the path indicated to us by the Apostolic Exhortation on health and health care, we in our turn will try, at the level of the Presidency, the government and in particular of our Ministry of Health, to perform our duties towards the poor so that the Lebanon will be able to have a dignified life and thus enjoy those hospital services and those forms of treatment and care which are necessary to the health of its citizens.

In this way we offer our interpretation of the fact that the celebration of the Seventh World Day of the Sick is being held in our land and that it has attracted the honoured guests from all the Asian countries who have come to take part together in this spiritual, human and scientific encounter.

This is what the Pope directs us towards when he sees the care which the Church provides to the sick and the suffering as "an ecumenical way which facilitates dialogue between the religions", and when he calls on health care workers "to be the guardians and the servants of human life". This is because the religion of the sick is man, and to take care of him is a duty which man has towards God.

This is also the goal of our government in line with the guidelines of the President, and our participation today in this world celebration emphasises the importance that we place upon serving the citizens of the Lebanon.

I once again extend a warm welcome to our guests from the Asian countries, and I greet the Episcopal Commission which has organised this celebration with so much energy and so much careful attention.

The state is at the service of the citizen in order to reduce his cares and concerns, and his suffering. You should know that it will support you in your work in favour of the dignity of the citizen and of man in the Lebanon. Long live the Lebanon!

SPEECH BY DR.MICHEL MOUSSA, MINISTER FOR SOCIAL AFFAIRS OF THE LEBANON

On the threshold of the Jubilee of the year 2000 His Holiness John Paul II wanted to honour us by choosing the Lebanon for the celebration of the seventh World Day of the Sick. This choice is fully justified, and for several reasons. Firstly, as the Holy Father observed in his letter of 8 December 1998, because the Lebanon "is a message and a model for the East and for the West". Indeed, the Lebanon is a country which is a high place of co-existence and civilisation for the monotheistic religions. Secondly, quite beyond political questions and issues and all the trials which it has had to undergo, the Lebanese people have always been characterised by loyalty to the family and to familial solidarity. This social hallmark places the Lebanon in the first rank of those countries which are characterised by solidarity and mutual help. Thirdly, the political powers, far from being absent, are now striving through a new approach to be as close as possible to those who suffer. Thus it is that in our beloved country all the conditions are to be found which can support and buttress the message launched by His Holiness. We are proud this year, and on the eve of the third millennium, to be an example by which social solidarity can be spread throughout the world. We are well aware of the fact that despite the advance of science and all the benefits which flow from it, the suffering and anxiety caused by illness to those who fall victim to it can act to disturb the workings of the family and social integration. The minister for social affairs is the guarantor of social growth and development and cannot be indifferent to this pain. For this reason, his policies and his mission are to be placed to the full within the context of help and sharing. The large number of programmes which already exist and which are directed towards helping the less privileged classes will be strengthened so that their suffering will be lessened and in order to provide people with their proper role within society and to confer upon them their rightful dignity. I might refer, amongst others, to the establishment in the various regions of the country of 190 help centres; to the national committee for the handicapped and the parliamentary bill designed to help it; to the large number of practical plans

of action worked out together and implemented with non-governmental organisations; to professional and family associations; and to the numerous local bodies whose purpose is to provide citizens, and to sick citizens, orphans and poor students in particular, with help. In this way the minister is trying to implement those initiatives which are indispensable to "doing good with suffering and to doing good to those who suffer".

I would like to thank in particular His Eminence Cardinal Mar Nasrallah Boutros Sfeir, the Maronite Patriarch of the whole of the East and President of the Assembly of the Catholic Patrirachs and Bishops of the Lebanon, an important figure for our nation, for the steps he has taken to achieve national and social cohesion and for his efforts in promoting the organisation of these days. I would like to take this opportunity to present him with my very best wishes for the celebration of the feast of St. Maron.

I would also like to thank all those who have worked from afar and from near at hand to achieve the success of these days, and in particular to thank all those who have come to us from countries in Asia. You our very welcome indeed to our beloved homeland.

I would like to finish this contribution of mine by quoting a great French playwright, Paul Claudel, who wrote: "God did not come to eliminate suffering or to explain it – He came to fill it with His own presence".

On this note of hope I offer you my best wishes for the success of these days. May they transmit the Lebanese ideal down future generations!

SPEECH BY HIS EXCELLENCY MONS. JAVIER LOZANO BARRAGÁN, PRESIDENT OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS

In my capacity as the special envoy of His Holiness John Paul II, I have the great honour, in the name of the Holy Father, to inaugurate these days of study, reflection and prayer which are an integral part of the celebrations of the World Day of the Sick.

As we have just heard from the reading of the official document of the Holy Father, a single day does not pass without the Supreme Pontiff expressing special care and concern for our sick brothers and sisters throughout the world. This solicitude took practical and concrete form fourteen years ago with the establishment of the Pontifical Council for Pastoral Assistance to Health Care Workers.

Even though he is far away in Rome, the Holy Father is following all our deliberations: he wants to be present amongst you in a very special way and to this end has sent me, his servant. The Holy Father sends his blessings and his most heartfelt greetings to the venerable Patriarchs and to the other bishops of the Lebanon – Melchites, Armenians, Chaldeans, Maronites and Latins – and in particular to His Eminence Cardinal Mar Narsallah Boutros Sfeir, Maronite Patriarch of the Whole of the East and President of the Assembly of Catholic Patriarchs and Bishops of the Lebanon, and also to His Excellency Mons. Paul Emile Saade, President of the Episcopal Commission for Pastoral Care in Health of the Lebanon.

In this way the Holy Father wants to be present at our discussions and meetings held here as a part of the World Day of the Sick, and imparts from his heart his apostolic blessing for the good of all sick people with the grace of Christ, the Good Shepherd.

I also cordially greet our brothers of the Jewish and Muslim faiths who have lived for a long time with Christians in this country and have known how to establish a dialogue between the religions not only at a level of doctrine and during various meetings, but also in life itself. The Lebanon is a crossroads of very many cultures and is an example for everybody of co-existence and unity, and this country has contributed to civil and social well-being through the practice of tolerance and mutual respect.

I would also like to give my respectful greetings to their excellencies the Minister for Health and the Minister for Social Affairs of the Lebanon who do us the honour of being here today, and whom I wish to ask to give my best greetings to His Excellency the President of the Republic and to the other authorities of this country.

The Holy Father wanted the Lebanon to be the centre from which his message on the deepest meaning of life could be sent to countries throughout Asia. Hence the reference to suffering of this Seventh World Day of the Sick. In this year, which precedes the Great Jubilee, the Holy Father proposes that the sick person is the way which leads to the Father in the unity of charitable action.

This day takes place in the last year of perparation for the Great Jubilee and refers us back to charity, to conversion and to unity. These elements are captured and expressed in the figure of the Good Samaritan and also in the sick person and in care for those who suffer.

Today, as the Pope reminds us, will be the Day of the "ecumenism of works". We all feel united in the face of suffering, pain and their resolution in Christ who died and rose again. As I have already observed, this World Day of the Sick penetrates into the inner sanctum of our relationships with God the Father. The fatherhood of God towards those who suffer is a guarantee of salvation, the only hope of salvation. The Pope invites all sick people to

place themselves in the merciful hands of the Father.

Along this path towards the Father, Christ appears to us as the path to follow. Health care workers are invited today to perform what Christ himself did for the sick and to demonstrate to us that Christ is the only solution to the problem of pain, which affects us all.

The whole of the ecclesial community represented by the pilgrim Church in the Lebanon is invited to bear witness, through active charity towards the sick, to being an authentic pilgrim towards the Father. The Christian communities – Catholic, Orthodox and Protestant – are the receivers of an appeal to unity through care for the sick person who, like the Christ, suffers and calls for help and support through the unity of our actions. This appeal is also directed towards our Muslim brothers, and especially the Sunnite, Shiite and Druze communities. It refers directly to their experiences which are characterised by respect for human life.

May God our Lord receive our Day as a call for the grace of unity and as a prayer to ensure that we are more effective in our care for those who suffer and are in need!

The Church in the Lebanon deserves our deepest thanks because it has become a place of encounter for the whole of the Church present in Asia. We have invited all the bishops of this continent to join our Lebanese brothers in the great celebration of this Day which is celebrated today throughout the world. For this reason representatives of various local Churches have come from the four corners of the earth to act directly together with their Lebanese brothers. They are all very welcome. We benefit from the proverbial and wonderful Lebanese hospitality, and we are united in the charity of the Father who, through the Holy Spirit, unites us in Christ our Lord.

We are gathered together under the maternal mantle of Our Lady of Harissa, the patron saint of the Lebanon. May she be our guide on the journey towards the home of the Father and, as the Holy Father says in his message for this day, may she lead us towards the new millenium, the new era of a renewed faith in man who only though love can find the meaning to his life and his destiny!

Once again I extend my most deeply felt thanks to the Assembly of the Catholic Patriarchs and Bishops of the Lebanon and to all the religious communities of this country blessed by God, and to the whole of the Lebanese people. I offer a welcome to those who have come from far away to join us for this great celebration. “May God our Father and Jesus Christ, our Lord, give you grace and peace!”(1 Cor 1:3).

Day of Reflection on Catholic Hospitals Auditorium of the University of the Holy Spirit of Kaslik - Beirut, 8 February 1999

SPEECH BY H.E. MONS. JAVIER LOZANO BARRAGÁN, PRESIDENT OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS

Proposals for the Identity of Catholic Hospitals

Working with Catholic hospitals is a question of primary importance for the health care ministry. In the past our Pontifical Council has published an index of Catholic health care centres in the world, and these institutions now number in all 21,757. The questions raised in this area become ever more pressing and impelling: are the hospitals or the health care centres listed in the index really Catholic in nature? Are there authentically Catholic health care institutions which are not listed in the index? What action should the Pontifical Council for Pastoral Assistance to Health CareWorkers take in relation to these health care institutions?

This paper will seek to answer these and other pertinent questions after having provided an explanation of what is really meant by the terms "Catholic health care centre" and "Catholic hospital".

First of all, let it be pointed out that we are primarily interested in Catholic hospitals, but at the same time we are also concerned with those minor health care centres such as dispensaries or clinics – bodies which escape an easy denomination. A discussion will then follow about the Catholic hospital in general, and by this term we mean every health care centre, of whatever size and scale, and this in order to avoid having to make constant distinctions.

Obviously enough, not everything will be said about the features and conditions of each and every health care centre, and for this reason general observations and analyses will be made. Everything will be discussed in overall terms when reference is being made to hospitals and other health care centres.

The emphasis will not be placed upon the term "hospital" but upon the adjective "Catholic". The question will be posed as to what is really required for such an institution to be deemed Catholic.

To begin with two pre-conditions may be posited for a health care centre to be deemed "Catholic" – that it accepts the Magisterium of the Church and that it is recognised as such by the relevant ecclesiatical authority (Ca. 216, 300 and 312 of the C.I.C.)

Characteristics of a Catholic Hospital

In his article "Ospedale Cattolico" ("The Catholic Hospital"), which was published in the "Dizionario di Teologia Pastorale Sanitaria" ("Dictionary of Health Care Pastoral Theology"), Massimo Petrini outlines four criteria by which a hospital can define itself as being Catholic and they are as follows: a special concern for the poor, care for the person in his entirety, the commitment of the whole ecclesial community, and being an expression of the ecclesial community. The document of the national consulting body of the Italian Episcopal Conference for the health care ministry, "La Pastorale della Salute nella Chiesa Italiana" ("The Health Care Ministry within the Italian Church"), defines the configurations of the identity of the Catholic hospital in the following way: overall care for the sick person, the defence and promotion of unborn life, the Christian and professional training of staff and personnel, a prophetic presence in the new and innovative areas of medicine, the quality and effectiveness of the ministry of spiritual accompanying, the promotion of a Christian health care culture, and healthy openness and transparency in administration and management.[1]

In the opinion of Eduardo Schillebeckx, a Catholic hospital is a hospital where charity is performed through organised medicine.[2]

His Excellency Mons. José L.Redrado asserts that a Catholic hospital is a hospital which is skilled from a technical point of view, integrated into a health care network with suitable planning and co-ordination, where the sick person is treated as a person in a human and overall way including the religious dimension of his being, open to society, and recognised as being a Catholic hospital by the relevant ecclesiatical authority. He observes that the Committee for Hospitals of the Catholic Church in Spain presents the following criteria: primary care for the sick person, the right of the patient to decide things freely, respect for his privacy, the right to die in peace, the right to religious freedom, the full training of the health care staff and personnel, concern for those people who are marginalised, and respect for human life.[3]

The Episcopal Conference of the United States of America suggests the following characteristics, and these will be those which are largely advocated in this paper. They are as follows:

to be motivated by the Gospel, to have great respect for patients and their families, to demonstrate special care and concern for marginalised people, the promotion of medical research and co-operation with those other health care centres which accept Catholic principles, the fair and equitable treatment of members of the administrative staff, obedience to what is laid down in the CIC, the presence of pastoral workers who are very well trained, co-operation with the local parishes, a special emphasis on the administration of the sacraments, the preparation of the ministries of the eucharist, special concern with the anointing of the sick, and the promotion of the recieving of the last sacraments.[4] An attempt will now be made to describe and advocate all these characteristics in the observations which now follow.

I. THE ECCLESIAL NATURE OF A CATHOLIC HOSPITAL

1. Basic Elements

To conclude this introductory session, it is possible to assert that in order for a hospital to define itself as being Catholic it is necessary first and foremost for it to be motivated by the goal of developing within its walls the exercise of Christian charity towards the sick. In every hospital we find three indispensable elements, and these are: 1) *service to the sick*; 2) *institutionalised relationships between those people who provide this service and the patients themselves, which must indeed be something very special in character*; *and* 3) *the management of the hospital itself*. When these three elements – service, institutional relationships, and management – are based upon a Christian approach, that is to say upon the Gospel message and Christian charity, then that hospital can define itself as being Christian. When the Gospel message and Christian charity are those which are practised, lived out and taught by the Catholic Church then that hospital may be deemed to be Catholic.[5]

2. The Ecclesial Mission and the Catholic Hospital

The Catholic hospital bases its identity on the mission received by the Church from Christ to heal the sick (Lk 9:1-2). Down the centuries the Church has performed this mission in a variety of ways which have differed according to circumstance and place. At the beginning this service was almost an exclusive and private service. With the passing of time the Church herself helped to make sure that this service was seen as something required by justice to be provided to citizens. Indeed, it many countries it came to be seen as exactly that. The Church is happy at the fact that it is from the starting point of charity that the contemporary world in various countries has understood that these duties are duties required by justice given that charity does not eliminate justice but is its pre-condition. Beginning with this ecclesial practice many states began to perceive these institutional services as a something which involves and requires the humanisation of the sick person.[6]

3. The Holy Spirit and the Catholic Hospital

However, we must remember that the Church has established and establishes hospitals not only in order to achieve the humanisation of the sick person but also as an expression of charity towards that person. In the past and still today she is motivated in her service to the sick by that love towards God which is imparted to her by the Holy Spirit. Obviously enough, love for the Lord implies love for one's neighbour, but only in a secondary sense. Love for God and the Holy Spirit always comes first. It is the Holy Spirit which in the past has inspired, and still today inspires, the Church in the establishment and management of hospitals. She does this out of a sense of charity and justice because charity includes and implies justice and thereby rises above it in importance.[7]

4. The Ecclesial Calling and the Catholic Hospital

When we go more deeply into what has already been said we find that this action of charity is central to the essence of the Church. Indeed, such a motivation is written into the ecclesial calling which unites the Church and makes her a Church. The Holy Spirit enables us to understand that Christ is present in a special way in the sick, and in those sick people who are most in need and least protected. He calls upon the ecclesial community to extend its range of action and increase its communitarian links with these people so that the ecclesial mission is performed in a special way amongst the poor, and this so that the world of God can reach them, unite them, and save them, providing them thereby with the overall health of the person, that is to say the health of both the body and the soul. The unifying Word of God is the essence of the Church. In this way the construction and management of hospitals is a part of the permanent nature of the Church, beginning with the sacrament of the eucharist which is a fundamental basis of the Church.

5. Bishops, the Eucharist and the Catholic Hospital

Indeed, the Catholic hospital can be understood when the essence itself of the Church is understood, an essence which becomes fulfilled through the calling which is at her heart. Given that today this calling is fulfilled fully by the bishop in the eucharist the Catholic hospital cannot be understood without having a bond with him, and at a practical level without reference to the celebration of the eucharist because it is there that the Holy Spirit unites the unique action of Christ of healing the sick with contemporary history, and it is here that their healing is a sign of the advent of the Kingdom of God. The bishop, the eucharist and the hospital are intimately bound up. It is for this reason that in ancient times the hospital of the bishop was lo-

cated next to the cathedral. He played the part of launching the eucharistic appeal which moved out from his cathedral to summon men of all ages and thus to make the Church.[8]

The bishop as a pastor, therefore, finds himself in a unique position from which to stimulate in the faithful a sense of the great responsibility of the healing ministry of the Church. As a teacher he upholds the moral and religious identity of his apostolic action and as a priest he realises it in the mystery which he celebrates. In this way he takes part in the apostolic tradition of the ministry of the healing of the sick, achieves the apostolic succession by means of his vital personality, he makes Christ, the only source of salvation, in the sick person, and brings into being the Catholic hospital.[9]

The forms and the ways in which this tradition is brought into being have many variations which derive from the eucharistic mystery which is made real by the Holy Spirit and by his gifts. Amongst these gifts are to be found the marvels of the advance and progress of science and medical technology and the effectiveness of organisation and management. The mouldability of human nature, within the limits which build man and do not destroy him, is a gift which is offered to us at the present time in order to solve the many problems which previously were not even recognised. Beginning with these lines of approach this paper will now outline certain practical guidelines which can form a background to discussing the Catholic hospital in today's world.

6. The Pastoral Care Offered by the Sacraments and the Catholic Hospital

The first dimension which should be stressed in the creation of the Catholic hospital is the pastoral dimension. In the Catholic hospital pride of place must be given in particular to the eucharist and thus to the pastoral care offered by the sacraments. This should be done without any ritualism and in the fullness of its evangelising potential. The chaplain of the hospital, as the representative of the bishop, must be aware of the fact that from the eucharist springs the entire essence of the Catholic hospital and that this is an effect of the charity of the Holy Spirit. It is the freely-given love of God which is at the base of the Catholic hospital and its practical expression is the eucharist. From the eucharist come in their turn the sacraments for the infirm which are the healing mystery of God who calls the sick person to full health.

7. The Chaplain of the Catholic Hospital

It is obvious that in order to be a chaplain of a Catholic hospital the approval of the bishop – of whom the chaplain is a respresentative – is required. The other health care workers also need this approval and they also require a training which is of a very special kind. The last sacraments, the anointing of the sick, penitence, baptism and first communion, not to speak of marriage, all require a very special colouring as special calls within the Church which in the hospital environment are felt in a way which is different to how they are felt in a parish context. However, it must be stressed that they must always be connected with the parish.[10]

8. Holy Scripture

Holy scripture in this context is the conscious explanation of the call which God through Christ makes in the hospital environment and which is expressed in the individual circumstances of the patient by means of the gift of the Holy Spirit. This call must be presented to patients as the Gospel, that is to say as the Good News by which God saves and which God gives to health. A suitable and personalised catechesis is required which is in line with the specific circumstances of each individual patient. Attention must be paid to the overall personality of the sick person in all his dimensions, as a physical, mental, social, spiritual and transcendent person who is created in the image of God, redeemed by Christ and called to eternity. This is what the Church does in hospitals and beginning with hospitals.

II. PROMINENT FEATURES OF THE CATHOLIC HOSPITAL

Beginning with this starting point of the dignity of the sick person who is a privileged son of God, this paper will now try to list certain characteristics of the Catholic hospital under the following general headings: humanism, training, unborn life, the terminal stage of life, economics, and co-operation with other hospitals.

1. Humanism

The first requirement of charity towards the sick person is that the health care workers, chaplains, medical doctors, male and female nurses, pharmacists, the paramedical staff and the administrators of the hospital treat the sick person as a human person with special attention being paid to his condition and status as a sick person. In order to combat the depersonalisation which often takes place in the world of public health care the Church should adopt an approach to the sick person which is as personalist in character as possible. He should never be seen as a number or as just one of a number of medical cases. He is a problem with special problems which are far worse when he is ill than when he is well, precisely because of the illness from which he suffers and because of his external environment which is very often hostile to him.

The charity which lies behind hospital action must lead to total empathy with the sick person so that the ministry of compassion is performed in a literal sense. The sick person must be suffered with and identified with so that he is not defeated by the illness but is able to detach himself from it. The example of the Good Samaritan is the model which should

be followed. The way that the sick person is treated by the health care worker is the call that God makes to this person in the painful situation in which he finds himself. The health care worker performs a real ministry: that of demonstrating to that person in particular the call – so full of affection – of the Lord who receives that ministry within the community and which makes the Church within the hospital family.

Because of this call which is received and welcomed medicine does not stop at its scientific and technical levels, does not become dehumanised. On the contrary, it is concerned with the person in an overall sense. It pays special attention to those most in need and offers a vision of totality which does not confine itself to the physical treatment required by the illness but integrates that treatment into the psychological, spiritual and religious dimensions of the patient. This is done with the employment of a broad vision which expresses the Christian meaning of suffering and the culture of life and which unites all the health care workers in a single whole to which priests, members of religious orders and members of the laity all belong. Each member of these groups has his own special role and takes part on the same essential mission of building the Church by addressing himself to each sick person in the depths of his personality. This mission is also fulfilled with the family relatives of the sick person thereby guaranteeing, in overall terms, a climate in which the sick person feels accepted and defended with regard to his rights.[11]

A very important right is the right of the sick person to be informed both about his illness and about the treatment which is to be provided. This is because his consent must be obtained when he is conscious and able to give it. In different fashion, when such conditions are not present, this right is exercised by his family relatives who should exercise it in the way which they consider most favourable. In this way steps will be taken to create an authentic health care context so that this form of existence within the hospital environment can be lived out in the best possible way. Sufficient information should not only include the provision of medical information but also information of a moral character. The patient must be aware of the obligation which is incumbent upon him to protect his physical and functional integrity.[12]

The transplanting of organs must never lead to the substantial damaging of the donor and must never be carried out for economic reasons. The patient must know that he must not be the subject of medical or genetic experiments. In the case of thereapeutic experiments this is something which he must not allow unless a proportionate reason for carrying them out exists and a good probability of success is present. He is not obliged to submit himself to forms of treatment that do not have good chances of success or which bear excessive risks or involve excessive material costs for him, his family, or the community. His privacy must always be respected and all instances of abuse must be reported.[13] In each Catholic hospital an ethical committee must exist in which relevant problems and issues can be discussed so that the hospital can be present in a Christian sense in the most critical conflicts of medicine and so that the relationships between the health care staff and the patients, and between the different members of the health care staff themselves, can be helped and promoted.[14]

2. Training

Charity is the principal motivating force of a Catholic hospital and it must ensure that the services which are provided are of the highest level possible and that they are carried out with the highest professional skill possible. For this reason, the health care workers must have forms of training which guarantee that they are skilled and professionally competent in the real sense of these terms. The ministry of health must be carried out by employing medical science and technology which must be managed and handled in the right way. For this reason, training must be constant and on-going, and this is especially true with regard to the medical and nursing staff. Professional excellence is something which must go hand in hand with the Catholic hospital. As has already been pointed out in this paper, the ministry of healing must find a suitable outlet for its expression. For this reason, permanent training is required because today science and in particular medical science and technology are constantly advancing as a result of on-going study, research and discoveries.[15]

3. Unborn Life

A Catholic hospital must by its very nature bear practical witness to life. It is a fundamental instrument by which to establish the culture of life from its conception. The basic principle is that life is the gift of God. Man receives life from God and he is nothing else but a steward who must give life as God himself has established it must be given. God wants life to be transmitted through the intense act of the conjugal love of a couple in unique and indissoluble marriage. For this reason, love must be transmitted only within this special act of love. Every transmission of life, and everything connected with that transmission, which is not based on this principle must be alien to a Catholic hospital. Following the general line of argument of this paper, this means that given that health care workers respond to their calling within a Catholic hospital, then any kind of practice of death contradicts in an absolute way the mission of a Catholic hospital.

As a result, in a Catholic hospital the separation of the unitive aspect of marriage from its procreative aspect cannot be allowed. In vitro fertilisation and the destruction of embryos or their deliberate production in such numbers that they cannot all be implanted must not be permitted. Heterologous and homologous fertilisation must be allowed only when they are not detached from procreation within the conjugal act. The

renting out of wombs or cloning must not be allowed. In treatment for sterility the woman must be presented with other ways of solving her difficulty – for example adoption. In prenatal and obstetric diagnoses the life which is about to be born must be respected to the full. Prenatal diagnosis is allowed from a therapeutic point of view, but it must never take place with a view to possible abortion. Genetic experiements are not allowed unless they have a recognised therapeutic purpose and are related in a proportionate way to the results which are hoped for. It is evident that contraceptive practices and directly sought after and effected sterilisation are not acceptable. Genetic consultation is acceptable when it is directed towards promoting responsible fatherhood.[16]

In this paper only some of the most important points which now present themselves in the field of unborn life have been addressed, although we are well aware of the fact – given that we are dealing with a field where at the present time the very great advances are being made – that the moral questions which are raised are becoming more and more serious and more extensive in their range of concern. As a result of these developments there is an increasing need to set up bioethical committees in each Catholic hospital or at least in every connected group in order to provide help concerning the very difficult questions and issues which are being raised every day in the field of biogenetics.

4. Life at its Terminal Stage

In particular a Catholic hospital must look after life at its terminal stage even though, strictly speaking, this is not the last stage but only the last stage of life during its journey on this earth.

The Catholic hospital must bear very strong witness to the resurrection so that as an institution it is marked by the virtue of hope. It must make terminally ill patients and their family relatives aware of the fundamental and decisive reality of the resurrection. This is the reason for the existence of a Catholic hospital and without it its characteristics would be despair and frustration. A Catholic hospital is a place of life and not a place of death, and physical death is only the end within life of a period of existence. It is the day of reward, the day of fullness. And it is through beginning with this climate of faith that the Catholic hospital is distinct from those non-Catholic health care centres where in reality death is concealed to the utmost.

In the Catholic hospital, in different fashion, death is not hidden. On the contrary, it is seen not as a defeat but as the culminating point of the different stages of life on earth, as the ripening of earthly existence, as the beginning of something which is about to take place: “those things that the eye does not see, nor the ears hear, and which never enter the heart of man”(1 Cor 2:9). The word hospital must not be employed to convey sadness but must represent a beginning full of happiness. In the secularised world in which we live this is the witness which much provide a complete reversal of conventional hospital life. Health is something which is proportionate to the stage of life which is being lived on earth, and life culminates in death which, in the view of the Church and the ecclesial calling which the Church carries out in hospitals, is subject to the truth that “life changes, it does not leave us, and when our earthly task is completed an eternal dwelling is obtained in heaven”(Preface to the Deceased). For this reason a Catholic hospital does not have dead people, it has deceased people, and this in line with the origins of the verb “to decease” which indicate that people have ceased their function in this world.

Consequently, the Catholic hospital must protect life at its terminal stage on this earth. It must prepare the patient for his decease by giving him the spiritual support which he requires and needs. It must use suitable instruments to prolong life so that the patient finishes his purpose in earth when this is necessary. These instruments must offer a reasonable hope of benefit and this means that an excessive weight should not be placed on the patient and that excessive expenditure should not be required from his family relatives or the community as a whole. The supply of food and drink must not be interrupted without good cause. Euthanasia must be always banned. Patients must have their suffering and pain reduced to the utmost and should always be conscious. They have the right to know about the seriousness of their condition and the imminence of their death so that they can carry out to the full their duties in this life. Death must be determined by the relevant competent medical authority when the functional, cardiac and cerebral functions cease. In line with the mission of each person, the donation of organs or tissues after death should be encouraged. In the case of children this can only be done when parents or guardians give their consent. In a Catholic hospital the tissues of the foetus in a strict sense should never be used, that is to say when they are directly or voluntarily obtained.[17]

5. Economics

In some areas the Catholic hospital is beset by two contradictory forces. The first is the reduction in the numbers of those who belong to religious orders and the increase in the responsibility of the laity for activity within the Church. The second is the dramatic change in the funds provided by government and by insurance companies. The result of these developments is that hospitals which were once the property of a single religious institution have joined together to render their systems of management and expenditure more effective. Furthermore, these entities and individual insitutions themselves have begun to be administered by male and female members of the laity, and in addition often religious institutions have joined together to be the patrons of one or more health care centres but at the

same time have made over the responsibility for administration and management to a different legal person and entity, thereby bringing about a complete secular administration and management of such institutions. Another significant tendency has been of a philosophical character – the principal goal of a hospital is no longer the treatment of illness but the maintenance of individual and collective health. The aim is to secure that individuals and societies are in a state of health. New challenges have thus arisen in relation to pastoral care in health which means that the identity of this ministry must be reinforced and its direction, character and understanding strengthened. The same may be said about the commitment to take care of health as a social or public good.

The identity of those engaged in the health care ministry becomes more complicated when they have to work with the government or with economic agents and when it is necessary to enter into the world of supply and demand. On the other hand, the members of the laity who have begun to administer health care structures which were once run by members of religious orders have not been nourished in the traditional values of the Catholic faith and it is not sufficient to impart to them certain types of guidelines. What is needed is a life which identifies with the healing Christ and which thus delineates the new Catholic identity.[18]

As has already been demonstrated, the economic problem is now emerging in a special way. This is an important point which must set the Catholic hospital apart. With regard to the questions and issues which have been outlined we can assert that a Catholic hospital is not a "business" where the ultimate criteria of its existence is profit. For this reason, a Catholic hospital cannot be an undertaking created in an economic sense on the basis of shares. An undertaking based on shares is an undertaking designed to obtain greater profits which are then distributed amongst the shareholders.

This does not mean that a Catholic hospital and the services it provides must be free.[19] It must be a hospital where *the Christian communication of goods* takes place. This means that the patient communicates his own goods to the hospital and that the hospital communicates its own goods to the patient with each party providing that which is in line with its capacities. A patient who is well-off should cover all the costs which his admission to the hospital requires but a patient who is not in such a condition should provide what his reduced financial circumstances allow him to make available. Furthermore, the richest patients should be encouraged to make over a certain amount of their money to help those who cannot even pay for the necessary expenditure of the hospital.

When a Catholic hospital receives funds from the state the economic question does not arise. It should be managed in line with the relevant laws of the health care sector. In this case the Christian communication of goods should be the spirit which prevails in the relationship between the patient and the hospital because the sums paid by the patient to the state involve the communication of goods by the patient to the hospital which in its turn – and in a way which is distant from a cold and irresponsible bureaucratic approach – provides all the attention that it can in a spirit of love for, and service towards, the patient and not out of a wish to obtain the greatest possible profit from the state. It particular, an effort should be made to ensure that the depersonalisation of patients does not take place where they are treated as numbers amongst other numbers. On the contrary, as has already been observed, the fullest process of personalisation should be striven for in caring for them. Attempts should also be made to ensure that corruption does not take place, that the services provided are of the highest quality possible, and that what is purchased to make them possible is not motivated by a desire for profit but by a concern for quality. This is true both as regards medicines and drugs and as concerns the medical equipment which is purchased for the services offered by the hospital as a whole.

6. Co-operation

The boundaries of the field of medicine, like those of the world of health, are becoming wider and wider every day. The institutions which are concerned with this whole area increasingly feel the need to be connected, especially if they have to enter a national and at times international network of entities which provide health care services. In such a context there is the question of establishing co-operation between a Catholic hospital and a non-Catholic hospital or non-Catholic health care centre.

When a Catholic hospital co-operates with a hospital which is not Catholic, problems very often arise in the moral field. There are health care centres whose practices are not compatible with the position of the Church, especially when it comes to life at its beginning and its end. In order to meet these needs for co-operation what Catholic doctrine has to say with regard to co-operation in a morally difficult action must hold sway.

In the first place all forms of moral scandal must be excluded, even when co-operation is required when the action is only apparantly wrong and in itself accepted. If a serious scandal springs from such co-operation then the co-operation is not acceptable.

It should, therefore, be affirmed that any Catholic or health care centre must not co-operate in any action which is morally unacceptable. Any formal co-operation in this action makes the Catholic institution guilty of the same wrong action in which it co-operates.

When co-operation is necessary it must be material and not merely formal in character, and it must follow the relevant guidelines of Catholic morality: that the co-operation is absolutely necessary, that the reason behind such co-operation is suitably serious, and that any

kind of culpable action is excluded, etc..

To conclude this paper we can affirm that a Catholic hospital is a part of the Church and as such forms a part of the call by which Christ founds his Church. Its deepest identity is rooted in this call by which it is created. It is an appeal to health and to life even though it is to be found on the difficult road of the cross. It does not, however, conceal its purpose – the resurrection. The healing of the sick is a sign of the Kingdom of God because it is a foreshadowing of that life in abundance which constitutes the happiness which is given to us by Christ, and which helps us to understand and respond to this call which makes us the Church.

Let us hope that this nature of being a Church, which reflects those aspects which draw us near to the Catholic hospital, helps us to live and explore more effectively what is required for the creation of a real and authentic Catholic hospital.

Notes

[1] Cf Camillianum, *Dizionario di Teologia Pastorale Sanitaria* (Edizioni Camilliane), pp. 800-804.

[2] Cf 'El Trabajo Sanitario y el Catolicismo', in *El Hospital Católico, Labor Hospitalaria* (188/XV), pp. 100-105.

[3] Cf 'Palabras de Bienvenida', in *Labor Hospitalaria, ibid.*, pp. 70-71.

[4] Cf NCCB, 'Ethical and Religious Directives for Catholic Healthcare Services', in *Medicina e Morale* 1996/2, pp. 340-384.

[5] Cf JOSÉ MARIA SETIÉN, 'Dimensión Eclesiológica y Principio de Subsidianedad que Subyace', in *El Hospital Católico, Labor Hospitalaria* 188/XV, 1983, p. 93.

[6] Cf MASSIMO PETRINI, 'Ospedale Cattolico', in Camillianum, *Dizionario di Teologia Pastorale Sanitaria* (Edizioni Camilliane), pp. 800-801.

[7] Cf E.SCHILLEBECKX, 'El Trabajo Sanitario y el Catlolismo', in *El Hospital Católico, Labor Hospitalaria* 188/XV, pp. 105-110.

[8] Cf MASSIMO PETRINI, 'Ospedale Cattolico'.

[9] In its document "Ethical and Religious Directives for Catholic Health Care Services" (*Medicina e Morale* 1996/2, pp. 340-384) the Episcopal Conference of the United States of America lays down in a clear way the three ministries of the bishop in a hospital. The bishop, as a pastor, is in a unique position to stimulate the faithful in relation to their responsibilities towards the healing ministry of the Church. As a teacher he upholds the moral and religious identity of that ministry. These responsibilities, in the view of the American bishops, requires progressive communication between the bishop and the health care workers, and this is true especially now when we have before us the great changes which are taking place in the field of medicine. He should offer them an authorised teaching in the pastoral and moral field and thereby provide them with guidance and direction, although it is certainly true that all the answers to the dilemmas which present themselves are not available...

[10] The Episcopal Conference of the United States of America maintains on this point that a Catholic hospital must co-operate with the local parishes, lay special emphasis on the administration of the sacraments (and in particular that of the eucharist), and secure the administration of the sacrament of penitence. Furthermore, the ministries of the eucharist must be prepared in line with the guidelines and rules of the Church, special attention should be paid to the administration of the anointing of the sick, all Catholics have the right to receive the last sacraments when circumstances so require, everything must be done with regard to what is required in an urgently needed baptism, and in the same way the priest must administer the sacrament of confirmation (*Ethical and Religious*, pp. 340-384.

[11] Massimo Petrini, in the article cited above, refers to the position adopted by P.Gemelli on this point and to how he finds here one of the strongest and most prominent characteristics of the Catholic hospital.

[12] The *Carta degli Operatori Sanitari* ("Charter for Health Care Workers") issued by the Pontifical Council for Pastoral Assistance to Health Care Workers is very explicit in listing these rights, especially those relating to the moment of the death of the patient (cf *Carta degli Operatori Sanitari* (the Vatican, 1995), pp. 107-109. See also NCCB, *Ethical*, pp. 340-384.

[13] *Carta degli Operatori Sanitari*, pp. 66-73.

[14] Cf Comisión de Hospitales de la Iglesia Católica, 'Configuración del Hospital Católico', in *Labor Hospitalaria*, 188/XV, pp. 72-77.

[15] Cf NCCB, *op. cit.*

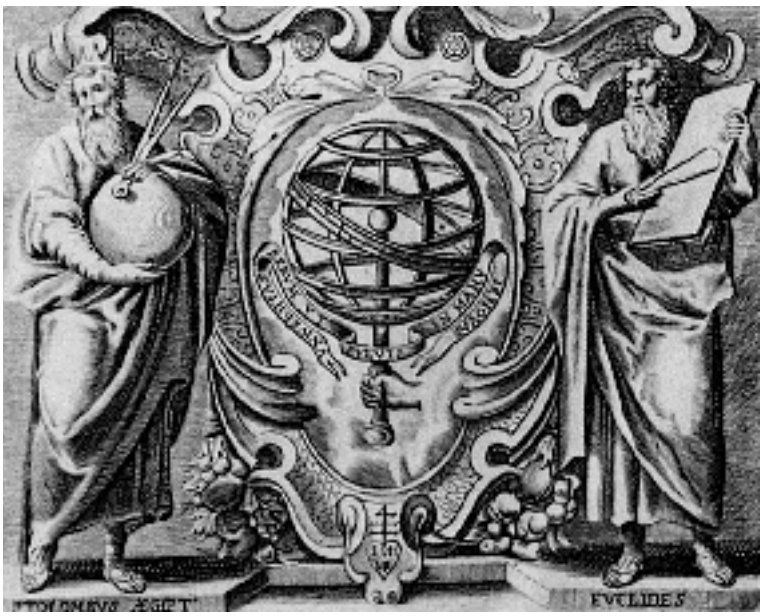
[16] For a deeper discussion of this point see *Carta degli Operatori Sanitari*, pp. 23-48, and NCCB, *op. cit.*

[17] The *Carta degli Operatori Sanitari* dedicates the whole of its third part entitled "Dying" to this point, see pp. 95-124. The bishops of the United States of America also discuss this point, see NCCB, *op. cit.*

[18] Cf MICHAEL PLACE, 'Report of the Catholic Health Association of the United States', Pontificio per la Pastorale della Salute, *Simposio del 25-26 Settembre 1998*.

[19] Thus it is that Schillebeckyx refers to the need to practise retributive justice towards all those who work in a Catholic hospital, cf his article in *El Hospital CatÚlico*. The Comisión de Hospitales de la Iglesia Católica says the same, cf 'Configuración del Hospital Católico' in *Labor Hospitalaria*, *op. cit.*, pp. 72-77.

20. This is what is said by the Episcopal Conference of the United States of America in their above mentioned declaration "Ethical and Religious Directives...".



SPEECH BY FRA. LUIGI MARCHESI, MEMBER OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS

The Ethics and Management of a Catholic Hospital

Contents of the Paper

1. Assessing costs, respecting justice, and a new approach to the quality of life.
2. Respect for the person and the value of human life.
3. The roles of the Catholic manager and leadership.
4. The search for guidelines.

Introduction

One can well understand the complexity and intricacy of the problems and issues connected with the whole world of health care when one casts an eye over the range of skills and specialisations which are represented at this round table discussion.

For my brief paper I have chosen to submit to the consideration of the eminent professionals here present the proposal that in approaching the subject of health care perhaps the time has come to bring the phase of detailed analyses to a close.

By now we know everything there is to know about the costs of the provision of health care, about its impact on welfare, and about the difficulties faced by people the throughout the world. What we now need to do is to have an overall vision and draw up local strategies by which to pass from analytical abstract theories to practical policies which improve health care in a way which works in favour of the interests and well being of sick people.

In the two expressions "health" and "health care" we encounter, it seems to me, the connection which exists between the practical needs of the sick person and the structural problems of health care systems.

In all our deliberations, indeed, there must be a sustained reference to the need for health which indeed is at the basis of, and calls for, recourse to health care structures and the health care system.

From all quarters we are told nowadays that the health care system – and this is something which is not only the case in the industrialised countries – has begun to bump up against the imperatives and requirements of the various social economic systems which are now at work. In particular, it is asserted that because of a need to contain costs and in order to increase the efficiency of the state we must now rethink the entire way in which we organise the provision of health care.

From the North to the South of the planet there is now one single order of the day and this may be summed up in the command: "rationalise social expenditure". Without wasting words, what this really means is that there must be a radical change in administrative management, in the organisation and supply of services, and in the distribution and allocation of human and financial resources.

There thus arises a number of questions which I would like to submit rapidly to you for your attention and they are encapsulated in the following concepts:

Rethinking the quality of life, assessing costs, and respecting justice.

Guaranteeing access to services to all citizens: the importance of information.

1. Assessing Costs and Respecting Justice

It does not seem to me to be out of place, during this meeting of ours here today, to refer to the teachings of His Holiness Pope John Paul II on questions and issues relating to economics.

In the encyclical *Centesimus Annua* of 1991 the Holy Father reaffirmed the importance of the international character of the market economy. Through access to the international market, he asserted in this encyclical, all national economies can achieve growth and development, and this takes place first and foremost through a positive appreciation of both human and natural resources.

The Pope does not believe that the fact that the free market is seen as the most effective instrument by which to allocate resources and respond to needs is something which is contrary to the traditional teaching of the Church. In applying this approach to the questions and issues we are addressing here, we can recognise that the entry of the market into health care can be of real help in avoiding waste and directing expenditure. But with regard to the world of health care a complementary approach is also required which combines attention to the needs for the control of expenditure with respect for the needs of all sick people.

Indeed, the Holy Father quite rightly draws a distinction between the various roles of the free market when it comes to the various areas of need and declares: "this, however, is only true with regard to those needs which "can be solved", that is to say which have purchasing power, and for those resources which "can be sold", that is to say which can receive a suitable price. But there are a large number of human needs which do not have access to the market. It is a strict duty of justice and of truth to ensure that fundamental human needs do not remain unsatisfied and that those who are oppressed by such needs do not perish" (*CA*, 34).

The need for health, which in some national constitutions is even seen as an actual right to health, is clearly a need which cannot be expressed in mere monetary terms. For this reason, the time has come to separate the real cost of the services from the plus-value produced by care for the sick which in reality should be seen in terms of overall quality and – why not? – paid for with a special extra.

Indeed, the health care institution or entity cannot be reduced to a mere company based upon profit, even if the achievement of profits does indeed indicate that a health care company is performing well.

The Pope suggests that in this specific case profit cannot be the sole measurement by which to judge the efficiency of an institution or entity.

The Pope argues that "the goal of an undertaking, indeed, is not solely the creation of profit but the very existence of that undertaking as a community of men who, in different ways, seek to obtain the satisfaction of their fundamental needs and at the same time make up a particular group at the service of society as a whole." (*CA*, 35).

In other terms, the accounting of costs must include the cost of that unmeasurable good – the dedication of professionals. And this, I would like to repeat, must be paid for as a service of quality which would not be such without the dedication of the health care workers.

In all the countries of the world, health care problems and issues have placed the question of the measurability of quality of life at the centre of the debate. Indeed, for economists health care expenditure, too, should be organised in line with those criteria of efficiency and effectiveness which are so characteristic of the system of industrial production.

This assumes that there are men whose lives are worth more than the lives of others, and that therefore there are some individuals who deserve a treatment which is not available to others.

For Christians, however, this approach is unacceptable, precisely because for us the basis of ethics is to be found in seeing all men as being equally important and in perceiving that their lives and interests must be approached in the same way without any kind of distinction being made between them. Let us think of the disastrous consequences which would follow if – as some legislators actually currently propose – the quality of life of an elderly person or of a mentally disabled individual was seen as being less important than that of other categories of people or if we reduced the criteria by which to allocate aid to peoples in developing countries to purely utilitarian considerations.

It is not possible to exclude from our decision-making process on merely economic grounds such criteria as those connected with:

– the value of life,

– the principle of fairness in treatment,

– and respect for civil rights.

When we seek to apply the concept of quality of life which is advanced by A.Sen to the world of health and health care,we can only comment upon the complexity of the concepts which this incisive economist of Indian origins brings into play when he refers to the attention which collective government should pay to the levels of prosperity and quality of life to which citizens aspire.

In trying to understand to the full the reasons why a person can be content with his or her own condition and status, A.Sen declares that: "there are many different fundamental ways of seeing quality of life and a certain number of these have a certain immediate plausibility. One can be comfortable without feeling well. One could be well without being able to lead the life that one wants to. One could have the life that one wants without being happy. One could be happy without having much freedom. One could have a great deal of freedom without possessing much, and so on." (A. Sen, *Il Tenore di Vita tra Benessere e Libertà*, Venice, 1993).

We can see that from this point of view we can oppose naive utilitarianism with an idea which in reality is marked by a range of problems.

In this approach, individual self-determination, which is also achieved through the working out of "preferences", becomes a pathway which is cluttered with obstacles. This pathway becomes a complex cultural fact in which a whole series of "disabling" conditions can intervene, and these conditions can only be overcome in part – one thinks here of illness, physical and mental handicap, and old age.

In response to the reassuring utilitarian approach which sees man as he is, a disquieting and disturbing idea is raised in opposition which may be expressed as follows: "man is what he is allowed to be".

The ethically relevant concern of social justice, as of that of bioethics, is not only to ensure that every individual has sufficient resources to satisfy his or her *given* preferences and aspirations, but also – and much more – *that every individual has all the sufficient opportunities by which to achieve a full and completed project of development of his or her aspirations and potential*.

The truly rare resource is what one might define as being "the opportunity to achieve human growth and development", and indeed it is the lack of respect for the growth and development of the individual which creates the material conditions for injustice.

For bioethics, the injustice suffered by the person who experiences the privation of goods or health is not a reason to be deprived of those elements which are necessary to realising the "opportunity" to live.

It does not seem that we can gain much help from the human development index drawn up by the development plan of the United Nations (UNDP). This is because the values which it takes into account do not appear sufficiently to guarantee respect for the human person in his or her very varied existential situations and conditions of life. For the United Nations Organisation, the growth and development of a population is to be measured according to four factors which are as follows: gross domestic product *pro-capita*; levels of literacy; average levels of schooling; and life expectancy.

The phrase "life expectancy" is not synonymous with quality of life. On the contrary, it acts to introduce a certain material/measurable dependency between life expectations and conditions of health, and thus a permanent dependency on external help as well. In this approach, the maintenance of disabled people who for a variety of reasons are incapable of generating income would come to be seen as a constituting the imposition of a burden.

From a personalist point of view, overall care for the human person does not see the partiality of economic calculation based upon an analysis of the cost-effectiveness relationship as an authentic value, but wants, instead, to renew the role of the biomedical researcher, the medical doctor, and the nurse as the defenders of life and upholders of the rights of every human person.

2. Respect for the Person and the Value of Human Life

Following a distinct historical line of development, I would like to recall a great teaching of Vatican Council II. In the pastoral constitution of the Church on the contemporary world, *Gaudium et Spes*, that Council presented and advocated a very important frame of reference for the life of the believer who is active in this world.

One must always return to that teaching if one wants to implement the doctrine of the Church in relation to respect for the human person and the interdependence between human love and the dignity of life (*GS*, 51). One section from that document may be quoted by way of example: "Furthermore, everything that is against life itself, such as every form of murder, genocide, abortion, euthanasia and voluntary suicide; everything that violates the integrity of the human person such as mutilations, tortures inflicted on the body and the mind, and psychological coercion; everything that offends human dignity, such as inhuman conditions of life, arbitrary imprisonment, deportations, slavery, prostitution, the trade in women and children, or ignominious conditions of work by which workers are treated as mere instruments of gain and

not as free and responsible persons – all these things, and many others like them, are certainly shameful. They ruin human civilisation and dishonour more those who practise them than those who endure them, and greatly mortify the honour of the Creator" (*GS*, 27).

But in the more recent context of the globalisation of the European and world markets, it seems to me that of great interest is the way in which the encyclical *Centesimus Annus* links attacks on man to atheism. The Pope affirms that social individuality can never be separated from that personal individuality which guarantees the independence of the individual in relation to institutions.

In this encyclical the Pope declares that atheism has annulled the person and reduced man to being a mere product of social gears and levers (*CA*,13).

From this fracture between God and man springs the lack of respect for the dignity of human life and perhaps also that ethical relativism which is attacked and rejected by the more recent encyclical *Evangelium Vitae*.

From these fragmentary references to the Magisterium and their comparison with how we live every day, one can observe how the concept of what a person actually is has become the object of dispute.

Despite appearances that concept, which is so monolithic in character at first sight, is interpreted in an increasingly reductionist fashion.

Science and society are in a state of convulsive change, they are projected towards ever more surprising achievements, and they are in possession of effective forms of technology. They find that they are beyond the realms of morality and search for alibis by which to obtain greater levels of uncontrolled freedom of action.

In this situation of formal respect for the person and at the same time of frenetic freedom, the Christian concept of the person is an obstacle precisely because of its absolute conviction that every "human individual" involves something which in practical terms is in fact "intangible". In the encyclical *Evangelium Vitae* it is precisely the culture of death which is subjected to condemnation. This is a culture which in the form of a structure of sin "conditions" the choices in terms of values and practice which are taken within the living out of human life.

In a manner which is different from its predecessors, this document accuses and condemns the threats to life which come both from the situation of violence which generates murders and the killing of the weak on the one hand, and from the "unfair distribution of wealth" on the other. Never before has the Magisterium so sought to balance the upholding of ideal principles with a drawing of attention to the practical contradictions which believers themselves must strive to overcome.

To the reality of "misery" the Pope – like Sister Teresa of Calcutta – attributes enormous responsibility for this contempt for life. This is because the value of human life becomes eclipsed the more racial conflicts, tribal wars, the scandalous trade in arms, and the criminal spread of drugs all grow in incidence and dimensions. All these are defined by the Holy Father in this encyclical as being real and authentic attacks on the dignity of life.

And now I will read to you the stringent logic of the papal document: "How did such a situation come about? Many different factors have to be taken into account. In the background there is the profound crisis of culture, which generates scepticism in relation to the very foundations of knowledge and ethics, and which makes it increasingly difficult to grasp clearly the meaning of what man is, the meaning of his rights and his duties. Then there are all kinds of existential and interpersonal difficulties, made worse by the complexity of a society in which individuals, couples and families are often left alone with their problems. There are situations of acute poverty, anxiety or frustration in which the struggle to make ends meet, the presence of unbearable pain, or instances of violence, especially against women, make the choice to defend and promote life so demanding as sometimes to reach the point of heroism".

And the encyclical continues: "All this explains, at least in part, how the value of life can today undergo a kind of "eclipse", even though conscience does not cease to point to it as a sacred and inviolable value, as is evident in the tendency to disguise certain crimes against life in its early or final stages by using innocuous medical terms which distract attention from the fact that what is involved is the right to life of an actual human person" (*EV*, 11).

Against this background the discipline of bioethics has arisen, a discipline which seeks to achieve an evaluation of the ethical implications of the phenomenon of abortion, the practice of contraception, the most sophisticated techniques of artificial reproduction, the refusal to provide care or the application of therapeutic overkill applied to the elderly or to those who are terminally ill.

Bioethics rooted in Christian inspiration is a call to respect the dignity of man, primarily because human life is a gift from God.

And it is upon this link between "the meaning of God" and the meaning of life which one must insist in order to establish the right bases for bioethics.

Beyond subtle scientific-philosophical distinctions, which do of course, it must be admitted, have their own value, what really matters is to redefine the transcendent nature of human life, which is at one and the same time a mysterious manifestation of the creativity of God and a splendid accumulation of organised energy.

Let us remember this in the same way as the Pope does – by employing the words of Vatican Council II: "the creature without the Creator disappears... Indeed, the forgetting of God deprives the creature himself of light" (*GS*, 36). When man closes himself up in the narrow horizon of his physical self in a certain way he reduces himself to a thing and no longer grasps the transcendent nature of his existence as a man. In this way life which is born or dies no longer leads us to reflect upon the meaning of our being but becomes an event to be treated solely in medical terms in order to solve a certain health care problem in a more effective way.

The value of human life must be looked for and upheld precisely in order to lead man back to his destiny as a creature of God and thereby to combat practically expressed materialism – something which generates individualism, utilitarianism and hedonism.

The relationship with God gives a different meaning to the physical self, to sexuality, to health, and to illness. This is because life can thereby be lived as an ethical commitment and not merely as a "casual" natural event or as the outcome of manipulations carried out by men.

The Pope continues: "It is at the heart of the moral conscience that the eclipse of the sense of God and of man, with all its various and deadly consequences for life, is taking place. It is a question, above all, of the individual conscience, as it stands before God in its singleness and uniqueness" (*GV*, 24).

In this way human life acquires a most original value and quality

which cannot be betrayed without betraying our faith in God.

The re-establishment of that link is the task of Christians during the third millennium.

3. The Roles of the Catholic Manager and Leadership

In order to be effective witnesses to the Faith, Catholic hospitals must be placed in the hands of a coherent and competent leadership. What should be the roles played by administrators withinn Catholic hospitals? The answer to this question is certainly not an easy one.

Criteria exist by which it would be possible to define a map of roles. Such maps are not the same as organisation charts because at the very best these latter describe this or that position in the heirarchy. One of these criteria involves understanding the *quality of quantity of health care needs*; levels of the competence and maturity of the staff; and the nature of the forms of technology which are available and which can be utilised by our hospitals. But it is also important to understand how much what is personal ("the P factor") in each role is useful in its performance and how much is damaging. Indeed, we know that each of us "play" a role, and we also know that this is inevitable. But it is also very important, if we want the personal style to be positive in its impact and consequences, that every so often the *management subjects this interpretation to examination as well*, and this in order to make the actors respect both the "part" that they are playing and their own real natures and characters.

I am sure of one thing – we will not be able to play our parts properly if we do not employ correctional systems of a periodic character to control the way we do things, and this in order to reshape our activity, attitudes, and the manner in which we exercise power. This should be done in a way which fully respects the duties of our tasks as well as our right to change our daily ways of operating, and all this in order to improve the way things are done and to achieve full organisational transparency.

Nowadays there is a great deal of talk about leadership. The more complex the system in which we work, it may be observed, the more necessary such leadership becomes. Society itself needs leaders.

But people become leaders only after they have acquired a complete picture of our centres and developed a capacity *to understand* what it is taking place, what is needed, and what is essential for those who work with us (people we must guide and support) and for the sick (people we must take care of in order to give them health and salvation).

For this reason people do not become leaders, and perhaps not even managers, by being enclosed and armoured up in their own work niches ready to attack, either harshly or with more subtle methods, those other people who try to draw near to their positions of responsibility. The same may be said of firing off meaningless orders from on high.

Instead, people become managers of the molecule of the organisation – side by side with the molecule inserted into the "personality" medicine of the manager – if that molecule is studied, applied and improved. This means that managers must not only dedicate themselves to the financial and economic aspects of their work but must also be concerned with those aspects connected with the quality of the organisation. This is because the organisation, too, falls ill, degenerates and dies – unless, that is, it encounters "doctors" who are ready to put it on the couch and engage in opportune and authentic diagnoses and then apply suitable forms of treatment.

By what means can we understand the state of health of the managerial roles of our hospitals?

How can we define the right roles which should be adopted for each individual centre, and at a given historical and social moment?

How can we move from the existing roles – where they are not up to standard or insufficiant – to those which are possible and *to be recommended*?

From whom should the initiatives which are needed to identify new roles and new functions within the previous roles actually begin?

Within our centres do the intentions, and the convictions, actually exist to engage in, and promote, a rotation of managerial roles?

Do the conditions exist by which nostalgia for the present or the past can be avoided and by which everybody can move in the same direction together?

In so much as the experience I have had can be useful, I must confess to you that roles cannot be enriched and/or expanded without difficulties and trials being experienced both by individuals and by the organisation.

The figure of the real manager, in our Catholic health care centres too, *only comes into this world with a great deal of effort.*

The acquisition of a new role, therefore, is a major victory, which nobody – and I would like to repeat the point – can provide us with freely.

There is, however, a valuable friend who can help you on the long and fascinating journey which takes place within the complex heirarchy of our hospitals. It has a very simple name – *your conscience* as citizens, as professionals, as intelligent observers of social and health care realities, of *Catholics involved every day* in the health care world. This conscience has a good knowledge of our ignorance and our immaturity but this does not lead it to be downcast when faced with the human limitations which we carry with us.

Our conscience also has a good knowledge of the major weaknesses of those who suffer, of those whose "skin is too delicate" and who are thus unable to resist blows from the internal and external worlds. For this reason our conscience, additionally inspired as it is by centuries of human and spiritual commitment on the part of members of religious orders, is well aware that a real therapeutic citadel is a reality which challenges us and drives us on – we become importers of a personality and of a function.

But to become health care and managerial people and professionals in our centres is something which is not possible without conscious and careful attention being paid to our permanent and on-going training: that training which develops not only our managerial and technical skills but also our human capacities, and more specifically courage, creativity, co-operation and humanity.

Unfortunatetly, our human qualities do not receive much attention, not even in our centres. Personal talents are seen as being uninfluential or even counterproductive in the world of work and in career paths.

Did you know that managers throughout the world dedicate years of study to the acquisition of technical and managerial skills but very little time to develop those which are human in character and which are present in every being and are indispensable for a civil, human and solidarity-based form of life?

But if such is the way of the world this is not something which should give rise to fear.

Today, tried and tested methods

exist by which to grow as individuals, as long, however, as people are aware that training – that is to say giving shape and life to our personal talents – means calling things into question, learning to think, and being able to listen; and means knowing how to express thoughts and recognise our own feelings so that we can understand before acting.

Reforms in the health care sphere, the appearance of new needs, the future experiences of Catholic hospitals, the search for the wellbeing of those who work with us and under us, economic and moral crises, in short everything that could happen in the near future, could in reality be a favourable opportunity for *new projects* which seek to achieve total quality for our centres.

Such institutions are neither immutable nor necessarily to be administered only by Catholics.

They are for the needy of our time and the future, and for this reason they are subject to what will happen in the future, to research, and to change.

The greatest sin that we could commit would be not to do that which in fact it is possible to do.

The "possible" always clashes with the "existent" – the latter is seen as being very much more reassuring than the former.

For this reason, the "possible" requires greater commitment and effort; it means putting up with criticisms and confusion; and involves shouldering heavy burdens of responsibility and the striving after utopia.

Utopia is not in opposition to what is practical. Indeed, it is the real of tomorrow – that which is neither envisaged nor thought about even by managers and superiors. It does not neglect the past and the present but reinterprets them in order to use them in a better way for the future and the possible. Personally, I can say that have been married to utopia for many years, and that she is the sister of real hospital life. This is something which I do not regret for a moment. Catholic hospital life of the future will need suitable roles well interpreted by capable people endowed with ideas, projects and enthusiasm, and not merely the providers of managerial services.

It is also up to you administrators, the perhaps jealous custodians of the hospital archive, to invent and steward an archive which is made up of ideas, projects and generous individuals.

The archive of ideas is built up with careful attention being paid to all ideas. In order to gather these ideas together it is necessary to meet, and at all levels, because the wind of ideas blows everywhere and not only through the offices of the managers of the hospital.

We can also ask ourselves: is it possible to teach ethics in the health care world?

The answer to this question springs from a certain scepticism as to the real possibilities which exist, especially with reference to the case of the health care worker who wants to work in a technical or administrative sphere and at the same time avoid contact with the complexity and the human aspects of his area of concern and reflection.

It is certainly true, and especially with regard to the world of health care, that one cannot agree with that fashionable refrain – more ethics means more profit.

We uphold the principle that ethics are essential for those who wish to work in the world of health care, but if such individuals work without the spirit of authentic hospital service then medicine and health centres are clearly well set for the road of dehumanisation.

From all this there emerges once again, and with great force, the fact that there exists a fundamental need for a certain kind of basic training and an inescapable need for a permanent kind of training.

I do not want here to present a grand reflection on what kind of general organisation is best and on the way in which it should be organised.

What is certain is that if we want to speak about ethics without having a practical, continual, participatory and alive project, then we will run the risk of living a life solely in a sunset way.

The aims of training are more important than those which could be attributed to the various codes of professional ethics and self-regulation. Or rather, these are effective only if they have the capacity to internalise the moral values to which they refer.

How can this come about? The answer is simple: through training opportunities which accompany the professional experience.

The aim is to acquire the ability to reason ethically, and to do this above all in those cases which inevitably escape the processes of regulation.

In order to solve this problem we must enter the specific moral questions and issues of each separate profession and forms of work of activity.

This undertaking, however, could lead to a misunderstanding – to the assertion that there are different sets of special ethics, that is to say the ethics of the businessman, of the trade unionist, of the medical doctor, of the lawyer, and so on with a list of moral principles, values and precepts which are completely different and in relation to which only those who are directly involved would have the right to pronounce their opinions and judgements.

However, it is reasonable to assume that notwithstanding the fact that one can indeed perceive that certain moral concerns and emphases legitimately belong to each profession and form of activity, there are at the same time constants and shared values. In the same way it is legitimate to imagine that there are very similar ethical dilemmas which each person, according to their roles and tasks, is called upon to consider and evaluate in a critical fashion.

For this reason, one can well advance the idea that moral training has the same basis, and that a possible teaching of ethics, and especially of applied ethics, could take place in shared ground.

What is needed, therefore, is ethical training and moral training developed in shared ground in order to bring about a real sensitivity and *shaking* of the conscience.

A mature moral conscience is able to give a very careful assessment and evaluation of the possible consequences of a specific choice. In other words, to use the very famous distinction made by Max Weber, it is not good enough to act according to the ethics of belief, or rather according to universal principles which are believed to be right in themselves quite apart from their possible consequences. The ethics of belief must be accompanied by the ethics of responsibility which are the basis for the judgements of the individual agent which are carried out with a sense of responsibility concerning the effects of his or her possible behaviour. Moral training, therefore, must search for a balance between the ethics of belief and the ethics of responsibility. As Weber himself observes, these two forms of ethics are not "antithetical – they complement each other, and only when they are united can they form the real man". In other words, a mature personality, "a real man", knows how to reason ethically by adopting universal and coherent principles. But he is also able, when faced with an ethical dilemma and a conflict between equally admirable values, to choose by finding the best possible synthesis of

such values. A form of training which seeks to acquire and internalise fundamental principles, and which at the same time enables the individual to reason ethically in relation to the practical realities which arise within life situations, could certainly not be accused of being immersed in the abstract or the general. It would, rather, lead to a distancing of the risks of indoctrination and of false moralism which actually end up by destroying the conscience.

Without such an approach and endeavour it will be difficult to serve and promote life *in the way* that we want.

4. The Search for Guidelines

I would not like my words to be understood as constituting an attack on the health care systems of the industrialised world. I must, however, observe with frankness that the world health care system, in its present reduced state, is itself a problem. First and foremost because it has become increasingly isolated from the rest of society and has entrusted its success to the spectacular achievements of eminent medical doctors and has shut itself up in a kind of labyrinth to which only the initiated can gain access. A new humanising culture of medicine and a new training of professionals must be brought into play against this form of closure.

The health care instiution or entity must become credible in the eyes of everyone and must no longer be an organism "of health care workers" but a decisive instrument in the promotion of health. It must do this through the employment of programmes of health education, the improvement of the quality of the services which are offered, and through care and concern for the weakest of our brethren.

All this requires a new model for the provision of information which makes health care institutions draw nearer to people and to all potential users of such institutions. We need to make health care draw nearer to citizens by explaining to everybody in accessible language what can be obtained from the health care service of that country.

Having access to health care services is not only a question of architectural barriers – above all else it is a question of the culture of service.

If people are not helped to look to health care institutions and to understand how they work and function, they will not be able to direct their questions in a proper way and receive adequate answers.

The new role which voluntary Catholic hospital workers can and must perform plays an important part in this delicate process of transition. The extreme caution which has marked the first steps of this movement must be put to one side and give rise instead to a programmed activity of two-way connection between citizens and health care institutions.

Voluntary service must come out of the supplementary role which it has often adopted and take its first steps towards the construction of a more equal and solidarity-inspired civil society, in addition to guaranteeing that citizens have their needs met as a right.

Health care workers and Catholic voluntary workers in hospitals must perform the task of drawing up a new pact of solidarity between institutions and citizens if they want to avoid the danger of the destruction of the unity of human society.

In conclusion, I cannot keep silent about what the role of Catholic hospitals should be in the immediate future, and by the adjective "Catholic" I mean *universal* in relation to their vocation.

These Catholic hospitals of ours must find a way of expressing the uniqueness and originality of their vocation. A Catholic hospital, which is inspired by the charity of God towards man, must attain that style of communion which in treating bodies is also concerned with the salvation of individuals, and all this with a view to building the community of the saved.

This must encourage us to find shared guidelines which I would now like to summarise in the following fashion, basing myself upon certain reflections upon Catholic identity which have been advanced elsewhere.

The Catholic nature of a health care structure, in a critical fashion, revolves around the readiness and commitment of its personnel to see health care as a ministry. *In this approach three factors are of vital importance*: the stewardship of quality; the search for social justice; and care and concern for the poor.

a) The quality of medical assistance provided by Catholic health care structures must not be inferior to that provided by their non-Catholic or secular counterparts. However, a Catholic health care structure looks after the whole person – body, mind and spirit. This kind of overall health care assistance requires that attention be paid not only to the scientific quality of the medical assistance which is provided but also to the way in which it is provided.

Although it is certainly true that there is nothing exclusively Catholic about concern for quality, a common opinion makes a distinction between Christian health care structures and secular such institutions precisely on the basis of this personal dimension.

b) The credibility of the preaching of the Gospel by the Church is undermined when her internal life – which includes the life of her health care structures – does not reflect the justice which she teaches. Catholic health care structures should pay attention to the demand for social justice when they take decisions about the services they provide and about the allocation of resources. These decisions should be taken in the light of the real health care needs of the communities which Catholic structures serve, rather than in the light of merely financial considerations. The social teaching of the Church must also mould and shape the nature and character of the work relationships which exist between employers and employees within such structures.

c) In the near future the pressures of the market may prevent Catholic health care structures from substantially increasing the level of care that they provide to poor patients. Nonetheless, they must respect the dignity of the poor patients whom they treat and look after and provide them with the same levels of care and the same personal attention that they provide to their rich patients. They should also strongly call for public policies which ensure fairness and equity in the ability of poor people to gain access to the health care system, and in doing this they should follow and repeat the urgent appeals of the Holy Father.

Decisions concerning the geographical location of these health care structures, the kinds of services which must be supplied or suspended, and the kind of equipment to be bought, should be taken in the light of their impact on the poor. (On this point see in particular J.Baul in *Concilium* n. 5, 1994, pp. 115-119). Perhaps the above outline is not a detailed programme, but it is a decisive way of presenting the problem of moral coherence and consistency which the Gospel requires of all health care workers.

Meeting of the Bishops Responsible for Pastoral Care in Health in Asia on the Subject of: "The Planning and Organisation of Pastoral Care in Health at National, Diocesan and Parish Levels". Auditorium of the University of the Holy Spirit of Kaslik - Beirut, 10 February 1999

SPEECH BY H.E. MONS. JAVIER LOZANO BARRAGÁN, PRESIDENT OF THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS

National Episcopal, Diocesan and Parish Co-ordinating Bodies for Pastoral Care in Health

Let us thank God that in nearly all the episcopal conferences of the Catholic Church there is a bishop who is responsible for pastoral care in health and in a whole variety of contexts this person is very effective in the discharge of this responsibility. In a large number of parishes and dioceses work is carried out in this sphere which is also very much to be praised.

However, it is also the case that in certain spheres the goals and the workings of the organisations entrusted with pastoral care in health which operate within the episcopal conferences – whether they are called secretariats, commissions, departments etc. – are not defined or set out in clear terms. Suggestions on the matter would be very welcome. The same may be said of what is done in relation to pastoral care in health in each individual diocese or parish.

In this paper I would like to present certain ideas which could be useful for the organisation of activity in this area. One is dealing with approaches and guidelines which are rooted in the very nature of our Pontifical Council whose character was outlined in the Apostolic Constitution "Pastor Bonus" at numbers 152-153. We offer these approaches and guidelines to everybody as an act of co-operation of this Ministry of the Roman Curia directed towards facilitating the work which is carried out within the Church in the whole area of pastoral care in health. I would like here to employ an analogy. What the Pope says about the Pontifical Council could be applied – as far as this is possible – to the establishment of a national co-ordinating body for pastoral assistance to health care workers, and in adjusted fashion to the similar bodies which should be brought into being in the dioceses and parishes.

Since the approach that we will adopt in order to determine the goals and the workings of co-ordinating bodies for pastoral care in health in the episcopal conferences, the dioceses and the parishes is that which was chosen by John Paul II for the goals and workings of this Ministry, the two articles of the already referred to constitution "Pastor Bonus" (152-153) will now be quoted. A kind of commentary will then be offered on them and their contents will be adapted to the plan for possible organisations for pastoral care in health within the episcopal conferences and at other levels.

The Apostolic Constitution "Pastor Bonus", nn. 152-153: *The Pontifical Council for Pastoral Assistance to Health Care Workers*

Art. 152: "The Council expresses the care of the Church for the infirm and helps those who serve the sick and the suffering so that the apostolate of compassion which that these latter seek meets new needs in an ever more effective way.

Art. 153: ß1. The Council provides information about the doctrine of the Church on the spiritual and moral aspects of illness and the meaning of human pain.

ß 2. It also offers its co-operation to the local Churches so that health care workers can receive spiritual assistance in the performance of their duties according to Christian doctrine, and in addition so that those people who engage in pastoral activity in this sphere do not lack suitable support in the carrying out of their work.

ß3. It promotes the theoretical and practical activity which is engaged in in this sphere in a variety of ways both by international Catholic organisations and by other institutions.

ß4. It closely follows new developments in the field of legislation and science with regard to health and health care, principally to ensure that such developments are taken into account in the pastoral work of the Church."

GOALS AND WORKINGS OF CO-ORDINATING BODIES FOR PASTORAL CARE IN HEALTH

In order to avoid repetition this paper will discuss in partic-

ular the idea of a national episcopal body for pastoral care in health but will bear in mind that such a project can be applied, as has already been observed, with suitable adjustments to individual dioceses or parishes.

First of all, there must be a clear definition of the real nature of a national episcopal co-ordinating body for pastoral care in health, and this definition must begin with an awareness of its goals and ends. Such a body must express the care and concern of the Church for the infirm because it is concerned with health care workers and their pastoral action. It must know that this action is motivated by compassion and should want such compassion to meet the new needs which arise in an ever more effective fashion.

In order to intensify the apostolate of compassion of health care workers their activity must be adapted both to their pastoral work and to the circumstances in which this is carried out. Today, especially, such circumstances are changing, and this is because we have before us very many new developments in the fields of health and health care, pain and suffering, illness and death. The co-ordinating body for pastoral care in health, therefore, will have health care workers as its targets, and in order to summarise the action which it must engage in it may be said that its goals are as follows: *to express the care of the Church for the infirm and help those who serve the sick and the suffering so that the apostolate of compassion which they seek meets new needs in an ever more effective way.*

The question arises as to how this should be put into practice. Here we can avail ourselves of article 153 of the above mentioned Apostolic Constitution "Pastor Bonus". Four chapters for action may be outlined which bear the headings: doctrine, co-operation, promotion and accompanying.

I. DOCTRINE

The co-ordinating body for pastoral care in health must have first and foremost a doctrinal task – it must inform people about the Christian meaning of health, illness and human pain, and it must do this by taking into consideration the new times in which we live.

1. Health

Let us begin with health. A major change is taking place in the contemporary world of health care – its primary subject of concern is no longer illness as such, but health. Preventive medicine is advancing as compared to curative medicine. For this reason, we must to begin by establishing what our approach and attitude towards health really is. It has been said that health is the silence of the body's organs. But what in real terms is health?

It would appear that health is something which is so obvious that it does not require a description. It is felt and there is an end to it. We can affirm that by health we mean: *a harmonious process of physical, mental, social and spiritual wellbeing, and not merely the absence of illness, which allows man to perform the mission to which God has destined him according to the stage of life in which he finds himself.*

Basing ourselves on this description of what health is, we can see that health is not something which is stable in character and thus a kind of state of being, but something which is dynamic in nature and akin to a process. For this reason it is possible to talk, for example, about a great deal of health or very little health. We are dealing here with a harmonious process whose four fundamental elements have a mutual relationship and which act upon each other in such a way as to be not closed sections but communicating vessels. The concept of illness is not to be excluded from health because illness can take place at the same time as health given that we have before us a process which more or less proceeds and whose outcome is a state of wellbeing. As such, this state does not necessarily rule out pain, but rather makes it an integral part of the life of man. Whatever the case may be, reference will be made in this paper to greater or lesser health.

Let us now dwell upon the four aspects of health: physical health, mental health, social health and spiritual health. The analysis of this paper will concentrate its attention upon spiritual health. This does not mean that reference will not be made to the other three apsects. However spiritual health includes these others[1] – it gives health-inducing harmony to the physical, mental and social aspects which the health care worker must take into account, although at the same time it should be pointed out that these other three aspects do not concern him or her directly but rather other professionals of the world of health and health care.

Physical, mental, social and spiritual well being are of fundamental importance for the Christian concept of the health of the human person in the performance of the mission entrusted to that person by God, a mission which changes according to the individual's stage of life. The processes of health of a young person and of an adult are not the same in an absolute sense as those of individuals who belong to the third or fourth ages. But in a relative sense they can be the same – that is to say in relation to the ability of the person to carry out the mission entrusted to him or her and which is performed during one of the stages of his or her life. During each one of these stages that sufficient wellbeing can be present which allows that task to be fulfilled.

The work of health care workers, therefore, must be directed towards ensuring that each person has that health which is necessary to the fulfillment of his or her mission during that stage of his or her life which is being being led at that particular time.

2. The Meaning of Pain

When we come to examine human pain,[2] it should be observed that the lack of pain and health are not the same thing. However, it must be recognised that a lack of health is usually accompanied by pain. The way in which pain does not interrupt the process of health, according to the Christian view of its reality, is through a spiritual conception of pain and a spiritual

living out of pain. Pain must be seen and experienced from the starting point of the pain of Christ. Christ redeems through pain and releases us in definitive fashion from it. We know that this is the meaning of his redemptive death and resurrection.

The admirable aspect of the pain of Christ is that he takes upon himself all our pains and tears off their label of pain in order to transform them into a source of good. Christ suffers our pains and in his suffering these pains of ours become redemptive because they take part in the pain of Christ. In this way pain does not remove happiness, and it does not disturb physical, mental and social harmony. On the contrary: beginning with its spirituality, it consolidates such harmony, and gives it real meaning through the real and authentic spirituality which is the freely-given love of Christ for the Father and his brethren. It in such terms that the Pope explains pain in "Salvificis Doloris" (25-27).

The projected co-ordinating body for pastoral care in health must illuminate the real concept of health in the light of the pain experienced by Christ, and provide it with that perspective which is not to be found in contemporary secular approaches to the subject.

This does not mean that pain is something which is sought after for its own sake. Pain is in itself an evil and evil is not something which is to be sought after, but the freely-given pain of Christ offered to God and his brethren is accepted and the same may be said of our self-giving love in Christ. Such giving is effective in overcoming death, and pain as well. Our approach is an approach of struggle against pain itself, it is the implementation of the approach of the Good Samaritan and imitates the form of conduct which is expounded to us by Christ in the Gospel text on the final judgement: "I was infirm and you visted me"(Mat 26:36).

The illumination in the faith which the national co-ordinating body for pastoral care in health must give is an illumination which is specifically Christian in character. In many areas, as has already been observed, a fully secular approach is to be found where pain is concealed as much as is possible, and the same may be said of death itself. In pain we find the core of the Christian message – the meaning of the Easter of Christ as the centre of our faith and thus of pastoral care in health.

3. Adjustment to the Times

In the contemporary world we can see everywhere a total concern with health, and this is something which is quite right. The fruit aimed for in all efforts, in development, in globalisation, in the current process towards worldwide uniformity; the fruit aimed for in politics, in social organisation; and the fruit of all learning and culture, always has life and thus health at its centre. The mission of the co-ordinating body for pastoral care in health should be to put this anxiety to obtain health in its true perspective in the contemporary world. This searching must not be denied. It is basic and essential to man, it is a just and legitimate desire, and it is to be identified with one's own life. But it should be put in the right perspective, that is to say it should be based on the starting point of the Christian approach to health and pain.

The pastoral activity of the health care worker must be adjusted to the times. Nowadays there are a vast number of problems and difficulties which require suitable solutions. Reference can be made here, for example, to the impact of globalisation and its consequences for pastoral care in health. At this point only three contemporary questions will be examined, questions which are of immediate importance for those people who are active in the field of pastoral care in health. These three questions are: the socialisation of health, bioethics, and health education.

3.1. The Socialisation of Health

Countries exist where the state continues to be unable to take responsibility for the health of its citizens and as a result the professionalisation of medicine, and the health care provided to the population, take place in the private sector. This means that access to such care is confined to those who enjoy a certain level of economic wellbeing and that poor people, for their part, only have access to traditional or alternative forms of medicine. In this area the Church has developed and continues to develop intense forms of activity through her health care institutions where – as indeed is only logical – it is the poorest sections of the population who are especially catered for. There are, on the other hand, countries where systems of social insurance which cover a part or the whole of the population have already been established or are already well advanced.

Government-run health services, and this is especially the case given the contemporary process of globalisation, are becoming increasingly subject to reforms, not least with regard to the question of the on-going presence of sick people in health care centres. The concept of long-term patients is being increasingly re-examined because it is ever more the case that the sick person is only looked after during the acute stages of his or her illness and that he or she is sent home for the purposes of normal forms of care and treatment. In such cases there is a real danger that euthanasia will be promoted or favoured.

The action taken by pastoral care in health changes according to the context of the social policy of each specific country which is practised towards the sick person. There are countries where such action primarily involves the provision of basic health care to sick people in their homes or in private or Catholic hospitals. In other countries such action chiefly involves the organisation of the best forms of assistance possible for sick people in government-administered health centres. And in yet others emphasis is placed upon providing help to sick people in their homes after they have been discharged from health centres or similar institutions.

3.2. The Bioethical Aspect

This is another area of great contemporary importance with

which a co-ordinating body for pastoral care in health would have to concern itself. In the Apostolic Letter "Evangelium Vitae" issued by the Holy Father John Paul II, as indeed in the Instruction "Donum Vitae" published by the Congregation for the Doctrine of the Faith, we find those elements which are of essential importance for the illumination of this important area. The Catechism of the Catholic Church sets out the position of the Church in relation to these subjects with great clarity and precision. Furthermore, our own Pontifical Council for Pastoral Assistance to Health Care Workers has published the "Charter for Health Care Workers", a document which analyses all the questions and issues of this field and its various ramifications, basing itself in its approach upon the respective stages of being born, living, and dying. Especial importance in this document is given to the problems raised by such practices as genetic engineering, genetic therapy, cloning, and euthanasia.

With regard to the question of the origins of life, the basic principle continues to be that human life is a gift of God and should be treated as such. The way in which God wants this gift to be transmitted is in the highest form of love, that is to say the conjugal love of two marriage partners within the family. Everything that contradicts this principle is unacceptable from a moral point of view.

The same principle applies to euthanasia. Life is a gift of God and as a consequence man cannot take it from another innocent man. We certainly have to accept the right to a decent death without any form of therepeutic overkill but at the same time we must use the means and instruments we have to hand in a suitable and proportionate way in order to defend the life which has been given to us by God.

3.3. Health Education

Today prevention and basic forms of treatment are the order of the day. Pastoral care in health must adopt this mission as its own.

People must also be educated to accompany the sick person – the therapy of consoling is indeed an essential element in pastoral action and this is something which includes personal counselling.

People must be educated to embrace the cause of humanisation and of quality of life – the so-called "QALYS" (quality adjusted life years system). We understand the concept of QALYS in the following way: in meeting the need for quality of life one must take into consideration not only the quantity of years that a person lives but also their quality, and this quality is assessed not only in terms of the economic resources which are available but also in relation to those resources of a family, environmental and spiritual etc. character which make life useful for the individual himself and for those around him – a life which successfully performs that mission which has been given to it by God.

The evangelisation of this sector must be presented through the discovery of new methods and new forms of self-expression which in pastoral care for health find their own specific origins.

People must be educated to know what the relationship between the medical doctor and his patient should be and what informed consent really means. These are indispensable elements if we want to achieve medicine of quality and a form of pastoral care in health which is properly integrated and inserted into the health care context.

II. CO-OPERATION

The national co-ordinating body for pastoral care in health should co-operate with the local Churches and in the dioceses, and must provide spiritual assistance to health care workers, not least by supplying them with the necessary forms of relevant support and back-up.

Who are the principal health care workers? At a general level we may think of those active in the parishes and Catholic hospitals, and in particular we have in mind chaplains, the female members of religious orders, medical doctors, male and female nurses, paramedical staff, pharmacists, voluntary workers, health care authorities and the associations which represent sick people and patients.

1. The Parishes

In order to be effective in practical terms, pastoral care with reference to health care workers must be organised within the local parish itself. What has already been said in this paper about doctrine, co-operation, promotion and accompanying in relation to pastoral care in health must be put into practice in ways which are suited to the specific character of each individual parish.

The sick, and in particular the elderly, often live in their own homes and it is there that the workers of pastoral care in health must search them out in order to put into practice their apostolate of compassion. Pastoral care at a parish level cannot be complete if it does take into account this important and decisive area. Such pastoral care in health should be put into practice by the members of the parish themselves with the help of chaplains so that mutual co-operation can be achieved between these two parties in the best possible fashion. Pastoral care in health must be integrated into pastoral care as directed towards both the sick and the healthy.

2. Catholic Hospitals

It would be a good idea if every organisation connected with pastoral care in health at a national level consulted the special index of our Ministry in order to gather information on whether those hospitals which describe themselves in our list as being "Catholic" hospitals really deserve that name, if there are some authentically Catholic hospitals which have not been included on the list, and if some should be removed from the list and so forth.

The criteria to be employed to decide whether a hospital can really describe itself as being Catholic or not are as follows: whether it continues or does not continue the healing ministry of Christ in today's world; whether or not it expresses the

Magisterium of the Church in its provision of overall pastoral care in health; and whether or not it is accepted as being a Catholic hospital by the relevant ecclesiatical authority (cf Can. 300). The Catholic hospital must accept the Magisterium of the Church both in relation to health and health care questions in the narrow sense – and in particular with regard to the beginning and end of life – and in relation to economic issues as a whole.

I would like to say as regards the economic side of things that the health care centre which describes itself as being Catholic is not an enterprise which aims at material gain but a real and and authentic centre where the evangelical message is also applied in the Christian transmission of goods, something which should take the form which is considered to be the most suitable. The fact that each hospital must be able to maintain itself in an economic sense must certainly be taken into account, but at the same time it must be recognised that a hospital of this kind and character must be open to the poor and those in need. In some countries Catholic hospitals have been hit by the phenomenon of the decline in religious personnel and by the new forms of support offered by the provision of funds by governments and insurance companies. A number of hospitals have had to fuse or even create a new kind of legal status where such institutions are run not by members of religious orders but by the laity. Indeed, it has even happened that in some cases Catholic hospitals have fallen into the hands of non-Catholics. In such cases – which are increasingly frequent – attempts must be made to ensure that the Catholic hospital does not lose its identity but continues instead to engage in a complete acceptance of the Magisterium of the Church.

It is more than evident that in order for a hospital to describe itself as being "Catholic" it is not enough for it to belong to Catholics, or to a religious order or a religious congregation. It must, instead, subscribe to the approach which has been outlined in this paper. But it is also the case that a private or state-run hospital which recognises and accepts the authority of the Magisterium of the Church can be officially recognised by the relevant ecclesiastical authority as having the status of a Catholic hospital.

3. Hospital Chaplains

The figure of the hospital chaplain or of the chaplain who belongs to any other kind of health care centre is becoming increasingly important. Whereas previously the chaplain confined himself to pastoral care in the sacramental sense of sick people, it is now the case that he provides a Christian meaning to health and illness and is concerned with all the questions, issues and difficulties which are connected to this meaning. This is done at the same level and in the same area as all the other health care workers: medical doctors, nurses, hospital administrators, pharmacists and so forth. Special forms of training are required for the effective exercise of this ministry of the Church. However, the chaplain engaged in this kind of activity should not neglect the sacramental dimension to such pastoral care which is, indeed, the highest point to be found in the evangelisation of the field of health and illness. It may be observed that the sacraments can be prepared in a special way in health care institutions. However it must always be remembered that the eucharist must be the fulcrum around which the pastoral care in health as a whole revolves.

In the sphere of operations of hospital chaplaincies,in kindred fashion teams of workers in pastoral care in health have come into being and these teams are composed of deacons, female religious and lay members. Their tasks with regard to pastoral care in health vary according to what is laid down by the doctrine of the Church. But whatever their specific tasks may be, their relationship with the priest responsible for pastoral care in health in a given health care centre or with the parish priest of the parish where the hospital is situated should be of a very close kind.

4. Female Members of Religious Orders

In some contexts we witness the phenomenon of hospitals being abandoned by religious orders or congregations. As has already been observed, circumstances are changing, the responsibilities of male and female religious are becoming increasingly difficult in the hospital world, and in some countries the vocations in the sphere of pastoral care in health are decreasing. However, today more than ever before it is necessary for male and female members of religious orders to be present in these places, both because the spiritual approach in the health field is gaining new ground and because the secularisation of the world of medicine is something which is becoming increasingly acute. We must pray that there will be an increasing number of vocations on the part of consecrated people to the field of pastoral care in health. The Pontifical Council for Pastoral Assistance to Health Care Workers is working to ensure that a Union of Women Consecrated to Pastoral Care in Health will be brought into being.

5. Medical Doctors

Catholic medical doctors are organised at both an international and a national level. We must help them to strengthen their union. They are agents who are of determining importance for pastoral action in the world of health and health care. They must recognise and uphold medical ethics to the full and their work must go beyond the mere exercise of a profession. Their mission is to be heralds of the culture of life in the face of the devastating currents of the culture of death, and this is especially the case particular with regard to the medical questions and issues raised by genetic engineering and euthanasia.

The economic dimension is very important. We need here to evangelise this area of the activity of health care professionals through the Christian communication of goods, and we should see the Catholic medical doctor not so much as a mere

professional figure but as a person who exercises the pastoral ministry of health in line with what is laid down by the Charter for Health Care Workers published by our Ministry.

6. Male and Female Nurses

We need to intensify and promote the activity of the International Catholic Association of Nurses and Medico-Social Assistants in every country. Nurses play a very important part in pastoral care in health, and this is especially true today when we have before us the abandonment by female religious of the world of hospitals. It is therefore nurses who should shoulder the responsibility for pastoral care provided to patients during the daily routine of hospital treatment and medical care. This routine involves placing them in the most favourable place possible for the demonstration and expression of compassion towards the sick. The ethical and professional training of Catholic nurses is of the very greatest importance and should be promoted by the various bodies active in the field of pastoral care in health which are to be found in the episcopal conferences.

7. Pharmacists

An International Federation of Catholic Pharmacists also exists, and it must be recognised that this body is becoming increasingly important. The Catholic pharmacist has a very great role to play when it comes to the provision of suitable drugs and medicines. He or she also has important responsibilities with regard to the control and supervision of drugs and medicines, especially in the case of chemical precursors and synthetic drugs.

The Christian communication of goods, the economic relationship with the patients and with laboratories, the provision of drugs and medicines or their non-availability, and the supply of essential or general drugs and medicines etc. are further important areas when it comes to the role of the Catholic pharmacist. This is another field where the national episcopal co-ordinating body for pastoral care in health could play a very important role.

8. Voluntary Workers

Christian voluntary work in the field of pastoral care in health has been strongly promoted in many countries. In olden days people spoke about the Dames of St.Vincent who are, indeed, still present in many countries. Today there are many other kinds of pastoral workers in health in many parts of the world and they are called Christian health care voluntary workers. These are real apostles of compassion towards the sick. This is another area where episcopal co-ordinating bodies in pastoral care in health must be present.

9. Health Care Authorities

When dealing with the area of health care authorities reference must be made in each country to that country's Ministry of Health. Where possible or where opportune the Church must have a representative who co-ordinates her pastoral action, or at the very least the relations which exist between the national co-ordinating body for pastoral care in health and this Ministry must be of such a character as to promote the inculturation of the message of the Gospels in the implementation of health care policies.

10. Association of Sick People

The organisations dedicated to pastoral care in health should co-operate broadly in the promotion, orientation, and, where possible, in the co-ordination of associations of sick people. In certain places these associations work in a mystic spirit of offering of the suffering of their members with Christ the redeemer. Some offer such suffering in a special way to missions. These bodies must be developed and stregthened where they exist, and brought into being where they do not.

Subsidiarity

The function of the national episcopal co-ordinating body for pastoral care in health must be to serve and help the various dioceses and thus the various bishops as well. Its function, therefore, should not be to take the place of pastors in the discharge of their duties in the dioceses, but rather to help and support them. We can thus affirm that its work should be of a subsidiary character and that the help which it supplies must involve the promotion, co-ordination and direction of pastoral care in health in every diocese.

It could also serve as a bridge between one diocese and another which belong to the same episcopal conference, or between different episcopal conferences, and it could do this in particular through the Pontifical Council for Pastoral Assistance to Health Care Workers.

III. PROMOTION

The co-ordinating body for pastoral care in health must help and support national Catholic organisations which are involved in pastoral care in health in both their theoretical and their practical activities.

These Catholic organisations are very varied in character and take a number of different forms. Reference should be made here to foundations and sanctuaries, faculties of medicine in universities, and organisations such as the Red Cross, Caritas, and so forth.

1. Foundations and Sanctuaries

It is very important to encourage relationships with foundations which can finance, or offer patronage to,work which should be performed, and the same may be said of sanctuaries – and especially Marian sanctuaries – institutions which have a special relationship with the sick and which can help people in both a spiritual and economic sense.

2. Faculties of Medicine

A national co-ordinating body for pastoral care in health should play an orientating and directive role with regard to the Catholic faculties of medicine

in its own country. At the present time, it must be observed, medical ethics are neglected in many faculties of medicine, and this is especially true with regard to the complicated field of bioethics. A national co-ordinating body should promote the Catholic orientation of these faculties and direct them in their responses to the requests of the bishop who us responsible for the university concerned, either in conjunction with him or with the religious order or congregation which administers that university. The same directive function is also needed with regard to the committees for bioethics – organisms which are greatly growing in number at the present time.

3. Other Organisations

Organisations such as the Red Cross, for example, must learn that they have the support of the national co-ordinating body for pastoral care in health. The same may be said for the other organisations which directly promote or direct health care centres or institutions, such as Caritas or certain special foundations.

Support:

Support for these institutions means promoting and co-ordinating where possible – and directing according to the ecclesial Magisterium – not only the faculties of medicine of universities but also other institutions. This direction can take place by fostering a dialogue between them and the national co-ordinating body.

IV. ACCOMPANYING

The national co-ordinating body for pastoral care in health should follow scientific and legislative innovations in order to illuminate them from the starting point of the pastoral action of the Church in the health care field.

1. Legal Aspects

Innovations are none other than innovations and for this reason we must be sensitive to what is new and innovative in the field of health and health care. The area is very large indeed, both with regard to the legal aspects of things and when it comes to scientific matters. For this reason, a dialogue must be established and promoted between experts from the scientific and legal fields.

The action of the national co-ordinating body, therefore, must also address itself to the faculties of law of the universities – and in particular to those which belong to Catholic universities – in order to train and instruct the legal conscience of future lawyers who will work in the medical field. A political dialogue is also required with those people who draw up these laws. The presence of the national co-ordinating body in this difficult field is clearly necessary, and its active presence within the mass media with a view to influencing public opinion is also of marked importance.

2. Scientific Aspects

This paper has already discussed the various branches of medical science when examining the question of their relationship with the faculties of medicine to be found in universities. Emphasis should be placed upon the importance of dialogue with the pharmaceutical companies and with research centres active in the field of medicine with a view to illuminating the various questions and issues which arise in this field. Naturally enough, the presence of experts in the national co-ordinating body for pastoral care in health is necessary both as regards practical medicine and when it comes to the sphere of research. All this should act as a support for the action of the other bishops who are responsible for guiding this dialogue within their own dioceses. The centres of bioethics require special attention because of their research, the results of this research which are offered to the general public, and the approaches and orientations which accompany such results. Here what has been said about the legal aspects of parliamentary bills on the subject, for example on cloning, comes into play. The experiments carried out in laboratories and the questions and issues raised by drugs and medicines – particularly those created by laboratories – are of special importance. The same may be said of the question already referred to in this paper of those essential medicines and drugs which would greatly help the third world but whose availability is impeded for economic reasons. Here we may think of those drugs and medicines sadly known as orphan medicines because they are no longer produced by the first world – which is the exporter to the third world – but which, however, are most urgently needed by this latter.

3. The Socialisation of Health Care

Another question which has already been referred to in this paper is that of the socialisation of health services. The envisaged national co-ordinating body must pay especial attention to the practical expression of such socialisation in each country. It must strive to resolve the bureaucratic problems involved in this process of socialisation and open up the road to greater efficiency which, where this is possible, is able to avoid the pitfalls of bureaucracy. Countries exist where steps are being taken to return to private methods in the provision of medical care and treatment. This involves a move from general care in government-run centres to private health care centres. Whatever the case may be, the specific experience of each individual country could be of great importance because that experience – through the offices of the Pontifical Council – could be made available to everyone and could help in directing the pastoral action of the national episcopal co-ordinating bodies for pastoral care in health.

4. Emerging Illnesses

In this field we must not forget about those very dangerous illnesses which require the special attention of these special co-ordinating bodies. In each country there must be a clear awareness of what these im-

pelling scourges are. In some places one is dealing with malaria, in others AIDS, and in others drugs, leprosy, tuberculosis, cancer, excessive smoking and so forth. In this field the pastoral guidelines of the co-ordinating body will be of great help to the respective national episcopal conferences.

CONCLUSION

In this paper an attempt has been made to offer certain ideas about how to define the goals and workings of a national co-ordinating body for pastoral care in health acting within an episcopal conference, and in suitably adjusted fashion to do the same with regard to similar bodies acting within dioceses and parishes. As has already been observed, this involves taking as a model the nature, goals and activities of the Pontifical Council for Pastoral Assistance to Health Care Workers. Just as the function of this Ministry is to achieve ecclesial communion in the sphere of pastoral care in health, so the objective of every national episcopal co-ordinating body for pastoral care in health should be the promotion of this communion in this field by the local Churches, and these latter should act as a support for the pastoral care provided by the dioceses. The task of the dioceses is that of promoting, directing and co-ordinating the specific diocesan body concerned with pastoral care in health, and the task of the parishes is that of actually bringing such an organisation into being.

As will have been noted, this paper has sought to establish an analogy between the Pontifical Council for Pastoral Assistance to Health Care Workers and episcopal co-ordinating bodies for pastoral care in health at national, diocesan and parish levels, and has done this with full awareness of the need for variations in their character according to the level at which they operate. These are suggestions and guidelines which have been made for episcopal conferences. Each conference must find the most effective way by which to establish its own co-ordinating body, and every diocese must do that which it believes to be most opportune for its own situation.

In this way the Pontifical Council for Pastoral Assistance to Health Care Workers wants to provide a service of ecclesial communion in its theatre of operations so that health care workers – at both a national and a diocesan and parish level – will be able to receive the spiritual assistance which is necessary to the performance of their duties in line with Christian doctrine,and so that the suitable supports for the carrying out of their work will not be absent from the field (cf Apostolic Constitution “Pastor Bonus”, 153:2).

The compassion which pastoral workers feel towards their sick brethren is very great. We want to increase and intensify this compassion by adapting it to contemporary needs and requirements, by explaining the doctrine of the Church, by co-operating with the local Churches, by promoting the theoretical and practical activity of the various organisations active in this area, and by paying close attention to the legal and scientific innovations in the field of health and health care and to their pastoral implications. As has already been observed in this paper, these are guidelines which are offered to us by the Apostolic Constitution “Pastor Bonus”.

We entrust the work of the organisation of the episcopal, diocesan and parish commissions for pastoral care in health to the Most Holy Virgin “Salus Infirmorum” in the hope that she will continually support us, comfort us and inspire us to carry out thatwork entrusted to us of building the Kingdom of God in today’s world – beginning with the field of pastoral care in health – in an increasingly effective fashion.

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for Pastoral Assistance
to Health Care Workers.

Footnotes

[1] The spiritual aspect is understood as an overall project of life which thus integrates all the other aspects of man – the physical, the mental and the social – and which sees him in global terms.

[2] Some people distinguish pain from suffering and mean pain only in a physical sense. Here by the term “pain” is also meant “suffering”. Therefore pain and suffering are seen to take place at a physical level and also at a mental, social and spiritual level.