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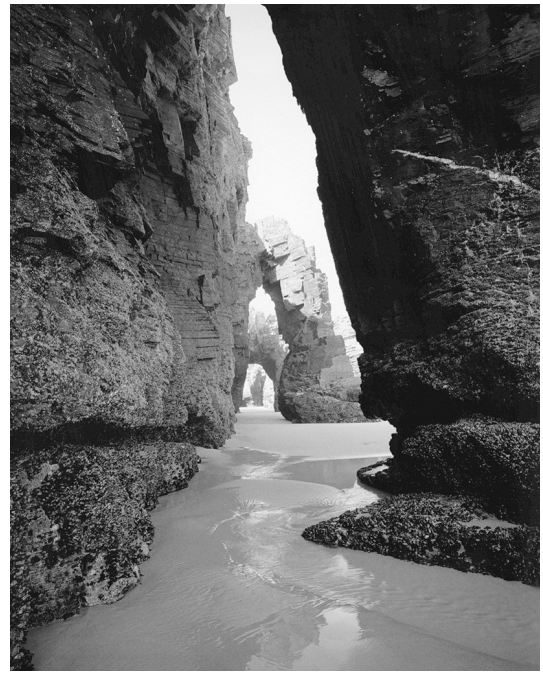
XII World Day of the Sick



Shrine of Our Lady
of Lourdes, France
11 February 2004

Letter of the Holy Father

ON 28 JANUARY 2004 THE HOLY FATHER JOHN PAUL II APPOINTED HIS EMINENCE CARDINAL JAVIER LOZANO BARRAGÁN HIS SPECIAL ENVOY TO THE CELEBRATION OF THE TWELFTH WORLD DAY OF THE SICK

To our Venerable Brother
JAVIER Cardinal LOZANO BARRAGÁN
President of the Pontifical Council for Health Care Workers
(for Health Pastoral Care)

Coinciding with the hundred and fiftieth anniversary of the dogmatic definition of the Immaculate Conception, what the Mother of the Lord pronounced at the grotto of Massabielle re-echoes pleasingly in our hearts and is full of consolation. It is, therefore, very suitable that the Twelfth World Day of the Sick should be celebrated when the whole Church remembers the first apparition of the Immaculate Virgin, Health of the Sick, in that town.

Also with gladness we learn that this event will be preceded by two days in order to illuminate the subject *the Immaculate Conception and health in the Christian roots of Europe* and *to renew health pastoral care in the world and particularly in Europe through the celebration of the above-mentioned anniversary.*

Certain, therefore, of the importance of this reality, we have kindly thought of you, our Venerable Brother, the President of the Pontifical Council for Health Care Workers, collaborating diligently with us for the pastoral care of the sick.

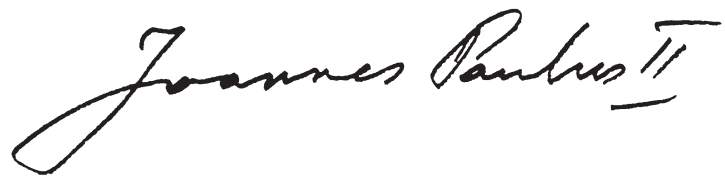
For that reason, by this letter, we appoint and nominate you EXTRAORDINARY ENVOY to represent us in the above mentioned celebration this coming 11 February.

Verily we desire that you take our paternal and sincere greetings to all those who participate in this gathering, especially our sick brothers and sisters as well as health

care workers. In our name you will also preside over the liturgical celebrations, fervently exhorting the participants to fulfil the invitation of the merciful Mother, who at Lourdes asked for penance and prayer, and to offer, in union with Jesus Crucified and the same Virgin of Sorrows, their own bodily and spiritual infirmities for the whole of humanity.

Finally, our Venerable Brother, while entrusting your mission to the intercession of the Immaculate Virgin Mary, we, at the same time, desire that you lovingly impart in our name the Apostolic Blessing, bearer of every good and testimony of our good will, to all those will take part in the Twelfth Universal Day of the Sick.

From the Vatican, 28 January 2004, in the twenty-sixth year of our Pontificate.



Account of the Twelfth World Day of the Sick

LOURDES, 9-11 FEBRUARY 2004

The Twelfth World Day of the Sick was solemnly celebrated at Lourdes in France, a small town at the foot of the Pyrenees, where, commencing on 11 February 1858, 'a lady dressed in white' appeared eighteen times to the young shepherd girl, Bernadette Soubirous. Since that time Lourdes has become the destination of a great many pilgrims, a 'capital' sanctuary of the world of pain and suffering, a place, as the Holy Father has put it, where Our Lady in person wanted to 'express her maternal love in particular towards the suffering and the sick'.

The principal reason for the decision to choose this Marian town was the fact that 2004 is the one hundred and fiftieth anniversary of the proclamation of the dogma of the Immaculate Conception, Taking this truth as its point of departure, a truth revealed explicitly at Lourdes, this World Day sought to address the following subject: 'the Immaculate Conception and health in the Christian roots of Europe'. More specifically, the intention was to reflect on 'how to renew pastoral care in health in the world and in particular in Europe'.

This event of great value was promoted by the Pontifical Council for Health Pastoral Care together with the Bishops' Conference of France, represented by His Eminence Cardinal Philippe Barbarin, the Archbishop of Lyons, who is responsible for pastoral care in health in this Conference, and the Bishop of Tarbes and Lourdes, H. E. Msgr. Jacques Perrier.

His Eminence Cardinal Javier Lozano Barragán, President of the Pontifical Council for Health Pastoral Care, was appointed Special Envoy of the Holy Father to the Twelfth World Day of the Sick. Others appointed to be members of the pontifical delegation included the two Canons of the diocese of Tarbes and Lourdes: Rev. Pierre-Marie Charriez and Rev. Henri Fréchou.

The group of people belonging to the Pontifical Council for Health Pastoral Care that went to Lourdes included the following: the Bishop-Secretary of the Pontifical Council, H.E. Msgr. José Luis Redrado; some Officials and collaborators of the same Pontifical Council; as well as priests, religious and members of the laity involved in various ways in pastoral care in health in various countries of the world.

The celebration of this year brought to mind the early days of the World Day of the Sick when, after being established by John Paul II, it was held for the first time on 11 February in Lourdes.

The Preparations for the World Day

Announced and established by the Message of the Holy Father, the celebration of the Twelfth World Day of the Sick in Lourdes was the subject of numerous preparatory initiatives. The Pontifical Council for Health Pastoral Care secured the diffusion of the Message of the Holy Father through the mass media. Vatican Radio transmitted the principal initiatives connected with the celebration. The brochures containing information and the programme of the World Day were prepared by our Pontifical Council and by the Episcopal Commission for Pastoral Care in Health of France.

In order to engage in suitable preparations for this World Day, the President of our Pontifical Council personally went to Lourdes, where he held a series of meetings with the organising committee for the World Day, which was composed, first of all, of the Secretary of the Bishops' Conference of France, Rev. Bernard Hayet; the Ordinary of the diocese of Tarbes and Lourdes, H.E. Msgr. Jacques Perrier; and the Rector of the Sanctuary, Rev. Raymond Zambelli.

The Celebration of the World Day

Following tradition, the Twelfth World Day of the Sick was also characterised by three principal aspects: the pastoral, the theological, and the liturgical.

The pastoral aspect: the meeting of the Bishops and their delegates

The round table of Bishops in charge of pastoral care in health and their delegates from various European countries was dedicated to the principal subject of the World Day, 'the Immaculate Conception and health in the Christian roots of Europe'. This meeting took place at the 'Centre Accueil Notre-Dame' on the morning and afternoon of Monday 9 February.

Cardinal Javier Lozano Barragán introduced the proceedings and in his paper he outlined the principal directions of pastoral care in health and its present-day situation in the Church at a world level.

Listing the negative aspects that have a bad impact on the health care world in the old Continent, the President of the Pontifical Council referred to secularism in particular. As a current of thought this presents a distorted picture of pain, suffering and death. Another negative aspect, on which secularism exercises a strong influence, is the lack of workers in pastoral care in health, and in particular of workers who belong to religious orders.

The Cardinal concluded by emphasising the proposals to be made: those of the Gospel, of the Pope and of the Pontifical Council, which provide solid bases and sufficient responses to the complex problems of pastoral care in health in Europe.

At a more detailed level, the present-day state of this form of pastoral care was illustrated by the Bishops and their delegates. These came from Belgium, France, England, Ireland, Italy, Luxembourg, Poland, Romania, Spain and Switzerland.

The Bishop of Bruges in Belgium, H.E. Msgr. Roger Vangheluwe, dwelt at length upon the subject of euthanasia, which has been recently approved by the Belgian government. He emphasised the efforts made by the whole of the Church to oppose this law, as well as the Church's struggle against secularism and the secularisation of Catholic hospitals.

The subject of euthanasia was also present in the paper given by Rev. Joseph Roduit, the Abbot of the Abbey of Saint-Maurice in Switzerland. Amongst the various grave problems that the Church has to address in Switzerland, the Abbot referred to: the high consumption of drugs, increasing levels of infertility, and the family planning programmes implemented by the government, programmes which are irreconcilable with the Catholic vision of the family.

In Spain as well, as emerged from the paper given by the Archbishop of Palencia, H.E. Msgr. Rafael Palmero Ramos, where the new evangelisation has produced certain fruits in the health care world, the attitude of certain extremist groups in favour of euthanasia have given rise to worry.

The papers given by the team responsible for pastoral care in health within the Bishops' Conference of France were very interesting. These papers demonstrated that health is a 'priority good' in France, and that the priests working in hospitals, although they are few in number, manage to transmit such Christian values as trust and hope in providing valuable help to patients. Amongst the principal challenges, reference should be made to the secularisation of public institutions, the presence of Muslims, and the present-day debate on euthanasia, in which the Catholic voice is clear and decisive.

The role of the Church in Poland was then described by Rev. Marian Wnuk. He laid emphasis on the fact that the Church has always worked in the health care field, but stressed that only in recent years, after once again obtaining full liberty, has the Church been able to work in peace, engaging in planned initiatives at a local and national level. The most important initiative is the annual pilgrimage to health care workers to Czestochowa, which since 1994 has involved a large number of adherents and high levels of interest. In addition, there is the annual retreat for hospital chaplains. Strong emphasis is also placed on the catechesis and on training at the Faculty of Medicine of that town in order to inculcate Christian values in the future generations of medical doctors.

In Romania, on the other hand, as the Auxiliary Bishop of Iasi, Msgr. Aurel Perca, pointed out, the situation is dramatic. Most of the population of this country is Orthodox (85%), and the structures of the state are still not favourable to, and are ill-disposed towards, the Catholic Church, which has to work without levying charges and supported by charitable donations.

Msgr. Sergio Pintor, the Director of the Office of the Bishops' Conference of Italy that deals with pastoral care in health, described the role of the Church in Italy. He asked for a concrete commitment to create a 'European Forum' on health care in order to share and communicate experiences and provide new prospects for action on behalf of sick people, who are, indeed, the subjects and the protagonists of the world of health and health care.

The debate on the first day, which was broad-ranging and detailed, brought out the major role of the Church in Europe, which tries to provide sound pastoral solutions to the problems of secularism, secularisation, emigration, the weakening of faith, and the low number of religious vocations.

The theological aspect: the day of study for health care workers

On 11 February, at the 'Palais des Congres' of Lourdes, and in the presence of a large number of medical doctors, paramedics, and people active in the world of health and health care, the day of

study dedicated specifically to such groups was held.

As the first speaker, Cardinal Javier Lozano Barragán analysed in detail the following subject: 'the new paradigm: bioethics closed and bioethics open to the transcendent'.

After referring to certain facts connected with the origins of bioethics, the President of the Pontifical Council for Health Pastoral Care summarised the two principal currents of contemporary thought. The first follows the approach of the 'new paradigm' and involves bioethics closed to the transcendent; the second, on the other hand, involves bioethics open to the transcendent. It is not surprising that these currents, which are opposed to each other from the outset, give rise to opposing approaches to specific questions such as in vitro fertilisation, cloning, stem cells, the manipulation of embryos, the transplant of organs, euthanasia, and palliative cures. It is thus necessary to be very precise when dealing with these subjects. Nobody can doubt, the Cardinal emphasised, that 'we are not for closed horizontal bioethics; we are for open vertical bioethics directed towards the transcendent'.

Two other papers were given during the afternoon. Rev. Arnaud de Vaujuas, who is in change of teaching at the Catholic Institute of Toulouse and a doctor of medicine, spoke about 'applications in the field of biogenetics'. Rev. André Cabes, a theologian and a former chaplain of Lourdes, and Dr. Patrick Thellier, the Director of the Medical Office of the sanctuary, spoke on the 'the Immaculate Conception and the sick at Lourdes'.

The liturgical aspect: the moments of prayer

1. The opening Holy Mass, Monday 9 February

The opening Holy Mass took place in the crypt between the Basilica of the Rosary and the 'Higher' Basilica, and was presided over by Cardinal Javier Lozano Barragán who during his brief homily declared: 'we believe that there is always a harmonious search for Christ in the Christian roots of Europe. May Mary in her Immaculate Conception help us to find such harmony once again!' The Cardinal then invited all those present to live out three days of prayer and reflection in Lourdes at a deep level with Mary.

2. The Holy Mass of Tuesday, 10 February

Cardinal Philippe Barbarin, the Archbishop of Lyons, presided over the concelebration of the Eucharist at the Basilica of the Immaculate Conception on Tuesday morning. In extending a warm greeting to those taking part in the Twelfth World Day of the Sick, the Cardinal expressed his personal satisfaction at the fact that France, and in particular the Marian sanctuary of Lourdes, had been chosen for the celebration of this World Day.

3. The Eucharistic procession and the administration of the anointing of the sick

On the same day, 10 February, at 17.00, the Eucharistic procession began. The large assembly of the faithful, led by Cardinal Javier Lozano Barragán, began its journey at the modern church of St. Bernadette, located on the other bank of the Gave, and went towards the underground Basilica of St. Pius X. Within this Basilica the solemn liturgy of the word was celebrated, during which the Special Envoy of the Pope administered the sacrament of the anointing of the sick to a number of sick people who had gathered in front of the altar. The most moving moment was the blessing of the most holy sacrament amidst the sick people.

4. The prayer vigil

There were two significant moments of prayer during the prayer vigil of Our Lady of Lourdes, At 21.00 over ten thousand pilgrims took part in the torchlight procession with the recital of the rosary. This collective prayer was then transformed into individual nocturnal prayer in front of the Most Holy Sacrament, which was displayed on the altar of the Basilica of Our Lady of the Rosary.

4. The solemn concelebration of the Eucharist of 11 February

At 9.30 the Special Envoy of the Pope, Cardinal Javier Lozano Barragán, was welcomed at the entrance of the underground Basilica of St. Pius X. H.E. Msgr. Perrier read the letter of the Pope appointing the Special Envoy. The reading in French of the Message of John Paul II for the World Day of the Sick was made by the Rector of the Sanctuary, Don Zimbelli. Then the solemn concelebration of the Eucharist commenced.

The liturgical assembly was made up of 25,000 people and was very numerous. The Gospel, in addition to being proclaimed in French, was also read out in Italian, Spanish and English. The texts, in German and Dutch, were to be seen on large video screens.

The following participated in the concelebration together with the Special Envoy of the Pope: Msgr. Carlo Caffara, the Archbishop of Bologna; Msgr. Jaques Perrier, the Bishop of Tarbe and Lourdes; Bishop José Luis Redrado, the Secretary of the Pontifical Council for Health Pastoral Care; Msgr. Thomas Kwaku Menasi, the Bishop of Obuasi (Ghana); Msgr. Rafael Palmero Ramos, the Bishop of Palencia; Msgr. Adalbert Ndzana, the Bishop of Mbalmayo (the Cameroon); Msgr. Giuseppe de Falco, the Bishop of Sulmona-Valva; Msgr. Beniamino de Palma, the Archbishop of Nola; Dom Jospeh Roduit, the Abbot of Saint-Maurice; Msgr. Aurel Perca, the Auxiliary Bishop of Iasi; Msgr. Massimo Giustetto, Emeritus Bishop of Beilla; Don Zimbelli, the Rector of the Sanctuary, together with another seven hundred priests, amongst whom presbyters who are Officials of the Pontifical Council for Health Pastoral Care.

During his homily Cardinal Javier Lozano Barragán point-

ed out that 'the Immaculate Conception brought Mary to full harmony and full health at the Assumption through the painful pathway of the cross…To understand the Immaculate Conception as fullness of harmony is to return in a really new way to the roots of European Christian culture. It is also to understand Lourdes as a place in which God, through the intercession of Our Lady, grants healing so very often, applying the redemption that Christ offers us. Thus Lourdes becomes a privileged centre for the New Evangelisation of European culture'.

Before the final blessing, the Holy Father appeared on the large video screens. His words, spoken during the general audience held in the Paul VI Hall, echoed through the Marian valley and touched the hearts of thousands and thousands of suffering people: '*Under your protection we look for shelter*, Immaculate Virgin of Lourdes'. 'I now turn', said the Pontiff, 'to those who have experienced the burden of suffering in their bodies and their spirits. I would like, at the same time, to observe that human existence is always a gift of God, even when it is marked by the physical suffering of humanity'.

The greeting given by the Holy Father to the large number of volunteers who were present in the Basilica was also very expressive: 'I am pleased to address a word of keenly-felt appreciation to those who, with simplicity and a spirit of service, place themselves next to the sick, trying to alleviate their suffering'.

Thanks to the modern techniques of communication, the 'bridge' of prayer and sharing between Rome and Lourdes was not only a moving moment but also a moment of strong spiritual renewal.

6. The torchlight processions

Every evening at 21.00 a torchlight procession began: the crowd of pilgrims began from the grotto of the apparitions, went along the side of the river Gave, and then passed through the streets that lead to the heart of this Marian town, before finishing at the great Square of the Rosary in front of the Basilica of the Immaculate Conception. Those taking part in the procession, with their lit torches in their hands, recited the prayer of the Holy Rosary. The mysteries were read and recited in various languages. The procession ended with the soft singing of 'Hail Queen'. On Monday this procession was led by the Special Envoy of the Holy Father.

Conclusion

The celebration of the Twelfth World Day of the Sick at Lourdes had a special significance not only because of the exceptional character of the place where it was held. Beyond this, four significant moments in the recent history of the Church were also commemorated: the one hundred and fiftieth anniversary of the proclamation of the dogma of the Immaculate Conception; the one hundred and forty sixth anniversary of the first apparition of Our Lady to Bernadette Soubirous; the twentieth anniversary of the publication of the encyclical letter *Salvifici doloris* on the salvific meaning of suffering; and the eleventh anniversary of the first celebration of the World Day of the Sick on 11 February 1993, also held in Lourdes. In relation to this fact, Pope John Paul II wrote: 'Lourdes, one of the Marian sanctuaries that is most dear to the Christian people, is a place and at the same time a symbol of hope and grace within a framework of the acceptance and the offer of salvific suffering'.

Don DARIUSZ GIERS,
Official of the Pontifical Council for Health Pastoral Care, The Holy See.

May Our Immaculate Lady Watch over the Sick

JOHN PAUL II, DURING THE ANGELUS OF 8 FEBRUARY 2004, REFLECTED ON THE TWELFTH WORLD DAY OF THE SICK CELEBRATED ON 11 FEBRUARY 2004

Dear Brothers and Sisters,

1. The *World Day of the Sick* will be celebrated next Wednesday, 11 February, Memorial of Our Lady of Lourdes. The principal events will take place precisely in *Lourdes,* where Mary Most Holy appeared to St Bernadette Soubirous, presenting herself as the "Immaculate Conception". Furthermore, this year is the 150th anniversary of the Dogma of the Immaculate Conception, proclaimed by my venerable Predecessor Bl. Pius IX, whose feast we celebrated yesterday.

2. The close *connection between Our Lady of Lourdes and the world of suffering and illness* is well known. The sick have always been the chief persons at the shrine which came into being at the Grotto of Massabielle, and over the years Lourdes has become an authentic *stronghold of life and hope*. How could it be otherwise? The Immaculate Conception of Mary is, in fact, the first fruit of the Redemption brought about by Christ and the pledge of his victory over evil. The spring of water bubbling from the ground from which the Virgin asked Bernadette to drink is reminiscent of the power of Christ's Spirit who heals human beings completely and gives them eternal life.

3. May Our Lady watch over those who will be taking part in the forthcoming events scheduled at Lourdes: the meetings on *pastoral health care in European countries* and on the special relationship between *Mary Immaculate and the sick*. Let us entrust to the Blessed Virgin the *solemn Eucharistic Celebration* at which my Special Envoy, Cardinal Lozano Barragán, President of the Pontifical Council for Health Pastoral Care, will be presiding.

To you we Entrust the Sick, the Elderly, and People who are Alone

THE CATECHESIS OF JOHN PAUL II DURING THE GENERAL AUDIENCE, IN THE PAUL VI HALL, WEDNESDAY, 11 FEBRUARY 2004.

1. Today our thoughts turn to the famous Marian Shrine of Lourdes located in the Pyrenees Mountains which continues to attract great crowds of pilgrims from all over the world, including numerous sick people. This year Lourdes is the venue for the main events of the *World Day of the Sick*, where the coincidence with the liturgical memorial of Our Lady of Lourdes is now an established tradition.

The shrine was chosen not only because of its strong connection with the world of sickness and with the pastoral approach of health-care workers. Lourdes was thought of above all because 2004 is the 150th anniversary of the proclamation, on 8 December 1854, of the Dogma of the Immaculate Conception. In Lourdes in 1858, four years later, the Virgin Mary appeared to Bernadette Soubirous in the Grotto of Massabielle, presenting herself as the "Immaculate Conception".

2. Let us now make a spiritual pilgrimage to the feet of the Immaculate Virgin of Lourdes, to take part in the prayers of the clergy and faithful and especially of the sick people gathered there. The World Day of the Sick is a forceful appeal to rediscover the important presence of suffering persons in the Christian community and to appreciate ever deeper their precious contribution. From a merely human standpoint, pain and sickness can appear absurd realities: but when we let the light of the Gospel shine on them we succeed in understanding their deep salvific meaning.

"From the paradox of the Cross", I stressed in my *Message for Today's World Day of the Sick,* "springs the answer to our most worrying questions. *Christ suffers for us.* He takes upon himself the sufferings of everyone and redeems them. *Christ suffers with us,* enabling us to share our pain with him. United to the suffering of Christ, human suffering becomes a means of salvation" (n. 4).

3. I now address all who feel burdened by suffering in body and spirit. Once again, I express my affection and spiritual closeness to each one. At the same time, I would like to remind you that human life is always a gift from God, even when it is marked by physical suffering of any kind; it is a "gift" to be made the most of for the Church and for the world.

Naturally, those who are suffering should never be left alone. In this regard, I eagerly address a word of heartfelt appreciation to the people who, with simplicity and a spirit of service, take their place beside the sick, seeking to alleviate their sufferings and as far as possible cure them of their ailments, thanks to the progress of the art of medicine. I am thinking especially of health-care workers, doctors, nurses, scientists and researchers, as well as hospital chaplains and volunteer workers. Caring for a suffering person is a great act of love!

4. "*Sub tuum praesidium...*", as we prayed at the beginning of our meeting. "Under your protection we seek refuge", Immaculate Virgin of Lourdes, who present yourself to us as the perfect model of creation according to God's original plan. To you we entrust the sick, the elderly, the lonely: soothe their pain, dry their tears and obtain for each one the strength they need to do God's will.

May you support those who toil every day to alleviate the sufferings of their brethren! And help us all to grow in the knowledge of Christ, who by his death and Resurrection defeated the powers of evil and death.

Our Lady of Lourdes, pray for us!

The Virgin Mary is a Wonderful Sign of the Victory of Life over Death

ADDRESS OF JOHN PAUL II IN ST. PETER'S IN THE AFTERNOON OF WEDNESDAY 11 FEBRUARY 2004 TO THE THOUSANDS OF SICK AND DISABLED PEOPLE GATHERED IN THE VATICAN BASILICA TO TAKE PART, ON THE OCCASION OF THE TWELFTH WORLD DAY OF THE SICK, IN MEMORY OF THE BLESSED VIRGIN OF LOURDES, IN THE SOLEMN CONCELEBRATION OF THE EUCHARIST PRESIDED OVER BY CARDINAL CAMILLO RUINI ON BEHALF OF THE HOLY FATHER.

Dear Brothers and Sisters,

1. Once again St Peter's Basilica has opened wide its doors to the sick: to you who are present here, and in spirit to the sick across the world. I greet you with deep affection, dear friends. From this morning, my prayers have been dedicated especially to you and I am now delighted to meet you. With you, I greet your relatives, friends and the volunteers who have accompanied you. I greet the members of the National Italian Union for Transporting the Sick to Lourdes and International Shrines (UNITALSI), as well as the directors and operators of the Opera Romana Pellegrinaggi that is celebrating its 70th anniversary this year. In particular, I greet and thank Cardinal Camillo Ruini who has presided at the Holy Mass, the concelebrating Bishops and priests, the men and women religious and all the faithful present.

2. Twenty years ago on the Memorial of Our Lady of Lourdes, I published the Apostolic Letter *Salvifici Doloris* on the Christian meaning of human suffering. At the time, I chose that date thinking of the special message that the Virgin addresses from Lourdes to the sick and to all the suffering.

Today, too, our gaze turns to the venerable image of Mary which stands in the grotto of Massabielle. At its base are the words: "I am the Immaculate Conception". These words have a special resonance this year, here in the Vatican Basilica where 150 years ago Bl. Pope Pius X solemnly proclaimed the Dogma of the Immaculate Conception of Mary. And it is precisely the Immaculate Conception, a truth that introduces us into the heart of the mystery of Creation and of the Redemption, that inspired my *Message for Today's World Day of the Sick.*

3. In looking at Mary our hearts are opened to hope, for in her we see the great things God accomplishes when we render ourselves humbly available to doing his will. The Immaculate Virgin is a marvellous sign of the victory of life over death, of love over sin, of salvation over every physical and spiritual ailment. She is a sign of comfort and never-failing hope (cf. *Lumen Gentium,* n. 68). What we admire already fulfilled in her is a pledge of what God wants to give to every human creature: fullness of life, joy and peace.

May contemplation of this ineffable mystery comfort you, dear sick people; may it illumine your work, dear doctors, nurses and health-care workers; and may it sustain your precious activities, dear volunteers who are called to recognize and serve Jesus in every needy person. May Our Lady of Lourdes watch over everyone as Mother. Thank you for the prayers and sacrifices that you also generously offer for me! I assure you of my constant remembrance, and affectionately bless you all.

Homily of Cardinal Javier Lozano Barragán

HOMILY GIVEN DURING THE HOLY MASS AT THE END OF THE TWELFTH WORLD DAY OF SICK, LOURDES 11 FEBRUARY 2004

Though utopias express ardent desires of the heart, they may become dangerous because they remain within the sphere of fantasies and thus estrange us from reality. However, they serve as a stimulus to progress and in their own way reflect the teleological axis of every culture. When an extraordinary utopia becomes an astounding reality, then this utopia which has become "topia" life, naked reality, constitutes in fact the authentic cultural axis, which is worthy of being called real universal cultural teleology.

This happened with the death and resurrection of Christ: culture is life and anticulture is death. The only goal of culture is life; and when the terror of death hangs over life every day, true culture will consist in finding an antidote for death. Man has always searched for this remedy, in every time and place. However, in our days, tired of the search that seemed useless to him, he takes refuge in a paralysing scepticism that is associated with the epicurism of the predominant economic globalisation, in conformity with the maxim of "let us eat and drink for tomorrow we shall die." Inebriated by technological progress, modern man strongly reacts against anything that invites him to raise his head, look beyond the daily routine and focus on the true horizon of life in the historical reality of God made man, by the benefit of Whom he overcomes death through his resurrection. If he accepts this horizon, then culture acquires its true meaning in the rich mystery of infinite newness, which sets the virtue of hope as the central driving force of a history that progresses towards an unexpected novelty.

It is exactly with this background that we thought about celebrating the XII World Day of the Sick in Lourdes, reflecting on the Dogma of the Immaculate Conception and its relationship to health, within the context of the Christian roots of Europe. We, therefore, intend to renew Health Pastoral Care in the world, especially in Europe, through the celebration of the 150th anniversary of the proclamation of this dogma.

In his message for this World Day of the Sick, which we listened to a little while ago, the Holy Father John Paul II, tells us that "the Immaculate Conception foreshadowed the harmonious intertwining of the 'yes' of God and the 'yes' that Mary would pronounce…This 'yes' of hers, on behalf of mankind, reopened the doors of Heaven to the world, thanks to the incarnation of the Word of God in her womb through the action of the Holy Spirit (cf. *Lk* 1: 35). In this way, the original project of creation was restored and strengthened in Christ, and in this project she, the Virgin Mother, also found a place. Here is to be encountered the keystone of history: with the immaculate Conception of Mary began the great work of the Redemption, which was actuated in the precious blood of Christ. In Him every person is called to fulfil himself or herself to the full perfection of holiness (cf. *Col* 1: 28). The Immaculate Conception was thus the dawn that promised the radiant day of Christ, who, by his death and resurrection, would re-establish full harmony between God and mankind. If Jesus is the source of life that defeats death, Mary is the caring mother who meets the hopes of her children by obtaining for them the health of their souls and bodies. This is the message that the sanctuary of Lourdes constantly re-proposes to the devout and to pilgrims. This is also the meaning of the corporeal and spiritual healings that take place in the grotto of Massabielle" (*Message of His Holiness John Paul II to the President of the Pontifical Council for Health Pastoral Care, for the XII World Day of the Sick, the Vatican, 1 December 2003,* nn. 2-3).

The Christian culture of Europe bears in its most impor-

tant elements the desire to understand nature in its basic constitution and transform it for its own utility; the desire for universal cohabitation, promoted by objective social organisation through appropriate laws; the acknowledgement and respect for creation as a gift of God to man; and as the key factor and only valid teleology of the whole history of humanity, the incarnation of the Son of God and his salvific death and resurrection, to which we incorporate ourselves to overcome evil and obtain salvation.

The last two fundamental elements are deeply inculturated in the first two, thus making the sum total of all four the basic root of the European culture. However, we realise at the same time that these are contested in modern and postmodern society. Above all, the central fact is rejected, that is, Christ as the only salvation and decisive teleology of history and culture.

Amidst the negation of Christian transcendence, there

is no wonder that health is defined as "a state of perfect physical, mental and social well-being, and not just the absence of illness", ending up in this way in a mere utopia, since this kind of health is only an illusion.

In the Jubilee Year Message for the World Day of the Sick 2000, Pope John Paul II uses a more distinct description. Though he agrees that health does not consist in the mere absence of illness, he does not consider it as a state of perfect well-being. Rather, he defines it as a tension towards harmony which is not only physical, mental and social, but also psychic and spiritual (*Jubilee Message for the World Day of the Sick, November 2000, n. 20*).

In today's Message the Pope speaks to us about the intertwining between the "yes" of God, which He had in the original project for creating man, and the "yes" that Mary pronounces on behalf of all mankind, in order to become the Mother of God. It is here that the fullness of the harmony which had been distorted in the past by the first sin of man, is realised. The second Adam is then born, the true first man in total harmony with God, Christ the Lord. He is the Son of the second Eve, the true Mother of the living, Mary, in perfect harmony with God from the very moment of her conception: her Immaculate Conception.

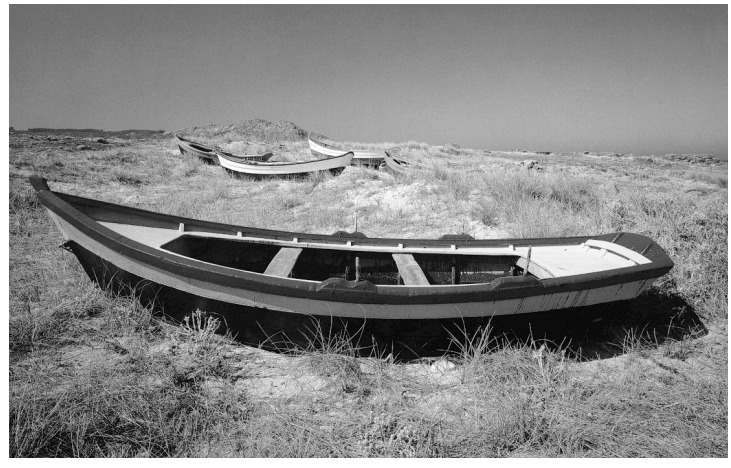
This Marian harmony was to be very painful, it meant the Passion and the Cross together with Christ: it is the sword of pain prophesied by Simeon. True, this was harmony with suffering, but victorious in the Resurrection and Ascension of Christ: and this victory meant the Assumption of Mary.

The Immaculate Conception led Mary to complete harmony and total health in the Assumption, through the painful way of the cross. In her, the Christian model of true health, which in her Son hung on the cross and blossomed in the Resurrection, is portrayed. Since then, the right tension towards the only possible harmony is the glorious cross. We can therefore say that health is not just the absence of illness. Rather, it is the physical, psychic, social and spiritual glorious cross, which is actually the only acceptable tension towards true harmony. Here the cross is "spiritualised", or rather, the Holy Spirit, due to his All-powerful Love makes sure that the cross of awful death becomes the glorious cross, source of life and happiness, of true harmony and true health. *"Ubi salus mundi pependit*". This joy urges us to be patient and to already have the solid hope of resurrection, because the Love of the Spirit demands healing as a sign of the Kingdom of God that is already present. This is the significance of the miracles done by Christ, and this is the meaning of the Christian paradigm of health, which is the logo of our Dicastery: the Good Samaritan.

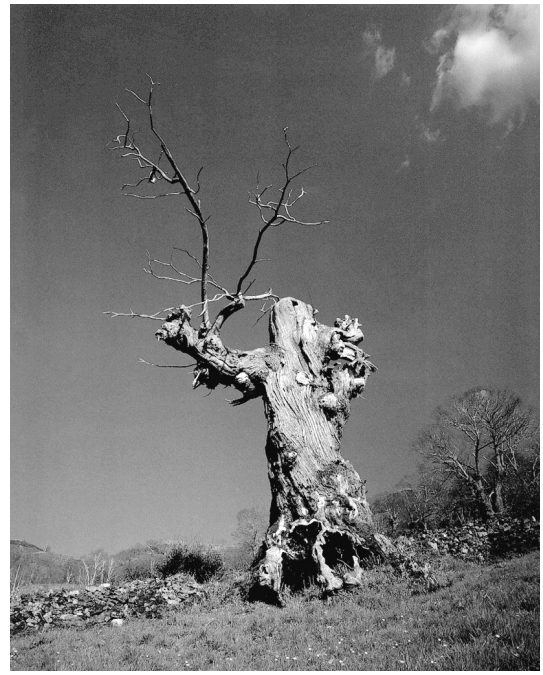
Understanding the immaculate Conception as fullness of harmony would mean returning to the Christian roots of European culture in a truly renewed way. It would also mean understanding Lourdes as a place where God on several occasions granted healing through the intercession of the Blessed Virgin, applying the redemption that Christ offers to us. In this way, Lourdes becomes a privileged centre for the New Evangelisation of European culture, as a sign of the actual presence of the Kingdom of God, which is harmony, peace and health in the birth of a new community of nations that wants to rise vigorously and abounding, away from the impairment of seeking mere economic interests.

May the Lord Jesus, through the Immaculate Conception of his Mother, grant new vigour to European culture so that it may embrace the new evangelisation, which starts from health in this Sanctuary of Lourdes, in order to truly inculturate the Gospel message in the innermost roots of the New Europe. May health, understood as harmony, peace, joy, happiness, technical, scientific and medical progress that is respectful of human life, and used for the benefit of all, be the maternal mantle, with which the immaculate Conception, Our Lady of Lourdes, covers her children, who venerate her with so much love!

H.Em. Cardinal JAVIER LOZANO BARRAGÁN
President of the Pontifical Council for Health Pastoral Care, the Holy See.



Addresses by the Holy Father



Message of John Paul II on the Tenth Anniversary of the Establishment of the Pontifical Academy for Life

Venerable Brothers,
Distinguished Ladies and Gentlemen,

1. With pleasure I send you my Message on the occasion of the day on which you are commemorating the *10th anniversary of the foundation of the Pontifical Academy for Life.* Once again I express my gratitude to each one of you for the Academy's high-quality service of spreading the "Gospel of life". I greet in particular Prof. Juan de Dios Vial Correa, President, Bishop Elio Sgreccia, Vice-President, and the entire Administrative Council.

First of all, I thank the Lord with you for your useful Institution which was added ten years ago to the others created after the Council. The *doctrinal and pastoral bodies of the Apostolic See* are the first to benefit from your collaboration with regard to the *knowledge and facts* that decisions in the area of moral norms regarding life require. This is the case with the Pontifical Councils for the Family and for Health Pastoral Care, as well as in response to requests from the Section for Relations with States of the Secretariat of State, from the Congregation for the Doctrine of the Faith and from other Dicasteries and Offices.

2. As the years have passed, the importance of the Pontifical Academy for Life has become more and more evident. However, while progress in the biomedical sciences gives us a glimpse of promising prospects for the good of humanity and the treatment of chronic and distressing diseases, it also frequently presents *serious problems concerning respect for human life and the dignity of the person*.

The growing control of medical technology in the process of human procreation, discoveries in the fields of genetics and molecular biology, changes in the therapeutic treatment of seriously-ill patients as well as the spread of currents of thought of a utilitarian or hedonistic inspiration are factors that can lead to aberrant conduct as well as to the drafting of laws which are unjust with regard to the dignity of the person and the respect that the inviolability of innocent life requires.

3. Your contribution is also invaluable to intellectuals, especially Catholics, "who are called to be present and active in the leading centres where culture is formed, in schools and universities, in places of scientific and technological research..." (Encyclical Letter *Evangelium Vitae,* n. 98). The Pontifical Academy for Life was set up for this purpose, with the specific task "to study and to provide information and training about the principal problems of law and biomedicine pertaining to the promotion and protection of life, especially in the direct relationship they have with Christian morality and the directives of the Church's Magisterium" (Motu Proprio *Vitae Mysterium,* n. 4; *L'Osservatore Romano* English edition *[ORE],* 9 March 1994, p. 3).

In a word, your highly responsible role includes the complex subject known today as *"bioethics"*. I thank you for your commitment to examining specific issues of great interest and likewise for furthering the dialogue between scientific investigation and philosophical and theological reflection, guided by the Magisterium. Researchers, especially those who work in the field of biomedicine, must be made more and more aware of the beneficial enrichment that can derive from combining scientific rigour and the claims of anthropology and Christian ethics.

4. Dear brothers and sisters, may your service now with ten years of experience continue to be increasingly appreciated and supported and provide the desired results in the field of the humanization of biomedical science and the convergence of scientific research and faith.

To this end, I invoke upon the Academy for Life continuous divine assistance through its Patroness, the Virgin Mary, and as I assure my remembrance in prayer to each one, I impart a special Apostolic Blessing to you all, which I willingly extend to your collaborators and your loved ones.

From the Vatican, 17 February 2004

Address of John Paul II to the Plenary Assembly of the Pontifical Academy for Life

SATURDAY, 21 FEBRUARY 2004

Dear Brothers and Sisters,

1. I am pleased to be able to personally meet all of you, members of the Pontifical Academy for Life, on this special occasion when you are celebrating the tenth anniversary of the Academy's foundation. You are commemorating all the people who contributed to its birth, with a special thought for the distinguished and meritorious Prof. Jérôme Lejeune, your first President, whose memory I cherish with gratitude and love.

I thank Prof. Juan de Dios Vial Correa, President, for his kind words, and I also greet the Vice-President, Bishop Elio Sgreccia, and the members of the Administrative Council, expressing to one and all my appreciation for the great dedication with which you support the Academy's activity.

2. You are now taking part in two "Study Days" devoted to the topic of artificial procreation. The subject is proving full of serious problems and implications which deserve careful examination. Essential values are at stake, not only for the Christian faithful but also for human beings as such.

What emerges ever more clearly in the procreation of a new creature is its *indispensable bond* with spousal union, by which the husband becomes a father through the conjugal union with his wife, and the wife becomes a mother through the conjugal union with her husband. The Creator's plan is *engraved in the physical and spiritual nature* of the man and of the woman, and as such has universal value.

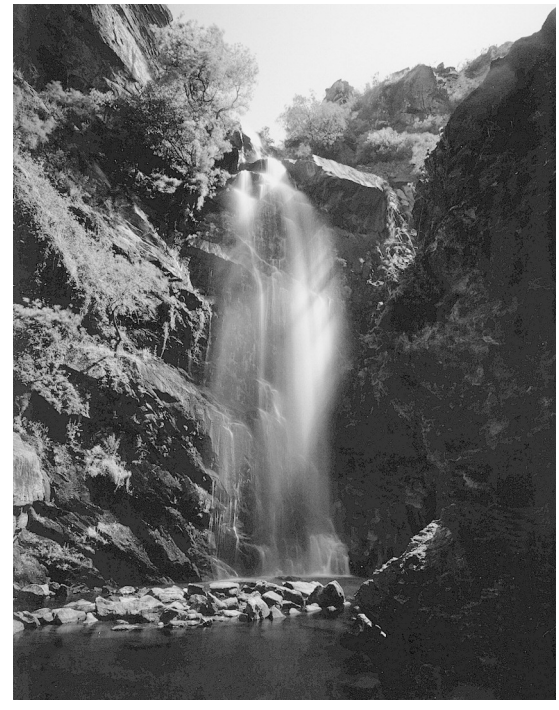
The act in which the spouses become parents through the reciprocal and total gift of themselves makes them cooperators with the Creator in bringing into the world a new human being called to eternal life. An act so rich that it transcends even the life of the parents cannot be replaced by a mere technological intervention, depleted of human value and at the mercy of the determinism of technological and instrumental procedures.

3. Rather, it is the scientist's task to *investigate the causes of male and female infertility,* in order to prevent this situation of suffering in spouses who long to find "in their child a confirmation and completion of their reciprocal self-giving" (*Donum Vitae,* II, A, n. 1). Consequently, I would like *to encourage scientific research that seeks a natural way to overcome the infertility of the spouses*, and likewise to urge all specialists to perfect those procedures that can serve this end. I hope that the scientific community – I appeal particularly to those scientists who are believers – may advance reassuringly on the road to true prevention and authentic treatment.

4. The Pontifical Academy for Life will not fail to do everything in its power to encourage every valid initiative which aims to avoid the dangerous manipulation that is part of the processes of artificial procreation.

May the community of the faithful itself strive to support authentic research channels and, when making decisions, resist technological possibilities that replace true parenthood and is therefore harmful to the dignity of both parents and children.

In support of these wishes, I cordially impart my Blessing to you all, which I willingly extend to all your loved ones.



Address of John Paul II to the Participants at the International Congress on "Life-sustaining Treatments and the Vegetative State: Scientific Advances and Ethical Dilemmas"

SATURDAY, 20 MARCH 2004

Distinguished Ladies and Gentlemen,

1. I cordially greet all of you who took part in the International Congress: *"Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas"*. I wish to extend a special greeting to Bishop Elio Sgreccia, Vice-President of the Pontifical Academy for Life, and to Prof. Gian Luigi Gigli, President of the International Federation of Catholic Medical Associations and selfless champion of the fundamental value of life, who has kindly expressed your shared feelings.

This important congress, organized jointly by the Pontifical Academy for Life and the International Federation of Catholic Medical Associations, is dealing with a very significant issue: *the clinical condition called the "vegetative state"*. The complex scientific, ethical, social and pastoral implications of such a condition require in-depth reflections and a fruitful interdisciplinary dialogue, as evidenced by the intense and carefully structured programme of your work sessions.

2. With deep esteem and sincere hope, the Church encourages the efforts of men and women of science who, sometimes at great sacrifice, daily dedicate their task of study and research to the improvement of the diagnostic, therapeutic, prognostic and rehabilitative possibilities confronting those patients who rely completely on those who care for and assist them. The person in a vegetative state, in fact, shows no evident sign of self-awareness or of awareness of the environment, and seems unable to interact with others or to react to specific stimuli.

Scientists and researchers realize that one must, first of all, arrive at a correct diagnosis, which usually requires prolonged and careful observation in specialized centres, given also the high number of diagnostic errors reported in the literature. Moreover, not a few of these persons, with appropriate treatment and with specific rehabilitation programmes, have been able to emerge from a vegetative state. On the contrary, many others unfortunately remain prisoners of their condition even for long stretches of time and without needing technological support.

In particular, the term *permanent vegetative state* has been coined to indicate the condition of those patients whose "vegetative state" continues for over a year. Actually, there is no different diagnosis that corresponds to such a definition, but only a conventional prognostic judgment, relative to the fact that the recovery of patients, statistically speaking, is ever more difficult as the condition of vegetative state is prolonged in time.

However, we must neither forget nor underestimate that there are well-documented cases of at least partial recovery even after many years; we can thus state that medical science, up until now, is still unable to predict with certainty who among patients in this condition will recover and who will not.

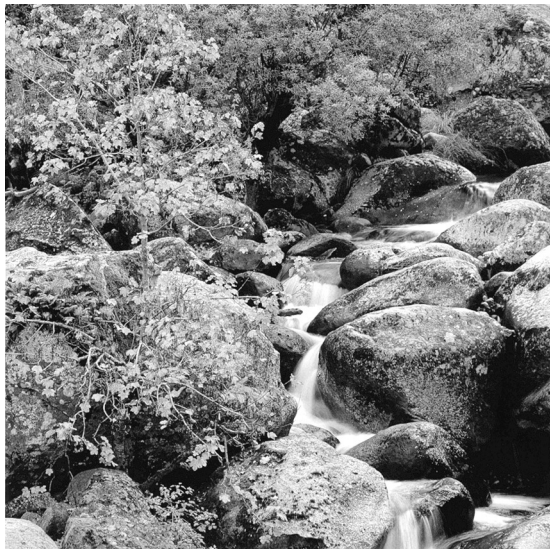
3. Faced with patients in similar clinical conditions, there are some who cast doubt on the persistence of the "human quality" itself, almost as if the adjective "vegetative" (whose use is now solidly established), which symbolically describes a clinical state, could or should be instead applied to the sick as such, actually demeaning their value and personal dignity. In this sense, it must be noted that this term, even when confined to the clinical context, is certainly not the most felicitous when applied to human beings.

In opposition to such trends of thought, I feel the duty to reaffirm strongly that the intrinsic value and personal dignity of every human being do not change, no matter what the concrete circumstances of his or her life. *A man, even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man*, and he will never become a "vegetable" or an "animal".

Even our brothers and sisters who find themselves in the clinical condition of a "vegetative state" retain their human dignity

in all its fullness. The loving gaze of God the Father continues to fall upon them, acknowledging them as his sons and daughters, especially in need of help.

4. Medical doctors and health-care personnel, society and the Church have moral duties toward these persons from which they cannot exempt themselves without lessening the demands both of professional ethics and human and Christian solidarity.



The sick person in a vegetative state, awaiting recovery or a natural end, still has the right to basic health care (nutrition, hydration, cleanliness, warmth, etc.), and to the prevention of complications related to his confinement to bed. He also has the right to appropriate rehabilitative care and to be monitored for clinical signs of eventual recovery.

I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a *natural means* of preserving life, not a *medical act.* Its use, furthermore, should be considered, in principle, *ordinary* and *proportionate*, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering.

The obligation to provide the "normal care due to the sick in such cases" (Congregation for the Doctrine of the Faith, *Iura et Bona*, p. IV) includes, in fact, the use of nutrition and hydration (cf. Pontifical Council "Cor Unum", *Dans le Cadre*, 2, 4, 4; Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter of Health Care Workers*, n. 120). The evaluation of probabilities, founded on waning hopes for recovery when the vegetative state is prolonged beyond a year, cannot ethically justify the cessation or interruption of *minimal care* for the patient, including nutrition and hydration. Death by starvation or dehydration is, in fact, the only possible outcome as a result of their withdrawal. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission.

In this regard, I recall what I wrote in the Encyclical *Evangelium Vitae,* making it clear that "by *euthanasia in the true and proper sense* must be understood an action or omission which by its very nature and intention brings about death, with the purpose of eliminating all pain"; such an act is always "a *serious violation of the law of God*, since it is the deliberate and morally unacceptable killing of a human person" (n. 65).

Besides, the moral principle is well known, according to which even the simple doubt of being in the presence of a living person already imposes the obligation of full respect and of abstaining from any act that aims at anticipating the person's death.

5. Considerations about the "quality of life", often actually dictated by psychological, social and economic pressures, cannot take precedence over general principles.

First of all, no evaluation of costs can outweigh the value of the fundamental good which we are trying to protect, that of human life. Moreover, to admit that decisions regarding man's life can be based on the external acknowledgment of its quality, is the same as acknowledging that increasing and decreasing levels of quality of life, and therefore of human dignity, can be attributed from an external perspective to any subject, thus introducing into social relations a discriminatory and eugenic principle.

Moreover, it is not possible to rule out *a priori* that the withdrawal of nutrition and hydration, as reported by authoritative studies, is the source of considerable suffering for the sick person, even if we can see only the reactions at the level of the autonomic nervous system or of gestures. Modern clinical neurophysiology and neuro-imaging techniques, in fact, seem to point to the lasting quality in these patients of elementary forms of communication and analysis of stimuli.

6. However, it is not enough to reaffirm the general principle according to which the value of a man's life cannot be made subordinate to any judgment of its quality expressed by other men; it is necessary to promote the *taking of positive actions* as a stand against

pressures to withdraw hydration and nutrition as a way to put an end to the lives of these patients.

It is necessary, above all, *to support those families* who have had one of their loved ones struck down by this terrible clinical condition. They cannot be left alone with their heavy human, psychological and financial burden. Although the care for these patients is not, in general, particularly costly, society must allot sufficient resources for the care of this sort of frailty, by way of bringing about appropriate, concrete initiatives such as, for example, the creation of a network of awakening centres with specialized treatment and rehabilitation programmes; financial support and home assistance for families when patients are moved back home at the end of intensive rehabilitation programmes; the establishment of facilities which can accommodate those cases in which there is no family able to deal with the problem or to provide "breaks" for those families who are at risk of psychological and moral burn-out.

Proper care for these patients and their families should, moreover, include the presence and the witness of a medical doctor and an entire team, who are asked to help the family understand that they are there as allies who are in this struggle with them. The participation of volunteers represents a basic support to enable the family to break out of its isolation and to help it to realize that it is a precious and not a forsaken part of the social fabric.

In these situations, then, spiritual counselling and pastoral aid are particularly important as help for recovering the deepest meaning of an apparently desperate condition.

7. Distinguished Ladies and Gentlemen, in conclusion I exhort you, as men and women of science responsible for the dignity of the medical profession, to guard jealously the principle according to which the true task of medicine is "to cure if possible, always to care".

As a pledge and support of this, your authentic humanitarian mission to give comfort and support to your suffering brothers and sisters, I remind you of the words of Jesus: "Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me" (Mt 25: 40).

In this light, I invoke upon you the assistance of him, whom a meaningful saying of the Church Fathers describes as *Christus medicus,* and in entrusting your work to the protection of Mary, Consoler of the sick and Comforter of the dying, I lovingly bestow on all of you a special Apostolic Blessing.

Topics

Challenges for Christians in Europe in Medicine and Health Care

Praying in Sickness and Health

The Charismatic Management of the Hospital Order of St. John of God

Bioethics in UNESCO

Genetic Disease Predisposition and Choice

Challenges for Christians in Europe in Medicine and Health Care

Introduction

Perhaps nowadays in Europe one of the main challenges for Christians in the field of medicine and health care is the progress of science in the area of biological chemistry, especially in biogenetics. We could here speak about FIVET, stem cells, cloning, embryos or pre-embryos and their refrigeration, the use of tissues from human embryos, genetic therapy, the mapping of the human genome and the patents for this genome, eugenics, manipulation of the chromosome, chromosome identity and privacy, its commercial, political or medical use, palliative care, organ transplants, cerebral death, the privatization or socialization of the health care services, the right to health or to health care, etc.

The question is: why are these scientific and technical issues challenges for Christians? Certainly not because of progress, since science and faith are not opposed to each other. I do think that the challenge for Christian lies beyond laboratory experiments in the field of biogenetics. It is in bioethics, or more precisely in "metabioethics".

Today people speak of global ethics, and it is commonly said that Christian ethics is outdated, given current pluralism which does not look to old models. It is therefore necessary to forge new ethics, the ethics of consensus whereby everybody agrees with the opinion of the majority or of the special groups accepted because of their scientific progress, technology and wealth. Or else, one may prefer to avoid ethical discussions and problems, such that scientific praxis is guided by the cost/benefit dynamics. In which case the only guiding principle of conduct is utilitarianism.

I. The Fundamental Challenge for Medical Culture

The fundamental challenge in medicine and healthcare is the question whether there still exists an objective and immutable norm by which to measure the ever growing mutability of experiments in the field of science and life. A similar question could be asked as to whether man in his integral perception of himself is the measure of all of humanity, or if every individual is so distinct and without a relationship to others that he closes in to himself as the ethical norm. In this case it would be impossible to have a global norm that indicates the behavior to be followed: everyone would be the center and source of any decision taken in any field; and his decision would be obligatory for others according to his own power of imposition; economical, technical, scientific, and even military for that matter.

In other words, the challenge for Christians in the field of medicine and healthcare is the validity or invalidity of objectivity in ethics.

1. The metaphysical and epistemological challenge

As we try to give an answer, we must recall the epistemological problem: what is the final criterion of truth? How do we arrive at evidence? What about verifiability in physical experimentation, the clear and distinct ideas as to first principles and the intuition of essence? Or is it that there is simply no criterion of evidence, no valid knowledge, no available basis, and that one must only follow the current?

From the epistemological problem there necessarily arises an ethical problem. But behind the epistemological problem one finds the metaphysical problem too. Nowadays, to mention metaphysics seems like talking of something esoteric, belonging to the dark age of human thought that has already been surpassed by science. Moreover, science is also out-moded by the presence of evolving daily life, mute but perceptible in an ephemeral presence. But if we do not pay attention to the demagogic thoughts of the public squares, of some websites, editorials of periodicals, various media transmissions, or the claims of post modernity, and we look for a serious thought of one who is really concerned about finding a right direction for life, I think that it would not be ingenuous to say that we can arrive at the final conclusion and plainly ask ourselves whether being exists or not.

If starting from experience we overcome total skepticism, we will necessary arrive at the "intuition of essence" as the last evidence principle, and there we will find what we call the first principles, the principle of identity, of contradiction and of convertibility:

"What is, is".

"Nothing can be and not be at the same time."

"Being, truth and the good are inter-convertible".

2. The ethical-metaphysical challenge

Understanding that being, truth, and good converge, and verifying in our own minds that being, truth, and good converge in each of us in a limited way, we must accept that we are part of a harmonic or disharmonic whole in daily

life. We are therefore conscious that we have a necessary relationship. We also become conscious that we can grow. Our being has an inner dynamism growing towards truth and good.

This relation implies a necessary dynamism that includes "being" as a starting point, but also "to become" what we are not yet, as the point of arrival. "To become" receives the qualification of "Good", because it is suitable, and that which fits somebody is good. Experimenting the necessity "to become", the necessity for the "suitableness" of good, one sees that what fits must be realized continuously because the human capacity to grow is indefinite, and therefore one must walk towards a model that means fulfillment in being, in truth and in goodness.

This continuous walking from "being" to the "Being", from "truth" to the "Truth", from "good" to the "Good" is ethics. It is that which objectively realizes the subject. It enables the subject to grow assimilating the object that is found in its growth. Consequently, the excluding contraposition between subjective and objective is not valid. The objective *"ob-jacet"* (is there, outside the subject), is true; but that which *"ob-jacet"* makes itself subjective (it is now in the subject), one assimilates in one's continuous walking towards the realization of one's own being, truth and goodness.

Since the existence of the finite being opens its way indefinitely, it is necessary that there exists a prospect of arriving at the infinite itself. The way towards this infinite fullness is precisely ethics. The objective indication of the subjective way is called natural law. It is the being that expands itself, the truth that enlightens itself, and the good that realizes itself continuously in an unrestrainable dynamism. It is the authentic convertibility between being, truth and goodness. Therefore natural law is not an outmoded concept based in a biological constant, but the legitimate walking of the same nature of man towards his own realization as being and as truth; that is, the way that is convenient to him as such, the way towards his own good.

This good is the model we attempt to reach in a persistent walk. From the consciousness of our limit and the desire to go further and reach more and more truth, more and more good, arises the necessity for a way, which must be constantly pursued. And this way is ethics. This way is the true and objective fulfillment of the subject: his being, truth, and goodness are realized together as interconnected recipients. No good is possible if there is no being and truth at the same time. Therefore there is no ethics without being and truth. This being and truth make the good objective, because the being and truth that permit growing is out of the subject and is assimilated by the subject. So ethics is at the same time the subjective and the objective in mutual relationship.

Because the growing capacity has no limits, it is necessary that the goal in ethics must be fullness without borders, the infinite. The way towards the unlimited goal of man is called natural law. Natural law is the being that expands itself, the truth that progress, and the good that realizes itself ever more in an unrestrained dynamism, which satisfies and makes happy.

3. The challenge to open being to Revelation

The challenge for the Christian now is to consolidate his ethics in the dynamism of being, and acknowledge that the fullness of being is called God. He proclaims that God was incarnated in His Son Jesus Christ, and the only way to God is Christ (Jn 14:6).

Therefore, the challenge now is to pass from metaphysics to revelation in ethics. As we said, ethics is the result of the convergence between being, truth and goodness, and revelation tells us the reality about them. Passing from abstract thought to the concrete, the metaphysical principle of convertibility of being that tends toward the infinite, culminates in the principle of following Christ, where the good to be acquired is Christ himself, God, who satisfies all the human potentialities of being,

truth and goodness. So natural law opens itself to divine law, without lacunas and contradictions. Rather, in it there is unexpected harmony or fulfillment because of the gift of the Lord. Through a growing participation one then arrives at divinization (not a kind of idealistic pantheism of some confused ideologies on reality), becoming son of God in the same Son of God. So ethics is the way of Christ: his infinite Love that leads him to give life as a gift to all of us. Therefore Christian ethics is impossible without faith and it consists in a close union with the self-giving Love of Christ. Ethics then becomes an action of the Holy Spirit.

4. The challenge of global ethics

The most urgent challenges are not to answer with prohibitions or licenses to make this or that biogenetic practice, but to acknowledge a universal norm. Furthermore, the challenge is placed in the very roots of European culture: whether its fundamental values are no longer valid. Another challenge is that of not being involved in excesses of rhetoric such as *"global ethics must be absolutely new, it must break the Christian method that belonged to another cultural epoch, which is already dead."* There is in fact the challenge of offering a "global" answer rooted in the fundamentals of culture, one that goes beyond a subjective and arbitrary position.

Nowadays people try to build new ethics as a *"collage":* proposing valuable elements from major religions and pretending that with the sum total of these it will be possible to construct a new paradigm acceptable to all. In this new spirituality *(they do not call it a religion),* valid elements present in different creeds are not rejected. They are brought together to form global ethics. In this way, and in particular from the religions of the American native communities, are taken respect for nature and the necessary interaction between man and nature. From Judaism is taken the concept of holiness; from Buddhism, serenity and impassivity; from Hinduism, respect for animals; from Islam, the virtue of justice; and from Christianity, charity and mercy. They think that with pluralism, one can build global ethics which deserves worldwide consensus.

It is clear that in all religions there are elements of great value. The challenge in understanding and respecting this "pluralism" is to find the basis because of which it is possible to attribute value to those elements. The answer is because they refer to what man is and wishes; they correspond to his being, his truth and his goodness; this is the meaning of the expression of man's own dignity; the answer is because they translate into practice the correct conduct of the human person. Again we find ourselves in front of the challenge to show that man as such is not merely a futile abstraction, but the basis of any ethics that pretends to design the way for man's full realization.

Consequently, the first postulate of a global ethics is to always defend the absolute dignity of the human person, and value human life. This means defending human life from its conception till its natural end.

It is also said that as a necessary character of global ethics the norm cannot have a unique meaning, because it all depends upon the use of language. Speaking in political terms may not be the same as speaking in scientific terms; the same applies to philosophical and sports language, or theatrical and economic language, or even the language of the intimacy of love and the home. Therefore, nothing is obligatory. Here we find another challenge for Christians in the field of medicine: to prove that the different fields of language use do not make reality but reality shapes the diverse fields of language. Reality can be expressed in several forms, but it is the same, unique and unchangeable in the truth and goodness of man, and it is evident in his own being.

Sustaining the validity of truth as transparency of the entity of the reality is not the same as remaining in an immobility opposed to the frenetic rhythm of actual life. From the beginning of west-

ern thought, there has been the antithesis being-becoming. The solution is not to eliminate part of the antithesis; but to find the equilibrium upon which ethics is based. Growing and continuous vital change presupposes a subject who at the same time changes and remains; because if he does not remain he destroys himself and dies; and if he does not change, his inactivity kills him. In order to subsist, a culture must have the vital capacity to change, coinciding with the primordial conscience of its permanence.

The first challenge for the European Christian in the field of medicine and health care is the ethical challenge. It is the challenge to give an ethical and inculturated answer in the new circumstances of the wonderful progress of contemporary science and techniques. But avoiding committing suicide through a subjective relativism that also opens the door to economical, political or technocratic dictatorships.

5. The challenge of mechanicalism

There is also another challenge especially in the field of biogenetics in relation to the background of the contemporary sciences of health and medicine; it is the challenge of overcoming mechanicalism. In some areas of scientific thought, one more or less explicitly has the Cartesian Rationalism of "clear and distinct ideas" as a starting point. This though, in its initial formulation, means the total independence of the three self-sufficient substances: "God", "Conscience" and "Extension". These three substances designed themselves totally independently from each other and in their inner constitution. When in the evolution of this thought "the Extension" prevails as a unique substance worthy of consideration, then one finds whole empiricism, which as an ideological background to scientific investigation proceeds from the basis of quantitative knowledge of unities that are independent between themselves. This background damages and makes authentic scientific progress impossible, especially in biological chemistry studying biogenetics.

After the discovery of genes, whose complexity in man is comparable to a piano with three billion various pairs of keys that must be played during the whole life time, and seeing the diversity of each of those keys, because they are distinct from each other, one sees that it is impossible to understand the beginning of life from a mechanicalistic point of view, and therefore to understand man through a science based on concepts which do not surpass the parameters of the extension from a mechanical perspective that imposes a quantitative order starting from closed unities.

This perspective which is only quantitative, giving coordinated knowledge of one factor after another, without considering the relation between them, is not adequate. It is necessary to have another vision, the vision of simultaneity, the holistic vision. One has to apply the perspective of relations: whereby a point relates itself to many other points.

This challenge is very important: scientific knowledge is not the only valid knowledge. For holistic knowledge there is the necessity of going beyond scientific knowledge in order to consider totality and simultaneity, and not only manipulability, but also observation. Observation knowledge, the former knowledge of medicine, is not over, it must be added to the contemporary knowledge of manipulability. To practical contemporary manipulability in medicine one must add humble observation, as well as respectful admiration and, why not, adoration. The challenge is to prove scientifically that definitely man is not the master of his life.

II. The Challenge to Evangelize Health

That said about the complex context, let me now touch two concrete points that are also important and fundamental challenges for Christians in the field of medicine; they are the concept of health and the practice of pastoral care in health.

1. What is health?

We have the concept of health given by the WHO: *"A perfect physical, mental and social well-being and not only the absence of illness"*.

If we examine this definition seriously, we realize that it is not sustainable: it speaks of a perfect well-being and this is a utopia. However, its assertion that health in not only the absence of illness is remarkable.

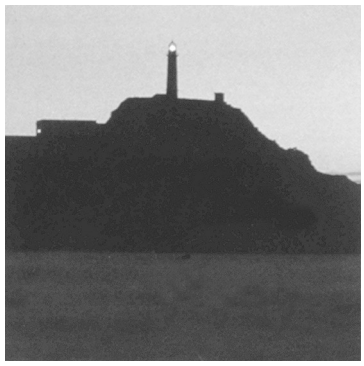
This definition underlines the physical, mental and social aspects of health. It is true that the meaning of health is complicated because it is linked with life and many times it is understood as life itself. We know that life is organic unity and death is the disintegrations of this unity. From this base, we can in a first approach say that health is the tendency towards unity. So health would not be perfect well-being but rather the battle against the disintegration of the unity of human life; that is, a fight against death, a dynamism towards total harmony, but not harmony itself.

2. Health and harmony

Therefore, health is for harmony, or to be more precise, it is a certain way to walk towards harmony, a continuous search for harmony, although this harmony, at least in this world, is not totally attainable.

This harmony is not only physical, but also psychological, social, and finally spiritual. As physical, it is the tension towards the good functioning of the organism, a work of eliminating sickness and being healthy; this would involve also some relational state like the ecological equilibrium. As psychological, it means vital tension. That is the tension towards self consciousness, towards self-do-

minion and consciousness of one's proper place in the milieu where one lives. As social, it is the tension towards the complementary relationship with others. It is growing in the social aspect of the human personality. It proceeds from within the person, to the home and further on to the bigger or the international en-



vironment. And as spiritual, health is the tension towards the whole unity of the human being: towards his physical, psychological and social unification. It means the unity of life as a project that will be fulfilled and gives sense to the other aspects of the personality. As spiritual tension, it is the tension in love, and towards more intensive love. So health consists in loving total self-donation to others.

3. Spirituality and Health

This spiritual tension is the challenge of health for us as Christians because it is the tension towards total donation to God and to others, under the action of the Holy Spirit. True life consists in being assimilated to the highest donation of Christ in his death and resurrection. This is the true harmony of health that penetrates and influences the other harmonies. Our challenge is to fill the existing gap between temporal and eternal health. They are both related and eternal health is prepared for by temporal health.

As a paradox, health that leads towards the absence of illness may coexist with illness, but only in the instance where illness does not hinder the tendency towards harmony. It means that health is measured in varied ways according to the different stages of life: the parameters for measuring the health of a baby may not be the same used for determining the health of an old person. Health is the capacity that everyone receives from God to accomplish the mission entrusted to him. Continuing in the line of the paradox we can say that death itself is the maturity of health, but only when death means the fulfillment of the received mission, and uniting with the death of Christ, as a gateway to the individual's own resurrection. Then, the tension arrives at maturity: full harmony

4. A definition of health

If we desire to summarise, we can say that another challenge for Christians in the field of medicine and health in Europe is that of making the true meaning of health understood. We try to describe it as: *"A tension towards physical, psychological, social and spiritual harmony, and not only the mere absence of illness, which enables the person to accomplish his mission received from God, according his stage of life"*. This is in substance the description of health given by the Holy Father John Paul II in his message for the World Day of the Sick in the Jubilee of 2000.

III. The Challenge to Evangelize Health Pastoral Care

1. Catholic health centers

In the Catholic Church we have 113,257 health centers run by Catholics; the question is: do these centers offer true health pastoral care? It is true that in many of these centers, especially in Europe, one receives excellent services, they achieve medical excellency, have outstanding technical instruments, and some of them take care of poor people who have no insurance at all. These centers are inspired by Christian charity and are also a fulfillment of the command of Christ to heal the sick. But the challenge is: do these centers truly evangelize through the world of sickness and health? Does Europe become evangelized through these centers? Is there a Christian concept of illness and health in them? Are these centers witnesses to the resurrection of Christ?

The challenge arises because it is necessary not to confuse a philanthropic center with a charity center that ought to be devoted to evangelization.

2. Evangelization of pastoral care in health

As a consequence of the Christian concept of health, the core of pastoral care in health is witnessing to the Resurrection of the Lord. Pastoral care in health must be a ministry that gives valid answers to the profound problems of human existence, such as illness, suffering, pain, death, etc. And the fundamental answer must be entering the Mystery of God, touching and experiencing in the fact of one's own suffering and death, the pain, suffering and death of Christ; and also realizing how one's own suffering was assumed by the suffering of Christ, in his passion. This is the first step; the second step is the experience of the Resurrection. It means to find happiness in the same suffering. The first stage will be the actualization of the resurrection in the fulfilling "suffering" of the patient; the second will be embracing death not as total frustration but as the day of loving encounter with the risen Christ. And the challenge consists in being conscious that this encounter is not possible with our own human forces but only by the power and guidance of the Holy Spirit, in the sphere of the life of love.

It is evident to those who profess the Catholic faith that all we say is not mere words, rather it is translated into concrete actions. The first action is the sacrament of the Eucharist, which is at the center

of all pastoral care in health, because pastoral care in health is the Eucharist, lived at the edge of existence, where death is glorification, according to the language of St. John in his Gospel.

The challenge for pastoral care in health is not to be caught up in a weak theism and in the practice of human compassion, but to put in action all the dynamism of our faith as something that we truly believe, not only as a proclamation, but as a unique vital practice. The content of pastoral care in health constitutes the reason why we are Christians. This content means going beyond a light superficial pseudo-cultural cover of a mere Christian title, which does not arrive at the very roots of European culture.

Conclusion

The theme was "Challenges for Christians in Europe in Medicine and Healthcare". I think that all the challenges can be reduced to one: the direction of medicine and healthcare. And not exactly how it must be, but what it is.

Today, medicine has progressed very much. We could compare it with a very powerful car, which is very beautiful and elegant, with plenty of technical instruments, now running at maximum speed. But the engineer who invented this car forgot to put in it the steering wheel, or at least an electronic device to control it; it is running crazy, disorientated and without brakes. What will happen? What can we do?

I suggest that as a first measure one must mount onto this vehicle and put in it the steering wheel, or an electronic device to guide it. Exactly this is the challenge I tried to meet in this paper: to mount the automobile of current medicine and healthcare and insert into it the steering wheel, or an electronic device and brakes.

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Praying in Sickness and Health

LORD, TEACH US HOW TO PRAY (LK 11:1-4)

I will begin this brief reflection with two texts that deal with prayer. The first is from St. Augustine: he who learns to pray, learns to live, says the saint. The second is from a master of the spiritual life, the Benedictine, Don Anselmo Grün. His book entitled 'Prayer as Encounter' begins with the following words: 'There are many people who pray who see their own prayer as a monologue and ask themselves, when they are at prayer, whether in fact they are not addressing an empty wall. For other people, it is difficult to find the words to begin a dialogue with God and often they give up because they do not know what to say or what to say to Him. The key to all this is to be found in encounter and dialogue. To find God, it is necessary to have found oneself, just as to engage in dialogue it is necessary to know how to keep quiet and to listen. From this point of view, prayer is the fundamental experience of life because it pre-supposes discovery of oneself, discovery of the other person, and discovery of everything else, which is God'.

Jesus: the Model for Prayer

The disciples asked Jesus to teach them how to pray. They had listened to him during his sermons speak about the subject of prayer, how it was needed, and how to pray. It was certainly the case that they had seen him pray many times; they had seen in him an example, a model, and hence the request that they made: 'Lord, teach us how to pray'. Yes: Christ is the model for prayer.

Jesus Prays:

He passed the night in prayer (Lk 6:12);

Amidst the din and preaching, Jesus withdrew:

a) 'he went away to a lonely place and began praying there' (Mk 1:35);

b) 'he went up on the hill side, to pray there' (Mk 6:46);

c) 'then he took Peter and John and James with him, and went up on to the mountain side to pray' (Lk 9:28);

Jesus prayed before choosing the Apostles (Lk 6:12-19):

Jesus prayed before the Transfiguration (Lk 9:28), and before the resurrection of Lazarus (Jn 11:41-2);

Jesus prayed on the Mount of Olives: 'he fell upon his face in prayer', and did this three times (Mt 26:39-44);

And on the cross:

a) for others: 'Father, forgive them for they know not what they do' (Lk 23:34);

b) for himself: 'My God, my God, why hast thou forsaken me?' (Psalm 22);

c) and praying he yielded up his spirit: 'Father, Father, into your hands I commend my spirit' (Psalm 31).

He also left us, amongst other prayers, two great prayers: the Lord's Prayer (Lk 11:1-4) and the priestly prayer (Jn 17).

Jesus, therefore, is a model for prayer because he prayed, and prayed frequently.

Jesus Tells us how we Must Pray

He teaches us to pray and gives us lessons on how we should pray:

– not like the heathens (Mt 6:7);

– not like the hypocrites (Mt 6:5);

– purified before prayer through forgiveness (Mk 11:25);

– with faith: everything that you ask for with faith you will receive (Mt 21:22);

– like a poor man: Lk 18:9-14 the Pharisee and the publican;

– with perseverance, untiringly (Lk 18:1); the parable of the troublesome friend (Lk 11:5-8);

– in his name (Jn 14:13; 16:23-4).

Jesus Listens to our Requests

Jesus listens to the requests of those who turn to him. The Evangelists describe various moments that are suitable to such petition. Here are some texts that demonstrate the positive approach of Jesus towards those who make a request to him:

– The virgin of Cana: Jn 2:1-12).

– The Samaritan: Jn 4:1-26.

– The nobleman: Jn 4:46-50.

– The lepers: Lk 5:12-14.

– The centurion: Mt 8:5-13.

– The woman sinner: Lk 7:48.

– The sick man at the pool: Jn 5:5-8.

– The Chanaanite woman: Mt 15:22-28.

– The blind man of Jericho: Mk 10:50-52.

At the same time he himself taught us: ask and seek (Mt 7:7). He guarantees prayer's effectiveness 'Everyone that asks, will receive; that seeks, will find...' (Mt 7:8).

We have a great priest, Jesus Christ, to whom we can turn in order to receive mercy and find the grace for suitable help, as the Letter to the Hebrews observes (Heb 14-16).

St. Augustine says that 'Jesus prays for us as a priest, prays in us as our head; we turn to him as our God. We thus recognise in him our voice, and in us his voice' *(Enarratio in Psalmos,* 85, 1).

The Teaching of the Apostles

In their letters, the Apostles often have prayers, especially of praise and thanksgiving, and they also lay emphasis upon assiduous prayer (Rom 12:12; 1 Cor 7:5): to God (Heb 13:15), through Jesus (2 Cor 1:20; Col 3:17), in the Holy Spirit (Rom 8:15, 26), its effectiveness in achieving holi-

ness (1 Tim 4:5), prayer of praise (Eph 5:19ss; Heb 13:15; Ap 19:5), action of thanksgiving (Col 3:17), petition (Rom 8:26; Phil 4:6) and intercession for everyone (Rom 15:20).

Lord, Teach us how to Pray

This is the cry that springs up in the Apostles when they see their Master pray.

This is the cry that springs up in the whole of the Church, indeed in all of us, when we realise that the need for prayer is a fundamental value of Christian life.

To pray is to give meaning to life, it is to breathe, 'it is learning to live' (St. Augustine); and 'it is speaking to God' (St. John Chrysostom); without prayer one loses the sense of the absolute; and without prayer our apostolate, our pastoral work, become transformed into mere activity:

'Prayer is the key to the morning and the bolt of the night' (Ghandi).

To pray is to speak to God, as St. Ambrose says: 'We speak to God when we pray, we listen to God when we read His words' *(De officiis ministrorum*, I, 20, 88).

There are a large number of definitions, or better descriptions, of what constitutes praying. Given the evocative title of this volume, my attention naturally turns to a small work that came into my hands during my holidays when I was about to finish this paper. I cannot resist offering here some brief reflections on this small volume (cf Ana Maria Cámara Menèndez, *Primeros pasos para orar,* STS, Barcelona, 2001).

To pray means *to look*, says the author of this short book: 'I wish for nothing else but that you look at him' says St. Teresa. 'All those who were in the synagogue fixed their eyes on him' (Lk 4:14-21). 'And the Lord turned and looked at Peter, and Peter remembered...' (Lk 22:61).

To pray is *to seek,* it is to recognise. Maria does this in the canticle of the Magnificat; she recognises the action of God in her life.

To pray is to abandon oneself, 'to abandon oneself to the hands of God', as St. Teresa said.

To pray is to touch Jesus: to see, to contemplate, to touch, and to preach (1 Jn 1:1-2). To touch and to allow oneself to be touched, what better prayer could there be? (cf. Lk 7:36-50; Jn 20:24; Lk 5:12-13; Mk 8:22). In his *Confessions,* referring to God, St. Augustine says: 'such very ancient and such very new beauty'. 'You touched me and now I burn from the wish to obtain your peace' *(Libro* 7, 10, 18; 10, 27).

To pray is *to struggle,* it is *to offer.* This is the prayer of Ignatius di Lojola: 'Take, Lord, and receive all my freedom ... You gave it to me...' This is the prayer of Charles de Foucauld: 'I place myself completely in your hands, without any reservation...' This is also what Teresa of Jesus said *(Vita* 25): 'May your will, Lord, be done in me ... if this brings trials, give me strength and let them come'.

To pray is *to sing.* this is what the Psalmist says: 'I will sing forever the mercy of the Lord...' (Psalm 135).

To pray is *to trust;* this is the cry of Paul: '...He to whom I have given my confidence...' (II Tim 1:12). 'My trust is in Christ and in him alone is my stability, in his suffering is my courage and in his imitation my gladness' (St. Teresa). 'Trust Him and He will help you' (Ecccl 2:6). 'The Lord is my shepherd, therefore will I lack nothing...' (Psalm 23).

To pray is *to be born* again, it is *to celebrate,* and it is *to be glad.* This is expressed chastely by Teresa d'Avila when she says: 'The prize of loving him is not reserved to us in the next life; in this life begins the reward' *(Path of Perfection,* 4:6). 'And so they began their merry-making' (Lk 15:20-24) this is the return of the Prodigal Son.

To pray is to render thanks, 'because His mercy is eternal' (Psalm 135).

As we can observe, to define prayer means to box it up in a reductive way; it means to reduce its meaning. Just as there are many ways of praying, so in the same way there are many ways of defining prayer.

Lord, Teach us how to Pray

That is to say, teach us to listen to your voice; teach us to receive what you give us; teach us to live and breathe

spiritually; teach us to place ourselves in the breath of the Spirit; and teach us to know how to listen.

Prayer is an alive encounter, like friendship: friends need to see each other, to speak to each other, to look at each other; and they need to spend time together. A friend needs to engage in dialogue with a friend, and a lover needs to engage in dialogue with his beloved. As Teresa d'Avila observed: 'It is friendship, a matter very often of being alone with he whom we know loves us'.

The same happens with the believer, who needs to speak to God, and needs to listen to His voice. The simpler prayer is, the more it becomes difficult to translate it into words; silence is the best sign.

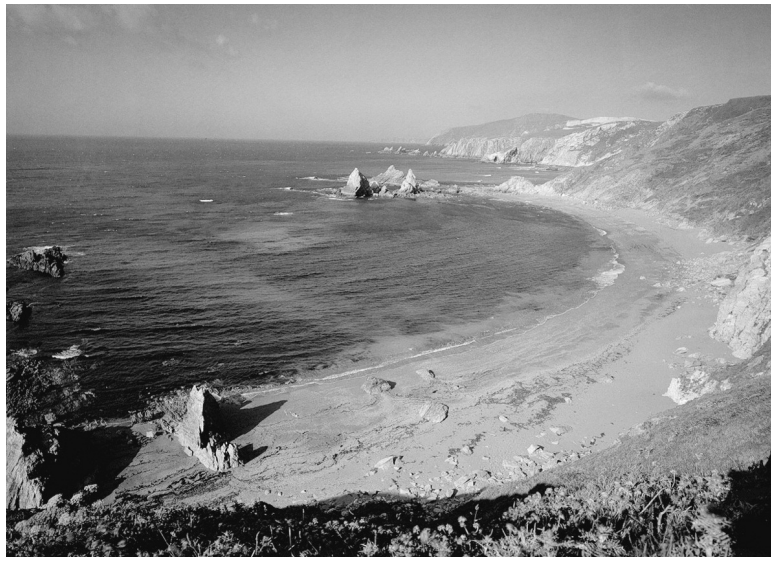
This can be understood better if we bear in mind that prayer is an encounter between man and God, an encounter of friendship, and an encounter between friends. And the more trust grows within friendship, the less words becomes necessary; silence, at times, is full of communication, it is full of messages.

In the life of the holy curate of Ars we learn that he once asked an elderly man who spent hour after hour in church apparently without praying what he was doing there. The elderly man answered him: 'I look at him, he looks at me, and both of us are happy'. It is certainly the case that that elderly man had learnt to pray in silence, a silence that was full of messages.

Have you not noticed that when St. Matthew tells us about the adoration of the Three Wise Men he makes clear that they did not say a word? The text of the Evangelist says: 'they found the child there, with his mother Mary, and fell down to worship him; and opening their store of treasures, they offered him gifts of gold and frankincense and myrrh' (Mt 2:11).

They were engaged in a great prayer, which was without words; they contemplated and they worshipped.

Noise is the enemy of prayer. *External* noise, the lack of a context, an inappropriate place ... but above all *internal* noise: circumstances, worries, feelings, experiences; if all of this is not 'controlled', prayer becomes very difficult. It is difficult to find God when there is noise.



The prophet Elijah saw the passing of God not in a hurricane, not in an earthquake, and not in fire. He found it in silence, 'in the still small voice' (cf. 1 Kings 19:11-13).

'Return to your heart', writes St. Augustine *(Comment on the Gospel of St. John* 18, 10), 'why flee and get lost far from yourself? Why wander around? Return! Where? To the Lord. He is waiting for you. Return first to your heart, you who are an exile and a wanderer. You do not recognise yourself and yet you want to know your Creator? Return, I say again, to your heart. And examine what you feel about God, there within where you yourself were His image'.

In the Rule of St. Augustine (2,12), we find written: 'When you pray to God, with psalms and hymns, the heart should feel what the voice professes'.

In our mass media society, made up of the television, newspapers, computers, the radio, and loud music, it is not easy to be silent, to turn off the noise that surrounds us, to quieten so many empty, idle, banal and arrogant words, to silence all those words which sound out in the air and then listen to the Word that creates, forgives, welcomes, and saves: a Word full of communication and messages.

It is not easy to create a desert in the heart of a city; that is to say find a meaning to our lives, which are so full of empty words. Mary provides us with a wonderful example. The Evangelist St. Luke says of her: 'Mary treasured up all those sayings, and reflected on them in her heart' (Lk 2:19).

In prayer, we cannot forget that we are engaging communication with God, and at times we feel the temptation to speak and speak endlessly. Intimacy with God is His initiative, a gift, and for this reason prayer is an exercise of faith.

'Prayer becomes interior to the extent that we become aware of He to whom we are speaking' (St. Teresa of Jesus, *Path of Perfection,* 26).

'It is not Easy to Pray'

One day I asked a 'clausura' nun, and thus an 'expert in prayer': what is prayer for you? I would now like to reproduce some of the phrases from her answer: 'My experience of God? ... I will tell you only the moment I am now living is the darkest period of my life, but I also feel that it can be, that it is, the richest time of my life. But what a price I have to pay! It seems to me that I won't find a way out, and I do not know how it will all end'.

I find a great richness of prayer in this answer: this

darkness, this knowledge that God is to be found there, this walking in silence, in the pain of not seeing Him. sensing Him, that He is present even in aridity, and despite everything, struggling, praying, listening to His distant voice, feeling His presence as a shadow and knowing that He is guiding your steps, you life. These are the fruits of intense prayer, of contemplative prayer.

And through this brief and graphic experience, this female religious suggested to me as follows:

– 'I believe that after a certain fashion everybody prays; even those who do not believe, who habitually say: 'I speak to God in my own way', which demonstrates the need for a superior Being...'.

– 'The path of prayer is extremely varied and greatly depends on the state one is in and the kind of period one going through. Each person must pray according to the method that he or she prefers, what is important is to pray and to pray well...'

– 'God has his special way of speaking and praying; He does so from 'within', beginning with the person, without substitutes. For this reason, what is needed is fidelity to this encounter, to this listening, to this concern, and being constant to the time that each person has available and proposes; a great deal of prayer, very little prayer, but prayer every day. nobody will pray for you, because He wants to speak to you, specifically to you; He will do this to another person in another way, in a different way'.

Such was the reply of this contemplative nun.

'Let us Employ Modern Instruments to Pray'

It has been said, and I believe that this is a truth confirmed by the scholars of different religions, that nothing unites men so much as prayer. We can see how contemporary man has a great need for prayer; the methods, the instruments and the forms vary, what is important is the substance of prayer. Nobody, therefore, is surprised if in our modern society the subject of prayer appears in 'modern means of communication', for example in Internet, almost as though it was a kind of contagion.

The publishing house 'Cassiopea' has a website (www.lalode.com) and since 1996 has offered in this area a wonderful service of reflection to begin the day. This service is called 'Good Morning'. One needs only open the programme and one can find a word of help, a message, and some people call it 'a letter from God'.

A new website is available (www.novena.it) which is completely dedicated to prayer: prayers for little girls and little boys, prayers for various circumstances, texts from Mother Teresa of Calcutta and from J.M. Nouwen. This is something that is original, not invasive, advisable, and lively; it is a source of prayer, as is demonstrated by the various testimonies which use such phrases as 'this is a phenomenal initiative, it is beautiful to take care of the spirit ...' To receive prayers, through Internet, into our homes helps to give a truer and more concrete meaning to everything (Vito Magno, 'Pregare al computer', in *Rogate ergo,* n. 8/9, pp. 23-24).

Lord, Teach us how to Pray

Jesus prayed many times and taught us how to pray; in teaching us how to pray, he creates within us the wish for prayer, nostalgia for prayer; one learns to pray by praying.

We cannot pray if the wish to do so is not born within us, if God does not have a privileged place in our lives. As St. Augustine says: 'Whoever wants and cannot, does not want at all' *(On Grace and Free Will,* 25, 31). This means that in order to pray one must 'want' to pray and be interested in the things of God: for the things that we want and which interest us we always have time.

'Prayer helps is to believe, to hope and to love, even when our human weakness makes this difficult' (John Paul II, *Letter on Holy Thursday,* 1979, n. 10).

In prayer we discover what we have to do, prayer moves us, frees us from inertia, frees us from laziness, and leads us to conversion, to humility, to trust, and to perseverance. Prayer grants us peace, gives us serenity. If we do not pray we lose the 'taste' for prayer, our faith and our apostolate grow weaker; without prayer, our love for our neighbour becomes a philanthropic service and our apostolate becomes a mere human organisation.

What is the use of a very beautiful car if it does not have an engine? It is of use only to a museum. In the same way, a Christian and religious life without prayer is like a beautiful car which does not have an engine, which does not have life, and which is a kind of ornament.

Lord, Teach us how to Pray

A contemplative, Carlo Carretto, has told us about his personal history: 'Ever since I understood that God mattered in my life, I have felt that the real problem was that of prayer, this is because it is in prayer that one establishes vital union with God. This has been an experience that has not disappointed me'.

To pray is not easy, it is something that involves commitment, and it is tiring: this is something that everyday experience tells us, that experts of the spirit tell us, namely the contemplatives. But if we do not pray, or if we pray badly, all our pastoral programmes will be of no use because they will not have the force of God, they will remain mere human projects. It is impossible to engage in real pastoral work and take important decisions, if we listen only to each other as we sit around a table. We organise activities, meetings and conferences, all with a view to evangelisation. But what is the result? What are the fruits? Time passes, we move and act, but the seed does not grow. Something is lacking, and this something is certainly prayer, the soul of an apostolate.

In an address to the Superior Generals of various religious institutes, Pope John Paul II urged them to find time for prayer: 'You should not fear to frequently remind your brothers that a pause of real worship has greater spiritual value and fruit than the most intense activity. This is the most urgent 'observation' that religious must place in opposition to a society in which efficiency has become an idol, on whose altar human dignity is by no means rarely sacrificed. Your houses must be above all else centres of prayer, of gathering together, of dialogue, both personal and communitarian with Him, who is and must remain the first and principal interlocutor in the unfolding of the work of your days'' *(L'Osservatore Romano, 25* November 1978, pp. 1-2).

The following thought is also from St. Augustine: 'How can the man who does not remember God in rest and relaxation remember Him in hurry and work?' *(Comment on Psalm* 62,15*).*

A chaplain from the United States of America said: 'We can work to the utmost, get tired, we can plan, programme ... but if we abandon prayer we lose time. To pray is not an optional: it is a commandment'. The Lord himself says this: 'I am the vine, you are its branches; if a man lives in on me, and I in him, then he will yield abundant fruit; separated from me, you have no power to do anything' (Jn 15:5).

The Lord said the following through his Prophet: 'Not by might, nor by power, but by Spirit, says the Lord of hosts' (Zac 4:6).

For this reason, we are convinced of everything that we say; we are convinced that prayer is important for spiritual life, for our apostolate; it is like water for fish, like oxygen for life, and like wings for a bird.

John Paul II said this with the following words from the New Testament: 'Use every kind of prayer and supplication. pray at all times in the spirit; keep awake to that end with all perseverance; offer your supplication for all the saints' (Eph 6:18).

This was also the witness of the Apostles in the upper room where they dwelt: 'All these, with one mind, gave themselves up to prayer, together with Mary the mother of Jesus, and the rest of the women and his brethren' (Acts 1:14).

Jesus, too, taught us to have a constant and persevering spirit in prayer: 'Ask, and the gift will come; seek, and you shall find; knock and the door will open' (Mt 7:7).

During a difficult moment in Jerusalem, Jesus said to the Apostles: 'Watch and pray that you may not enter into temptation; the spirit is willing enough, but the flesh is weak' (Mk 14:38).

In discussing prayer, Prof Ravasi speaks about three rays of light: the first is the intimacy that is revealed in particular in the Lord's Prayer: Father, Daddy, dear father; the *second* is constancy: prayer is not an emotion, it is not lightening, an experience linked to need; it is, instead, the constant breathing of the soul which does not halt even during the night; the *third* ray of light in prayer lies in the efficacy of prayer: 'ask, and the gift will come'. This is an efficacy which in truth does not conform to the canons of our hopes, the projects of our minds, but rather to the projects of God 'because my thoughts are not your thoughts' (Is 55:8).

For this reason, it is a fine experience to abandon ourselves to His gifts even when they seem to us to be gifts that were unhoped-for and unexpected (cf. Gianfranco Ravasi, *Secondo le Scritture ciclo C*, Piemme, 1997).

Lord, Teach us how to Pray

One learns to pray by praying, just as one learns to walk by walking. There is, therefore, an irreplaceable approach to praying – prayer.

Prayer is not an extra in life, it is something that is central in life. Hence the need for us to change our attitudes: prayer is not something that is independent of life, it is not something that is isolated: it is a moment joined to life; prayer is a moment that is born from life, it is not an extra activity; prayer is not an obligation, it is a need (cf. Pedro Muñoz Peña, *Aprender a orar*, p. 188).

We have priorities in life, we do one thing after another, according to what is urgent and necessary. In the Christian life, the same thing occurs: one thing is more urgent and necessary than another; prayer is one of the priorities because God is at the centre of things, and, therefore, we should dedicate time to Him: time for God, as a norm, priority time for God in our organisation chart, in our work schedule.

It is a question of priorities: without prayer, charity does not function and our programmes of pastoral work, as well, do not function.

We priests, male religious, female religious, and members of the laity involved in pastoral care must become an example of prayer because we pray and pray well. A bishop, a priest, a male religious, a female religious, a member of the laity, or parents who pray, all become able to ensure that faith, hope, love and the holy life are born. 'Our Father who art in heaven/You are not surrounded about, but for greater love...', said Dante Alighieri *(Purgatorio* XI, 1-21).

As the Russian philosopher, Vladimir S. Solovev (1853-1900), said when discussing the Lord's Prayer: 'Our Father who art in heaven, the father of a new holy life within us: hallowed by thy name, may the truth be sanctified in our faith. Thy kingdom come, which is all our hope. Thy will be done, may everything and everybody be united in a single love. Be our guide to fullness according to your true way because yours in the power and the glory for ever and ever'.

Lord, Teach us how to Pray

We need to pray to be converted and thus to grow in our spiritual lives. Prayer makes us see what we are and places us on the journey towards what God wants us to be. For this reason, by praying we certainly become converted.

We need to pray in order to become holy, we must excel

'in the art of prayer' (*NMI*, n. 32).

'There is no holiness without prayer', said the Pope to those taking part in the annual assembly of the 'renewal of the Holy Spirit' (Rimini, April 2001).

'Prayer is the beginning of life' is the title of a book by Mother Teresa of Calcutta. 'Everything begins with prayer. If we do not ask for

love from God, we cannot have love, and even less can we give love to other people' (Mother Teresa).

The Pope asks: 'Is it not one of the 'signs of the times' that in today's world, despite widespread secularisation, there is a *widespread demand for spirituality,* a demand which expresses itself in large part as *a renewed need for prayer?*' (*NMI,* n. 33).

Yes: we need to pray. Here I would like to quote a wonderful passage from St. Buenaventura: 'If you want to bear the adversities and miseries of this life with patience, *be a man of prayer.* If you want to obtain the virtue and the strength to defeat the temptations of the enemy, *be a man of prayer.* If you do not want to mortify your will with all his passions and appetites, *be a man of prayer.* If you want to know the forms of astuteness of Satan and defend yourself against his deceits, *be a man of prayer.* If you want to live joyously and walk with calm along the path of penitence and work, *be a man of prayer.* If you want to distance vain thoughts and worries from your soul, *be a man of prayer.* If you want to strengthen your soul and if you want to confirm that your heart is on the path of God, *be a man of prayer,* because in prayer is received the anointing and the grace of the Holy Spirit, who teaches everything. Lastly, if you want to uproot all vices from your soul and put in their place all the virtues, *be a man of prayer,* exercise yourself in prayer, because this is the pathway by which the soul rises to the contemplation and the experience of celestial things' (cf. Antonio Royo Marin, *Ser o no ser santo,* BAC, Madrid, 2000).

Father Royo Marin, in the work which I have just quoted from, says that prayer is the forge of love; in it one inflames charity and illuminates the soul with its flames, which are both light and life at the same time. If holiness is love, intimate union with God, the holiest and swiftest path to reach it is a life of constant and deeply felt prayer.

We need to pray to thank God for all His benefits. We need to learn to give thanks and to learn to live out our relationship with God.

The Lord is waiting for our words and our actions of thanksgiving. Jesus complains when he sees hearts closed and unable to give thanks. Only one of the lepers returned to thank him: 'Were not ten healed? Where are the other nine?'

'Yes, dear brothers and sisters, our Christian communities must becomes genuine 'schools' *of prayer,* where the meeting with Christ is expressed not just in imploring help but also in thanksgiving, praise, adoration, contemplation, listening and ardent devotion, until the heart truly 'falls in love'. Intense prayer, yes, but it does not distract us from our commitment to history: by opening our heart to the love of God it also opens it to the love of our brothers and sisters, and makes us capable of shaping history according to God's plan' (*NMI*, n. 33).

We who have received the gift of vocation to a life of special consecration are asked by the Pope to be more ready to engage in prayer, to engage in the contemplative experience (cf. *NMI,* n. 34).

We Need to Pray Always

This is true for all people in all circumstances, given the need of the Christian community. St. Paul is a very fine example of this concern, which, indeed, is expressed in many parts of his letters. Thus of the Jews he writes: 'they have all the good will of my heart, all my prayers to God, for their salvation' (Rm 10:1) and to the Ephesians he writes: 'I never cease to offer thanks on your behalf, or to remember you in my prayers' (Eph 1:16). In St. Paul we also find: 'And this is my prayer for you; may your love grow richer and richer...' (Phil 1:9) and 'We give thanks to God... continually in our prayers for you' (Col 1:3). And to Timothy the Apostle St.

Paul recommends prayer for all men: 'This first of all I ask, that petition, entreaty and thanksgiving should be offered for all mankind, especially foe kings an queens and others in high station, so that we can live a calm and tranquil life, and dutifully and decently as we may. Such prayer is our duty, it is what God, our Saviour expects of us' (1 Tim 2:1-4).

'Praying in Sickness and in Health'

In many circumstances in our lives we turn to God to praise Him, to bless Him, and to thank Him. The Bible is full of these facts: men and women of the Old Testament and the New Testament, and the whole of the history of the Church, are eloquent witnesses to this fact.

The *Catechism of the Catholic Church,* in the same way, in the fourth part of the section entitled 'Christian Prayer', brings together in an exhaustive and wonderful way a real summary of the meaning and the practice of prayer in the life of the Church. The contents of this section are an authentic source of inspiration.

Man has prayed in sickness and in health, and has done so with different gestures and words. The Psalms constantly talk to us about this reality, one should only engage in prayer according to one's state of mind: praise, action of grace, supplications for healing.

I would like to tell you about a personal experience of mine. In 1995 I had an emergency ulcer operation. The matter was serious, or so they told me, but I almost did not realise the fact ... During my convalescence I wrote about my experience as a patient and this account was published in number 12 of the review *Camillianun* bearing the title 'I have Never Felt so Accompanied'. I would like to communicate here what I wrote about prayer during my illness.

'I have seen that prayer is not easy, above all else during the acute moments of illness, especially ritual prayer, daily prayer; the prayer to be found in my book was difficult, I felt that it was not my prayer during the period that I was then living through'.

My prayers in my hospital bed and later in the small chapel of the community were on the whole made up of exclamations: Lord, may your will be done, but give me the strength to follow it I often addressed the Lord with this cry.

I remember that one day, after my second relapse, I prayed to the Lord with the words of Psalm 136: 'But shall we sing the Lord's song in a foreign land?' And I said to myself: that is true, it is difficult, and I applied it to myself, because my illness and my doubts were at that time a foreign land for me; not being able to have a normal life was a foreign land; and the very many medical tests, the very many analyses, and the very many injections, and all the rest, were also a foreign land.

I also identified with the cry of the Psalmist: 'Lord my God, I cried out to you and you healed me ...' (Psalm 29).

The feast of St. Peter and St. Paul was also a moment of strong prayer I felt joy, courage and apostolic strength near to me.

'I know to whom I have entrusted myself… I have fought the good fight, I have finished my journey ... the grace of God does not abandon me' (Antiphony).

'The Lord is my strength and my song; He has saved me' (Antiphony 2, Praises, first week). 'Bow down then, before the strong hand of God ... Throw back on him the burden of all your anxiety; he is concerned for you' (1 Pt 5:6-7).

At the end of everything this is what remains, this is the substance of life. In those days a pamphlet of the Office of Reading on the Seventy-one Blesseds of the Order, martyrs of the Spanish Civil War, fell into my hands. And I felt a shiver when I read those texts. I saw in those martyrs generosity, love for the sick, faith in God, vigour in difficult moments, and I said to myself: spirit! And I saw that it was true, that human and Christian life matures with suffering and prayer.

Another experience accompanied me during my illness: I felt the prayer of other people near to me as never before. Many people told me that they were praying for me and I really felt this 'push', this strength, and I thought: if men are near to you, how can God also not be near to you?

Although we can pray at any moment, 'illness, and above all else serious illness, is a propitious moment for prayer ... This prayer is of great importance in creating a climate of peace in the sick person and his family relatives, in giving courage to those who suffer, in finding the strength that is needed in pain, and in encouraging trust in God ... For this reason, it is very often the case that with the seriously ill person it is more important to pray to him than to talk to him, to propose prayer to him, to help him, to suggest certain forms of prayer to him. Prayer must respond to the situation and the feelings that the sick person is experiencing. In prayer made up of lament one should be near the sick person, in silence; in prayer of supplication one should pray with him and reaffirm his trust in God;. in the request for forgiveness one should remind him of the mercy of God; in prayer of grace one should evoke the gift of life...; in prayer of intercession one should help the sick person to come out of himself and think of other people. We should not, in addition, neglect prayer for the sick and in particular for the seriously ill. And when the sick person cannot pray, the Church should pray for him.

Chaplains, the heads of parishes, and workers providing pastoral care in health must know how to stimulate this prayer in the family relatives of the sick person and in the Christian community' (cf. José A. Pagola, 'Hacia una muerte más humana y más cristiand', in *Semanas de estudios Trinitarios, el Dios cristiano e y el ministerio del la enfermedad,* Salamanca, 1996).

Praying with the Heart, Setting an Example in Prayer

Lastly, we need to pray with the heart, we need to pray setting an example, and with the witness of a holy life. 'Do not agitate your prayers everywhere with disordered voices ... God does not listen to the voice but to the heart'.

Pray not only with words but also with facts. As the Psalmist says: 'Speak in your hearts' (Psalm 4:5). The new man ... first of all says: 'Father' (cf. St. Cyprian, *Comment on the Lord's Prayer,* eleventh week, Office of Readings).

Teach us, Lord, how to pray. Certainly the Apostles saw him pray and were stimulated and moved; they prayed with their Teacher: 'Our Father, who art in heaven, hallowed by thy name, thy kingdom come, thy will be done...' Amen.

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The Charismatic Management of the Hospital Order of St. John of God

Introduction

This paper was presented at the general assembly of the Hospital Order of St. John of God, held in Tagaytai in the Philippines on 1-6 December 2003.

The author, Fr. José L. Garcia Imas, a religious of St. John of God, obtained a good grounding with his studies and above all has obtained great experience in management at a provincial level.

The subject of this paper is addressed with reference to a specific context: the Hospital Order of St. John of God, a religious order which is the owner of two hundred and thirty health-care structures. Its publication in the review *Dolentium Hominum* meets the need to present criteria for charismatic management. Everything that a religious order says about itself can be illuminating and stimulating for many other groups.

The author, naturally enough, cannot cover the subject completely in this paper, but he can establish the bases, the foundations, upon which health-care management can be developed within a group that, principally speaking, has a charism at its core. It is for this reason that one asks whether the management involved matches up to the fundamental idea.

1. By Way of Example

In our world, in this ever expanding 'global village', we must act concretely and think in universal terms. I thus invite you to engage in this simple journey with me, because even though we will not need much luggage we certainly must employ a significant amount of imagination.

We could take any of our works of care and assistance as a point of reference, from the simplest to the most complex, because the reality covered by our hospital order is vast and diversified. In order not to veer away from the indication to travel light, a simple journey has been chosen.

Each of you can imagine a place in our planet in which our hospital order is present, and in this theoretical (but perhaps not so very technical) place we may locate a centre for the prevention of illness.

In the same way, we may imagine that this centre has brought with it a team created by one of our brothers, a women co-worker and a woman volunteer, who have established a project for the prevention and promotion of health for the people who live in the region.

After gathering information on the state of health of the residents, they consult the information that is available, they meet the local authorities, they observe people's real situations, and they then decide to dedicate their attention to the disease that they consider to be the most urgent: AIDS.

When they plan the establishment of this service, the first element that they have to take into consideration is to find an area, even a very small area, where they can work, because without such a space action is not possible. They are not very ambitious and they are ready to accept even a small house in the countryside or even a large tent.

Our protagonists do not seek much but in order to do a good job, even a minimal job, they reach the conclusion that they must establish the equivalent of a clinical history for every person in their care.

They would like to work with the help of a computer, but such a system is not assured and, envisaging difficulties, they are forced, at least for the moment, to work with a paper system, and thus it is that they need an archive. It is clear that correct archive work in relation to clinical histories will allow them to provide a suitable response when they have to consult the relevant data.

Despite this fact, they believe that a personal computer, if they can install one, will help their gathering and compiling of statistics.

As regards the dynamics of their work, our protagonists do not live where they work and they thus need a form of transport. Given the limits of their resources, they will use a means of public transport, which, indeed, travels to where they want to go once a week.

For this reason, if they want to do things in an efficient way they must plan their stays at the clinic in line with the journey they have to make. As a result, they will also have to establish the day in each week when patients will be treated.

Progressing with their project, they arrange how they will organise their mission and they decide to get into contact with the local authorities in order to illustrate to them their plan and its objectives.

As one can readily understand, time has to be devoted to meetings with these authorities, with the future users of the clinic, and so on.

Given that they want to implement a cohesive project, they dedicate time and space to amalgamating the planning with work meetings, and they strive to acquire a certain cohesion as a group.

In presenting the project they are well aware that they must be open to the opinions, to the suggestions and to the contrasts that may emerge. They have given themselves the goal of ensuring that their project will be welcomed and accepted by everyone.

They decide to inform themselves as to whether local cultural rules or traditions exist, and they try to educate themselves about them. They want to be scrupulous about the rules and regulations that have

to be respected so these services can be begun, and about the architectural requisites that have been laid down.

Above all, and in a special way, they will keep open a channel of dialogue with the local population, whenever this is necessary, before beginning the project at a practical level. A start cannot be made if people are against you.

Now comes the most delicate part: it should not be forgotten that the financial dimension has to be dealt with and thus the members of the group must see how much the launching of the project will cost and what resources will be needed every month in order to sustain it and thus prevent it from being shut down after a short period of time.

After examining the situation of the area, they discover that the authorities cannot meet the costs of the building and that the local citizens are in financial difficulties and cannot pay even a minimal part of the costs of an examination or even purchase the medicines prescribed to them for prevention.

In order to finance the launching of the project, they learn that there is an Italian NGO which specialises in this field, and they present the project to this organisation: they describe the buildings, the equipment, the costs and the work plan and so forth in order to obtain financing for the start-up.

Believing that the demand on the part of patients will increase with time, they decide to write a complete information statement on the health care project once it has been launched – the buildings, the equipment, the costs, work plan, etc. – because they think that they will return to ask for further help if it subsequently becomes necessary to expand the project.

As regards ordinary costs, they fail to find an organisation that is prepared to support such costs. They want the patients to contribute in part to the costs of management but this is not possible. They thus decide to present the project to the Common Fund for Missions of their hospital order in the hope that this fund will support them for the next five years. In exchange, they undertake to send an annual report on the activity that they have engaged in and on the expenditure and income of their apostolic project.

After a year's work our ideal team has drawn up the project, has presented it, has obtained all the approval necessary, and has received economic help. The local authorities and citizenry are favourable and thus our team is now in a condition to begin their pastoral project.

The project has been drawn up in all its details but there remains the question of who will benefit from it, i.e. the final users. For this reason, the members of the group have to test the proposed initiative and the real response obtained to it. Beginning with this information, it will be necessary to study the evolution of the project in order to obtain the highest level of impact and interaction.

Lastly, given that the best form of prevention is the avoidance of infection, our apostolic unit must decide upon the way of avoiding infection by this disease, and in the most difficult scenario it must also provide the means by which to avoid such infection. The members of the unit are aware that all this must be done with due respect for the specific protocols that may have been published on the subject.

I would like to emphasise that this simulated experience could be applied to the concrete reality of any institutional project both in the world of health and health care and in the social world.

Nobody can fail to notice that it we wanted to transfer this experience o the reality of the hospital of the Fatabenefratelli of Regensburg, for example, with its seven hundred hospital beds, intensive care unit, and first aid departments, multiple services, high technology and enormous sets of qualified staff, the process would be very much more complex.

In the same way, if we wanted to apply it to the group that provides mental health services of St. Boi, with its units for care for the acutely ill and for the chronically ill, with over three hundred outside units, the presence of nurses in prisons, the units for psychiatric confinement in prison etc., the elements to consider would multiply, as would, of course, the complexity of the project.

2. What Management Involves

We will take as our point of reference the experience of our apostolic unit in order to try to derive from it a number of conclusions about what management involves. I would like to offer a premise: management can be applied to all the fields of life but in order to be practical I will limit myself to our situation, to the provision of care for, and the welcoming of, the sick.

A basic consideration
A mission

Without a mission it is impossible to reach any specific point. There have been 'gurus' who have promised an easy economic result but at the same time have left this approach out of the equation. Time has clearly revealed that there are limits to projects of the 'take the money and run' kind. In a few words, do not look behind you to see the disaster that you have left behind you.

People who dedicate themselves to thinking about the field of management refer in clear terms to this point: having a mission is an essential part of every economic project. In addition, without a mission it is not possible to implement a management project. There can be something else, but a management project – in the company, in an institution, in a foundation, in a confessional body etc. – without a mission is something that is impossible.

In the case of our example, this mission is not explicit, and people could observe that this is not a happy way by which to begin a reflection. I would like to make a brief observation, namely that in the case we have before us we began by referring to a work of a Hospital Order and at the present time I believe that this order has not lost sight of the fact that it already has a clear mission, as an original concept and a project to be implemented, and thus in the working unit that has been outlined a mission is already present.

Elements to be taken into consideration
The reality

A management project cannot be placed on the margins of reality, or better: if this is what is desired then this can be done, but it will end up by being an intellectual abstraction, a figment of the imagination, something that is merely fictitious. In the case of providing care and welcome, this reality must bring out a need, or different needs, but it must also have a contact with reality and a theoretical approach that allows the reaching of conclusions.

Starting from the needs expressed, one reaches the concrete option to be followed: there are many needs but it is necessary to make an effort that involves synthesis or conclusions, As human beings, as a human project, we must deal with limitations, and it is not possible to meet all needs; indeed, we need to choose, we need to decide.

Options

Here we encounter a crucial point in management: deciding. Management and making decisions are bound up in an inseparable way; indeed, they form part of the same reality. Once the reality and the various needs are known, the following steps are made, the following decisions:

– Deciding on the needs or the need that have (has) to be met.
– Deciding which resources are needed in order to implement the project.
– Establishing how these resources can be obtained.
– The organisation of finance.
– Proceeding with criteria of assessment.
– Etc.

These are all concrete working options; they are all decisions that have to be taken.

Further down the line, management will also involve decision-making as a process, not decisions that are taken but as a set of decisions that emerge, with an examination of the reality and the information that is supplied to us and should be changed. In other words, we are dealing here with an on-going decision-making process.

There is another fundamental point about deciding which enriches its meaning. To decide involves taking risks; the person who decides, the team that decides, and the institution that decides, are all taking risks. This is something that is inherent in the process and uncertainty is guaranteed.

Taking decisions forms a part of the process, just as trying to reduce the impact of the risk factor to a minimum also forms a part of that process. The process described in our imaginary journey has as its central element the reduction of the risk factor, and this, we should never forget, is always present. Indeed, we may say of the members of the group that:

– They will try to secure agreement with the authorities.
– They should ensure that the citizens do not engage in opposition.
– A clearly important role should be given to the involved parties.
– They will try to respect the culture of the local area.
– They should obey the rules and norms that exist in this field.

These are all integral parts of the decision-making process, and everything is directed towards trying to reduce the impact of the risk factor to a minimum.

The objectives.
The work programme

With respect to objectives, we could give many orientations, but I will confine myself here to certain general features. As regards objectives, the only thing that I will seek to do is to answer certain simple questions, which could be

many in number but which I will limit to the following:

– What do we want to do?

– How do we want to do it?

– When will we do it?

– When do we think we will do it?

When answering the first question, the 'what', we will speak about quantity, the volume of activity that we want to engage in.

In the following section, that of 'how', we will be thinking about our forms and ways of working, with reference to the quality of our services.

In the subsequent section, that of 'when', we will introduce the factor of time by distributing our work plans over time. Not everything can be done at the same time. Indeed, it is necessary to plan the action that is engaged in.

The 'where' has a fundamental spatial element: it delineates the space, the place and the sphere of our action.

Resources

In the world economic reality that we live in, this has become a very important factor, which is at times too important, if not, in fact, the only factor. We need only draw near to the publicity that all health-care bodies engage in to see that in a clear or concealed way they are talking to us about means, their own and perhaps only theirs, even though they try to sell themselves in other ways.

It is true that without means no action is possible in the field of health and health care or in the social field. It is true that they are important elements in the project, but they are certainly not the only elements.

I will not dwell at length upon this point. The means involved can be of a physical, human or financial character. The first involve buildings, installations, equipment, technology etc. The second involve staff and personnel, in our case professional workers, voluntary workers, benefactors, and members of our religious order. The third are the funds that are needed to implement, and sustain, the project.

Legislation

This is a subject that in the past was hardly ever taken into consideration, but which is now very important; perhaps, indeed, too important: social and health workers run the risk of living paralysed by the fears about whether they are obeying or not obeying the law.

In the contemporary world, one cannot propose to society a service that is at the margins of law. On the contrary, great attention should be paid to limiting professional responses so as not to be caught out by going against the law.

Legislation determines all the spaces within which action can take place, and this certainly varies from country to country. But it is also true that there has been a certain harmonisation of the contents of the legislation and norms that direct such action, elements that in the European Union go under the name of 'directives'. These refer to: health care and social services; architecture, installations etc.; and the world of work and security in the work place.

To speak about everything covered by the legislative sphere goes beyond the paradigms of this paper. However, I will now present certain indications regarding the world of work.

The world of work relations has perhaps lost some of the virulence that it had in the past. Without having become a field that is easy to manage, and it is my view that this is something that will be difficult to accomplish, it now has very clear features: we all agree that the rights of workers are losing ground; the world of sub-contracting and outsourcing is leading to very precarious working conditions for which the employing organisation does not feel directly responsible but in which, nonetheless, it participates. The temporary character of labour contracts is at the basis of the precarious character of work.

In the legislative area and in particular in the area of work, creativity in management is in a state of constant evolution, and today changes at the level of concepts and orientations are being introduced.

It would be advisable to maintain a minimal critical attitude because in various situations proposals relating to management could be made that in appearance are neutral but which in fact are not so at all and involve an economic risk and the risk of causing exclusion.

Information. Communication

Social and health-care works are for society but society must be aware of them, must know how they function and work, and in addition must present its views on them before they are begun.

It is often the case that the rejection of a social work that takes place in a sphere of actions that are very intense is provoked by almost secret attitudes which, although in some contexts they are understandable, are in this instance not justifiable.

The age when institutions could do as they pleased has become something that belongs to the past in most countries. Now a project that is approved solely by the body that promotes it is something that is no longer accepted in society.

Now information on the context, the needs, the legal requirements, previous authorisations etc. are all required and demanded.

At the present time a great deal of time is required to create a relationship and establish contacts with the local area for which the project is programmed. The advantages and disadvantages are weighed, and concessions and agreements are made before the project is launched.

Trajectories for the placing of a resource, such as the kind of resource indicated above, allow many obstacles to be avoided, obstacles that could arise in the future when possible delays could mean that a return on the resource is difficult to obtain.

The ordinary working of a work requires the social workers to be informed with a certain regularity, and the authorities, the competent officials,

the users, the professional workers and the benefactors to be kept informed about our intentions, both during the 'quiet' moments and in the context of difficult situations.

The obtaining of investments is an inescapable part of each initiative. Opinions have to be tested, information verified. The more we know about our work the better our conditions of work will be.

The environment

For many years organisms of an economic character – we lay emphasis on the fact that each one of our works is such – were seen as a closed reality with a specific worth determined by income and expenditure.

With the passing of time we have seen that this was a partial vision, an incomplete vision, because economic organisms had a direct relationship with nature, from which they received a set of resources and to which they returned varying levels of waste materials.

Amongst us the idea is increasingly gaining ground that the resources of nature are not limitless and that waste, in varying ways according to how it is treated or abandoned, can be an impossible burden for the difficult equilibrium of our planet.

Economic organisms in the field of social services, and in a more significant way in the field of health-care services, are consuming the resources of the environment, some of which are in reality in very short supply.

The economic organisms that work in the social services and above all in the health-care services produce waste that contaminates the environment, and some of them, such as radiology, nuclear medicine, biology and biochemistry, are doing so in a special and demanding way in relation to nature.

Here there is room for great sensitivity in management and we must be able to commit ourselves to service to man and contemporary society, but at the same time we must avoid compromising the future of nature.

Assessment

In practice:

– What can happen? Our objectives may not be reached.

– What should we do? Examine why our predictions were wrong.

– Where should we begin in carrying out this assessment? On the basis of our predictions by analysing what has happened and using external factors that we may learn about.

In our assessment we should analyse whether we have reached our objectives or not. If such success is not possible we can always make some corrections, but we can do this only if a preventive approach has been previously engaged in. If such has not been done, assessment is not possible and thus it will not be possible or feasible to introduce suitable corrections.

The most suitable work method is one that applies assessment to objectives and all the components involved. Traditionally, assessment is carried out on the basis of objectives, but assessment can be applied to all elements:

– The mission, and everything that lasts over time, can and must be assessed.

– Reality is not something that is static; it is always in evolution.

– For this reason, our option, if we want to respond to this changing reality, can involve being forced to promote changes.

– This stage can lead us to change our means or to look for new means, in addition to applying new resources.

– Legislation is a constant of change and is becoming increasingly complex.

This last point requires one further observation. It is probable that some of those present will pose the following question: 'in the case of a new work we can take it for granted that the proposal is valid. But what should be done in relation to a work that has been under way for some time (years or decades)?

I would like to say, my brothers and sisters, that in the case of a work that has been under way for years or decades, in addition to what has already been indicated in this paper, you also need courage and honesty:

– Courage in order to pose a primary and fundamental question: what need is this work meeting at the present time?

– Honesty in accepting the remote possibility that there are no answers to this question.

I have already experienced this process and I can assure you that a great deal of courage and rectitude are required in order to face up to this question, especially if one discovers that an answer to it does not exist.

Together with other brothers and co-workers we have addressed this situation, which is pleasant for no one.

I would like to lay stress on this point: once the question has been raised, and the presence or absence of an answer has been discerned, the process to follow is the same, as long, that is, as one is prepared to be loyal to one's mission.

3. What is our Point of Departure for Management?

When reference was made in this paper to objectives, one of the factors to be taken into consideration was 'where' we want to act. Moving now to this third point, it can be observed that the meanings of this term vary.

In the objectives a physical element is referred to, a place, a space in which we want to be present in order to promote our apostolic mission. In this case we are referring to a philosophy, to an identity; we are establishing the criteria by which we want to manage our work.

The answer to this question seeks to establish the bases of what we must see as the specific identity, the specific criteria, of a Hospital Order, We should not think that taking about a charism is something that is exclusive, that involves searching for exclusivity. This, indeed, would be an error. We should not think that we are seeking to bring out something that belongs to us alone. Obviously enough, this charism can

belong to other people and to other bodies as well.

We should not confuse the different parts. Everything indicated in the second point cannot be, and must not be, ignored. In organising management this should be taken into account and addressed when any of our works is implemented, whether it is large or small.

Taking this as a starting point, the specific, individual and characterising points must be established. It is true that in ordinary life so many differences cannot be established and that things come to be amalgamated, but in reflection it is equally true that these complementary approaches have to be engaged in.

The Hospital Order has a fundamental element of reference for these criteria – its constitution. Its general statutes are a very practical and very concrete document that must be borne in mind as a point of reference.

Lastly, we have recently engaged in an initiative involving reflection that found expression in the specific subject of our presence in society through our Identity Card.

Mission

The mission of the Hospital Order is clear and evident: to be witnesses to the mercy of God towards those who are sick and in need. This has to be the lens that enables us to focus all the other indications.

Any work of the Fatabenefratelli, at the beginning of the twenty-first century, must be able to answer the following question: in this work does the mercy of God towards those who suffer or who are in a state of need find expression?

Certainly an answer in the affirmative can involve different shades and aspects and there can be moments of uncertainty, even moments of darkness, in discovering it. Everybody is, and will be, an expression of the limitations of every human work.

There is, however, a fact that we cannot avoid: if the answer is in the negative, if there is some work of the Hospital Order in which the answer is in the negative, even though it would be better for that work to be managed by the order, even if all the advantages were in its favour, that work would still be excessive.

This is the ultimate meaning of our mission, against which we cannot go.

Reality

Throughout the medieval period and for a large part of the modern age in Europe, the religious orders played an essential role in the field of health and health care and in the field of the social services. In most situations the state was not very much concerned to systemise things and as a result there was no body that was responsible for these services.

Today, in Europe, governments guarantee coverage for these needs of their citizens. In this situation, what is the specific character of our project?

Voices that are critical of the system allow us to discover that not all the inhabitants of Europe are citizens who have their social and health needs met: what can we say about this situation?

Can we find in the old continent works of care that are in open competition with the anonymous companies that seek to satisfy these needs in an approach based on the pursuit of profit?

Should we be a part of this struggle? And if we should be a part of it, what should our specific contribution be?

In developing countries, whether they are in Asia, America or Africa, the field in which we can work is very extensive because these services are not assured or because economic crises have destroyed what was previously achieved.

In these places, where are we and with whom do we work? In these countries there are various non-governmental organisations (NGOs), both of a confessional character and otherwise, that constitute a solid presence in the promotion of health-care services and social services. What is our specific contribution in this context?

The option

In the light of our mission, in the light of actual reality, the question is simple: what decisions should be taken?

Our constitutions and our identity card leave an enormous space open to us to be present on our planet – both in industrialised countries and in developing countries – in the world of health and health care and in the world of social services.

Going forward rather and emphasising the urgent importance involved, perhaps it would be a good idea to introduce some questions on the suitability of our option for all our works.

As was said in point 2 in this paper, it is necessary to take decisions constantly and ‘in a process’, to use a phrase that has already been employed, because it is precisely a process that we are dealing

with here, that is to say a decision-making process. But let us be clear on this point – we are dealing with a decision-making process that begins with what is specific to us.

In choosing in favour of our presence, perhaps it would be good to retrieve something of our original radical approach, to make an effort to discover more specific spaces, places in which our presence and commitment can allow us a proclaiming that goes beyond mediation.

Our reality has become a reality of mediation, that is certain, but perhaps we should propose again to ourselves the task of discovering essence in presence.

The objectives.
The work programme

The 'what', the 'how', the 'when' and the 'where' allow a basic orientation, as I tried to explain in a summarising fashion when speaking about management. The 'what', the 'how', the 'when' and the 'where' have an immense field of action if we strive to give them practical expression beginning with our charism. When I spoke about mission I said that we should not base ourselves only on exclusivity. Mission is something specific that should not be interpreted as being exclusive.

The focal point of the work programme is that this is a work of St. John of God, beginning with his charism, his mission, which can involve a specific dimension. Indeed, we must strive to ensure that it does involve such a dimension. The charism cannot lead us to define ourselves with reference to a work programme as any other administrative body, as any other company or NGO, would.

I do not have a practical orientation as to how to address this question but I have certainly observed the reality involved; I have observed the experience of our religious order; and I believe that a large part of the diversity that our works express has been the result of the creativity which our brothers and co-workers have demonstrated in providing a response to new needs in ancient presences or to needs in new places.

The mark of our mission, the risk and the responsibilities involved in implementing these works, must, I believe, be points of reference for us when we establish new work programmes, both in old works and in new projects.

Comfort, the fact of feeling good, are situations that in the short and medium term can appear to be not very charismatic, even though the work, in terms of facts and figures, presents no clouds on its horizon.

Resources

Three very clear phrases are used in the identity card when speaking about resources and their use:

– Non-profit making bodies.
– Beneficial and social character.
– Financial balance.

Will it be enough to point out that we do not seek profits? There are NGOs that are non-profit making and provide the same services.

I would like to go further and say that there are profit-making organisations that are present in all our sectors and their good work is appreciated by both their users and by society as a whole.

Why do we continue to use resources in the special way that characterises us if profit making is already present in this area or clearly intends to be?

We are a body that provides social benefit; this is something that is clear. We all agree that this does not involve concern about resources: there are people who trust us, and this is sufficient for them to give us something of what they possess so that we can use it.

Thus, when one is dealing with 'where' and 'how' we apply these resources are we able to argue that there always exists a social-beneficial element in what we do? To what needs are we allocating these funds?

I believe that the question of financial balance does not require much comment. If this balance is not achieved, problems may emerge – in particular the very survival of the work – in the medium term. In the case of a work that cannot achieve this balance, what happens? And what happens if in the specific case the work is a valid one? And vice versa, should we be satisfied when we witness situations that involve the pursuit of the accumulation of wealth?

I do not feel that I can propose anything here; I am not as courageous as our founder, who had a lot of debts…but we should ask ourselves whether the positive imbalances accumulated in the long term are not perhaps more dangerous than the debts incurred for the project that we are trying to defend.

Legislation

– In the sector of health and health care and/or social sector.

– In the architectonic field, in the field of equipment, etc.

– As regards the world of work, remuneration, and work safety.

The Hospital Order has a great deal to say and do in relation to this subject. Are we to see ourselves as promoters of initiatives or is our approach a defensive one?

We are all seeing the consequence of the new laws and regulations, which should be respected and which often do not supply sufficient funds to this end. For this reason, should our approach as a Hospital Order, for example in relation to subjects such as safety, at least at the level of reflection, be one of promotion, even though this has repercussions at the level of the efficiency and performance of our works, or do we want everything to stay as it is?

As regards work relations:

– What should we do when the market is throwing the historic rights of workers into the wastepaper basket?

– What should our attitude be when sub-contracting damages the net remunerations of workers?

– Should we take part or not in the trend of outsourcing services in a drastic way with the sole intention of reducing staff and reducing work risks?

– To what point should temporary contracts arrive in our sector?

Information. Communication

The identity card employs a very clear phrase here: transparency in management. This also applies to transparency in the field of information. For years I have known the general accounts brother of our religious order and for years I have heard how many difficulties he encounters in obtaining information that is clear and verifiable on the economic situation of certain realities of our order.

Transparency in management means that the people who ensure that our works exist, that is to say collaborators, voluntary workers, benefactors, brothers etc., have the opportunity to know about our reality.

Transparency in management means that beyond finance – and this is a legal imperative – society can and must be informed about our data.

I find it hard to believe that society and its agents really have such information, given the difficulties that our accounts brother encounters in learning about some of our works.

With a certain frequency religious life is invited to engage in tasks of denunciation, of prophecy. Can we recognise that management, works of care and assistance, or even the economy, are spaces for this invitation?

An institution that shuts itself up in an excessive way in its works runs the risk of adopting defensive attitudes, and if this occurs the mission of denunciation ceases to exist as a proposal in a gradual way, without being noticed.

The Environment

Today, for the Fatebenefratelli, balance and harmony in relation to nature must be a constant concern of our works. What we are seeking, namely the overall health of the person, is something that we lay increasing emphasis on, and lifestyle, it should be pointed out, can be a source of health.

The promotion of health, the promotion of a healthy life, can be a good project for our hospital project. A healthy life pre-supposes an existence that is in balance with nature; in our case, to paraphrase, we could say: healthy management in balance with nature.

Obviously enough, it is not very plausible to promote a healthy life in cases where our centres are a source of constant contamination. By way of example, I would like to offer some comments on a hospital in my province that had to deal with the protests of citizens against its chimney, and there can be no doubt that they were right. Here was a paradox: the promoter of health, the force that should re-establish life, was polluting the area the most.

Because of its very work dynamic, the quantity of means that are needed for a hospital and that are used by it, for example, could provoke situations of tension as regards this balance. As a result, on the basis of what is specific to us, it is our responsibility to establish what is correct, even when we are in situations that we are unable to solve.

Assessment

In point 2, I pointed out all the elements that can and must be assessed in order to define management. The characteristic that distinguishes us is the place and the criteria on which we base the assessment of each of these components. Here mission is of primary importance.

I would like to emphasise the fact that we can carry out an assessment in a variety of ways. What is at stake is what identifies us, and thus this impress, this special feature, must be evident when we subject the whole of our work plan to assessment.

If we show that we have an identity, if we make clear that a mission calls us and encourages us to action, in assessment we cannot leave this identity to one side, otherwise we would leave incomplete, and without effect, what we consider to be specifically ours.

4. Specific Subjects for the Future

Somebody might rebuke us for not finding time to predict the future, and that person would be right. We are not experiencing very glorious moments for forecasts because, as specialists point out to us, agents outside technology have acquired a very important role.

The long term is confirming Keynes's famous phrase to the effect that in the long term 'we are all dead'. Specifically because of this situation, specifi-

cally because of the reality and the development of our society, I believe that institutions such as ours must aim at the long term.

We cannot create the future – the future will be what the future will be. But we can work, and work a great deal, to establish the foundations for the future that we can build, or to put it better, we have a responsibility to aim for the future that we hope for. If external agents do not allow this, we must remedy the situation so as to return once again to working for that future that we want to have.

4.1. Central administration

A strong central administration is what international organisations want to have. A strong and powerful administration is what nearly all international organisations possess. A central administration that is a slave to economic results, to short-term economic results, is what has become the norm in a significant number of international organisations.

You do not have to be a clairvoyant to draw this conclusion. There are many examples of central managers and administrators who are closed inwards. This is not a matter of the actual size of the company but of a temptation that ends up by prevailing, a temptation that sooner or later arrives.

Isolation and the making of decisions at the margins of reality is a question of time. At times it happens in the short term; at others many years have to pass. In both situations, the distance, the terrible distance, of reality, at times hard reality, means that we invent reality.

Not long ago I was listening to a reflection on an ecclesial question, of importance in the government of the Church, which in laconic but convincing form was as follows: too much time is dedicated to providing answers to questions and nothing is done. Distance from reality, cold distance from reality, was one of the conclusions of the speaker about why this took place.

For this reason, I am opposed to large and centralised provincial administrations that run the risk of becoming distant from reality, and this is my view for three reasons: they run the risk of becoming distant from reality, they concentrate on the economic aspect alone, and they end up by providing answers to questions without doing anything at all.

We propose two gears for a central administration: the decentralisation of the management of works and the centralisation of the management of those aspects of works that are not connected with the provision of care and assistance.

The works must acquire a real direction in their work, a projection, and they should take the form of autonomous bodies. The Provincial Curias must defend, support and correct this reality and this project where necessary.

I believe that one of the elements that a Hospital Order can display today is a plurality of presences and the creativity that this involves.

Centralisation can be an excessive weight for creativity as a basis for care. Even at the cost of losing effectiveness from an economic point of view, and of running the risks of possibly losing control, which should be avoided, I invite priority to be given to creativity in the administration and management of works, and this is more feasible when there is decentralisation.

Centralisation of what is not strictly connected with the provision of care allows agility in the movement of funds and their application. Experience teaches us that Provincial Curias are freer, more solidarity-inspired and generous, when they share their available excess resources. Works, on the other hand, always find reasons for not transferring their surplus.

4.2. Centres

Delegation. Participation.

This is the step that follows decentralisation. It involves delegating to the managers of works the capacity to take decisions in these spheres. In this way such people will feel that they are real protagonists of the work.

People are prepared to participate when they see that there is space for their involvement, if spaces for delegation are established beforehand, if it is clearly shown that there is space for personal involvement.

However, let us not forget that a process such as this requires prudence, assistance and accompanying by the Provincial Curia.

Delegation: why?

So that the managers and administrators see themselves as called, pushed, to be committed to the present and the future of every work.

So as to proceed with the delegation of responsibility to ensure that the section heads, the supervisors, middle-level management and other professional workers perceive that they, too, are invited in this project to take on functions to construct the future and the present of the work.

To form new teams that feel committed to the search for new forms of interdisciplinary response to the needs of man starting from this base.

To achieve creativity at the moment of identifying new needs and deciding what responses to give to them.

I recognise that a very sensitive subject is involved – power. Delegation involves the giving of power and in some circumstances this can arouse fear and mean that we feel insecure. To begin with, if we delegate this means that we must allow others to act and do so according to their styles and criteria. To delegate so that people do things as we would do them has no purpose.

I believe that a defensive attitude towards power can involve an implicit trap. A defensive attitude can close down the spaces of creativity, of innovation. With the giving of power an achievement of creativity is not guaranteed, but experience has taught me that there is greater freedom to propose, to suggest, and to give an impetus. With the giving of power, in the long term, authority itself is gained.

4.3. Legal status

I have put the question of legal status in the third sub-section but I do not consider it to be a subject of secondary importance for the future of our institution. I believe that it is necessary to find new formulas for the legal status of our works.

I could dedicate time to explaining my vision of subsidiary responsibility in the contemporary legal formula but I would not like the image of defence to be replaced by the image of danger in directing my reflection.

I believe that we have arrived at a suitable moment in the history of our order to begin to free ourselves from the burden that oppresses us. I sincerely believe that the burden of our works is such that we are leaving behind us our freedom, our creativity of action.

To paraphrase a maxim repeated in religious life, I believe that the burden of works today does not allow us to have light luggage, and if a religious, an institution, loses its agility, this conditions his/its freedom and thus the freedom of his/its response.

I would like to introduce the idea that some works, perhaps the greatest and those projected towards the future, could become independent legal entities. I believe that this step would allow us greater freedom to contribute, to support and to stimulate.

I believe that this is a logical step in decentralisation and delegation. If in the end everything reaches the desk of the Provincial Father, little ground has actually been gained.

I believe that gospel-inspired boldness will be lacking given that the brake of comfort and positions that think that 'we are well off as we are' can have a great influence and leave us rooted to the spot where we are standing. I know of religious orders in Spain that have not wanted to face up to the future, despite the challenges. This is something that they show all too clearly in their attitudes to their works.

What I am proposing, I may observe, some Provinces have already achieved, I do not know whether this is the result of the criteria adopted or of a legal imperative, but for some years things have been working well. For example, our brothers and co-workers in France have a great deal to say on this subject.

4.4. And our brothers?

In this project, which involves hospitals and social centres, there will be many 'frontier areas' in which a brother will have a very special role. Where life enters a state of crisis, and our society is tempted to say that an action is not worthwhile, we encounter a privileged space for a Brother of St. John of God, independently of the country or continent in which he is present.

I well know that this is a project that involves risks, a large number of risks, but in this century what other space remains for our brothers which does not involve risks? Let us not forget that in many places where we our presence is to be found there are private profit-making organisations that are prepared to occupy our position, and if they have not managed to do so as yet, they will manage to within a short space of time.

We brothers do not have a monopoly on charism, but I believe that we are called to be the guarantors of this philosophy, of this identity, and to keep watch so that the project is not limited to being an economic reality. In the times we live in this is a matter of no small account.

The challenge should be addressed.

Fra. JOSÉ L. GARCIA IMAS, O.H.

Bioethics in UNESCO

Ten have passed since the then Director General of UNESCO, Dr. Federico Mayor, created the International Bioethics Committee. This organ has produced two international documents: the 'Universal Declaration on the Human Genome and Human Rights' (1997) and the 'International Declaration on Human Genetic Data' (2003). By the autumn of 2005 the 'Universal Declaration on Bioethics' should also have been proclaimed. These are international instruments of a rather moral character but which nonetheless have not failed to influence not only the legislation and the norms of individual States but also the culture, the education and the lives of the peoples of our planet. This is because these declarations are the bearers of a vision of science and life and of a philosophy about man that do not always respect the life and the dignity of human beings.

This paper on the concept of bioethics in UNESCO seeks to offer some elements that are relevant to the bioethics that are dominant in an international context – and in a special way in UNESCO – and which, in the name of cultural and philosophical pluralism, lead to a levelling of values, are formed on the basis of consensus, and favour a political-procedural approach to questions and issues.

Ten years or so ago, as has already been observed, the then General Director of UNESCO, Dr. Federico Major, had the admirable idea of creating the International Bioethics Committee at UNESCO. This was an independent, pluralist and interdisciplinary organ made up of personalities and men of science and culture from all the regions of the world and from different professional backgrounds, in which would be expressed the moral and social hopes of society. In short, the International Bioethics Committee has become today an international force of reflection, consultation and debate in which questions about the advance of genetics and biotechnologies are raised.

The historical-scientific context of the last decade of the twentieth century favoured the emergence within UNESCO of a greater awareness of the subject of bioethics, together with the political desire of the international community to equip itself with instruments and means that would be suitable in responding to this planetary challenge. Indeed, the end of the twentieth century will be remembered as an extraordinary decade because of the formidable scientific discoveries that took place in the field of the life sciences: the *birth of the first cloned mammal* (the sheep 'Dolly'); *derivations from human embryo cells*; and the titanic effort of the international scientific community to achieve the *sequencing and the mapping of the human genome*.

As the scientific patrimony of mankind and a formidable potential for its well being, these discoveries have turned out to be – above all with respect to some of their applications in the reproductive and/or therapeutic field – ambiguous or even ambivalent as regards, for example, *human cloning* ('yes' or no' to reproductive and/or therapeutic cloning), *research on and the use of embryo stem cells* (is it licit or not to carry out research on and use embryo stem cells?) and the *commercialisation and patenting of certain gene sequences* (what can or cannot be commercialised and/or patented as regards the human genome because of intellectual property rights?).

At a cultural level, the speed and the unstoppable character of scientific progress over recent decades has provoked in society an awareness of the need to draw up and clarify ethical rules and principles that are sound and able to inform scientific and technological advance by placing it within a framework of values that safeguards the life and dignity of the human person. One is dealing here with placing man once again at the centre of the scientific endeavour and thereby avoiding his exploitation as a mere means, being convinced, to employ the words of Montaigne, that 'science without a conscience is merely the ruin of the soul' ('*science sans conscience n'est que ruine de l'ame*').

1. The Ten-year Commitment of UNESCO in Relation to Bioethics

In illustrating the ten-year commitment of UNESCO in relation to bioethics I will dwell upon the two important international documents on bioethics that it has drawn up so far and which were adopted by the general conference of member States in 1997 and 2003.

1.1. The Universal Declaration on the Human Genome and Human Rights

The outcome of five years of work, this document was unanimously adopted by general acclamation at the twenty-ninth session of the general conference of UNESCO (1997) and adopted by the United Nations at its general assembly held in 1998. The fundamental idea of this declaration is the *protection*, within the field of research on the human genome and its applications, of *every human being, with respect for his dignity and rights*. For this reason, the declaration has two frameworks:

1.1.1. The dialectic of freedom of research and the rights of the person involved. In this sense, the declaration refers to practices against the dignity of the person such as *reproductive cloning* (art.11). Respect for the rights of people is defended by the principles and norms of

the declaration in relation to expressed free consensus, confidentiality, and the defence of people's private lives.

1.1.2. *The protection of human rights* as regards the genetic particularities of human beings, which leads the declaration to formulate norms against forms of discrimination, to define the ownership of genetic data, and to clarify the principle of the confidentiality of genetic data associated with an identifiable person.

The declaration in question does not limit itself to the context of UNESCO. Through its adoption by the general assembly of the United Nations *it became universal* in all the meanings of that term.

Appreciation of the work achieved by the declaration – many of its principles and norms can be subscribed to – does not prevent the formulation of certain critical reservations about some of its points.

The way in which *article 1* is formulated, according to which the *human genome is the patrimony of humanity*, even though in a *symbolic sense*, is debatable because the human genome belongs first of all to individuals.

Article 11, which mentions only reproductive cloning as a practice against human dignity, could lead one to think that so-called '*therapeutic cloning*' is morally licit. On this point, the international bioethics committee of UNESCO did not up date, in conformity with *article 11*, the list of practices and techniques that are in opposition to the dignity of man.

Lastly, by limiting itself to laying down an ethical position, without envisaging a juridical mechanism that requires the norms of the declaration to be observed, this document remains a mere declaration of intent.

1.2 The International Declaration on Human Genetic Data

The second document of an international character drawn up by UNESCO, the International Declaration on Human Genetic Data, was also the outcome of studies and debates carried out by the International Bioethics Committee and the Inter-governmental Bioethics Committee. In October 2003 the declaration in question was adopted by the thirty-second general conference of UNESCO.

The fundamental principles on which the declaration is based are *respect for the private life and the autonomy and the rights of the individual*.

Centred round the *gathering, the treatment, the use and the conservation of human genetic data*, this declaration takes into consideration genetic and proteomic data, as well as biological samples.

The declaration also establishes a clear distinction, on the one hand, between the various purposes for which human genetic data are gathered and used, and, on the other, between the various stages of their collection, treatment, use and conservation.

After a preamble involving eight considerations, there is the *regulatory part* made up of twenty-seven articles placed in seven sections. Each article has a title indicating the subject matter, as is the case with international texts of this kind.

Section A deals with definitions, whereas *Section B* presents general provisions to be applied to the whole of the declaration before addressing its various parts.

Sections C, D and F deal respectively with *the gathering of samples* that are then used for the production of human genetic data; the *treatment* of such data; their *use* and their *conservation*. Each section deals with specific questions: the *consensus of the person*, *his possible withdrawal* and the *right not to be informed*; *genetic advice*; *questions relating to access to, and the quality and the security of, the data*; the *confidentiality of the genetic data* and *their conservation*, *making these data anonymous*, the *free circulation of human genetic data*, the *regulation of the cross-border flow of genetic data*, the *sharing of benefits*; and the *management of data at a national level*, to give only a few examples.

Section D deals with the *promotion* and the *implementation of the declaration*, and emphasises *the duty of States to implement its legislative and regulatory principles*, as well as *action* as regards *education, training and information*.

The ethical-juridical framework of the declaration allows defence against some of the harm that can be caused by the

gathering, treatment, use and conservation of human genetic data to the exercise of, and respect for, the dignity of the human person, human rights, and fundamental freedoms.

In article 3 on the identity of the person, proposed by the delegation of the Holy See during the final drafting, the declaration, giving emphasis to *freedom*, avoids falling into determinism by attributing to educational, social, environmental and genetic (etc.) factors their right role in the construction of the identity of the person.

As in the case of the Universal Declaration on the Human Genome and Human Rights, the International Declaration on Human Genetic Data has only a declaratory value, and thus it does not have a mechanism that allows the applying of pressure on States and appeals to them to respect the rules that it contains.

2. The Bioethical Orientation of UNESCO

2.1. The structure of the speech

The speech of the Director General to the permanent delegates to UNESCO, which was given on 20 June 2003, amply illustrates the cultural and philosophical assumptions to be found in the seven axiological principles, as well as the five axes, around which the bioethics programme of UNESCO is organised. The speech of the Director General revolves around seven bioethical principles (*pragmatism, a multidisciplinary approach, transparency, participation, communication, cultural diversity and the appropriation of results*) and five larger axes (*the identification and analysis of ethical questions and issues, the establishment of principles and norms of an ethical character of universal application, the strengthening of the ability to engage in scientific research and bioethical studies, the promotion and sensitisation of professional and political spheres, as well as the general public, in relation to bioethical questions and issues, and co-operation between the agencies of the family of the United Nations*).

2.2. A critical assessment of the above orientation

2.2.1. *The 'reconciling and consensual'* approach to bioethics that transpires from the speech of the Director General consecrates the so-called 'procedure bioethics' that prevails in international forums. Moral principles and values have their foundation in the 'consensus' that one should reach in questions connected with life.

2.2.2. *Confusion in the relationship between bioethics, medical ethics and deontology* reigns because the bioethics proposed by the speech of the Director General takes the place of medical ethics and deontology. The language of these last is employed without, however, taking into consideration the moral imperatives and the deontological norms inherent in these disciplines.

2.2.3. *Common values or universal ethical references* emerge or derive, according to the Director General, from the discussions of experts as a result of the consensual method.

2.2.4. *The pragmatism* which is a presented as a first principle of the bioethics programme of UNESCO overvalues the subjective empirical experience to the detriment of a metabioethics of objective principles and values which can be acceded to thanks to reason illuminated by faith.

2.2.5. *The multidisciplinary approach* (the second principle) suffers from an imbalance between an excessive emphasis on the scientific dimension which, for its part, encourages a scientistic and positivistic mentality, as well as an impoverished reference to the principles and values of open objective morality.

2.2.6. *Transparency* (the third principle) as an ethical imperative for scientists and bioethical experts is severely contested by the eclecticism that characterises procedure bioethics. The various interests of a commercial, financial or political character obstruct the upholding of transparent forms of behaviour based on the sacrosanct duties to engage in truth and responsibility in the bioethical debate.

2.2.7. *Cultural diversity* (the sixth principle) is upheld at the same time as the ontological unity of human beings who share the same human dignity and have the same rights and freedoms.

Conclusions

In his communication to those responsible for missions at UNESCO, Mr. Koichiro Matsuura confirmed that a process is underway at an international level which involves *the international legitimation of procedure and consensus bioethics* in opposition to metabioethics. Such bioethics are without authentic moral values and principles and could be defined instead as *bio-law*.

Two opposing visions of bioethics now hold the stage: bioethics that is democratic and consensual and is based upon the rules and principles of international law and human rights; and bioethics that is objective and open to humanistic and transcendent values.

Although it is possible to agree with the statement of the Director General to the effect that the purpose of the bioethics of UNESCO *is the protection and the defence of the dignity of the human person against possible abuses and/or 'dérives' produced by a distorted use of the knowledge and results of genetic research*, it is not possible to agree with the cultural and philosophical assumptions that underlie the axiological matrix of the bioethics promoted by UNESCO or with the methodology of procedure and democratic consensus by which views or judgements as to what is licit are arrived at.

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Genetic Disease Predisposition and Choice

In western countries, breast cancer is the most frequent visceral type of cancer in women. Women's lifetime risk of breast cancer is ~10%. While the majority of cases are sporadic, about 10% are inherited. In these situations, a parent passes onto their offspring a faulty copy of a gene that increases the child's risk of breast cancer. This mutated gene will in turn be transmitted to their offspring. A significant percentage of inherited breast cancers are accounted for by mutations in the breast cancer 1 and 2 tumor suppressor genes (*BRCA1* and *BRCA2*).

The estimated lifetime risk of breast cancer in women who inherit mutations in *BRCA1* or *2* is 50-85%. *BRCA1* and *2* mutations also increase the risk of other malignancies such as ovarian cancer. Compared to sporadic cases, women who inherit mutations in the *BRCA* genes, tend to develop breast cancer at an earlier age. About 10% of these patients are diagnosed with breast cancer during their reproductive age.

This poses an important dilemma. Women with breast cancer who are found to have a mutation in *BRCA1* or *2*, will pass the mutation to their offspring. Their children will have a 50% chance of inheriting the mutated gene. This is also the case for women in families known to carry one of the mutations who may not be affected by breast cancer themselves but that have been found to carry the mutation.

While these women suffer the agony of an uncertain future and perhaps the consequences of breast cancer, it is only logical that they try to spare their children what they themselves have to go through.

Aside from breast cancer, there are other diseases that are linked to genetic mutations. Mutations in other tumor suppressor genes such as *p53* or the neurofibromatosis type 1 and 2 (*NF1* and *NF2*) genes are associated with cancer. Some mutations affect genes that do not directly predispose to cancer but that also result in transmissible diseases such as hemophilia or cystic fibrosis.

Faced with this situation some women elect not to have children. Others, base their decision on the results of a prenatal test. Yet others have recourse to *in vitro* fertilization coupled to prenatal genetic diagnosis. In this situation, eggs are fertilized *in vitro* and screened for the presence of the mutation. Only fertilized eggs that lack the mutation are implanted.

It is important to realize, however, that this approach is based on a principle of eugenics. Embryos with a disease (or in this case a predisposition to develop a disease) are not implanted, and are in fact destroyed. Every embryo has a unique genetic constitution that will find expression in a child and an adult if allowed to develop. Every mother knows that no two siblings are the same and no sibling could substitute for another. A choice is being made, the embryo without the mutation is selected, the others are discarded. The underlying principle in this choice is that life with a disease predisposition is less worthy than life without it. The dignity of life is therefore being made contingent upon health.

This philosophy is devastating. It implies that sick people are less worthy of life than those that are not. It would appear therefore that sickness strips human beings of their right to life. Instead of inspiring us to respond with mercy, we respond to illness with death. This attitude also has profound dehumanizing effects on society. Taken to the next level, it could be argued that health is merely an indication of normality and that only the life that falls

within a realm of defined normality is worthy of existence.

While it is obvious that parents are not responsible for their own genetic makeup or for that of their children, many women feel responsible for transmitting a faulty gene on to their offspring. New research efforts are required. It is conceivable that unfertilized eggs could be screened out for the presence of the mutation. Since the analysis of the egg itself would result in its destruction, this would have to be performed through the analysis of daughter cells generated in the process of egg development. These eggs could be introduced in the Falopian tubes and made available for fertilization. While technological developments might relieve some women from the burden of transmitting to their children a faulty gene, this technology may not be accessible to everyone. In addition, men can also transmit to their offspring the mutated gene and screening of male germ lineage is likely to be more complex. While other alternatives exist such as adoption, the underlying problem remains.

At the core there is a misguided perception about the meaning of life. Paraphrasing the Holy Father, in a society that has lost sight of God, man becomes unintelligible. When death is perceived as the termination of existence, life's most important goals become self preservation and self gratification. In this context, illness is perceived as evil. Illness is evil on the basis of attacking what is considered to be the supreme good, physical well being.

Suffering, while the consequence of the original sin is not evil. Christianity seeks to remind us that there is life beyond death. Our life on earth is like the life of a baby in her mother's womb, a short preamble. The baby cannot fathom what will come after birth, and neither can we fathom what will come after death. We have been created for eternity. Life's ultimate goal is not self preservation, but rather to bring life to fulfillment, which entails the acceptance and enactment of God's plan for us. This requires faith, to believe that God knows best and that He loves us, in fact, that He loves us more than we love ourselves. We were created in His image and He raised us up to live the life of God. The meaning of life is revealed to us by Christ. We are called to a life of love and dedication to others. The main obstacle to living this way is sin. The bondage of sin was broken by Christ. But he chose to redeem us through suffering. Albeit in a mysterious way, suffering can transform us into Christ and can be united to his redemptive sacrifice.

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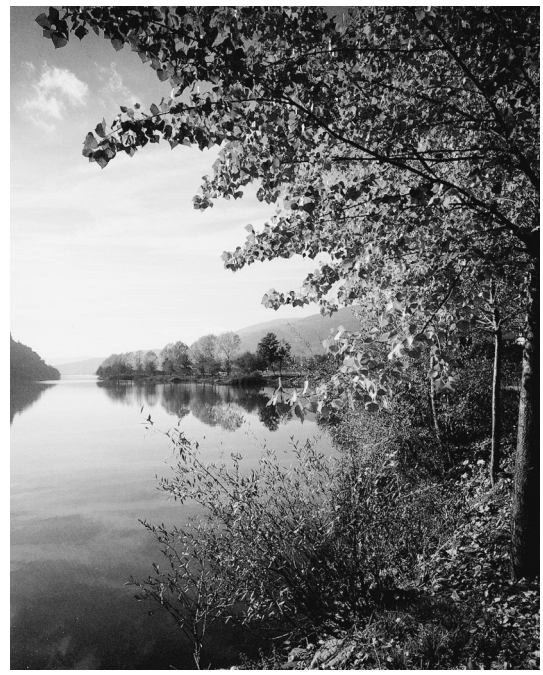
Testimony



Witness of a Life in Illness

Pastoral Care in Health
in America
and the Caribbean
Towards a History
of Pastoral Care in Health

Witness of a Life in Illness

1. The Human and Christian Profile of our Daughter Laura

Laura was a young woman of twenty-one, a fourth-year law student at university, a normal girl, of her times, who had everything that she could want at that age: a family, success in her studies, health and a fiancé. She had finished her studies at the College of the Maids of the Sacred Heart in Cordoba, where she had received, as she had from her home, that seed of the treasure of faith that was to bear fruit in the acceptance of her illness and her suffering. During her illness she said to her mother: 'Mummy, after so many years with the sisters, their founder, St. Rafaela Maria, could help me'. Her mother replied: 'at the best, God's plans will be others'. And she always finished in the same way: 'things will go as God wants'.

When she was at boarding school, amongst her human values there stood out an approach and a readiness to help marked by constant service to other people. When we went to visit the school her teachers said to her: 'Lauretta, you are near to the beyond, intercede with God for all of us, those of us that have known you, loved you, and educated you'.

She followed a course of COU at the College of the 'Salle' in Cordoba where, once again, at the top of her scale of values was her spirit of service, and this was so much the case that at the end of the course she was unanimously awarded by her teachers and the other students the medal of exemplary classmate.

Lastly, at the Faculty of Law she left such a mark behind her when it came to human values that her lecture notes are for everyone a point of reference because of the quality and commitment she expressed in them, but above all because of her generosity in making them available to everyone, including the teachers.

For us it was a moment of great joy when the lecturers and the students thanked us for the contribution of her work and her love within the university when she was in good health, and for her greatness of spirit during the period of her illness. What a great truth indeed we find in these words: 'what will you give me, earth?' 'What you sow'.

2. The Stages of Witness

In order to understand in a more effective way the event and to discern in it the presence of God, we think that it is essential to share the various moments of our life witness, a witness that is not the outcome of our efforts or our apostolic commitment and enthusiasm, even though out role was very important. If such were the case, this would amount to bearing witness to ourselves and not to the wonders that God works in our lives. God takes an initiative, comes to us and transforms the event into work of His grace.

An event. Witness comes through an event that at times is happy and at times is painful.

A discovery. Beyond this event we discover the presence of God, who loves us.

An encounter. If God is there and if we place no obstacles in the way, then the encounter with Him will take place.

A change. Every encounter with the Lord produces a change in a person's life, which can no longer continue to be the same. A person's heart is directed towards God and from being a heart of stone it is transformed by God into being a heart of flesh.

Acceptance of the will of God. If all of this takes place, then a person is in a condition to accept God's will, however painful the event may be.

Being a witness. This is nothing else but the expression of a person's faith, hope and love for other people. Being a witness, a person feels the impelling need to proclaim, share and transmit what he or she has heard, seen and experienced.

In living out the stages of this witness, there can be no doubt that the illness of our daughter was the greatest event of our existence. These moments of our witness are the deep roots of every other witness.

3. The Event

After a summer spent in full health and at the beginning of a new course, Laura was struck by a sudden, aggressive and incurable illness which in only sixth months was to carry her to her death. This illness involved cancer of the brain and the spinal column, and this required an operation and radiation treatment in cycles and led to paralysis, weight loss, etc. What was really important was the fact that in our family we discovered that behind this event there was God, who loves us.

4. How we Experienced the Event

Both we ourselves and, surprisingly, Laura as well, accepted the will of God.

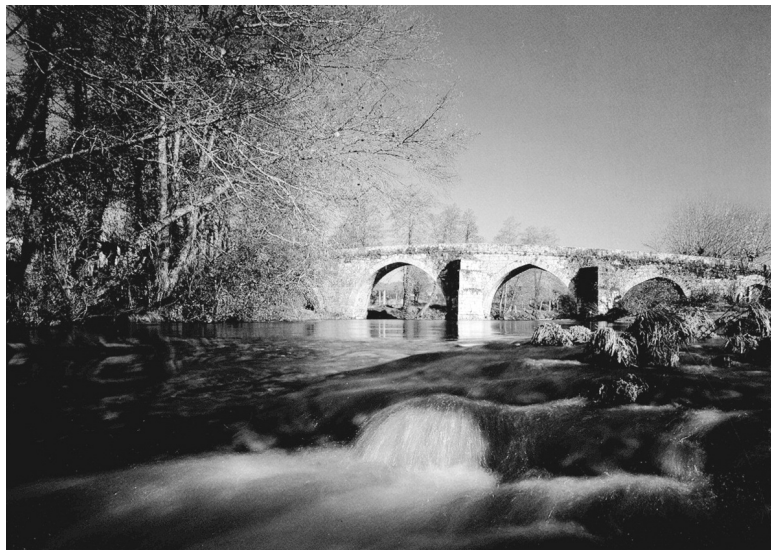
We began to live out our faith with a greater depth: maturing it, transmitting it, celebrating it, and trying to experience the joys and the sadness of every day! For us it was clear that the future was God!

Very soon these approaches produced their fruits. We could perceive that she accepted her illness, how it matured her personality, how it enlarged her faith, how it strengthened her will, how it purified her heart, which became cleaned of the dust that had been acquired during her life's journey. Laura realised that the hopes of her young man, her passion for her

career, her friendships, the environment, etc., were coming to an end.

Despite this fact she was very keen to live and placed great hopes in science and in the power of God. At the same time, there was a great spiritual growth in her, in which suffering began to be resurrection and the sacraments a grace and a spiritual balm.

The illness managed to make what was ordinary, extraordinary; it managed to achieve a great step forward in her daily spirituality. In the face of fear, she challenged death with her smile and her beautiful love, filling everyone with hope and making us enjoy the nearness of the life beyond.



In the last days of her life she said to her mother: 'Mummy I'm dying', and her mother replied: 'My daughter, look up, already you can see the bright light of the world beyond and the Father who is waiting for you with open arms to welcome you. There, there is no illness or suffering'. Laura's answer was: 'Mummy, help me to pass over to the other side'.

Consoling words, passionate words full of self-abandonment to the Lord; words which for all of us are a great treasure.

For us a flower was broken in the fullness of youth and one of our models was smashed. However, we would like to share with you how we lived and continue to live with joy how for her the teachings of the Book of Wisdom were being fulfilled.

In only six months she reached perfection after many years. God subjected her to trials and made her worthy of herself. She was grateful to God and was loved.

One of the great experiences of the last days of her life was the celebration of the sacraments of reconciliation, the Eucharist and the anointing of the sick: nearness to fullness and a waiting room leading on to the loving encounter with the Father.

5. Other Experiences

Here, in these experiences her aunt, Maruja, will provide the testimony of the family, her fiancé, her friends, the staff of the hospitals in which she received treatment and care, and of other patients.

In her family. In a very special way she loved her brothers and sisters, and above all her little sisters. She saw herself as the second mother of these last because there was quite an age difference between them and their mother.

She left behind her great human pain for all us all, but at the same time great peace at having seen how she embraced her cross and how she placed herself in the hands of the Lord with simplicity, humility, love, and at times even with joy. Her happiness was immense during the many hours that they accompanied her during her long periods in hospital, where her attitude of patience was put to the test, and all this despite the fact that she would have to leave all those things that she lived out in such a deep and committed way.

Her young life was like a flower open to a precious existence with God, whom she loved. At the end, her serene and almost transfigured face perceived the loving joy of her imminent encounter with God.

Her fiancé displayed an iron-clad loyalty with a love that goes beyond time. For him, as well, the witness of Laura was a 'light for the journey'.

Her friendships, her boy and girl companions, received a strong shaking of witness which led them to reflection and to being an example, marking them for ever.

In hospitals, both in those in Cordoba and in those in Seville, she called people's attention to the peace, the joy, the serenity and acceptance of her illness, to the wonderful way she behaved with everyone and to her maturity, despite her young age. She called upon, and led, the staff of the hospitals to reflect.

For many patients the way in which this young girl lived out her illness and the wisdom of the cross of Jesus Christ was a spiritual balsam and consolation for their own illnesses.

Lastly, we include *the experience of the priest, Don Antonio Evans Martos*, who at the present time is the secretary general of the diocese of Cordoba:

When Antonio and Laura told me that their daughter Laura wanted me to administer to her the sacrament of the anointing of the sick they told me about her phenomenal approach to receiving it: she was without any fear, in a state of peace, ready at any moment to accept the will of God, and marked by a profound experience of faith. We thus decided that after celebrating the sacrament of penitence we would administer the sacrament of the anointing of the sick during the celebration of Holy Mass, together with the whole of her family.

And this is exactly what we did. After the simple and profound experience of the sacra-

ment of penitence, of personal encounter with the faithful mercy of God who welcomes us as we are and loves us, the whole of her family gathered round her bedside and the improvised altar in order to live out as a domestic church the celebration of our faith.

At every moment we wanted to stress that what we were doing was a celebration because we were placing ourselves in the hands of God, His grace, His strength, His love and His presence. He filled, and gave meaning to, everything that we were experiencing. He was our safety, our hope and our peace. We had faith and we proclaimed that we had faith. We knew that the moment had come when Laura had reached the end of her life, even though she was at the beginning of true fullness of life and health.

We chose as a reading the Letter to the Colossians 1:24-28. We did this in order to communicate to everyone that Laura, too, was thankful for, and considered a privilege, being able to collaborate, through the contribution of her suffering, with the passion of Christ for the redemption of the world and the good of the Church; that these were not theories, that there she was, offered, entrusted and grateful, living in Christ the will of God and feeling the redemptive value that her life certainly had.

The reading from the Gospel was that of St. Matthew 11:25-30 because we, too, praised God for having revealed to us that He would give us everything and take nothing away – neither illness nor pain nor that necessary pathway through death. Laura praised God because, joined to Christ, she had everything: light, strength, capacity, love…and she found everything softer and lighter… How clearer everything is when one begins taking faith as one's starting point!

These were the approaches that were proclaimed and lived out with simplicity and naturalness and which acted as a preparation to receiving the sacrament of the anointing of the sick. When, after the homily, we prepared to administer this sacrament, everyone gathered together in saying the prayer of the litany so that at every moment Laura could count on the power, the strength, and the consolation of God. In silence we then placed our hands on her head…Her grateful face, her serene expression, and her approach of prayer in welcoming the gift of the Holy Spirit, were really moving.

Fully aware and deeply moved, Laura received the sacrament, welcomed the grace of the Holy Spirit, and placed herself completely in the hands of God.

All of this helped to prepare for the offertory and the consecration of the Holy Mass. This was her last and final offertory, her absolute and total consecration to Christ. The whole of the Mass was marked by a strong intensity and constituted a great experience of faith. The smiling and grateful serenity of Lauretta struck everyone. It was her anointing, her last Mass, the consecration of her life to God, the culminating point of her life, her entry into fullness…and she experienced it with an absolute intensity, receiving it in communion and being afterwards in a deep and serene state of grace.

This was an authentic experience of personal and family faith, a domestic church that lived out a very bitter experience, that of entrusting to God a young person who knowingly accepted her journey to heaven by placing herself in the hands of God.

6. Messages of this Life Witness

– In order to be credible we must be witnesses. There are many teachers but there is not an equal number of witnesses. The teacher speaks about what he learns and the witness talks about what he lives out and experiences.

– Salvation is to be found in illness, in the cross, in death, and in resurrection.

– In the new evangelisation people are needed who bear witness to the word and to life with joy.

– One can be young, happy, normal and of these times, which we have been called to live through. But at the same time we should also be witnesses to the ministry of salvation of Jesus Christ.

Our gratitude goes to those many people who prayed and accompanied us so as to make these experiences possible. It goes in particular to Msgr. José Luis Redrado who allowed us to share his paper and who is now opening to us the path by which to be operators and witnesses of the new evangelisation with words and lives made into an offering to God.

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Diocesan Delegate for Pastoral Care in Health, Spain

LAURA RIGUAL COLLANTES
Diocesan Sub-delegate for Pastoral Care in Health, Spain

Pastoral Care in Health in America and the Caribbean: Towards a History of Pastoral Care in Health

'The world of health is certainly been the subject of special attention on the part of the Church down the centuries. Following the teachings and the example of Jesus, she has always showed her nearness to the sick, like the Good Samaritan of the gospels. On many occasions and in many places the Catholic Church has been, and continues to be, a pioneer and a promoter of health both through supplementary activities and through carrying out her specific pastoral mission'. These words of Cardinal Angelo Sodano, at the First Meeting of Latin America and the Caribbean on Pastoral Care in Health (1989), in his letter addressed to Msgr. Fiorenzo Angelini, who at that time was President of the Pontifical Council for Pastoral Assistance to Health Care Workers, summarise the role of the Church in the world of health down her history.

Although the Church in Latin America and the Caribbean has always worked in the field of pastoral care in health, nonetheless her action as a consolidated field of pastoral care of Bishops' Conferences and the Latin American Episcopal Council (CELAM) is rather recent. At this conference I would like to present certain 'contributions' to an understanding of the historic journey of pastoral care in health in this continent.

1. The First Latin American Meeting on Pastoral Care in Health (1989)

The First Latin American Meeting on Pastoral Care in Health was held at Bogotá on 2-6 October 1989. It was in that year that the CELAM incorporated the area of pastoral care in health into its global plan by allocating to it the Department for Social Pastoral Care (DEPAS). The recent creation of the Pontifical Commission for Pastoral Assistance to Health Care Workers on 11 February 1985 by the Apostolic Letter *Dolentium hominum* in the form of a Motu Proprio certainly contributed to this initiative. The year before the Holy Father had already published his apostolic letter *Salvifici doloris* in which he encouraged Christians to promote, organise, complete and extend their ministry to the sick and those who suffer.

This first meeting was promoted by the Department for Social Pastoral Care (DEPAS) and the International Federation of Catholic Medical Associations (FIAMC), with the approval of the Pontifical Commission for Pastoral Assistance to Health Care Workers. The principal objective of the meeting was to examine, in an open dialogue and in the light of the Magisterium of the Church, the ethical questions and the questions connected with humanisation relating to the sector of health and health care in Latin America and to make certain commitments as regards the tasks and the mission of the ecclesial community in this field.

The meeting was divided into three parts: a conference, debates, and group work. The following speakers gave papers at the conference: a) Rev. José Luis Redrado O.H., on the subject 'Evangelisation and Pastoral Care in Health'; b) Rev. Domingo, on the subject 'The Church and Human Health'; c) Dr. Zoilo Cuéllar, on the subject 'The Humanisation of Medicine'; d) Dr. Herbert Vizcarra, on the subject 'Ethical Problems in Psychiatry'; e) Dr. Gabriela Gueriero, on the subject 'Transplants: Ethical Aspects'; f) Dr. Elba de Giorgiutti, on the subject 'The New Genetics: Medical Applications of the Methods of Pre-natal Diagnostics'; g) Dr. Hernando Rodriguez, on the subject 'Ethics and Handicapped People: An Active Model for Medical Care'; and h) Sister Susanna Rodriguez, on the subject 'Ethics and Medicine Faced with Handicapped People'.

Dr. Eduardo Zubizarreta took part in the debates to talk on 'Ethics and Medicine. Family Planning', as did Rev. Manuel Marco, who spoke on 'Integral Care for the Hospitalised Patient', and Dr. Hugo Obligio, who offered a contribution on 'The Organisation of Catholic Doctors and Humanisation'.

The conclusions of the meeting referred in particular to the ethical aspects of family planning, transplants, the terminally ill, AIDS, and drug addiction.[1]

2. The Second Latin American Meeting on Pastoral Care in Health (1989)

The first Latin American meeting reawakened many concerns as regards the field of the humanisation and evangelisation of health and health care. However, certain shared guidelines that could have directed pastoral care in health at a continental level were absent. Indeed, in some countries pastoral care in health was identified with pastoral care for sick people, something that gave a protectionist emphasis to the study of the subject.

The consultancy team on pastoral care in health of the CELAM was entrusted to Rev. Adriano Tarrán, and the drawing up of a working document which would serve as a basis for starting the discussion was entrusted to a team from the Cammilian Centre of Colombia. At that moment pastoral care in health in the continent acquired a new dynamic because the working document[2]

which was sent in good time to all the countries involved was transformed into an instrument for reflection and debate in the episcopal commissions on pastoral care in health and the grassroots movements and organisations dealing with this field.

Thus, on 14-18 September 1994, the second Latin American Meeting on Pastoral Care in Health was held in Quito, Ecuador. Delegates from Argentina (3), Bolivia (2), Brazil (2), Colombia (4), Costa Rica (1), Ecuador (1), Guatemala (1), Paraguay (1), Peru (1), Porto Rico (1), Uruguay (1), and Venezuela (2) were present at the meeting, as was Cardinal Luis Aponte Martinez, the Archbishop of San Juan in Porto Rico. Msgr. José Vicente Eguiguren, the Vice-President for Latin America, and Rev. Jorge Techera, the executive secretary, represented Caritas.

In addition to the leading figures of DEPAS, the following also took part in the organisation of the meeting: Rev. Adriano Terrara, Dr. Italo Barragán, Director of the OPS in Ecuador, and Dr. José Carlos Cuentas, Director of UNICEF Ecuador, on the study of questions connected with health and health care in the continent; Rev. Julio Munaro, on the biblical-theological foundations of pastoral care in health; and the lawyer Isabel Calderon, on the analysis of the situation of pastoral care in health in the region. As regards the methodology of the meeting, in addition to the papers that were presented, ample space was also given to the work of groups dedicated to specific subjects in the drawing up of papers and the drafting of the final document.

The final document had three parts: 1) the approach to the reality of health and health care in Latin America and the Caribbean; 2) the theological bases; 3) pastoral care in health. This last part presented the concept of pastoral care in health, its objectives and its dimensions; the characteristics of the agents of this kind of pastoral care; the centres that promote pastoral care in health; and some guidance as regards operational structures.[3]

This document went round the whole continent. It became transformed into an obligatory teaching document for the training of the agents of pastoral care in health active in the world of health and health care. At the same time, the need was felt to broaden reflection on the subject of training.

1. Pastoral Care in Health in the Synod of America (1997)

The special assembly for America of the Synod of Bishops was held in 1997. In the synod hall three papers on the subject of pastoral care in health were given: by Msgr. Javier Lozano Barragán, President of the Pontifical Council for Health Pastoral Care, on pastoral care in health; by Msgr. Romulo Emiliani, the Apostolic Vicar of Darién, Panama, on presence in the world of pain; and by Msgr. Patricio Flores, the Archbishop of Sant'Antonio EEUU, on 'the worst epidemics of our time: AIDS and drugs'.

Msgr. Lozano Barragán proposed certain very concrete orientations: a) that pastoral care in health should form an effective part of the ordinary planning of each of the dioceses of America and Bishops' Conferences; b) that the Bishops' Conferences of the continent should foster the union of Catholic hospitals, chaplains, medical doctors, patients and pharmacists in a national and international plan; c) that emphasis should be placed in the dioceses of America on concern with, and the fight against, smoking, alcohol and HIV, which are some of the principal maladies that most cause deaths in adults; d) that each diocese should become committed to promoting the culture of life against the culture of death with practical programmes that express themselves in the preferential option for the poor and respect for unborn life; e) that we pastors should become aware of the need for a specific form of pastoral care for the elderly and for the morality of palliative care; f) that priests in the parishes of America should give priority to pastoral care in health in its broadest sense; g) that in the seminaries of America, pastoral care in health in particular should be taught, with emphasis on contemporary bioethical programmes that involve genetic engineering.

For his part, Msgr. Emiliani urged an active presence by the bishops, priests and pastoral agents in the world of pain and exclusion with the provision of solidarity and hope to those who suffer. For his part, Msgr. Patrick Flores invited the Synod fathers to work together in two specific fields: HIV and drug addiction.

Pope John Paul II was to deal with these concerns in his post-

synod exhortation *Ecclesia in America*. With regard to drugs, the Pope asked for special attention to be paid to the victims of drug addiction and at the same time he called for joint action to combat the phenomenon of the drug trade (nn. 24, 61). As regards the field of integral health, he stressed the urgent need for 'total giving in favour of human life from the moment of conception until the moment of natural death' (n. 63) and for a pastoral and ethical approach to ecology (n. 25).

4. The Third Latin American Meeting on Pastoral Care in Health (1998)

These orientations of the synod were a positive stimulus for the organisation of the Third Latin American Meeting on Pastoral Care in Health which was held in Santo Domingo, the Dominican Republic, on 16-20 September 1998, with the collaboration of the Episcopal Commission of Social Pastoral Care-Caritas of the Bishops' Conference of the Dominican Republic and the Catholic University of Santo Domingo – UCDS. The subject of the meeting was 'The Training of Agents of Pastoral Care in Health'. Sixty-one delegates took part in the meeting, and they represented Argentina (3), Brazil (2), Colombia (7), Chile (3), Guatemala (3), Haiti (5), Honduras (1), Mexico (2), Peru (7), Porto Rico (1), the Dominican Republic (20), and Venezuela (5).

Msgr. Javier Lozano Barragán, President of the Pontifical Council for Health Pastoral Care, as a representative of the Holy See, chaired the meeting. Dr. José Romero Teruel, assessor of the Pan American Health Organisation (OPS) was also present, as was Rev. Francisco De Llanos Pena, delegate of the Department for Pastoral Care in Health of the Spanish Bishops' Conference. Msgr. Carlos Talavera Ramirez, President of the DEPAS, and its executive secretary, represented the CELAM.

Msgr. Javier Lozano Barragán, President of the Pontifical Council for Health Pastoral Care, gave the inaugural paper and it addressed 'the Presence of the Church in the World of Health'. Dr. José Romero Teruel, of the Pan American Health Organisation, spoke on 'Health Policies in Latin America and the Caribbean'. Dr. Alvaro Diaz offered an analysis of 'the Situation of Pastoral Care in Health'. Rev. Leo Pessini gave a paper on 'the Identity of Pastoral Care in Health'. Rev. Luciano Sandrin, President of the International Institute of Health Care Pastoral Theology of the Camilianum of Rome, presented a reflection of pastoral theology on 'the Agents of Pastoral Care in Health'. The methodology of the meeting took into account the exchange of experiences on the training of agents and the group drafting of illuminating principles and core issues of training, in addition to orientating papers.[4]

The conclusions of the third meeting were appended by Rev. Adriano Tarrarán and the team of the Camillian Centre to the 'Latin American Guide to Pastoral Care in Health', which was published in the review *Medellin*.

5. The CELAM-OPS Meeting (1999)

A meeting of the heads of the Latin American Bishops' Councils and the Pan American Health Organisation was held on 16-17 November 1999 in Washington DC at the headquarters of the OPS.

The objectives of this meeting were the following: to promote mutual acquaintance; to exchange work experiences from the various sectors, in particular experiences connected with health; and to identify certain common fields of collaboration at a regional level.

As representatives of the OPS, the following participated in this meeting: its Director General, Dr. George A.O. Alleyne; its Vice-Director, Dr. Mirta Roses Periamo; the Director of its Department for the Promotion and Protection of Health, Dr. José Antonio Solís; the head of its Special Programme for the Analysis of Health, Dr. Carlos Castillo-Salgado; its managerial assessor Dr. José Romero Teruel; and its co-ordinator Dr. Carlos Cuneo. The CELAM was represented by its President, Msgr. Jorge Jiménez Carvajal; its General Secretary, Msgr. Felipe Arizmendi; the Executive Secretary of the DEPAS, Rev. Francisco Hernández Rojas; and by the Rector of the ITEPAL, Rev. Leonidas Ortiz. In addition to the participants sent by the World Bank, Dr. Xavier E. Coll, Director of the Department of Human Development of the Regional Office of Latin America and the Caribbean, and Mrs Katherine A. Bain, regional specialist for civil society, also took part in some sections of the meeting.

The meeting had three major moments: 1) the speeches of greeting of the Director of the OPS and the President of the CELAM, together with the presentation of the participants and the respective organisations; 2) an exchange of information on the work of the OPS and the CELAM, and also on their financing and their work methodologies; and 3) an identification of certain shared fields of work in the various countries of Latin America and the Caribbean.

The *general commitments* adopted were the following: a) to generate awareness in the various welfare, political economic and religious states, that investment in health reduces exclusion and injustice; (the joint effort of the OPS and the CELAM is itself an attempt to reduce injustice); b) to condemn the unjust situations that exist in the field of health and health care and promote elements in favour of health; c) to promote certain general themes in all our work such as concern about childhood, adolescents and women, and in particular preventive education as regards HIV, alcoholism, smoking, and integral sexual education; d) to give priority to all our actions in the countries most in need in the region: Bolivia, Haiti, Honduras, Nicaragua and Guatemala.

Certain *concrete commit-*

ments were also adopted, amongst which the following may be emphasised: a) to plan a programme of systematic training of the agents of pastoral care in health, perhaps with the conferring of a diploma in pastoral care in health or preventive education for situations at risk; b) to up-date training as regards the reality of health and health care in Latin America and the Caribbean; the Special Programme for the Analysis of Health of the OPS will provide this service to the CELAM; and c) to explore, together with the Department for Ecumenism (SECUM) of the CELAM, the possibility of a joint initiative of an ecumenical character in the field of health and health care.

6. The Fourth Latin American and Caribbean Meeting on Pastoral Care in Health (2003)

The Fourth Latin American and Caribbean Meeting on Pastoral Care in Health was held in San Paolo, Brazil, on 5-8 April 2003. The central objectives of this fourth meeting were: 1) the establishment of general lines of action that would make possible communion for solidarity as regards pastoral care in health in the new times; 2) to strengthen and consolidate the process of structuring and organisation of pastoral care in health in Latin America and the Caribbean.

7. Training Programmes

Both the Latin American meetings held in Santo Domingo and San Paolo, like the OPS-CELAM meeting, adopted concrete commitments to promote a set of programmes for the training of pastoral workers in the world of health and health care.

Thus the Department for Social Pastoral Care (DEPAS) and the ITEPAL organised a course for a diploma in the humanisation of health and pastoral care in health, which has four central focuses: the psycho-social, the ethical, the theological and the pastoral.

7.1. The diploma in the humanisation of health and pastoral care in health (2002-2003)

The taking of this diploma has as its aim that of offering to pastoral workers (priests, religious, members of the laity) an integral training that takes into account the sociological, theological-biblical, psychological and spiritual aspects of the subject so that they can engage in pastoral service in a professional way and meet the needs of the world of health and health care.

The programme involves 480 hours of attendance and is organised into four levels:

The first level. The year 2000: ethics and bioethics I; the care relationship I; the Church, a healing community; the identity of the worker in the field of pastoral care in health.

At this level, which lasted four weeks of intensive work, the following experts offered their contribution: Rev. Arnaldo Pancrazi, on the subject 'the identity and meaning of religious service in a health institution' (30 hours); Rev. Leo Pessini, on the subject 'ethics and bioethics' (30 hours); Rev. Luciano Sandrin, on the subject 'the Church, a healing community' (30 hours); and Fra. José Carlos Bermelo, on the subject 'the pastoral care relationship'.

The second level. The year 2001: the sociology of the world of health and health care: the care relationship II; health, illness and suffering in the light of biblical theology; the spirituality of service to the sick.

The third level. The year 2002: ethics and bioethics II; the psychology of health and illness; evangelisation and pastoral care in health; the celebratory dimension: praying and the sacraments of the sick.

The fourth level. The year 2003: the culture of life: ethical questions; the humanisation of health and health care; the theology of the body; the presence of the Church in the world of health and health care down the centuries, with emphasis on Latin America.

Complementary laboratories: human rights and health; the rights of the sick; education for health: the solving of conflicts; groups of mutual assistance and the working out of pain (pastoral care of hope).

Those who attend the programme are given a *diploma in the humanisation of health and pastoral care in health*.

7.2. Training in pastoral care in health in seminaries

In April 1999 the CELAM published its textbook on pastoral care in health as a part of the series of basic texts for Latin American seminaries as a contribution to the training of future priests. This publication was under the direction of the Latin American Secretariat for Renewal (SELARE) of the Hospital Order of St. John of God. This work has six extensive chapters: 1) the world of suffering and Christian faith; 2) suffering in the Bible; 3) salvific pain (the Magisterium of the Church on suffering); 4) pastoral care in health, a journey towards life; 5) the priestly ministry in pastoral care in health; 6) specialised pastoral care in health.

Conclusion

The short journey that pastoral care in health has had as a field connected with the Department of Social Pastoral Care (DEPAS) of the CELAM is a journey that has been fruitful and promising.

During the meeting held in Bogotá in 1999 certain questions connected with ethics and the humanisation of health and health care were examined. It was as though a whole range of

realities and concerns experienced at the present time in the world of health and health care had been opened up.

A qualitative leap was made by the meeting in Quito (1994) when, in addition to examining the situation of health and health care, certain shared guidelines were formulated for the direction of evangelisation in this specific field of pastoral care.

In Santo Domingo (1998) a step was taken towards the construction of qualified areas for the training of pastoral workers so that they could engage in pastoral service in a professional way and meet the needs of the world of health and health care. It is important to strengthen the training of workers at different levels and in different contexts, from initial training to specialised training, and from basic training in communities that promote the health of their members to training at parish, diocesan, national and regional levels.

The study centres that are established with this intention must offer programmes that are suited to the circumstances of every country or region and at the same time they must strengthen each other reciprocally through the exchange of lecturers, materials and publications. It is urgently necessary to create a network of training in pastoral care in health at a Latin American level and organised by the Bishops' Conferences.

In San Paolo (2003) the structural and situational factors that influence the trends and levels of health in Latin America and the Caribbean were examined, and emphasis was placed on promotion, prevention, care and rehabilitation in the field of health, and upon overall care in relation to the illnesses that are prevalent in Latin America and the Caribbean.

The best contribution that ecclesial groups and religious communities that are dedicated to pastoral care in health in Latin America and the Caribbean can make is to choose in favour of the training of pastoral workers, moving from a paradigm of protection to a paradigm of prevention. It is moving to read the testamentary letter of San Camillo de Lellis of 10 June 1614. Very near to death, he addressed the brothers and fathers of his religious order in order to remind them of what was essential: poverty and fundamental service to sick poor people; union, peace and concord between the brothers and fathers of the order; and ascetic spirituality and the acquisition of knowledge that is useful and necessary. This is the challenge of the next years that the Church must meet with generosity and courage.

H.E. Msgr. JORGE ENRIQUE JIMÉNEZ CARVAJAL,
Co-adjutant Archbishop of Cartagena, Colombia.

Notes

[1] The proceedings of the meeting were published in the volume *Evangelización de la Salud* in the series containing the documents of the CELAM (n. 125, June 1993).

[2] The work document was published in the DEPAS *Bulletin* (n. 10, March-April 1994).

[3] The final document of the meeting was published as an issue of the CELAM *Bulletin* n. 264 in November 1994. Some countries, for example Brazil, published it and disseminated it widely in the commissions and basic groups concerned with this field of pastoral care. This document, enriched by the contributions of experts of the episcopal commissions on pastoral care in health, and especially by the third Latin American and Caribbean meeting, was published in the current edition of the review *Medellín* under the title 'A Guide for Pastoral Care in Health for Latin America and the Caribbean'.

XIX International Conference
Presentation

In the Pontifical Council for Health Pastoral Care we strive at the time of our international conferences to choose subjects that are not only of interest but also need to receive special direction from the Holy Father. Today, given the great development in the life sciences, it is not strange that the application of such research to the final stage of human life is increasing and that questions are arising that give rise to increasing concern.

This is the reason why we are dedicating our nineteenth international conference to the study of palliative care and to receiving, thereby, the indications of the Holy Father on this burning question.

Indeed, we will begin our conference by investigating the Christian meaning of pain, given that palliative care exists specifically to alleviate pain. We will then enter to the full into our subject.

Following previous practice, our method has three well-defined stages: after obtaining a general vision of our position in relation to the subject, which we will offer with the Magisterium-based conference on the Christian meaning of pain, we want to observe the question in itself according to the way in which it presents itself today. We want to touch the very reality that is experienced today. Thus we will begin this first part with an international survey of palliative care. This survey will examine palliative care as it is presented by the mass media in daily life. We will also refer to an inquiry that has been carried out into palliative care. We will then study the scientific data on pain and its treatment before going on to ask ourselves about what palliative care is and what it is in practical terms in today's world. We will then emphasis the juridical aspect of palliative care and we will refer to euthanasia, seeing this as something that is closely connected to such care.

We will then move to the second part of our conference in order to illuminate the realities that we have discovered about palliative care. The first illumination will be sought by us with reference to the history of such care in the Catholic Church. Then, beginning with the central fact of Christianity, namely the death and resurrection of Christ, we will ask what the Christian orientation in relation to such care should be. The presence of the mystery of the death and the resurrection of the Lord is made contemporary today through the sacraments and thus we want to study this presence through the sacrament of the anointing of the sick. It is certainly the case that our approach is contradicted, or at least not taken into strong consideration, by contemporary Western culture because of its secularisation. And thus it will be relevant, before going further, to consider the impact of secularisation on the final stage of life. Lastly, in this stage of our conference on illumination, we will come to a practical point: what is exaggerated treatment? The illumination will be finally completed by an inter-religious dialogue about palliative care in the great religious traditions outside Christianity – Judaism, Islam, Hinduism, Buddhism, and Post-Modernity.

In the third part of the conference we will ask what should be done. In this perspective we will speak about: the renewal of the sacraments for the sick – the Viaticum, the anointing of the sick, and reconciliation; the direction of contemporary medical inquiry and research; the role of the psychological sciences in palliative care; a new cultural approach to the end of life; the training of palliative care workers: the end of life in the mass media; the approach of medical doctors, priests, nurses, religious, the patient's family relatives, psychologists and social workers, and finally volunteers, in palliative care.

As has already been observed, the Holy Father will guide us in this difficult field with his authoritative words.

All those giving papers at, or making a contribution to, our conference, have been chosen with great care, and they are amongst the best in this sector in the world, as can be appreciated from the names in the programme.

We would be very honoured if you could accept our invitation to take part in these days of study, which, in definitive terms, wish to provide an answer to the ultimate questions about our existence. Many thanks!

His Eminence Cardinal Javier Lozano Barragán
President of the Pontifical Council for Health Pastoral Care

XIX International Conference

Vatican City, 11-12-13 november 2004

Palliative care

Thursday, 11 November

9.00 GREETING

PROLUSION: The Christian Meaning of Pain. A Theological –Pastoral Reading of Salvifici Doloris
His Eminence Cardinal Javier Lozano Barragán
President of the Pontifical Council for Health Pastoral Care, the Holy See

10.00 Chairperson:
Dr. Jean Paul Mundama
Professor of Medical Ethics at the Catholic University of Graben-Butembo (Democratic Republic of Congo)

An International Survey of Palliative Care
Dr. Cecilia Sepulveda
Coordinator Programme on Cancer Control, World Health Organisation, Geneva (Switzerland)

Break

The Contemporary Situation

11.00 1. The Problems and Questions of the End of Life in the Mass Media
Rev. Vincent Arackal
Official of the Pontifical Council for Health Pastoral Care, the Holy See

2. The Results of an Inquiry on Palliative Care
Dr. Fiorenza Deriu
Social Researcher, Rome (Italy)
Consultor of the Pontifical Council for Health Pastoral Care, the Holy See

3. Pain: The Scientific Data
Dr. Simona Castellano
Physiatrist at the Paraplegics Centre of Ostia, Rome (Italy)

12.00 4. The Treatment of Pain
Prof. Pierluigi Zucchi
Director of the Institute for the Study and Therapy of Pain, Florence (Italy)
Consultor of the Pontifical Council for Health Pastoral Care, the Holy See

5. What is Palliative Care?
Dr. Maurizio Evangelista
Researcher at the Institute of Anaesthesia, Reanimation and Pain Treatment, Catholic University of the Sacred Hearth, (Italy)

13.00 End of the Session

16.00 Chairperson:
Dr. Franco de Conno
Director of the Department of Rehabilitation and Palliative Care at the National Institute for Cancer Study and Treatment, Milan (Italy)

6. What are the Principal Palliative Treatments in the Contemporary World?
Dr. Stein Børge Husebø
Head of Department Geriatrics and Palliative Care, Bergen-Sandviken (Norway)
Visiting Professor at the IFF of Vienna and Head of the European Intervention Project on Palliative Care for all.

7. Euthanasia: What it is and What it is not (Biological Aspects)
The Baroness Prof. Ilora Finlay of Llandaff
Dean of Palliative Medicine Department, Velindre Hospital Whitchurch, Cardiff, United Kingdom

17.00 8. The Juridical Aspects of Palliative Care
Dr. Fernando Antezana
Minister of Health of the Republic of Bolivia,
Consultor of the Pontifical Council for Health Pastoral Care, the Holy See

Break

Illumination

18.00 1. The History of Palliative Care
Rev. Jesús Conde
Director of the Diocesan Health Pastoral Care, Madrid (Spain)

2. Palliative Care, the Death and Resurrection of Our Lord
His Eminence Cardinal Rodolfo Quezada Toruño
Metropolitan Archbishop of Guatemala (Guatemala)

19.15 End of the Session

Friday, 12 November

9.00 **Chairperson:**
Rev. Anthony Frank Monks, M.I.
Superior General of the Camillians, Rome
Member of the Pontifical Council for Health Pastoral Care, the Holy See

3. The Sacraments of the Anointing of the Sick and the Viaticum
Rev. Eugenio Sapori, M.I.
Professor of Liturgy at the "Camillianum", International Institute of Theology of Pastoral Care in Health, Rome

4. Faith and Secularisation in the last Stage of Life
Rev. Bonifacio Honings, O.C.D.
Professor Emeritus of Moral Theology at the Pontifical Lateran University, Rome,
Consultant of the Pontifical Council for Health Pastoral Care, the Holy See

10.15 5. Proportionate and Disproportionate Palliative Treatments, Exaggerated Treatment
Prof. Richard Horton
Publisher and Editor of "The Lancet", London (United Kingdom)

11.00 Break

11,30 Inter-religious Dialogue: Palliative Care in the other Great Religions:

Judaism:
Prof. Abramo Alberto Piattelli
Rabbi of the Jewish Community of Rome
Professor of Post-Biblical Judaism, Pontifical Lateran University, Rome

Islam:
Prof. Iehia-El- Rakhawi
Professor of Psychiatry at the University of Cairo
Head Physician of University Hospital – Cairo University

Hinduism:
Dr. Rajeev Agarwal
Senior Consultant and Chairman in Surgical Oncology at Sir Ganga Ram Hospital, New Delhi (India)

Buddhism:
Rev. Masahiro Tanaka, M.D.
Physician at "Medical Clinic Fumon-it", Chief Priest at "Buddhist Temple Saimyou-ji, Mashiko (Japan)

New Age - Post Modernity
Rev. Fr. Jan Daçok, S.I.
Professor of Moral Theology and Ethics at the Faculty of Theology of the University of Trnava (Slovakia)

12,45 End of the Session

16.00 III. What Should Be done?

Chairperson:
Fr. Pascual Piles Ferrando, O.H.
Superior General of the Order of St. John of God, Rome
Member of the Pontifical Council for Health Pastoral Care, the Holy See

1. Renewal of the Sacraments for the Sick: Penance, Anointing and the Viaticum
His Eminence Cardinal Carlos Amigo Vallejo
Archbishop of Seville (Spain)
Member of the Pontifical Council for Health Pastoral Care, the Holy See

16.30 2. The Direction of Medical Investigation
Dr. Vittorina Zagonel
Specialist in Oncology and Hematology, Director of the Operational Unit of Oncology, Fatebenefratelli Hospital, Rome

17.00 3. The Role of the Psychological Sciences in Palliative Cure
Rev. Tony Anatrella
Psychoanalyst and Specialist in Social Psychiatry, Paris (France)
Consultor of the Pontifical Council for Health Pastoral Care, the Holy See

Break

17.45 4. A New Cultural Approach to the End of Life
His Eminence Cardinal Paul Poupard
President of the Pontifical Council for Culture, the Holy See

5. The Training of Workers who Administer Palliative Care
Rev. Angelo Brusco, M.I.
Professor at the "Camillianum", International Institute of the Theology of Pastoral Care in Health, Rome
Member of the Pontifical Council for Health Pastoral Care, the Holy See

18.45 6. The End of Human Life in the Mass Media
H.E. Msgr. John Patrick Foley
President of the Pontifical Council for Social Communications, the Holy See

End of the Session

Saturday, 13 November

9.00 Chairperson:
Mrs. Lillian Fanjul de Azqueta
Founder and Director of the "New Hope" Foundation, Palm Beach (U.S.A.)

7. The Up-dating of Health Workers in the Pastoral Aspects of Palliative Care

- Priests
H.E. Msgr. Jacinto Guerrero Torres
Bishop of Tlaxcala and Bishop in Charge of Health Pastoral Care, México;
Member of the Pontifical Council for Health Pastoral Care, the Holy See

9.15 - Medical Doctors
Prof. Miroslav Kalinowski, Ph.D.
Director of the Chair of Social, Palliative and Hospice Care at the Institute for Family Studies, Catholic University of Lublin, Poland

9.30 - Nurses
Ms. An Verlinde
President of C.I.C.I.A.M.S. (International Catholic Committee of Nurses and Medico-Social Assistants), Belgium
Consultant of the Pontifical Council for Health Pastoral Care, the Holy See

9.45 - Members of Religious Orders
Sr. Marie-Sylvie Richard
Director of the Hospice "Jeanne Garnier" for Palliative Care, Paris (France)

10.00 - Family Relatives
Ms. Cristina Calabresi
President of the "Federico Calabresi" Foundation, Rome

10.15 - Psychologists and Social Workers
Dr. Vito Ferri
Psychologist at the "Gigi Ghirotti" Foundation, Milan (Italy)

10.30 - Voluntary Workers
Rev. Raymond Zambelli
Rector of the Basilica of Our Lady of Lourdes, France

10.45 End of the Session

Pontifical Council for Health Pastoral Care

- HEADLINES

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