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Editorial and Business Offices:

PONTIFICAL COUNCIL FOR HEALTH CARE WORKERS (FOR HEALTH PASTORAL CARE)
VATICAN CITY; Tel. 06-6988-3138, 06-6988-4720, 06-6988-4799, Fax: 06-6988-3139
www.healthpastoral.org - e-mail: **opersanit@hlthwork.va**

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*The illustrations in this edition
are taken from the book:
The Iconography of the Maltese Island, 1400-1900
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Lions Club Malta*



Communication on the Next World Days of the Sick

The Pontifical Council for Health Care Workers, to provide appropriate information and achieve a better planning of the next World Days of the Sick of 11 February 2011-2012-2013, herely communicates the subjects of these Days.

Bishops' Conferences throughout the world should base themselves on these subjects for the organisation of these Days in the local Churches and for a capillary and speedy dissemination of information for all those who are involved in the celebrations.

This Pontifical Council will ensure that the Message of the Holy Father is disseminated swiftly every year.

The subjects are as follows:

2011

“It is by his wounds that you have been healed” (1Pt 2:24 (25))

Seeing Suffering Man from a Contemplative Outlook

2012

“Get up and go on your way; your faith has made you well” (Lk 17:19)

The Special Grace of the Sacraments of Healing

2013

(Celebration in solemn form)

“Go, and do the same yourself” (Lk 10:37)

**The Good Samaritan: “Do good to those who suffer
and do good through your own suffering”**

In addition, we herely communicate that the Holy Father Benedict XVI has established that the celebration in solemn form of the World Day of the Sick of 2013 will take place in the Sanctuary of Altötting in Bavaria (Germany).



*Twenty-fifth
Anniversary
of the Institution
of the Pontifical
Council for
Health Care Workers
and the
Eighteenth World
Day of the Sick*



*Vatican City
9-10-11 February 2010*

Homily of His Holiness Benedict XVI During the Eucharistic Celebration in St. Peter's Basilica, on the XVIII World Day of the Sick, Memorial of Our Lady of Lourdes

THURSDAY, 11 FEBRUARY 2010

*Your Eminences,
Venerable Brothers in the Episcopate,
Dear Brothers and Sisters,*

6 In their concise descriptions of Jesus' brief but intense public life, the Gospels testify that he proclaimed the word and healed the sick, a sign *par excellence* of the closeness of the Kingdom of Heaven. For example, Matthew wrote: "He went about all Galilee, teaching in their synagogues and preaching the Gospel of the Kingdom and healing every disease and every infirmity among the people" (Mt 4: 23; cf. 9: 35). The Church, entrusted with the task of extending Christ's mission in time and space, cannot neglect these two essential tasks: evangelization and the care of the sick in body and in mind. Indeed, God wants to heal the whole of man and in the Gospel the healing of the body is a sign of the deeper recovery that is the forgiveness of sins (cf. Mk 2: 1-12). It is therefore not surprising that Mary, Mother and model of the Church, is invoked and venerated as "*Salus infirmorum* Health of the sick". As the first and perfect disciple of her Son, in guiding the Church on her journey she has always shown special solicitude for the suffering. Witness to this are the thousands of people who go to Marian shrines to invoke the Mother of Christ and

find in her strength and relief. The Gospel account of the Visitation (cf. Lk 1: 39-56) shows us how, after the announcement of the Angel, the Virgin did not keep the gift she had received to herself but immediately set out to go and help her elderly cousin Elizabeth, who was six months pregnant with John. In the support that Mary offered this relative who was experiencing a delicate condition such as pregnancy at an advanced age, we see prefigured the whole of the Church's action in support of life that is in need of care.

The *Pontifical Council for Health-Care Workers*, established 25 years ago by Venerable Pope *John Paul II*, is without any doubt a privileged expression of this solicitude. Our thoughts turn with gratitude to Cardinal Fiorenzo Angelini, the first President of the Dicastery and ever an enthusiastic animator of this area of the Church's activity; as well as to Cardinal Javier Lozano Barragán who continued and developed this service until a few months ago. I then address my greeting with warm cordiality to the current President, Msgr. Zygmunt Zimowski, who has taken on such a significant and important inheritance. I extend it to all the officials and personnel who in the past quarter century have collaborated laudably in this office of the Holy See. I also wish to greet the associations and bodies who see to the organization of the World Day of the Sick, in particular the Italian National Union for Transport of the Sick to Lourdes and International Shrines (UNITALSI) and the Opera Romana Pellegrinaggi. The most affectionate greeting of course, goes to you, dear sick people! Thank you for coming and thank you especially for your prayers, enriched by the offering of your efforts and your suffering. And I then address a greeting to the sick and the volunteers in Lourdes, Fatima, Czestochowa and at the other Marian shrines connected with us, and all those who are following us via radio or television, especially from clinics or from their own homes. May the Lord God who watches constantly over his children give them all comfort and consolation.



The Liturgy of the Word today presents two main themes: the first is Marian in character and links the Gospel and the First Reading, from the last chapter of the Book of Isaiah, as well as the Responsorial Psalm taken from the Judith's canticle of praise. The other theme, which we find in the passage from the Letter of James, is that of the Church's prayer for the sick and, in particular, the sacrament reserved for them. On the Memorial of the apparitions in Lourdes, where Mary chose to manifest her maternal solicitude for the sick, the Liturgy appropriately echoes the *Magnificat*, the canticle of the Virgin who exalts the wonders of God throughout salvation history: the humble and the poor, like all who fear God, experience his mercy which overturns earthly destinies, thus showing the holiness of the Creator and Redeemer. The *Magnificat* is not the canticle of one upon whom fortune smiles, who has always had "the wind in her sails"; rather it is the thanksgiving of one who knows the hardships of life but trusts in God's redemptive work. It is a hymn that expresses the faith tested by generations of men and women who placed their hope in God and were personally committed, like Mary, to helping their brothers and sisters in need. In the *Magnificat* we hear the voice of many Saints of charity; I am thinking in particular of those who spent their life among the sick and suffering, such as Camillus de Lellis and John of God, Damien de Veuster and Benedict Menni. Those who spend a long time beside the suffering know anguish and tears, but also the miracle of joy, the fruit of love.

The Church's motherhood is a reflection of God's tender love of which the Prophet Isaiah speaks: "As one whom his mother comforts, / so I will comfort you; / you shall be comforted in Jerusalem" (Is 66: 13). It is a motherhood that speaks without words, that awakens in hearts consolation, deep joy, a joy that paradoxically lives side by side with pain, with suffering. The Church, like Mary, preserves within her the tragedies of humankind and the consolation of God, she keeps them together on the pilgrimage through history. The Church down the centuries has shown the signs of the love of God who continues to work great things in humble and simple people. Suffering, when accepted and offered up, and solidarity, when sincere and selfless: are these not perhaps miracles of love? Is not the courage to face evil unarmed like Judith with the power of faith and hope in the Lord alone a miracle that God's grace continuously inspires in so many people who spend their time and energy helping those who are suffering? For all these reasons we live a joy that

does not forget suffering but rather understands it. In this manner the sick and the suffering in the Church are not only recipients of care and attention, but first and foremost they are protagonists of the pilgrimage of faith and hope, witnesses of the wonders of love, of the Paschal joy that blossoms from Christ's Cross and Resurrection.

In the passage of the Letter of James that was just read, the Apostle asks that the coming of the Lord, now at hand, be steadfastly awaited. In this context he addresses a special exhortation concerning the sick. This placement is very interesting because it reflects the action of Jesus who, in healing the sick, demonstrated the closeness of the Kingdom of God. Illness is seen in the perspective of the last times with the realism of hope that is characteristically Christian: "Is anyone among you suffering? Let him pray. Is any cheerful? Let him sing praise" (Jas 5: 13). Listening to these words seems similar to listening to those of St Paul, when he invites the Corinthians to live all things in relation to the radical newness of Christ, his death and his Resurrection (cf. 1 Cor 7: 29-31). "Is any among you sick? Let him call for the elders of the Church, and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith will save the sick man" (Jas 5: 14-15). Here the extension of Christ in his Church becomes clear: it is he who acts through the presbyter; it is his same Spirit who works through the sacramental sign of the oil; it is to him that faith expressed in prayer is addressed. And, as happened to the people healed by Jesus, one might say to every sick person: your faith, sustained by the faith of your brothers and sisters, has saved you.

At the same time this text, which contains the foundation and the praxis of the Sacrament of the Anointing of the Sick, also in-



spired a vision of the role of the sick in the Church, an active role in “provoking”, so to speak, faithful prayer. “Is any among you sick? Let him call for the elders”. In this *Year for Priests*, I am pleased to emphasize the bond between the sick and priests, a sort of covenant of evangelical “complicity”. Both have a task: the sick must “call” priests and priests must respond, to draw the presence and action of the Risen One and of his Spirit into the experience of illness. And here we can see the full importance of the pastoral care of the sick. Its value is truly incalculable because of the immense good it does, first of all to the sick person and to the priest himself and then also to relatives, acquaintances, the community and, in unknown and mysterious ways, to the whole of the Church and of the world. In fact, when the word of God speaks of the healing, salvation and health of the sick person, it means these concepts in an integral sense, never separating soul and body. A sick person healed by Christ’s prayer through the

Church is a joy on earth and in Heaven, a foretaste of eternal life.

Dear friends, as I wrote in my Encyclical *Spe Salvi*, “The true measure of humanity is essentially determined in relationship to suffering and to the sufferer” (n. 38). In setting up a Dicastery dedicated to pastoral health care, the Holy See also wished to make its own contribution to promoting a world that is better able to accept and heal the sick as people. It wanted, in fact, to help them live the experience of sickness in a human way, not by denying it but by offering it meaning. I would like to end these reflections with a thought from Venerable Pope John Paul II, to which he witnessed with his own life. In his Apostolic Letter *Salvifici Doloris*, he wrote: “At one and the same time Christ has taught man *to do good by his suffering* and *to do good to those who suffer*. In this double aspect he has completely revealed the meaning of suffering” (n. 30). May the Virgin Mary help us live this mission to the full!



Chronicle of the Twenty-Fifth Anniversary of the Institution of the Pontifical Council for Health Care Workers and of the Celebrations for the Eighteenth World Day of the Sick

The International Symposium

Over six-hundred people from forty-seven nations on 9 February last in the New Hall of the Synod welcomed the inauguration of the international symposium and other events organised in the Vatican City and Rome by the Pontifical Council for Health Care Workers (for Health Pastoral Care) to celebrate the twenty-fifth anniversary of its institution and the Eighteenth World Day of the Sick (WDS). A rich series of events lasting three days centred around the Message of His Holiness Pope Benedict XVI for the WDS 2010 which was thus called 'The Church at the Service of Love for the Suffering'.

'After twenty-five years, it is incumbent but also profitable', observed Archbishop Zygmunt Zimowski, President of the Pontifical Council, during his inaugural address, 'to re-read with due attention the apostolic letter *Salvifici Doloris* on the Christian meaning of suffering, issued by the Venerable John Paul II on 11 February 1984, whose twenty-fifth anniversary we celebrate this year'. An apostolic letter which together with the *Motu Proprio Dolorum* of the following year and after that the apostolic constitution *Pastor Bonus* of 1988 constitutes one of the founding documents of the Pontifical Council. And it was specifically to the 'breadth and efficacy of the real impact' of *Salvifici doloris* 'on the life of the Church in its varied and detailed structure, in relation to the world of suffering, illness and health', that the first day of the symposium was dedicated.

The Art Exhibition

In the morning, during a pause during the symposium, in

the atrium of the Paul VI Hall, there took place a viewing of the art exhibition on the relationship between the Venerable John Paul II and suffering. At the inauguration of the exhibition, of which the director was Prof. Maria Grazia Splendori, lecturer in communications at LUMSA, there were present a large number of authorities amongst whom Cardinal Angelo Sodano, the former Secretary of State of the Vatican; the Minister of Health of Poland, Ewa Kopacz; the Minister of Health of the Republic of China (Taiwan), Chih-Liang Yaung; and the ambassador to the Holy See of the Republic of Italy, Dr. Antonio Zanardi Landi; the ambassador to the Holy See of Slovenia, Dr. Ivan Rebernik; and the ambassador to the Holy See of Taiwan, Larry Yu-Yuan Wang. With them were the superiors and the officials of the Pontifical Council beginning with Monsignor Zimowski, and Monsignor José L. Redrado OH and Monsignor Jean Marie Mupendawatu, respectively Secretary and Under-Secretary. As was illustrated during the press conference which presented the symposium and the WDC 2010 and was held on 6 February at the Press Hall of the Holy See, the exhibition involved twenty-eight works of mixed techniques by the painter Francesco Guadagnuolo, an exhibition conceived as a travelling exhibition.

During the symposium a large number of the papers provoked great interest beginning with that given by Archbishop Gianfranco Ravasi, the President of the Pontifical Council for Culture, and that given by Cardinal Angelo Comastri, Archpriest of the Basilica of St. Peter's. The summaries of the points of view of other religions on suffering presented by Prof. Gianfranco di Segni on Judaism, by Dr. Arvind K. Sing-

hal on Hinduism, by Dr. Abdelah Redouane on Islam and by the Venerable Huei Kai on Buddhism were also closely followed. The talk on 'Suffering from the Point of View of Asian Cultures' given by Prof. Mei Ching Chen of the Catholic University of Fu Jen (Republic of China) preceded the round table of health-care workers and sick people chaired by Msgr. Armando Brambilla. The following, amongst others, took part in this round table: Father Rude Delgado and Dr. Antonino Bagnato. Dr. Carl Anderson, Supreme Knight of the Foundation of the Knights of Columbus, then spoke about the meaning of the suffering of Pope John Paul II for the Church and the world.

The next day the day began with a visit and the celebration of a Eucharistic liturgy in front of the tomb of the Venerable John Paul II. There then followed the impassioned paper of the first President of the Pontifical Council for Health Care Workers, Cardinal Fiorenzo Angelini, and papers by His Eminence Cardinal Dionigi Tettamanzi, Archbishop of Milan and National Ecclesiastic Assistant of the Association of Italian Catholic Doctors, by the Italian Minister of Health, Prof. Ferruccio Fazio, and by the mayor of Rome, Gianni Alemanno.

After the reading of the message of Cardinal Javier Lozano Barragán, the second President of the Pontifical Council in chronological terms, who unfortunately could not be present for reasons of health, Cardinal Angelini and the Secretary of the Pontifical Council, Monsignor Redrado, illustrated the journey travelled by the Pontifical Council during its twenty-five years' existence. The representatives of Catholic health-care workers then took the floor. Amongst these reference

should be made to Sr. Maria del Camino Agòs, Superior General of the Hospital Sisters of the Sacred Heart of Jesus; Dr. José María Simón Castellví, the President of the FIAMC (International Federation of Catholic Medical Associations); Prof. Piero Uroda, the President of the FIPC (International Federation of Catholic Pharmacists); Mrs. Marylee Meehan, the President of the CICIAMS (Catholic International Committee of Nurses and Medical-Social Assistants); Father Michael Place, Chairman of the AISAC (International Association of Catholic Health-Care Institutions); and Prof. Franco Splendori, the President of the Association of Catholic Doctors of Rome.

The excellent results of the World Day of the Sick, which this year reached its twenty-seventh edition, were then presented at a special round table chaired by Cardinal Paul Poupard, President Emeritus of the Pontifical Council for Culture. The round table was made up of Fr. Sebastian Matecki OSPPE, Custodian of the Monastery of Czestochowa (Poland); Prof. Thomas Hong-Soon Han, the President of the Catholic Lay Apostolate Council of Korea; Msgr. Wilson Philip Edward, the President of the Bishops' Conference of Australia; Msgr. William F. Murphy, the bishop responsible for pastoral care in health in the USA; Abbot Marcel Akmel, director of pastoral care in health in the Ivory Coast; Msgr. Rafael Martinez Sainz, the bishop responsible for pastoral care in health in Mexico; and Prof. Domenico Arduini, High Vice-Commissioner of the Italian Association of Knights of the Sovereign Military Order of Malta.

At the end of the symposium Monsignor Zimowski then enunciated the Solemn Act by which the commitments of the Pontifical Council were emphasised, beginning with the promotion of pastoral activities in the world of health and health care and the formation of workers in line with the coordination of over 117,000 Catholic health-care centres active in the world.

The Concert

In the late afternoon of 10 February there took place the much looked forward to concert of classical music in the Paul VI Hall in the presence of a large number of sick people, volunteers and health-care workers, as well as many prelates, beginning with Cardinal Renato Martino, Emeritus President of the Pontifical Council Justice and Peace.

Organised by Prof. Silvia Fiorito, this appointment was presented with feeling and participation by Mrs. Claudia Koll who amongst other things read out passages from documents and letters written by the Venerable John Paul II. It commenced with two refined performances by two pianists, the German Rolf-Peter Wille and the Taiwanese Lina Yeh. The very young members of the 'Very Young Project' of the Academy of Santa Cecilia then took the stage, followed by their rather older colleagues of the Junior Orchestra of the historic conservatory of Rome. Young people of great talent and background who rapidly won over the audience in the hall.

The Eighteenth World Day of the Sick

Thursday, 11 February, was entirely dedicated to the Eighteenth World Day of the Sick (WDS). This event, celebrated for the first time in Lourdes, began with the arrival of the relics of St. Bernadette in the Vatican. At 10.30, in St. Peter's, the Holy Mass presided over by His Holiness Benedict XVI began.

'The Pontifical Council for Health-Care Workers, established 25 years ago by Venerable Pope John Paul II, is without any doubt a privileged expression' of the solicitude of the Church for the sick and the suffering, observed the Holy Father. 'Our thoughts turn with gratitude', he went on, 'to Cardinal Fiorenzo Angelini, the first President of the Dicastery and ever an enthusiastic animator of this area of the Church's activity; as well as to Cardinal Javier Lozano Barragán who

continued and developed this service until a few months ago. I then address my greeting with warm cordiality', continued the Holy Father, 'to the current President, Mons. Zygmunt Zimowski, who has taken on such a significant and important inheritance. I extend it to all the officials and personnel who in the past quarter century have collaborated laudably in this office of the Holy See. I also wish to greet the associations and bodies who see to the organization of the World Day of the Sick, in particular the Italian National Union for Transport of the Sick to Lourdes and International Shrines (UNITALSI) and the Opera Romana Pellegrinaggi. The most affectionate greeting of course, goes to you, dear sick people! Thank you for coming and thank you especially for your prayers, enriched by the offering of your efforts and your suffering. And I then address a greeting to the sick and the volunteers in Lourdes, Fatima, Czestochowa and at the other Marian shrines connected with us, and all those who are following us via radio or television, especially from clinics or from their own homes. May the Lord God who watches constantly over his children give them all comfort and consolation', His Holiness Pope Benedict XVI also proclaimed.

In the evening there took place a torchlight procession in Via della Conciliazione with the relics of St. Bernadette and the stature of Our Lady of Lourdes. This event was begun with a fanfare by the State Police and ended in St. Peter's Square. At the front of the procession, immediately after the sick people accompanied by nurses and men and women volunteers, were the President of the Pontifical Council, Archbishop Zimowski; the Secretary, Monsignor Redrado; and the Under-Secretary, Monsignor Jean-Marie Mupendawatu, together with the national and Roman heads of UNITALSI (the Italian National Union for the Transport of the Sick to Lourdes and International Sanctuaries) who had organised with great skill the logistics of the whole day. Amongst these were Dr. Salvatore Pagliuca, its national Vice-President, and Dr.

Alessandro Pinna, its chief figure in Rome.

As had been announced, at the end of the rosary and in front of city and civil authorities such as the mayor of Rome, G. Alemanno, His Holiness stood at the window of his study for the blessing. The Holy Father also held in front of him a flame (a characteristic lit candle). The subsequent fireworks display was very spectacular and illuminated with lights and colours, as it lit hope in many hearts, the square of St. Peter's and various other neighbourhoods of the city.

Pastoral Visits to Hospitals in Rome

In concomitance with the twenty-fifth anniversary of the Pontifical Council for Health Care Workers and the Eighteenth World Day of the Sick, a series of visits to hospitals in Rome took place.

The first visit, led by Monsignor Zimowski, was to St. Peter's Hospital in Via Cassia on 28 January. It was organised around a Eucharistic liturgy followed by a meeting with the hospital personnel and a visit to a number of wards. In addition to the patients, the researchers, the health-care workers and the volunteers, representatives were also present of the Handmaiden Sisters of the Sacred Family and the Franciscan Sisters of Our

Lady of Victories who work in St. Peter's Hospital. In addition to the Secretary of the Pontifical Council, Monsignor Redrado, many members of the Fatebenefratelli Order were also present. Amongst these the Provincial Father, the Most Reverend Fra' Pietro Cicinelli; the General Director of the Hospitals of the Province of Rome, Fra' Gerardo D'Auria; the Superior General of St. Peter's Hospital, Fra' Michele Montemurri; and the Health-Care Superintendent, Dr. Giovanni Roberti.

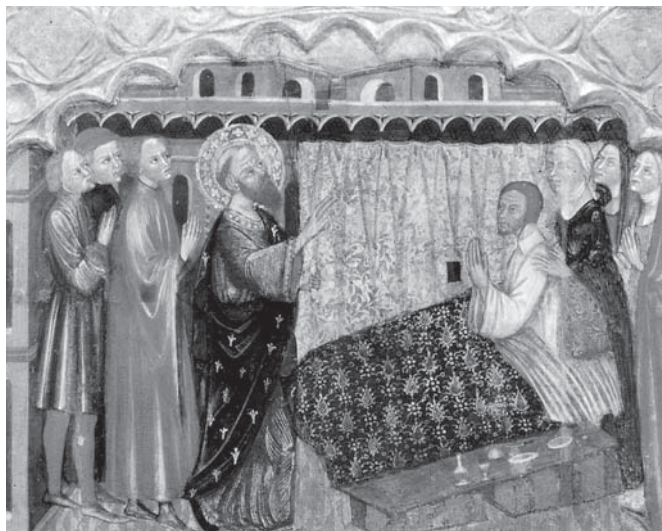
The next visit, to the Madre Giuseppina Vannini hospital in Via dell'Acqua Bulicante, took place on 6 February and was led by Monsignor Redrado. During his homily Bishop Redrado called attention to the figure of the Good Samaritan and the call to follow his example for all baptised people and above all the personnel of the Church. A service to sick people that is help, nearness and where possible relief and care. The heads of the hospital and of the local nursing school run by the Daughters of St. Camillus took part in the Holy Mass and the visits to the wards.

A renewed Rome, such as rarely happens, characterised the pastoral visit to the Hospital of the Holy Spirit in Sassia by Monsignor Zimowski, Monsignor Redrado and Monsignor Dariusz Giers.

The delegation visited the patients in a large number of

wards, often stopping to pray with the patients and the hospital personnel. In a meeting with the representative of those in charge of this health-care structure and the chaplaincy, entrusted to the Camillians, the prelate expressed words of great appreciation for the work that is carried out by the health-care workers and stressed how performing a role in the medical field can be defined as being a 'vocation' more than a 'profession' centred around assistance and care for the sick. He then visited the oldest parts of the ancient Hospital of the Holy Spirit, the first structure of its kind in Italy and perhaps in the world, which has functioned almost without interruption since the beginning of the thirteenth century. After making a visit to Santa Lucia, the President and the Secretary of the Pontifical Council went to the hospital of the Fatebenefratelli on 8 March on the occasion of the feast of the founder of that hospital Order, St. John of God.

On 23 April Archbishop Zimowski, accompanied by the Under-Secretary Msgr. Jean-Marie Mupendawatu, made a visit to the University Polyclinic of Tor Vergata. They went to a number of wards and as on the above occasions tried to bring comfort to the patients and prayed with them. Later in the morning they met the managers and the representatives of all the parts of this university hospital.



Commemoration of the Apostolic Letter *Salvifici Doloris* of the Venerable John Paul II on the Christian Meaning of Human Suffering: Introduction and Greetings

9 FEBRUARY 2010

12

1. It is a great joy for me to welcome each one of all of you who are present at this opening ceremony of the celebrations of the Eighteenth World Day of the Sick and the twenty-fifth anniversary of the creation of the Pontifical Commission for Pastoral Assistance to Health Care Workers, which later became a Pontifical Council.

2. These celebrations, as is now the custom, will take place according to a programme that has been drawn up which envisages three days of study and reflection, of testimony and of dialogue, marked by moments of culture and devotion that will culminate in the solemn Eucharistic celebration of 11 February, the liturgical memorial of the Blessed Virgin Mary, Our Lady of Lourdes.

3. Today, in line with the programme that has been drawn up, will be dedicated to a commemoration of the apostolic letter *Savifici Doloris* on the Christian meaning of human suffering which was issued by the Venerable John Paul II on 11 February 1984 and whose twenty-fifth anniversary falls this year. Twenty-five years on it is incumbent upon – but also rewarding for – the Pontifical Council for Health Care Workers and for the Church as a whole to dwell upon and to read with due attention this pontifical document and to ask what the breadth and efficacy of its real impact has been on the life of the Church in its varied and detailed expressions in pastoral care in the world of suffering, illness and health. In addition, it has become imperative, after a quarter of a century, to compare the challenges of yesterday to which *Savifici Doloris* sought to respond, the pathway that has been followed hitherto, and the questions of issues of today and

the future of the health-care world which believers of today like the believers of yesterday are called to address in a way that is coherent with their faith in Christ.

4. In this onerous and at the same time pleasant task we will be guided by eminent figures of the ecclesial and cultural world, by distinguished and competent scholars and experts in various spheres of knowledge. They will illustrate to us the profound anthropological, theological and pastoral riches of the document today being examined by us, beginning with its Biblical and theological foundations, comparing the experiences of the great world religions as well as of contemporary culture in order to understand their contribution to comprehending the meaning of suffering and pain. Testimony of health-care workers as regards their work for and with the suffering as these last are treated and cared for will enrich our analysis and understanding of the timely relevance and fecundity of the *Salvifici Doloris* over the last twenty-five years. Our knowledge and assessment, however, would be incomplete without a glance, which is after a certain fashion admiring and grateful, at the person to whom we are all indebted for today's happy commemoration, the Venerable John Paul II, who gave to us the pearl that we are about to examine with great attention. *Salvifici Doloris* does not only bear his signature in a material sense – it emerged above all from his intimate experience of suffering that was profoundly experienced and transformed, in the footsteps of St. Paul, in spiritual fecundity: 'In my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the Church'

(Col. 1, 24; *DH*, N. 1.), as the apostolic letter begins.

5. This document, the first of its kind as Cardinal Fiorenzo Angelini observed, is made up principally of two parts which address respectively the anthropological-theological and then the theological-pastoral aspects of the subject. As regards the anthropological-theological dimension, *Salvifici Doloris* immediately stresses how much suffering is rooted in the earthly existence of man and is inseparable from that life (n. 2). The reality of human suffering, moreover, goes beyond the spheres of medical science and psychology in that it has a number of dimensions (nn. 4-5). Almost in a descriptive form, the Holy Father dwells upon 'the world of suffering' (nn. 5-8) in order to observe that human suffering inevitably leads to a 'search for an answer to the question of the meaning of suffering' (nn. 9-13). The search for this does not dwell only on the cause of pain. It also and fundamentally dwells upon its purpose. Hence the significant stress in this papal document on the Book of Job of the Bible.

Because a purely theoretical answer remains insufficient, the answer given by Christ through his own life, in particular through his passion, death and resurrection, is immediately offered: in *Jesus Christ suffering is defeated by love* (nn. 14-18). Indeed, Christ 'suffers voluntarily and suffers innocently' (n. 18). In this way suffering is transformed by him into a redemptive instrument: from being sterile and accursed it becomes so fecund as to merit for us forgiveness and salvation.

At this point this document moves on to a Christian reading of human suffering and specifically takes up the doctrine of St.

Paul according to whom, as *participants in the sufferings of Christ* (nn. 19-24), we carry in our bodies the death of Christ so that his life can be manifested in our bodies (n. 20).

In its penultimate part this papal document address the *Gospel of suffering* (nn. 25-27) and peremptorily states: 'The Gospel of suffering is being written unceasingly, and it speaks unceasingly with the words of this strange paradox: the springs of divine power gush forth in the midst of human weakness' (n. 27).

The last part, whose title is 'The Good Samaritan' (nn. 28-30), offers the key by which to read the whole document: 'At one and the same time Christ has taught man *to do good by his suffering and to do good to those who suffer*. He has completely revealed the meaning of suffering' (n. 30).

In the final section of this document the Holy Father enables us 'to see how much the human meaning and the supernatural meaning of suffering encounter each other in this dual value (n. 31) which, on the one hand, draws upon the divine mystery of redemption, and, on the other, reconciles man with his own suffering, leading him not to resign himself passively to it but to accept it so as to overcome it through redemption' F. Angelini, *Orizzonte Medico*, 2-3 (1984), p.1.)

6. On the importance of *Salvifici Doloris* we will present the testimony of His Eminence the Most Reverend Cardinal Fiorenzo Angelini who at that time was ecclesiastical assistant

of the Association of Italian Catholic Doctors and the future President of the Pontifical Council for Pastoral Assistance to Health Care Workers. In presenting the apostolic letter to the press on 10 February 1984, he made the following comments: 'The apostolic letter *Salvifici Doloris* must be seen as a clear point of reference, an enlightened human and spiritual direction, a precise adoption of a stance and an answer of the Church on the truest meaning of suffering' (*ibid.*) I believe that this judgement still maintains its uncontested validity and prophetic farsightedness. It echoed the words that the Venerable John Paul II had addressed two years previously to Catholic doctors on the occasion of their World Congress. Not without recalling the meaning of the definition 'Catholic' of their association, the Pope declared: 'Experience teaches us that man, in need of both preventive and therapeutic assistance, reveals needs that go beyond the physical pathology that is present. From a medical doctor man does not expect only adequate care and treatment – which for that matter sooner or later will fatally end up by turning out to be insufficient – but the human support of a brother who knows how to make him share in a vision of life, in which the mystery of suffering and death also finds meaning. And if not from faith, what can this peace-bringing answer to the supreme questions of existence be drawn?' (John Paul II, 'Address to the Participants at the World Con-

gress of Catholic Doctors', 1982, n. 6).

In recent decades, reflection has also been extended to embrace the 'health' of the creation as a premiss for human health. One need only remember here the repeated appeals of the recent Popes to the effect that respect for, and the defence of, the environment are pre-conditions for a healthy life for people, for communities and for humanity as a whole (for example Paul VI, *Octogesima Adveniens*, n. 21; John Paul II *Centesimus Annus*, n. 37; John Paul II, 'Message for the World Day of the Sick', 1990; Benedict XVI, *Caritas in Veritate*, n. 32)

7. In this perspective and in the same spirit, we wish to re-read *Salvifici Doloris* today to obtain from it not only a strong stimulus to carry on with our efforts but also and above all to secure a profound spiritual illumination that leads us to embrace suffering humanity and to express solidarity in a loving way towards suffering humanity, not so much with a view to the total elimination of suffering, which is humanly impossible as was rightly observed by the Supreme Pontiff Benedict XVI (*Spe Salvi*, n. 36), but with a view to its transformation into redemption in union with Christ, our hope, who suffered, died and rose again for us.

H.E. Msgr. ZYGMUNT
ZIMOWSKI

*President of the Pontifical Council
for Health Care Workers,
the Holy See*



The Bible and Theology on Suffering

On 11 February, twenty-five years ago, John Paul II published his encyclical letter *Salvifici doloris* which contained a vast and impassioned analysis of one of the most lacerating subjects of human experience, that of suffering. The 35 sections of this document were intertwined with references to the Bible, 'the book of the history of man' and thus 'the great book of pain', outlined in all its dark forms of glowing but also in its breaks of light and hope. Now I would like to dwell upon certain profiles of this horizon alone.

Certainly as Thomas S. Eliot observed in his 'Four Quartets', 'people change, and smile: but the agony abides'. It is similar to a rock against which one can easily break into pieces. Georg Büchner, one of the most intense writers of the German nineteenth century, in his play *Danton's Death* (1835), asked himself: 'Why do I suffer?' And his conclusion was 'This is the rock of atheism'. One of the extreme approaches to which the experience of pain, above all innocent pain, can lead, is that of rebellion, of apostasy, of the rejection of God and of man. Who does not remember that passage from *The Brothers Karamazov* where Dostoevsky asks himself: 'If everyone has to suffer to buy eternal harmony with suffering, what have children got to do with this? Is why they should have to suffer as well and why they, too, should have to buy harmony with suffering, completely incomprehensible?'.

A Rock to be Climbed

For millennia humanity has tried to climb or roll over that rock. Ancient Egyptian wisdom registered the defeat of reason with the moving lines of the 'papyrus of Berlin 3024' (2200 BC) which was significantly entitled by scholars 'Dialogue of a Suicide with his

Soul', a dialogue whose approach is only death seen as liberation, healing, scent of myrrh, the sweet breeze of the evening, and the lotus flower that blooms. The exaggerated attack of theodicy, that is to say the attempt to defend God against the attack of 'atheism' which relied specifically on pain, always had to deal with the lapidary alternatives of the Greek philosopher Epicurus, as we are told by the Christian writer Lactanzius in his work *De ira Dei* (c. 13): 'If God wants to remove evil but cannot, then he is powerless. If he can and does not want to, then he is hostile to us. If he wants to and can, then why does evil exist and why does he not eliminate it?'.

It is specifically around these dilemmas and above all when one enters into the shadowy region of personal suffering that religions and forms of agnosticism confront each other. Emblematic of this is the statement of the French atheist thinker Jean Cotureau: 'I do not believe in God. If God existed, he would be evil personified. I prefer to deny him rather than to make him responsible for evil'. And it is specifically to defend God from this offensive accusation that everything has been done during the history of humanity, resorting to that 'theodicy' to which reference is made above, taking the most disparate routes which are times almost impracticable. Yes, such is the case, resort to dualism, introducing – side by side with a good and just God – another negative and hostile divinity, a god of evil (we may think by way of example of the Avestic Iranian religion, of Manichaeism and very many other extremist apocalyptic forms). Reference has been made to the so-called 'theory of retribution', which for that matter is well testified to in the Bible as well, as we will see: the tandem crime/punishment invites us to discover in all pain an experience of sin,

which if not personal at least is of others (and in this way one would try to justify the suffering of the innocent as well). One is said to recognise, in this way, a sort of cathartic function of pain. To use the words of the American writer Saul Bellow in his novel *The Rain King* (1959): 'suffering is perhaps the only way of breaking the sleep of the spirit'. For others, instead, the radical pessimistic pathway should be taken: reality is structurally negative specifically because of its limit at the level of being a creature (which happiness or good when they come in life are said to possibly explain!). In his *Myth of Sisiphus* (1942) the writer Albert Camus explained: 'There is only one important question for philosophy – suicide. Deciding, that is to say, whether to live or not'. In contrasting fashion an equally radical optimistic literature as regards reality has not been absent, according to which evil is only non-being, a conceptual fact, an appearance to be overcome by discovering the profound serenity of being. In this light pantheistic visions, such as Greco-Roman Stoicism or Indian Brahmanism for which evil is only *maya*, that is to say 'illusion', pose themselves. In this lineage are to be placed certain evolutionist approaches as well, which see pain as the residue of a still imperfect world that is still being built. Cosmic energies and human progress are the pathway to follow for the gradual elimination of all negativity.

A Human Responsibility

The Bible also finds itself faced with this monster in many forms which in cultures, even though it is theorised in an abstract way, is declined above all at experiential, individual (physical, mental, moral), social (wars, violence, injustice) and cosmic (disasters, earthquakes) levels. Always in ambush is the risk of

theoretical simplification or ideological dogmatism, as is well borne out by the polemic of Job in relation to his 'theological' friends who are only able to 'patch up lies', white-washing the walls of the ideal constructions (13:4), ready to produce 'tasteless, unsalted food' (6:6) and to be 'tormenting comforters' (16:2). Specifically for this reason the Bible never offers a definitive, unitary and systematic theory of the subject of evil but tries, instead, to throw light on this obscure tangle and above all to identify some itineraries of meaning and redemption.

Of these pathways I would now like to point out only an essential map which would obviously need a precise and ample documentation to be found in the reading of texts and their relative exegesis and hermeneutics. Specifically *in capite* to Scripture there is immediately an observation that overturned the traditional approach of theodicy. Before calling on God as regards his 'responsibilities', chapters 2-3 of Genesis invite us to interrogate man, his freedom and his conscience because an ample portion of the evil disseminated in history has a precise human source. In these two pages, created with diptychs, on the one hand is outlined the project of creation and history according to the Creator: the harmony of humanity with God in dialogue and in a shared inner 'breath' (*nishmat hajjim* of 2: 7 is in itself not so much vital breath as moral conscience), the harmony of humanity with the other creatures, symbolised by the animals, the harmony of man with his fellows, incarnated in the woman – 'flesh of my flesh' (2:23).

On the other hand, in chapter 3 we see the alternative project planned by man who decided to define, on his own, 'knowledge of good and evil': God becomes an outsider, relegated to His transcendent Eden; the earth is devastated and, reduced to desert, produces only 'thorns and chards' (3:18); the woman, that is to say man's neighbour, is 'dominated' by man who 'subjects'

her (3:16). Free human choices, when they are in contrast with transcendent morality, generate suffering, death and evil. It is for this reason that the wise men of Israel stressed in a clear way the thesis of human responsibility: 'Don't blame the Lord for your sin; the Lord does not cause what he hates...the Lord created human beings, he left them free to do as they wished...He has placed fire and water before you; reach out and take whichever you want' (Sirach 15:11-17)

Similarly the Book of Wisdom does not hesitate to state that 'God did not invent death, and when living creatures die, it gives him no pleasure. He created everything so that it might continue to exist; and everything he created is

fore addressing the 'mystery' of the case of pain in the world, it is advisable for man to examine himself, with his injustice, with his abuse of power, his selfishness and his violence.

The 'Excess of Evil'

After outlining this first pathway in the horizon of evil one cannot, however, ignore a fact that the French philosopher Philippe Nemo defined as 'excess of evil': there is in fact an evil that 'exceeds' pure and simple individual and social human responsibility. It is significant that this locution was coined by this philosopher for his book on Job. This famous figure of the Bible, the protagonist of one of the highest



wholesome and good. There is no deadly poison in them. No, death does not rule this world' (1: 13-14). Certainly, in the final analysis God is the Lord of being and history and His is the final word and supreme eschatological intervention. Isaiah, to avoid any suspicion of dualism as well, comes to place the following words in the mouth of God: 'I create both light and darkness, I bring both blessing and disaster' (45:7) But in reality the Creator, in the arch of history, respects the exercise of freedom of His creature, so as not to contradict Himself, who willed and created him, as well. Be-

works of universal literature, clashes with an absurd evil which cannot be attributed to the moral deviations of man nor annulled in the thesis that his 'friends' – the embodiment of traditional theology – oppose him with in an explanation to solve the problem. This is the 'theory of retribution' to which reference has been made above and which is nothing else but recourse to divine judgement on the sinful behaviour of man and thus a return by another route of the pathway described previously.

Certainly, it is arduous to define which is the ideal outline of Job whose discourse pro-

ceeds in a ramified, poetic and symbolic way. But it is undoubted that in pages that groan with rebellion, protest and questioning, it is declared that man is not sufficient to explain a certain type of evil: he wants, in fact, to involve God in a direct way in the solution to enigmatic evil and evil which goes beyond reason. And God agrees to testify at this kind of trial to which the victim of evil has wanted to be called. The long speeches of God (38-41) seem to aim at a goal which I will only try to sketch. There is a relevant aspect of evil that cannot be 'rationalised' and thus Job is right to protest (see 42:7): evil

whom divine revelation, that is to say, knowledge of faith, leads him 'mystically'. ('I knew only what others had told me, but now I have seen you with my own eyes', 42:5). It is into this new territory that another pathway can be introduced, that opened up by an emblematic figure, the 'Servant of the Lord', who is present in the Book of Isaiah, in particular in chapter 53 and taken up in the New Testament in a Christological key. There is a pain-evil that falls upon the just – and here we are in the same area as Job – but this irruption becomes a source of liberation, life and salvation for others: 'We are healed by

leads us through all pains in this or that form. Just as a child evolves, through all the ages of life, until old age and death (and each individual stage appears to be fundamentally unreachable to the previous stage, both in wishes and in fear), so do we also evolve (connected to humanity no less profoundly than to ourselves) through all the tribulations of this world'.

'Holy, Holy, who Suffers'

The road of solidarity outlined by the Servant of the Lord prepares us to draw near to the New Testament, in particular to the gospels, where evil seems to be at the door as a dramatic but not tragic presence. Never more than in this case should I point out the limits of my analysis which wants only to point out an outline to be followed within texts and through a broader and more systematic analysis. One fact is significant: the exegetes are convinced that one of the 'proto-gospels', that is to say one of the first codified texts – which have not come down to us but on which the evangelists drew to such as point that a presence of them in watermark form can be seen in their accounts – by early Christian tradition was specifically a narration of the passion and death of Christ. Physical and moral evil, death and the scandal of suffering were immediately seen as being central in the Christian message, even though illuminated by the splendour of Easter. Differently from the so-called 'Lives of Heroes', which were very popular in the Greco-Roman world, Christianity gave a surprising prevalence specifically to the defeat of its founder under the impetus of evil, even before celebrating his successes.

This aspect is of capital importance within the theology of the Incarnation. Dietrich Bonhoeffer in *Resistance and Surrender*, specifically during his imprisonment in a Nazi concentration camp (the text in question is dated 16.7.1944), wrote: 'God is powerless and weak in the world and thus and



shouts out with all its scandal against the mind of man, its scandal is blinding. But God reveals (this is, therefore, the outcome of knowledge that comes through another 'channel' of insight) to man that an 'esah' (38:2) exists, that is to say a 'project', a transcendent rationality, which is mysterious, superior and totalising. It is that of God: it manages to place in a compact and valid 'project' what for man, instead, seems to be outside every verifiable project.

At this point Job is at one and the same time directed towards revolt and desperation to which his intelligence leads him 'logically' when faced with 'excess of evil', but he is also pushed towards hope and a hymn of praise for He to

the punishment he suffered, made whole by the blows he received (53:5). The story of this figure – variously identified but with contours that are also symbolic – is an authentic passion/death/glorification, but the triumph of the evil in him has a mysterious power which is not one of annihilation but of redemption.

Here it is interesting to reflect on a passage from Franz Kafka's *Reflections on Sin, Pain, Hope and the True Way* because in a 'secular' way it illustrates this communion in pain as a way for the shared growth and solidarity-based transformation of humanity. 'All the sufferings that are around us we, too, must suffer. We do not have a single body, but we have growth, and this

only thus He remains with us and helps us...Christ does not help us in virtue of his omnipotence but in virtue of his suffering'. Massimo Cacciari continued along these lines, stating that 'the shared secret is that, like us, God is frail and He is frail specifically because He is Love – the only metaphor that saves us from the siege of evil and sin'. Equally evocative is the invocation of Giuseppe Ungaretti in his poem 'Pain': 'Christ, star incarnated in human shadows/brother who immolated yourself to build anew/humanly man/, Holy, Holy, who suffers/to free the dead from death/and support we unhappy living...'

The Incarnation, indeed, was the choice of God – who by His nature is beyond death, pain and evil – to penetrate and to take upon Himself *sarx*, that is to say 'flesh', the limit of a creature, so as to share it and redeem it from within. As the poet Paul Claudel said: 'God did not come to explain evil: He came to fill it with His presence'. In Christ, both God and man, there is not so much the justification or the deciphering of the scandal of evil in a coherent ideological or ethical system – there was, instead, a sharing in it out of love, which was not, however, a mere heroic adherence whose outcome was the immolation of the cross, the last and conclusive approach. Specifically because Christ did not cease to be the Son of God, in taking on evil, pain and death he left in them a seed of divinity, of eternity, of light, and of salvation. Divine love does not protect us 'from' every evil but sustains us 'in' every evil, enabling evil to be overcome.

The experience of evil remains as troubling as a prison. The entrance of the Son of God in that prison marked a turning point: it was not opened for ever in an immanence which was consumed in itself but was opened for a 'beyond'. This 'beyond' was illustrated in a clear way both through the miracles that were performed by Christ and through his Easter. Examples of this are, for instance, the healings of lepers, the 'excom-

municated' of Israel (*Leviticus*, 14), who were seen as almost the incarnation of evil. Jesus not only went up to a leper but also, as Mark tells us, "I do want to", he answered, "be clean!". At once the disease left the man, and he was clean'. That 'touching' is a parable of the Incarnation; it is taking upon oneself of evil. Not by gesture solely of philanthropic solidarity but total sharing, ready to violate Jewish law itself. A gesture, however, which has as its outcome salvation because that man who touched the leper was also the Saviour.

The same event is visible in the encounter/clash with Satan in the accounts of the possessed who were cured. Although we may revise some of these accounts which should be interpreted as descriptions of symptoms which are known to us in a clinical sense (epilepsy or madness), texts exist in which a person – perhaps quietly present in a synagogue (Mark 1:23-26) – is taken over by this mysterious presence that is antithetical to God, truly His shadow. The commanding words of Jesus, "Be quiet, and come out of the man", is a sign of an open duel with evil, a challenge destined to be resolved: "I saw Satan fall like lightning from heaven" (Luke 10:18). However, there always remains an awareness that in history struggles with evil are always underway, struggles with Satan, with suffering, with violence and with death, and all the victories secured by Christ are the sign, a redemption that awaits its fullness.

Easter was the inauguration of this redemption which was to stretch out step by step during the whole of the itinerary of history so as to redeem it and ensure that the duel with evil and death was completed (1 Cor. 15:54-57) and so that 'God will rule completely over all' (15:28). 'The Kingdom of God made its irruption with Jesus', wrote the Bible scholar Antonio Bonora, 'but it has not yet reach its perfect completion. We are already liberated *in* evil/pain but we are not yet delivered *from*

every evil/pain'. With a majestic vision transcribes this event for the whole creation, specifically in the heart of his masterpiece, Letter to the Romans: 'All of creation awaits with eager longing for God to reveal his children. For creation was condemned to lose its purpose...Yet there was the hope that creation itself would one day be set free from its slavery to decay and would share the glorious freedom of the children of God' (8:19-21). Evil, therefore, is a sign of the world which is not yet fully redeemed and transfigured. Indeed, 'it was by hope that we were saved' (Rom 8:24)

Christianity places the universal human and cosmic Easter as the goal of history. It was inaugurated by Christ by his suffering, death and Easter. What the Book of the Apocalypse outlines in its fresco of the new and perfect Jerusalem will be fulfilled: 'There will be no more death, no more grief or crying or pain. The old things have disappeared' (21:4). While he walks in history a Christian does not ignore evil and pain but he or she knows that in it God – through the Incarnation of His Son – has deposited a seed of eternity and salvation that grows silently to become 'the tender stalk...the ear...the ear full of corn' (Mark 4:28). 'Rather be glad that you are sharing Christ's sufferings, so that you may be full of joy when his glory is revealed' (1 Pet 4:13).

Illness as a Symbol

However I would like now – much more modestly – to indicate two conclusions on the basis of the observations that have made hitherto in this paper, albeit aware of the mystery that suffering involves. Eschilius in *Persians* poses the eternal question which arises from the breathing of the pain of humanity: 'I cry out loudly my infinite sufferings; from the depths of the shadows who will listen to me?' (v. 635). The first observation seeks to place stress on the symbolic character of pain. As is known,

the term 'symbol' dives from the Greek *syn-ballein*, that is to say 'to put together': it is an attempt to bring together in itself more than one meaning of the same reality. Well, suffering is by its nature symbolic; it is, as the title of an evocative autobiographical work by the American writer Susan Sontag indicates, a metaphor for a higher experience (*Illness as Metaphor*, 1978). It is an index of a 'dark evil' that is also radical, to employ the title of a novel by the Italian Giuseppe Berto (1964).

Kafka in his *Diaries* observes: 'I have come to the belief that tuberculosis is not a special illness, a malady worthy of that name, but only a greater intensity of the general germ of death, my wound, of which the lesions to my lungs are only a symbol'. Similarly, albeit with greater emphasis, Gabriele D'Annunzio in his *Libro segreto* (1935) declared: 'I know the causes of my malady lie in the darkness of my spirit which I gradually expose to risk by getting better. There is, if I am ill, a breach of harmony not only in my body but also in my soul. I have in mind that someone saw illness as a musical problem. But perhaps I am that man'. Suffering is never only physical – it 'symbolically' involves the corporeal and the spiritual, the 'body' and the 'soul'.

It can at one and the same time generate desperation and hope, darkness and light; it can be destruction and purification; it can reduce a person to bestiality but it can also transfigure, 'distilling' in a crucible the highest capacities, becoming inner luminosity and catharsis. The great medieval mystic Meister Eckhart (1260-c.1327) observed that 'nothing is more like bile than suffering, nothing is more like honey than having suffered; nothing for men disfigures the body more than suffering, nothing for God beautifies the soul more than having suffered'.

Specifically because of this symbolic dimension of human suffering, the approach to the sick and the suffering in general cannot be partial. On the one hand it is undoubted that there

is a need for medical treatment: after all almost a half of the Gospel of Mark is an account of healings worked by Christ, and to such an extent that one theologian, René La-tourelle, has written that 'the Gospels without the healing miracles would be like Shakespeare's *Hamlet* without the Prince'. On the other hand, the purely biological and ascetic technology are insufficient and require encounter, dialogue, a supplement of humanity. More in pain than anywhere else one realises that one does not *have* a body but that one *is* a body which is a sign of a deeper inner reality. The gospel accounts of the healings of lepers are evocative from a symbolic point of view. As has been said, they went against all the ritual and health-care prohibitions of the time. Jesus 'touched them' and by this gesture he wanted to take the malady upon himself, sharing in the weight and bitterness.

More in pain than anywhere else man is aware of the falsehood of the words of comfort spoken in an extrinsic way and without authentic participation. As has been seen. Job is extremely clear on this point: his friends who try to comfort him in an arid and cold way are defined by him as covering up 'ignorance with lies' (13:4), teachers of proverbs 'as useless as ashes' (13:12), who can certainly not placate the burning fury of inner suffering. Indeed, a sick person discovers that in the end he or she remains alone with his or her malady. And it is Job himself who describes this isolation in a picturesque and even Baroque way when he discovers that 'my wife can't stand the smell of my breath and my own brothers won't come near me' (19:17). At a time of pain truth does not manage to tolerate falsifications.

'I do not Want you to Heal Her but to Love Her'

It is, therefore, at that moment that a kind of *alliance* between a patient and his or her doctor (nurse, relative, helper, chaplain and so forth) must

arise, between those who suffer and those who want to support them. And this is the second observation that I would like to make. In the account in the Bible of the creation of woman it is stated that the man overcame his loneliness only when he found 'a helper in front of him' (*ke-negdô*), knowing, therefore, that his eyes are in the eyes of the other, that he does not dominate the creature like a divinity and that she is neither subjected nor inept like an animal.

It is difficult to create this solidarity but it is indispensable. The relationship between who provides care and who is cared for must be less cold and detached than is often the case. It must be made up of genuine communication, dialogue, listening and truth spoken with participation (and here we encounter the very delicate problem of the so-called 'telling the truth to the patient'). A suffering person must feel respected during moments of weakness as well, when tears roll down his or her face (and it is known that there is always a feeling of shame in showing one's tears). The sick person must be helped to free himself or herself from the influences of a culture of 'strength', of a vainly heroic 'exaggerated manliness' and to accept himself or herself at a time of tribulation as well. As Baudelaire observed: 'Lord, the best witness that we can give to our dignity is this burning sobbing that rolls from age to age to die at the borders of your eternity'.

It is also the case that Christ when faced with the night of his passion implored God to free him from the chalice of suffering (Mark 14:36) and confessed that 'the sorrow in my heart is so great that it almost crushes me' (Mark 14:34), discovering, however, with bitterness that he did not have at his side the affectionate solidarity of his disciples: 'How was it that you three were not able to keep watch with me even for one hour?' (Matthew, 26:40). One should therefore stress a word which is as abused as it is misunderstood, whose true declination in existence is always arduous,

that is to say 'love': only if he or she is surrounded by love can a sick person manage to accept himself or herself and also overcome the shame of awareness – as the philosopher Max Scheler observed – 'of a certain imbalance, of a certain disharmony between the meaning and the needs of his spiritual person, on the one hand, and his corporeal needs, on the other'.

In this light a parable that I would like to place as a seal on these very limited reflections on an immense and incandescent horizon which cannot establish the multifaceted face of evil in a summarising profile seems to me to be evocative. For believers as well, pain remains a citadel whose centre cannot be completely freed. Hans Küng observed that 'God does not protect us *from* all suffering but He does support us in all suffering'. Here we

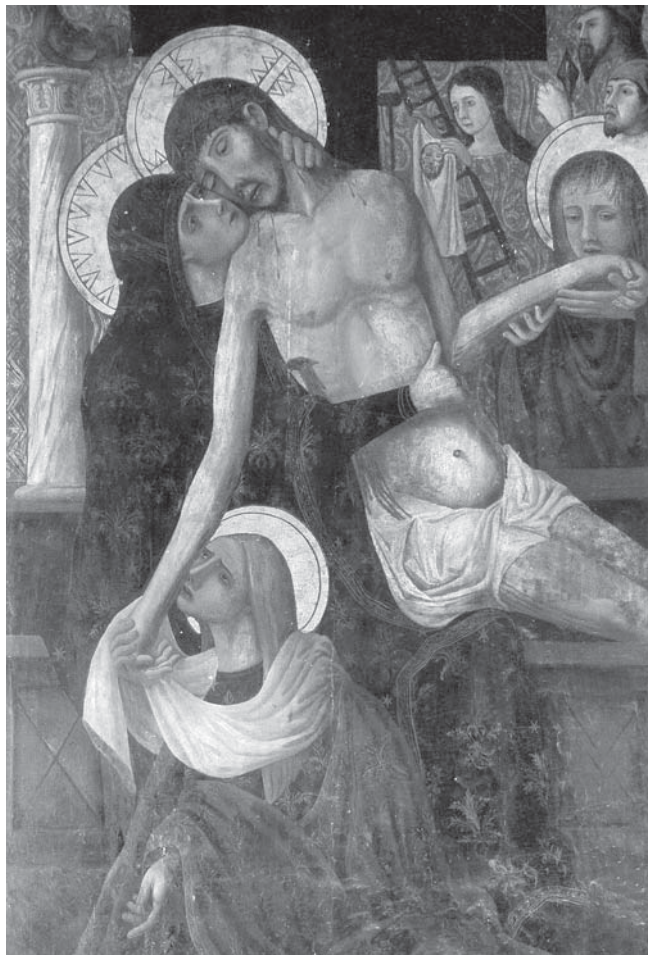
may rely on a 'secular' figure, the writer Ennio Flaiano (1910-1972).

In 1942 he had a daughter, Luisa, who at the age of eight already began to manifest symptoms of epileptic brain disease. She lived until 1992, looked after with love by her mother, Rosetta Flaiano. Well, in 1960 this writer from the Abruzzi thought of a novel/film of which we have left to us only a draft. In it he imagined the return of Jesus to earth, pestered by journalists and photo-reporters but, as had occurred previously, he was concerned only about the least and the sick. And thus 'a man took his sick daughter to Jesus and said to him: "I do not want you to cure her, I want you to love her"'. Jesus kissed the girl and said: "In truth, this man asked for what I could give". After saying this, he disappeared in a glory of light, leaving behind

him the crowd to comment on his miracles and the journalists to describe them'.

This scene, as is evident, is charged with all the tenderness which, with reserve and love, this writer and poured upon his suffering creature. In that man Flaiano saw himself who drew near to Jesus not to ask for a wonder but for the very high gift of sharing and communion in suffering. And perhaps, when during a terrible night he had to help his daughter tormented by the 'horrible attacks of a malady which deformed her and made her rigid', with a hand directed upwards, Flaiano, a father implored that kiss for his daughter, a kiss which was certainly not denied.

H.E. Msgr.
GIANFRANCO RAVASI
*President of the Pontifical
Council for Culture,
the Holy See*



Pain and Suffering from the Point of View of Hinduism

I would like to start by expressing my gratitude to the Pontifical Council for Health Care Workers and to Father Alex Vadakumthala (Project Director, CBCI Society for Medical Education, North India) for giving me this privilege and this opportunity to be with you today and to share a point of view as a Hindu on this very powerful and very relevant subject of pain and suffering (of humanity).

It is very difficult to generalize about pain and suffering for humanity as a whole or a civilization or even a community or a tribe. Indeed, many would argue that pain and suffering have to be entirely experienced and borne by an individual, and in the very literal sense, this would probably be true in most situations.

However, one can make an effort to identify at least the major afflictions that have caused pain and suffering for most people in any particular era, to try to reflect upon what could be the causes that brought about such afflictions, and then to try to understand if different religions and philosophies can provide some direction to minimize the causes that can bring about such afflictions and mitigate some of the pain and suffering caused by them. This paper makes an attempt to identify the major afflictions experienced by humanity over the last six millennia, deliberates upon the causes which bring pain and suffering to the large numbers of people in the current millennium, and then finally draws upon some of the most universal and potentially powerful themes distilled from the different tenets and facets of Hinduism which could provide some direction to humanity in the current millennium in alleviating pain and suffering.

While humans have existed for hundreds of millennia, human civilization began to occur about 12,000 years ago.

With the understanding of agriculture about 10,000 years ago and then the subsequent onset of the bronze age about 6,000 years ago, human civilizations arose in different parts of the world, especially along the banks of major rivers which could support lands that were fertile for agriculture and provide pathways for conducting trade.

In those millennia before the birth of Christ, pain and suffering for the masses happened largely on account of five major elements, namely (1) hunger; (2) disease; (3) forces of nature over which the humans of those times had little control, such as floods, droughts, cold, heat, earthquakes, tsunamis etc; (4) wars for territorial control; and (5) fear (of the unknown).

After the birth of Christ, i.e. in the first millennium AD, while each of the five primary causes for pain and suffering remained in some measure or another, humanity, by and large, had some understanding and ability to cope with nature's fury, and some understanding about the hitherto unknown which led to some reduction of fear. Hence, perhaps, most of the pain and suffering of humanity as a whole in those first one thousand years after Christ was largely caused by hunger, disease and wars.

During the second millennium, the one that has just gone by, it may be defensible to surmise that humanity, to a considerable extent, conquered hunger. While droughts and floods did cause havoc from time to time, and then at other times poverty or lack of freedom also led to suffering from hunger for many, probably the two greatest causes of pain and suffering during that millennium may have been disease and wars.

As the second millennium AD neared its end, many – optimistically – believed that the

knowledge assimilated by humanity over the previous millennia, and human enterprise and determination, would see a conquering of most diseases during the next new millennium, perhaps in our present century itself. Many also optimistically believed that various international political platforms and formations would lead to the mitigation, if not to the total elimination, of catastrophic and society-decimating and humanity-debilitating wars.

Unfortunately, the cycle of time seems to be playing out in this millennium and we could be going back to the beginning of human civilization as it was 6,000 years ago. The list of afflictions being faced by a very large number of the almost seven billion humans at the beginning of this century (and an even larger number as the world population further grows to about nine billion before this century ends) has, ironically, increased to the five major ones again.

The first one is still hunger but with the twist that an increasingly larger number of people are now also afflicted by obesity, giving pain and suffering to both categories of humanity.

The second one is disease: while we discover more and more about the traditional diseases and find relief or cures from them, we create more new life-debilitating and suffering-causing diseases now known as 'lifestyle' diseases, of which some of the major ones are diabetes, heart disease and cancer. Indeed, more people across our planet will die of these three major diseases (or due to complications caused by them) in the decades to come than any other set of diseases of previous millennia.

The third is likely to be the 'forces of nature' again. However, this time this may happen due to our tampering with

global ecology to such an extent that a tipping point may well be not too far off. In the last twelve months alone, Europe has seen some of the coldest winters ever seen in the past; Australia has seen some of the hottest weather; India has experienced some of the driest weather in terms of rainfall and yet parts of India have seen unprecedented cold and fog. The best of scientific models are not yet able to predict how nature will behave in this century or for that matter, this decade itself, and therefore to predict the impact on billions of people living on our planet. Hence, more humans may face an extreme unpredictability of nature in this millennium and thereby unprecedented pain and suffering at massive levels.

Wars, rather than being curbed or even prevented through various global political platforms, are becoming even more vicious and even more pain-delivering than in the past. Iraq and Afghanistan are just two of the most visible and horrifying examples where hundreds of thousands have lost their lives and millions have endured and continue to endure heart-wrenching pain and suffering. Conflicts abound in just about every populous continent, and some of these have the potential to spiral out of control at any time.

And finally, the fifth major affliction for humanity in the current millennium is 'fear of the unknown' yet again. Except that this time, the unknown has a simple name: 'terrorism'. Mindless act of terror have succeeded in not only taking/shattering countless lives but just about every human being lives under the shadow of terror. I recall, with nostalgia, my very first visit to the Holy Vatican in 1982 and my exuberance and excitement at walking through the Holy St. Peter's Basilica with my back-pack. Today, I could enter only after spending a long time going through security checks and, prior to that, the ubiquitous security screenings at airports and other public spaces. Terrorists bomb

schools, hospitals, public transport and social gatherings – just about every place where humans congregate.

So what are the major causes of these five major afflictions which have reared their nasty heads again after thousands of years? Again, there are many but perhaps the most important ones can be rather simply explained. Hunger and obesity are ironically the outcome of mindless consumption by humanity leading to deprivation for one group of people and excesses for others. Rich nations waste enough food every day to counter the hunger of hundreds of millions in other parts of the world, and the well-off in different parts of the world spend more and more money and efforts fighting the outcomes of their excessive consumption of food.



Lifestyle diseases can be perhaps attributed to the ceaseless and mindless pursuit of material wealth and power with scant regard for what the need for such pursuit may be or any serious understanding of what the gains may really be in pursuing such material goals throughout one's life.

Global warming and damage to our planet's ecosystem can be easily explained not only by excessive consumption but also by the very selfish nature of consumption – both at individual levels and at national levels. Hence, some countries have *per capita* consumption and greenhouse gas emis-

sions that are several times higher than others. Some countries, in the quest of single-mindedly pursuing economic growth without any concern for its impact either for their own landmass or for the rest of the world, continue to audaciously rape the earth for natural resources and spew poisonous effluents with scant regard for others or for the future generations of mankind.

Wars in the twenty-first century can easily be explained by human greed for natural resources and the wish for geopolitical control: not very different from the wars in earlier millennia but with the difference that today's wars are justified on the grounds that they are conducted for the 'greater good of the mankind' rather than selfish interests and goals. Furthermore, today's wars are fought not only with military might (and this today may cause much more mass destruction than ever) but also with economic and political sanctions and discrimination, which bring yet more misery and pain and suffering to the millions of innocents caught up in this cross fire of conflict.

Finally, terrorism today can be explained by an increasing intolerance towards others, at the level of religious or political ideology, and a general lack of respect and concern for other human beings.

In this context, what can Hinduism offer to humanity to mitigate/alleviate some of this pain and suffering without coming into conflict with the beliefs of other religions: something which may be relatively easy to understand and which can be put into practice by ordinary human beings, as the author of this paper is?

I would like to draw upon four of the most powerful beliefs of Hinduism, a religion which itself is more a philosophy that explains and governs a way of life rather than something made up of rigid, written tenets.

The first notion or belief relates to the 'purpose of life' itself. Hinduism suggests that there are four primary purposes to life. The first one is '*Artha*' which relates to the

pursuit of wealth (or material things). The second is '*Kama*' which relates to pursuit of desire and pleasure (including sex). The third is '*Dharma*' which implies pursuit of the right path and fulfilling one's purpose. And the fourth is '*Moksha*' which involves seeking 'enlightenment' and is the ultimate purpose of life – to move out of the cycle of birth and rebirth and thereby to unite with God. Unfortunately, in a world where most pursue only the first two purposes (the pursuit of wealth and the pursuit of pleasure) without acknowledging or respecting '*Dharma*' which establishes appropriate boundaries (of ethics, of the need to pursue devotion to the will of God and to pursue knowledge to free oneself from the bondage of ignorance), reckless and selfish consumption is bound to be rife.

The second notion relates to the 'stages of life'. Hinduism suggests that life should be lived in four stages. The first one is '*Brahmcharya*' which is to pursue learning (with a guru or a teacher). This should then lead to the second stage called '*Grahashta*' which is the stage of starting and living the life of a householder, pursuing pleasure, sex and material goals. At the crossing of the half-way mark of the life span, the third stage begins which is called '*Vaanprastha*' (literally: leaving the material world for the forests) in which the process of detachment from material pursuits must begin. This stage should be characterized by introspection and trying to understand the meaning of life and by a life guided more by spiritual needs than material ones. The last stage of life is that of '*Sanyaas*' which implies letting go of all material needs and goals and becoming totally detached while waiting to renounce this life and prepare for the next. Unfortunately, in a world where scant respect or attention is given to the first stage (that of high-quality learning), and where almost everyone chooses to live the rest of life in the second stage (*Grahashta*), there is continuous pressure for more

and more resources as the population grows, and more and more lack of understanding of each other since there is no time given to introspection and understanding the wider meaning of life and society itself.

The third notion is '*Karma*'. Arguably one of the most powerful of the different beliefs of Hinduism, it basically implies that what one is born with is an outcome of the sum-total of the individual's good and bad deeds in previous lives; what one achieves in the present life is an outcome of the individual's deeds in the current life; and what one will take forward to the next life will be the sum-total of the individual's good and bad deeds until then. This notion, therefore, squarely makes the individual responsible for his/her own happiness or sadness. If believed in, the notion of *Karma* can take an individual's anger away from others if the individual is unhappy since he/she will not blame anyone else but himself/herself for his or her condition. Similarly, the notion of *Karma* can involve a much needed self-regulation of 'right' and 'wrong' deeds since the believer would like to do more 'right' things and less or no 'wrong' things to ensure that his/her current and next life will be happier and better.

The fourth and final notion, for the purpose of this paper, is that of '*Vasudaivya Kutumbakam*' which literally means the 'world is the family'. In the earliest forms of social living, the tribe or the village was the community and the family: the entire community shared both happiness and sorrows with each other. In those times, while individuals indeed had biological families they were more closely linked to their community and their village or even their city. Today, even the biological family system is on the verge of collapse, and instead, every individual lives a life that is entirely centred on their own selves with little respect of care for others. In this situation, they are neither willing to share their happiness with others, nor can their pain and sorrow be shared by others. If some-

how humanity can start by acknowledging that the world itself is its family, and if people can understand this notion and practice it to the best of their ability, it can lead to the sharing of both pain and happiness and can also lead to an improved tolerance of each other, including each other's beliefs, religious preferences, national boundaries and rights.

One can ask if such notions can really work in today's context. In my view, they still seem to be working for India the nation. India, despite its incredible diversity and unfairness among its 1.1 billion people, has managed to achieve a relatively peaceful coexistence in a very diverse society; a relatively calm social order despite its being multi-religious and multi-cultural; a relatively less-angry class of 'have-nots' despite having more than 300 million poorest of the poor living right next to some of the wealthiest of the wealthy; and finally, a relatively more optimistic society despite the humungous challenges it has always faced in the past and continues to face at present.

Even for me, personally, these beliefs have helped me live a happier, more contented, and more balanced life.

I would like to close by gratefully thanking once again the Pontifical Council for Health Care Workers and Fr. Alex Vadakumthala for giving me this honor and the delight to be with this very learned, august audience today in the Holy Vatican, and to offer a prayer from my side that 'everyone on our earth may be blessed with happiness, optimism, good health, and contentment!'.

Dr. ARVIND SINGHAL
 Founder and Chairman
 of Technopak,
 India

Pain and Suffering in the Experience of Chaplains

I would like to thank the Pontifical Council for Health Care Workers for its kind invitation to share my experience as a chaplain at this round table. In turning my gaze to my life and to my experience as a chaplain, in remembering my encounters with those who suffer (the sick, their family relatives and the health-care personnel that take care of them) and in seeing how they address and live their pain and their suffering and how I have tried to help them, I became aware of what sick people have contributed to my life as a person, as a believer and as a priest. This is a great gift that God has made to me and which I wish to share with you today.

My encounter with the sick goes back to my childhood. Every so often I accompanied my parents to visit sick relatives and friends. They were my first teachers.

In my plans there was no idea of dedicating myself to the sick. However the Lord led my steps towards them. After being ordained a priest, I went to Madrid to study catechesis at the Higher Institute of Pastoral Care and Educational Sciences at the Complutense University of the city. In 1969 I was appointed chaplain of the Institute of Cardiology of Madrid where I spent thirty-seven years of my priestly life, in contact day after day with the sick, their families and health-care professionals.

Since 1995 I have worked as a volunteer chaplain at the *Casa de Belén*, a small centre of the Daughters of Charity which cares for sick and invalid children who are condemned to a short life. Since 2008 every Wednesday I have celebrated the Eucharist with the AIDS patients of the house of the Missionary Sisters of Charity of Mother Teresa.

I have visited and accompanied patients and family relatives of every age, social class, confession and creed, and in my memory I conserve with gratitude their faces and their histories. I have been in daily contact with numerous health-

care professionals. I have been a witness to heroic acts but also to inhuman behaviour. I know their joys and satisfactions and their frustrations and failures: what motivates them and drives them and what tires them and makes them suffer.



A Servant of Life and of the Peace and of the Comfort of Christ

I feel that I am, and I know that I am, an instrument in the hands of God 'to be a sign of the presence of Christ at the side of those who suffer', as a specific servant of the peace and the comfort of Christ. I feel that I am the Church and that I am sent by the Church to evangelise the world of health and health care. I am open to service to the sick and their families, and to professionals, with an approach of the utmost respect and cooperation, conscious of the fact that they are loved by God and that the Holy Spirit acts in them. I am aware of the gifts that I have received from the Lord but also of my limits and of the wounds that need to be accepted, integrated and healed.

As much as possible I have educated people to live and take on suffering as an experience of grace, to renew their attitudes and to purify their language in the face of their own suffering or that of other people, to spread the witness of sick peo-

ple, to generate and refine sensitivity towards their sick neighbours and to develop attitudes of nearness and assistance (*SD*, n 29), to promote affective and effective solidarity with the sick, inasmuch as suffering is present in the world to release love in man (*SD*, n. 29), and to appreciate and to stimulate the evangelising presence of the sick as active members to the full of the Christian community.

My Presence amongst the Sick

My presence amongst those who suffer has been defined thanks to contact with them, to contemplative looking at the attitudes, gestures and words of Jesus – the icon of tenderness and compassion of God for those who suffer –, to the inspiration of the Spirit, to reading of the Word, to the rich Tradition of the Church and of the Magisterium of John Paul II in particular, to study and personal reflection and to shared experience with so many brother priests in the numerous meetings, courses of formation and meetings that I have organised as Director of the Department for Pastoral Care in Health.

A near and warm presence. 'The Lord is near to those whose hearts are wounded' (Psalm 33:19). Those who suffer are in tribulation and need to be embraced. They cannot be helped at a distance. For this reason I always try to ensure that sick people see me and feel that I am near to them and I strive to make my relationship with them warm and loving.

A discreet, humble and poor presence. 'Take off your sandals because the place where you are standing is holy ground' (Ex 3:5). I learnt that one should enter the world of those who suffer in an invasive way but with great discretion and profound respect. I offer my serving and helpful presence but I never impose it. I do this with humility, aware of my limits, allowing myself to be

helped and taught by suffering people.

An attentive presence that listens. 'You welcome, Lord, the wishes of the those who suffer, you strengthen their hearts, you listen to them' (Psalm 9:38). 'Be ready to listen, slow in offering an answer' (Sir 5:11).

Those who suffer need someone who listens to them and gives them an opportunity to speak about their worries and fears, their tribulations and joys, their wishes and hopes, their feelings and failings. They need someone who knows how to read what they say with words and silences, with gestures and looks. They need someone who helps them to discover their resources. I thank the Lord for the gift of knowing how to listen. At times I do this hurriedly, without putting me in the shoes of sick people and without committing myself to the search for solutions. I ask forgiveness from God and them.

A respectful and suitable presence. 'He will not break off a bent reed or put out a flickering lamp' (Is 42:3). Each sick person is unique and unrepeatable. He or she has his or her own responsibilities, his or her own family and social environment, his or her own level of faith, and he or she is traversing different stages in the itinerary of his or her illness. Following the directions of the ritual for the anointing of the sick and pastoral care for the sick which ask a pastor to bear in mind the various levels of Christian faith of the patient in order to always act gradually with discretion and modesty (n. 55), I try to adapt myself to each patient and to respect his or her creed and rhythms.

A presence that accompanies in the search for meaning. 'Jesus himself drew near and walked among them' (Lk 24:15). A sick person questions himself or herself and us about suffering and its purpose. And, as John Paul II wrote, he or she suffers in human terms even more deeply if he or she does not find a satisfactory answer (*Salvificis Doloris*, n. 9). What heals man, says Benedict XVI *Spe Salvi* n. 37, is the capacity to accept tribulation and in it to

mature, to find meaning through union with Christ, who suffered with infinite love. 'Love is also the richest source of the meaning of suffering which always remains a mystery' (*SD*, n 13). Finding the free answer gives peace and generates energy.

I have found that when faced with the mystery of pain the most eloquent approach is one of silence; attentive, respectful and compassionate silence that enters into communion with the pain of the other and shares in it. Words are often inopportune and useless, and at times injurious. Cardinal Bernadin said: 'at times the only thing that I have been able to do for those who suffer is to be present next to them, praying with them, transforming myself into a silent sign of the presence and love of God'.

A Presence that speaks of the heart and bears witness to and shares faith. 'So that I can strengthen the weary' (Is 50:4). 'Comfort my people, comfort them, encourage the people of Jerusalem' (Is 40:1-2). Only words that come from the heart and speak to the hearts of those who suffer comfort, console, animate, guide and direct; they give life and infuse hope. They are words that are conserved and appreciated and never forgotten.

A presence that helps in the adoption of positive attitudes in the face of suffering. 'Jesus saw him lying there...' 'Do you want to get well?...Get up, pick up your mat, and walk' (Jn 5:6,8). Faced with pain and suffering that afflict a person, he or she can adopt positive and fruitful attitudes and behaviour or negative and sterile attitudes and behaviour. The former allow pain to be addressed in a constructive manner. The latter, in contrary fashion, make pain more unbearable and destructive. In the encounter with the sick I try to help them to discern their attitudes and behaviour and cultivate those that are positive.

A presence open to hope and 'Hope'. 'The world will make you suffer, But be brave! I have defeated the world' (Jn 16:33). Being a witness to hope where human frailty opposes the wish

to live is not easy. I know that faith and hope in Christ who died and rose again leads us to believe that suffering does not have the last word, that it can be lived as a salvific experience and as a constant opportunity for love, the only thing that can defeat death itself. As a sick woman once wrote to me, those who celebrate the Easter of the Lord – his death and resurrection – have sufficient reasons for being content and living happily, for taking on suffering with great hope, for knowing how to offer it up with joy, for accepting in a serene way the long nights, and for waiting for each new dawn with optimism. The experience of pain remains only a 'place for passing through' for those who, through the grace of Christ, already experience the fruits of the Resurrection.

For this reason I have tried to regenerate in sick people this faith and this hope which does not defraud and to give them the courage to live and struggle, to face death with serenity.



A happy and joyous presence. 'Don't be sad. The joy that the Lord gives you will make you strong' (Ne 8:10). I have tried to put the advice that a patient gave me into practice: if you need joy/wear your smile/do not increase my tribulation/leave yours at the door. A smile relieves the heart, brings people closer together, transmits peace, generates good thoughts, brings hope and opens up horizons to oppressed or sick people, and offers confidence to those who are afflicted or depressed. For this reason in

my pastoral work I have used music to alleviate suffering, raise spirits, express feelings, relieve tensions and ward off fears.

A presence based on prayer. 'Pray for each other to be healed' (Jm 5:16). Praying is a form of serving, an indispensable instrument for pastoral accompanying, for re-encounter and communion with the God of life. I have prayed for sick people who asked me to do this and with those who wanted this, helping them to transform their journey into a journey with God by means of prayer which at times has been prayer of protest, at other times of thanksgiving, and at yet others of trusting offering up or of supplication and intercession for others. At other times it has been contemplation of mystery or praise or glorification of God.

Every day I thank God for relying on me to transmit His nearness to the sick, to tell them that He loves them unconditionally, that He is protection and shelter where we can obtain refuge, a physician who heals our wounds, a steady rock on which to lean... Every day I ask the Lord to open my eyes so that I know how to recognise His Face and His Presence in every sick person, to open my mind so that I know how to treat every person as unique and unrepeatable, to open my ears so that I know how to welcome with lovingness the confidences and the doubts of sick people, to open my heart so that I can offer hope where there is fear, to inspire me so that I can care for, alleviate and comfort with a smile, some fine words and a gesture of affection, to give me His peace so that I can bring it to those who are troubled and nervous, to give me a merciful heart and make me welcoming and compassionate so that I can transmit His forgiveness and free those who need this and ask for it of their sins, to illuminate me so that I am able to give the right advice, a precise direction, and to give me the humility to recognise that I am not light but the instrument of His light.

A presence celebrated in the sacraments. 'Do this is memory

of me' (Lk 22:19). 'He anointed many sick people with oil and healed them' (Lk 6:13). The celebration of the sacraments has been and is a source and culminating point of my presence amongst the sick. I have celebrated the Eucharist in hospitals, bringing to it the lives of patients. I have brought communion to those who asked for it, in a climate of human presence and prayer, unhurriedly, helping sick people to live their encounter with Jesus as a strong moment in their lives that unites them to him and opens them up to all their brethren. I have celebrated the anointing of the sick and I have noticed with joy that the encounter with Christ, who died and rose again, infuses relief, courage and patience in the struggle for healing, comforts in anxiety and gives peace. In the sacrament of penance I have experienced the joy of showing to the sick the face of a God who waits for us, comes to us, welcomes us and forgives us, renews us and rejoices in bringing us back to life.

What Sick People have Contributed to my Life

My life as a person, as a believer and as a priest would not be as it is without my contact with the sick. To be with them and those who care for them has been a great gift made to me by God and for which I will thank Him for the whole of my life.

The sick give me much more than I give to them. They have helped me *to be realistic* in a world that lives by appearances, inasmuch as they have taught me that we are fragile, limited, mortal...but also that inside ourselves we have a flow of unsuspected energy.

They have taught me to contextualise values and ways of life – which today are given great value – such as efficiency at any cost, the desire for money, power and success, the drive to have and to consume, external beauty.

They have been a constant appeal *to rediscover the fundamental values of the Gospel*, such as the freely-given nature

of existence, living existence as a gift and living it as a donation, the strength of love, travelling without baggage like pilgrims, and strength at moments of trial.

They have showed me that *the most important thing in life is Love*. That whatever happens as regards an illness and our lives, it is possible to maintain the vigour of hope, serene hope and joy as well, that it is possible to fight against illness, to take it on with love and to mature in a human and Christian way.

They have made me see – this was said and demonstrated by John Paul II – that weakness is a creative part of human life and that suffering can be accepted without losing one's dignity.

They have shown to me the gifts that God has given to me and how He uses them for His work of salvation. I would like to end this paper with a poem that a patient wrote when he was leaving a hospital:

A sonnet, clumsily composed,

For those who, without saying so, speak of Heaven,

For those who place their zeal in helping,

For those who, to love, were born anointed...

I received, comforted and moved,

The heartfelt comfort of a brother,

In agreeable and human moments

That were so briefly and fleetingly shared.

May they bear my gratitude for their care,

These winged verses, and in their flight

Goes also my much felt affection.

For those who transform affliction into joy,

For those who are by vocation comfort,

And for the fact of being Aragonese, ennobled.

Rev. RUDESINDO
DELGADO PÉREZ
Spain

Pain and Suffering in the Experience of Medical Doctors

I would like to thank President H.E. Msgr. Zygmunt Zimowski, Secretary H.E. Msgr. José Luis Redrado and the Under-Secretary Msgr. Jean-Marie Mupendawatu for the benevolence that they displayed towards me in inviting me to give this paper as a medical doctor in such a prestigious context, and I would also like to thank all of your Excellences, you monsignors, priests, sisters, professors, doctors, ladies and gentlemen for your patience in hearing what I have to say. The title of this round table conference contemplates the experience of man as such not only as a living being but more precisely as a human person who is capable of expressing the dignity of his or her being through these experiences.

Whether one is dealing with a medical doctor or a patient, for both it is an encounter, perhaps not an expected one, one that is unforeseen, not looked for, but in which there come into play, on the one hand, the trust (of the patient) and, on the other, the conscience (of the medical doctor) which will lead them day after day to know each other, to reflect together, to esteem each other and even to like each other.

I would like here to remember only some of the experiences which have marked my journey as a medical doctor, in very many encounters of sufferings and treatment, during my work as a haematologist.

The first encounter at the beginning of my profession was with a child aged four called Antonio who had been diagnosed as having acute leukaemia: the best patient in the world, obedient, smiling and serene who during removals from his spinal marrow and therapeutic back injections was immobile and did not move half a centimetre, but only if these manoeuvres were performed by his 'friend the doctor', otherwise as many or two or three male nurses could not

keep him still. When he was not playing in his large bed with his mother who was always present at his side for weeks he lay there with a high temperature after taking sedatives because of the pain.

The second encounter was with the parents, both of whom were in their late forties, of a boy of about sixteen, their only child, who also had a grave form of leukaemia. For them their child was their whole life, both past and present, which, alas, had suddenly become hard, difficult and painful for their future, without their greatest love which made going on living worthwhile.

The third encounter was with a young couple, the parents of a child who was also gravely ill and who had to have a spine marrow transplant. There was no donor available; no brother and no sister. One fine day very important news arrived: the mother was expecting another child and he would become a marrow donor for this other sick child of theirs.

The fourth encounter was with a young man aged about thirty who had been examined twenty days before his marriage to his fiancée. After being diagnosed as having cancer of the blood, for the whole period of his stay in hospital, in partial isolation, his gaze was always directed towards the entrance door of his room: he was waiting to meet his woman once again, a spouse that he had not seen since he had entered hospital and had not been reachable.

Or the fear of a kiss between two people because of a possible exchange or mixture of blood infected by leukaemia.

And lastly the eyes and the looks of African brothers when I was in mission for the first time: clean, incredulous and penetrating looks that in finding a face also found the confidence to touch you, even brushing you with their hands, people with half of their craniums gone

or half of their faces gone, with deep wounds that were infected and which they had received in various ways in the forest, with the sole hope that by touching a doctor they could in some way be cured.

During the course of time, since pre-history, when it was thought that such events were linked to evil spirits or hidden forces that entered the body, to our time when through scientifically proven evidence one manages to demonstrate only the great difficulties that exist in separating the two moments, the meaning of the words 'pain' and 'suffering', we have evolved and we have reached in recent years a definition that is shared not only by experts in the field but also by psychologists, philosophers, theologians, anthropologists and researchers. Thus *acute pain* is defined as a sophisticated system involving an alarm bell which, following an afferential input and its elaboration in the higher centres of the brain, causes a series of alterations and the production of biochemical substances (hormones, adrenalin) which in their turn generate emotional states (worry, anxiety, fear) in addition to behavioural states. *Chronic pain* is a biological alteration or imbalance which extends in time and which can cause pain and/or suffering. Hence the definition of *suffering* as a psycho-physical malaise and/or troubled condition provoked by the assiduousness of suffering. From this springs a broader concept at the level of clinical medical intervention that is not only pharmacological and/or surgical. It would be better to speak of a *therapy of suffering* that includes complex treatment applied to the entire psycho-physical sphere.

It is also known that daily contact with suffering often leads health-care workers to tolerance, to becoming increasingly insensitive to a 'cry of pain'

and often unable to perceive the malaise involved, to the point of appearing to be detached and cold, and this is because for many years doctors and nurses are taught not to allow themselves to be overwhelmed by emotions which, whatever the case, come from being in contact with suffering people. The aim of this is to maintain and assure lucidity in their action.

And it is specifically in these circumstances that a health-care worker and a medical doctor in particular must show that they profoundly believe in the vocational choice that they have taken, that of being at the service of suffering people, bearing fully in mind the essence of the person with his or her characteristics: the suffering person is someone before being something, and this constitutes his or her transcendent being. In addition, he or she is capable of reciprocity, that is to say of being in a relationship with other people. Lastly, having received the gift of life, because nobody possesses the ability to decide whether to exist, he or she knows that just as life has been received, so also it asks to be given through love. This triad of transcendence/reciprocity/love represents the person being in his or her becoming what makes him or her unique, true and unrepeatable.

A brief personal reflection of mine begins from a reading of the latest encyclical of the Holy Father Pope Benedict XVI,

Caritas in Veritate. As I said above, pain and suffering are an experience that the human person sooner or later experiences during the time he or she spends on earth, so it is that in the relationship between a medical doctor and a suffering patient the first principle is that of acting and interacting for the good of the patient, of wanting the wellbeing of the patient himself or herself, and thus the propulsive force is charity, but even more in truth since one acts wanting the real wellbeing of the other. Health is a social good that today is increasingly relevant, not only at a cultural and ethical level but also thanks to the development of biotechnology which has led both to medical/clinical achievements that are important and unexpected and to notable costs which the majority of people, of society, cannot afford. It is therefore indispensable that the principle of free giving and giving is applied, otherwise one would go against the good of man himself.

And this is even more the case given that in the field of health and health care nihilism is emerging in various situations, and according to this nihilism one should pursue only that which is technically and economically feasible and not what it is good to do and do for the good of a suffering person. Within the technocratic cultural horizon the being of man is no longer anything because the be-

ing of man is a production of man himself.

As a consequence, emergent questions such as euthanasia, the end of life, the production of organs and tissues, transplants, hibernation and others must constitute moments for the development of man and technology by fostering 'alliance medicine' and placing it at the service of suffering people and by developing 'welcoming medicine' based upon the tandem of truth and love.

Lastly, I would like to imagine that the medical doctor of the third millennium can try to be, thanks to biotechnology, and against every nihilistic negative tendency in those who often administer health care, similar to the figure of the tale of the 'footsteps in the sand': the steps in the sand of the journey of life took the form of four footsteps, but at one point only two were to be seen, and the man turned to the Lord and said: "how is it possible that at one of my most difficult moments you left me on my own?" "My beloved, at that moment I was carrying you in my arms". This is how I would like to see the medical doctor with his or her suffering patient: accompanied throughout the unfolding of his or her illness and suffering, he or she is held at the most painful and troubled moments in the doctor's arms.

Dr ANTONINO BAGNATO
Italy



The Experience of a Nurse in a Cancer Department

I have been a nurse for twenty-four years and I have worked in various departments, for example that of general medicine and surgery. I have spent the last ten years of my life working in the oncology department of the Fatebenefratelli Hospital which is to be found on the Tiberine island.

I would like to tell you about my experience in this oncology department but I do not know if I will manage to explain how much helping people afflicted with tumours has affected my life. It is difficult to express emotions felt over years, days, minutes, seconds...

I have been faced with angry people, disappointed people, embittered people, people in pain, and people with untrusting, aggressive and threatening family relatives. Cancer generates fear in everyone because it transforms, it changes people's lives, it annihilates, it removes every role in the family, in the social world, and in the world of work. It is like a monster that takes possession of the body, of the mind, of the heart, and of the soul.

I began this adventure with the hope of being able to contribute to the healing of these people but as I went down my pathway I realised that the power of life and death that we health-care workers believe we possess is only the illusion of human beings who are frail and frightened of suffering. At that point I thought that I had never given meaning to my work and that my professional responsibility was not only connected with the mere performing of tasks. I had in front of me my fellow men and women who were in need of comfort, who needed to express their pain, who needed to express their crises, above all those of a spiritual character: 'why me, what I have I done wrong to deserve all of this, why has God wanted to punish me like this?' I thought I could have been there in their place and that I could have needed someone who could listen to me, understand

me, and help me on that journey of suffering. But I also understood how much my experience with these people could make me a teacher of life. Through dialogue and listening I realised that death is nothing when compared to what one loses in a life that has been given. Consumerism makes us forget the real value of life, the rising of the sun, the colours of nature, the purity that is in the depths of every human being when one manages to make contact with his or her soul and share in his or her weeping, smiles, hope, wishes and pain. How much time I wasted in useless things, squabbling, misunderstanding, jealousies and false needs!

I remember amongst many people a man who was of an extreme sweetness; even when he did not feel well he was always polite and smiling. At times we also joked about his illness and he was very fond of me. He and his family always searched me out and I was happy to make myself ready to help and to be useful, as was my practice with the other patients. When he died I was very unhappy and I was sorrowful, for his family as well. What struck me the most was the fact that a few months later his son came to visit me while I was working, during the Easter period, with the excuse of wanting to bring me a cake. I understood that he needed to unbutton himself because he was unable to relieve the pain that he felt. I enabled him to weep and to tell me about the last days of his father's life. I embraced him and comforted him and I saw that he went away in better spirits. This happened another two times during the year until finally the pain of the memory of his father went back to being serene love, affection and gratitude for a beloved relative, and thus it was that we said goodbye to each other in a definitive way.

I also remember a boy who was full of life, exuberant, from a wealthy family, but whose parents had separated. He liked to laugh about everything, to

fool around, but he had one great fear. When I observed him I noticed that he was self-absorbed, sad and on his own. With a great deal of patience I managed to make him lose his fear of needles but within him there was still a need to give expression to his pain. One day, when I was alone with him in the blood sample section of our department, I tried to provoke him by making him speak about his family. I do not know what happened but at a certain point a river of words came out of his mouth and from his eyes there flowed a sea of tears. I felt struck by an incredible suffering which more than to his illness was connected to his worries about his parents. I listened to him in respectful silence and with great attention and in the end I said something to him that I am unable to repeat because at moments of such great emotion one should know how to capture the moment and try to understand what can help people. From that day onwards each time that he saw me I gave me large smiles, asked for my advice, and greeted me with warmth and gratitude.

I still remember a woman who I had not seen for a long period of time. One day she came to the hospital for her periodic check-up. I saw her, I called her by her name and I greeted her with affection. She was moved by joy because I had recognised her and above all because I had remembered her name. She told me that she was happy that she had been remembered as a human being and not as a number or an anatomical item.

Certain experiences cannot be forgotten because they are unique and unrepeatable. I have many others that I could tell you about.

A person who does not get better cannot be seen as having been defeated because this is not the real objective of a nurse, even though he or she applies his or her knowledge and training to achieve this end. My work colleagues and I, when we

were faced with a situation that we had not imagined, of people who did not respond to anti-cancer treatment and who were moving towards a progression of their illnesses or even people who arrived and were already in a hopeless condition, went into a state of crisis and understood that we could not abandon them and their families at such difficult moments. We then asked ourselves what was really important for these people. Thanks to the sensitivity and professionalism of our chief consultant, we were already beginning to help cancer patients and their families with support therapies and the involvement of various professional figures as regards the problems and symptoms connected with their illnesses and the consequences of their treatment. What we wanted to do was to assure a better quality of life for them through the teaching of suitable forms of behaviour in order to foster their recovery but above all through the intervention of other workers who could alleviate their pain and malaise in all their forms. I am referring here to physiotherapists, dieticians, social workers, psychologists and spiritual assistants. Subsequently, there was also a doctor of aesthetic medicine. This last professional figure is as important for our patients as the other figures mentioned because cancer and cancer treatment transforms people in a physical sense as well, increasing their malaise, above all in social relationships. Help in improving their physical appearance is at times more effective than medicinal products. But all of this may be seen as being useless when faced with that fear of being abandoned which patients who are no longer responsive to treatment feel, a feeling shared by family relatives, to which should be added the sense of guilt of the health-care workers.

When you manage to break down all the barriers that can obstruct a human relationship you understand that you cannot do without what the other can give you in terms of gratitude, love, respect and trust in response to your readiness to listen, to engage in dialogue, and to provide unconditional and personalised help. In this rela-

tionship the parties interact with each other through exchange, they alternate with each other; both parties give and receive.

In abandoning them we abandon ourselves. It is for this reason that our chief consultant, in agreement with the management of the hospital where I work, in addition to giving us an opportunity to be trained and to keep up to date in order to assure that what these patients and their families need was met as much as possible, also activated a series of initiatives designed to foster protected discharge through home assistance or admission to hospital, according to the needs and the wishes of the patients and their families. The ideal would be for we ourselves to have the possibility of assuring that they have assistance and continuity until the moment of their deaths, and beyond their deaths as well.



I would have many other things to say but I want to dwell above all on the fundamental importance of listening, of dialogue and of team work. The ability to communicate in an effective way with other people is not something that everyone possesses. In this sense a nurse has great responsibilities because not only can he or she provide relief to a patient through active listening that fosters a relationship involving help but he or she can also be a mediator between the patient, the medical doctor and other professional figures, facilitating the creation and the implementation of a more suitable and proportionate programme of treatment and assistance as re-

gards the needs of the patient and his or her family.

The greatest joy we feel is when the patient himself or herself and his or her family provide us with satisfaction by expressing their happiness at having together been able to overcome a problem or a malaise, whatever its nature, even when it is apparently banal. But nothing is banal when you are affected in the first person. If we suffer because of something, we think that nobody else can feel that same suffering. It is specifically for this reason that we must put ourselves in other people's shoes and give their pain the same importance as they do.

I will end my paper by providing some advice to nurses who will have an opportunity to provide care to cancer patients, hoping that it will be useful to them in helping their mission and of use to patients who unfortunately have to address this journey of suffering.

Welcoming during the first meeting is of fundamental importance for a good relationship with the patient and his or her family to be established. One should not be provoked by the aggression or the anger of some people because this is only the outcome of desperation. They need reassurance, trustworthiness, sincere affection and professionalism.

As far as this is possible, when a person is admitted to a ward his or her bed should be allocated to him or her on the basis of criteria connected with where the cancer is, that person's age, his or her emotional state, and at times his or her general state as well. This is because a cancer patient tends to make comparisons with people who have the same kind of cancer, thereby increasing their own depression. At the same time very many show solidarity towards each other, many react in a positive way, and stimulate and increase confidence and hope. The ability of a nurse to observe and then act accordingly, to avoid or foster these dynamics, is very important for the efficacy of the programme of treatment and care.

When patients are subject to a day hospital regime, where chemotherapy and other kinds of treatment are engaged in,

they must also be helped. Many patients make it understood that they want to be near some patients rather than others or ask explicitly for this to be carried out. Most of the time this happens because they do not want to hear references to their illness or because they need to rest or because they want to pray together. One should not think that these are examples of selfish behaviour. Each patient has the right to choose his or her own method of reducing his or her anxiety and fear.



One should never shoulder all the work on one's own. The team is useful in gathering all the information that is needed without interruption, through observation and attentive listening to patients and their families, so that together they can use this information for initiatives involving specific care and treatment for an individual patient which can be modified according to his or her own needs. The team is also needed to dilute emotional involvement which goes beyond the empathy that should normally be experienced in relation to these people but which inevitably leads to suffering in solidarity.

One should never underestimate pain. The so-called placebo is useless and deleterious. At the roots of every wish for death, which has also been expressed to me by people who had a chance to recover from cancer, there was fear of pain of all kinds. Each person perceives pain in an individual way. Physical pain certainly has behind it various features but first and

foremost it should be treated in line with the guidelines of the World Health Organisation on pain-killing treatment and with reference to the patient himself or herself. At the same time one should investigate, with tact and sensitivity, other possible situations, of a social, cultural family, psychological, spiritual and bureaucratic kind, which it is thought could increase physical pain, and thus foster, wherever this is possible, the removal of such malaise.

A cancer nurse must have a chameleon-like capacity in his or her *modus operandi*. He or she must understand when to engage in initiatives involving health-care education and when, instead, he or she must make everything proportionate to the needs and the situations of each individual patient. He or she must stimulate where this is possible but he or she must also respect moments of silence, of lack of appetite, of laziness, of an inability to move autonomously, of prayer and of weeping. He or she must sensitise a patient's family so that it is a stimulus but he or she must also limit it with valid and accurate explanations when that family exaggerates because of the love it feels for their sick member, requesting from their sick member actions which at that moment he or she is not able to engage in. For a cancer patient the normality of eating, of drinking, of walking, of sleeping, of relationships with other people and of physiological functions in general, takes on different connotations: everything is subverted by his or her illness and by the side effects of the anti-cancer treatment that he or she is receiving. Through support treatment and care one tries to re-establish a balance but one should never take one's eye off the patient's fragility.

Of equal importance is sensitising the personnel of the other services in the hospital both to speed up the appointments for the various tests that have to be made and as regards systems of transport and the precautions which should be adopted in moving patients. Waiting increases anxiety and the fear that there will not be enough time to block the illness, but it also cor-

rodes and breaks down the patient's hope that he or she will get better. Sensitising as regards systems of transport means that one must always listen to a patient as regards what he or she needs at that particular moment. Even people who normally manage to walk unaided at times because of their illness and the treatment that they are receiving do not feel well and prefer to be accompanied on a wheelchair or stretchers. Precautions when the patient is moved are of fundamental importance above all for patients who have bone cancer. Preventive pain-killing treatment and/or sedatives and accurate information on being moved and the illness certainly avoid an increase in the pain that is experienced, foster cooperation on the part of patients, and thus also help the test to be carried out in a more effective way. The same may be said of the treatment that is administered.

In carrying out his or her work, a nurse has well established timetables that have to be respected, above all as regards treatment and parameters. It very often happens that a sick person needs to speak, to unbutton himself or herself, and to confide in someone specifically at that moment. When this is possible, my colleagues fill in for me in a solidarity-inspired fashion, performing the tasks to be performed at that moment. At times this is not always feasible but one should never distance oneself from a patient in a brusque way. At that moment he or she needs our presence and is probably telling us things that are important as regards the achievement of a good system of care. One should always explain the difficulties that are involved, assure a readiness to help as soon as possible, and keep one's word. A patient, when he or she recognises sincerity and good will in us, understands, respects and admires our work.

Mrs. CRISTINA LEDDA

Nurse
Fatebenefratelli Hospital,
Tiberine Island, Rome,
Italy

The Meaning of the Suffering of John Paul II for the Church and the World

Introduction

In 1979, the first Secretary of the Polish Communist Party, Edward Gierek, made a decision that would change the world. Gierek agreed to let John Paul II visit Poland.

The recently elected John Paul was a young, healthy, vibrant man in his 50s. Millions of Poles were thrilled; but the Communist establishment was furious. After all, John Paul was a known critic of Communism, as well as a man of great personality. So when the Soviet Premier Brezhnev heard the news, he lambasted Gierek and ordered him to rescind the invitation, saying, "Just tell the pope, who is a wise man, to say publicly that he is ill and can't make the trip."¹

How little did they know John Paul!

In 2002, after years of Parkinson's disease, after two assassination attempts, after several serious health events, at a time when living and breathing and eating and speaking were laborious for him, John Paul's doctors forbade him to travel to Mexico City for the canonization of St. Juan Diego. But after the consultation, John Paul turned to his doctors and said, "I'll see you in Mexico." Infirm as he was, he went.

This was how John Paul was. He understood that sickness was not what mattered most. He understood that, in sickness and in health, what mattered most was the Gospel, and that being present to others, he could be a living witness and true evangelist.

Throughout his life, I found it remarkable how he constantly preached the Gospel using every gift God had given him, whatever his condition might be. He used every means of communicating the Gospel that was at his disposal. He used his gift for writing poetry and plays. He used his baritone

voice and sang. And as life went on, we saw him communicate the Gospel using what he also called "a gift."

That is, we saw him use his own suffering.

The Humility to Suffer

In this, I see that Brezhnev was right about something. John Paul was indeed a "wise man." But John Paul's wisdom was not Brezhnev's wisdom. John Paul's wisdom was not fear of the State, but humility before God.

He had the humility to see that suffering had a power which could only come from a God who is Love.

As Pope Benedict said on Epiphany, the Magi not only had zeal and the humility to see the star of Bethlehem but also to recognize and follow Christ in the surprising form of a defenseless child. Their humility enabled them to see that God's "greatness and power are not expressed in the logic of the world, but in the logic of a defenseless child, whose strength is only that of love entrusted to us."²

It took another type of humility as well: humility before people. Sometimes, people fear such sickness and suffering. Often, people even avoid keeping company with other people because they are afraid of appearing infirm before them. But John Paul suffered boldly before millions. He was willing to have the humility to do this before the world. And in his humility, John Paul II was a witness to suffering like few had seen before.

Through this, John Paul showed exactly what human dignity is all about. People followed his decline of health with interest, especially those attributes affecting human dignity – a decline of autonomy, weakness, inescapable pain, or diminished mobility. In the

world's eyes, someone couldn't possibly lead a meaningful life this way. But this was what John Paul II did. And he accepted his afflictions with humility. In this way, John Paul showed that life can be lived as deeply in a wheelchair as on the ski slopes.



The Gospel of Suffering and the Sign of Contradiction

Of course, it did not begin that way.

At the beginning of his pontificate, John Paul was a Colossus: he was a dynamic person, an actor, a skier. The world soon saw him face to face as he became a world traveler, like no pope before him. Throughout the world, he captured attention and was incredibly influential.

People marveled at just how influential he was, and ascribed it on his personality. Before John Paul's first visit to Poland, the communist regime told teachers in training that "Because he is unusually talented and has a great sense of humor, he is dangerous, since he can charm everybody."³³ Indeed, people constantly spoke of his dynamism, his endearing humor, his athleticism, his artistic creativity – characteristics that were not in themselves exclusively Christian, nor particularly holy. They were simply human.

At the end of his pontificate, these characteristics were subsumed beneath the veil of his illnesses and suffering. And yet even with none of his past vitality, his impact grew. In this way, he was an enigma for the world. He was truly "a sign of contradiction," causing people to still wonder.

What then was his influence? What drew people to him? Why did people place their trust in him, and respect him?

For the world, it's often about sickness, not about the man. But in both states – as a strong healthy man and as an old, frail man – John Paul revealed more about the man – and mankind – than the world expected. He showed that it's not about the sickness. Nor is it even about the man at all. It's about the other man. It's about Christ.

Unity with the Suffering Christ

Thirty years ago, in his encyclical *Redemptor Hominis*, John Paul wrote "through the incarnation, Christ unites himself with every man." In a special way, this is intensified in the Cross: in the Cross, Christ unites himself with all who suffer, which enables us to be united with Christ, who suffered. As he said, "Precisely through this sacrifice, he joined suffering to love once and for all, and in this way redeemed it."³⁴

In an unparalleled way, John Paul testified to this at the end of his life. He became a

worldwide example of what St. Paul wrote: "yet I live, no longer I, but Christ lives in me."³⁵ These words were rooted in John Paul throughout his pontificate—as a man of prayer and finally toward the end of his life through his suffering. During his last Good Friday observance it was clear to all that John Paul was not only holding the cross but he was truly united to it.

Today, suffering is not understood, because the human person is not understood. Yes, of course, medicine and science daily make new discoveries. But the meaning of suffering is often lost, because the human person is seen as a physical being with spiritual desires, not as a physical and spiritual being desired and loved by God.

The fact is, without love, without Christ, suffering cannot make sense. For this reason, suffering is one of the last and perennial questions which immediately propel people to consider whether there is a God, and who this God is. Suffering is a challenge which cannot be answered satisfactorily by atheism and by non-Christian belief systems. Only Christianity reveals the truth that "God so loves each person, that not even suffering sets one apart from him. He suffered for each of us, so that when you suffer, you may suffer with him."

John Paul once said that "without Christ's suffering and death, God's love for humanity would not have been manifested in all its depth and immensity."³⁶ In John Paul's life, we see the same blessing. While John Paul was blessed with long life, we were doubly blessed to see his transformation. Without his long pontificate and suffering, we would not have seen his many faces of humility, of holiness, of dedication. We would not have seen his many faces of Christ: Christ the healer, Christ the preacher, Christ the one spending fellowship with his disciples on a stormy sea, Christ the man of prayer suffering in a Garden, Christ the incapacitated, immobile victim in pain raised high in plain sight of

those watching him below. And just as a resurrected Christ would have been less marvelous without his suffering, so John Paul's holiness achieved greater depth because it preached not only the Gospel of love but the Gospel of suffering wholeheartedly.

The Sick and the Suffering: The New Evangelists

Of course, through Christ, the sufferer not only gains a companion in Christ and suffering gains meaning, but suffering gains a purpose. And perhaps at no moment was John Paul more eloquent about this than at the times when he himself suffered most.

On May 17, 1981, as people gathered in St. Peter's Square at the usual time for the pope's Angelus address, John Paul did not appear on the balcony. Only his voice was heard in a message he had recorded from the Gemelli Hospital, where he was recovering from the bullet wounds from the assassination attempt against his life just four days before. The message was the briefest of his pontificate, and he concluded with these words:

"United to Christ, Priest and Victim, I offer my suffering for the Church and the world. To you, Mary, I say: '*Totus Tuus ego sum.*' ('I am entirely yours.')"³⁷

Not only, then, is suffering a method of growing close to God, but it is a participation in his suffering, and thus a participation in redemption.

The next week, he expounded on this further.

"Suffering, accepted in union with the suffering Christ, has its unparalleled effectiveness in the implementation of the divine plan of salvation. May I repeat with Saint Paul: 'I rejoice in my sufferings for you, and in my flesh I fill up what is lacking in the sufferings of Christ for his body, the Church' (Col 1:24). I invite all the sick to join me in offering to Christ their sufferings for the good of the Church and humanity."³⁸

For him, suffering truly was not simply a hurdle that indi-

viduals could overcome and benefit from personally, but he truly understood and valued suffering which, through Christ, could “unleash love.”

In an Address to the Sick and Disabled in 1989, John Paul II expounded further, and proposed a radical strategy for the new evangelization. He said:

“The evangelizing strength which suffering has cannot be measured. So when I call all the Christian faithful to the great missionary task of carrying out a new evangelization, I have in mind that in the front line will be, as exceptional spreaders of the Gospel, the sick, young sick people.”⁹

In 1994, after John Paul fell and had to have hip surgery, he once again reflected on his suffering in an Angelus Address. He said:

“I meditated on all this and thought it over again during my hospital stay.... I understood that I have to lead Christ’s Church into this third millennium by prayer, by various programs, but I saw that this is not enough: she must be led by suffering, by the attack thirteen years ago and by this new sacrifice. Why now, why this, why in this Year of the Family? Precisely because the family is under attack. The Pope has to be attacked; the Pope has to suffer, so that every family and the world may see that there is... a higher Gospel: the Gospel of suffering, by which the future is prepared, the third millennium of families, of every family and of all families.

[...] I understand that it was important to have this argument before the powerful of this world. Again I must see these powerful of the world and I must speak. What arguments? I have left this matter of suffering.”¹⁰

The crucifixion, it can be said, is the wedding of Christ and the Church. And for the Church throughout the world, for every suffering is an invitation to love. For the Church, engaging suffering then becomes a renewal of the Church’s marriage vows to Christ, an opportunity to recommit ourselves. In the

words of John Paul: “Suffering man belongs to us.”

Mary and Suffering

This ecclesial dimension of suffering brings us to another dimension of suffering close to John Paul’s heart: the Marian dimension of suffering. As he said in one Angelus address, “The first and foremost to be associated with Jesus in this mystery of suffering and love is his Mother Mary.”¹¹

On Calvary, Mary was unable to remove his physical suffering, but she was able to

sickness or any other sickness... Am I not here, I who have the honor to be your mother? Are you not in my shadow and under my protection? Am I not the source of your joy?”

These words capture what was true in John Paul’s own life. Just as Mary had stayed with Christ on Calvary, so Mary was always close to John Paul in his suffering. And at the time of his assassination attempt, the world caught a glimpse at exactly how much. There is the connection to Our Lady of Fatima, in that he was shot on her feast day, fulfilling



change it. She stayed with him, she looked at him, and she listened to what he had to say. She also heard him suffer from feeling abandoned by God the Father, and undoubtedly she prayed to the Father as well. John Paul was deeply aware of how this role, her Motherhood beside the Cross, was also given to all Christians when Christ entrusted Mary to John at the foot of the Cross.

This was, in part, why John Paul’s visit to Mexico in 2002 was so important. He came to canonize someone who had heard from the lips of Mary the reason why we can face suffering and say even then “Do not be afraid.” When St. Juan Diego’s uncle was sick, Our Lady of Guadalupe came to St. Juan Diego, and said, “Listen, put it into your heart, ...that what frightened you... is nothing: ...Do not fear this

the third message of Fatima. And as he was shot, he saw Mary with him. Today, if we need a reminder of this, we can stand in St. Peter’s Square facing the Basilica and look up to the right. You will see the mosaic of Our Lady, which he had placed there after his assassination attempt, so that all might look up and see the woman who had come to him, to save him, in his most dangerous moment.

In this, Mary expressed personally what Pope Benedict, as Cardinal, described as three aspects of how love is expressed in how we live out our humanity. Being human, we are created in God’s image in that we are a being from someone, a being for someone, and a being with someone. To live our humanity fully requires a total gift of self.

The Compassion of John Paul II

John Paul II understood that suffering is a time for closeness with those who suffer. In Lent of 1969, when Cardinal Wojtyła made his canonical visitation to the Corpus Christi Parish in Krakow, he desired to visit the sick of the parish who were in private homes. We have a beautiful account of his visits from Sr. Irena Odoy, who was the parish's caretaker of the sick. She recounts:



"His Eminence the Cardinal planned two days of visits... We went by car from house to house, street by street. The Cardinal was alone, without his chaplain, with only his driver. We visited all the houses whose addresses I knew; many were humble, neglected, some not prepared for such a visit; we went into courtyards, basement apartments, upper stories, garrets, wherever there were sick people who were bedridden or otherwise unable to leave their homes.

The Cardinal would sit very close to the bed of each sick person and talked to them with paternal kindness. The sick, I noticed, were not flustered; they spoke freely of things which were close to their hearts. The Cardinal carefully listened to everything, sometimes wrote down an address, asked questions, kissed them on the head or the forehead, blessed them and asked for their prayers for the intention of the Church. One sick

woman asked with great simplicity for intervention in arranging summer convalescence outside of the city. [...] Thanks to his intervention, the sick woman spent a vacation at a convent near the mountains."

Sr. Irena then recounts one particularly difficult visit to the house of a 42-year-old woman who had had an operation for a brain tumor and was so weak that she couldn't sit up.

"The Cardinal leaned over her bed and with great compassion listened as she told him of her suffering. The situation was very grim. Her husband was an addicted alcoholic, her younger daughter mentally retarded and crippled by polio. Throughout her married life, and even now, she said, she often had to run away from her husband with her children and mother, afraid for their lives. She also talked about her brain operation. The Cardinal was extremely concerned and moved by the suffering and the situation of this woman. I noticed that his brow was covered with beads of sweat and his veins bulged. With his hand he wiped the tears from her face, and kissed her several times on the forehead. He also spoke with the crippled daughter. [...]

Every person was important to him, for everyone he had a kind word or some gesture of compassion."¹²

For John Paul II this gift of self was not an abstraction; nor was it only possible for clergy. Young Karol Wojtyła saw it in his own brother Edmund, a dedicated doctor, who gave his life attending patients during a scarlet fever epidemic when many doctors were afraid to administer. It is also seen in ten-year-old Karol Wojtyła visiting his physician brother working at the hospital, and entertaining patients with little plays.¹³ Indeed, throughout his life, he lived this extreme love, loving others "in our human condition, with our weaknesses and our needs."¹⁴

Conclusion

At the last Angelus address delivered before he died, John

Paul was so weak he could not deliver it himself, but entreated Archbishop Sandri to read it for him. In this address, John Paul wrote these words: "joy united to the Cross, which in itself sums up the Christian mystery."¹⁵ Looking back at his life, I believe we can say that joy united to the Cross summed up the mystery of his holiness.

Certainly, all people will wish to claim John Paul as their patron saint. Dramatists, parish priests, workers – the list is endless. But when you look at the end of his life, you see how clearly, how courageously, how unequivocally he lived through his suffering. Because of the dignity of human suffering shown through him, we know that he will always be especially, even first and foremost, the patron of the suffering – a group which will at some point include every one of us.

Dr. CARL A. ANDERSON
Supreme Knight,
Knights of Columbus,
U.S.A.

Notes

¹ From JANUSZ ROLICKI, *Edward Gierek: przerwana dekada*. Quoted in John Koehler, *Spies in the Vatican*, pg. 65.

² BENEDICT XVI, Homily for Epiphany, January 7, 2010. <http://www.zenit.org/article-27979?l=english>

³ Quoted in JAN JÓZEF LIPSKI, *KÖR: A History of the Worker's' Defense Committee in Poland, 1976-1981*. pg. 334.

⁴ JOHN PAUL II, Angelus Address, February 8, 1998. §2.

⁵ Galatians 2:20.

⁶ JOHN PAUL II, General Audience, October 19, 1988.

⁷ JOHN PAUL II, Angelus Address, May 17, 1981.

⁸ JOHN PAUL II, Angelus Address, May 23, 1981.

⁹ JOHN PAUL II, Address to Sick and Disabled, Fourth World Youth Day, August 19, 1989. §3.

¹⁰ John Paul II, Angelus Address, May 29, 1994. Quoted in George Weigel, *Witness to Hope*,

¹¹ http://www.vatican.va/holy_father/john_paul_ii/angelus/1998/documents/hf_jp-ii_ang_08021998_en.html

¹² Quoted in Adam Boniecki, *The Making of the Pope of the Millennium*, p. 355.

¹³ ADAM BONIECKI, *The Making of the Pope of the Millennium*, pp. 46-47.

¹⁴ JOHN PAUL II, Address at a Meeting with the Faithful, Mission Dolores Basilica, San Francisco. September 17, 1987.

¹⁵ JOHN PAUL II, from his last Angelus address while he lived, delivered by Archbishop Leonardo Sandri to the youth gathered there.

Do Pain and Suffering have a Meaning for Contemporary Man?

In the Cone of the Light

The people of Revelation, that is to say the people that lives in the cone of light of the manifestation of God in history, can address pain and death in a serene way. 'O God...you know how troubled I am; you have kept a record of my tears. Aren't they listed in your book?' (Psalm 56). This people well knows the experience of pain, in its most dramatic forms as well. It can come to exclaim: 'Because I have been foolish, my sores stink and rot. I am bowed down, I am crushed; I mourn all day long. I am burning with fever and I am near to death. I am worn out and utterly crushed; my heart is troubled and I grown with pain' (Psalm 38).

But a certainty shines out in the darkness and this is the certainty that everything is in the hands of God who watches like a Father over the journey of His creatures. For this reason, amidst pain, a believer can pray in the following way: 'But I trust in you, O Lord; and you, O Lord my God, will answer me' (Psalm 38).

But those who are outside the cone of light of Revelation find no meaning in pain and death – and this is the most dramatic form of poverty.

The Conspiracy of Silence

Suffering and death are two sisters that call to each other and hold each other's hand: death, for that matter, is nothing else but the summit and the consummation of suffering. For this reason I will concentrate my paper on the attitude of contemporary man to death.

Pierre Chaunu, a famous historian at the university of Paris, observed not without a certain irony: 'A curious adventure befell us: we had forgotten that we were bound to

die! This is what historians will conclude after examining the set of sources written during our epoch. An examination of about a hundred-thousand books that are essays that have been published over the last twenty years (from 1960 to 1980) will demonstrate that only two hundred (a percentage, therefore, of 0.2%) addressed the question of death – including books on medicine'.¹

This fact seems incredible. And it generates in us a wish to look for an explanation: why so much silence about the question of death? Why does so much fear circle death which is an ineluctable step for every person that is born? And, as a consequence, why so much fear about illness and suffering?

St. Augustine observed: 'When a man is born very many hypotheses are advanced: perhaps he will be handsome, perhaps he will be ugly; perhaps he will be rich,

wrong! The Argentine writer Jorge Luis Borges rightly said: 'Death is a practice that everyone sooner or later has to respect'. And the Franco-Rumanian essayist Emil Cioran echoed this, adding: 'Death is what life has so far invented that is most solid and most certain'...and it is implacably the same for everyone!

At this point we cannot but be in agreement with what Carl Gustav Jung, one of the fathers of psychoanalysis, often repeated: 'A man who does not ask himself about the problem of death (and also of pain) and does not perceive its drama urgently needs treatment'. These are the words of a doctor!

Why, Then, so much Silence about Death?

The answer is very easy. Here it is: death dismantles the false vision of life that took



perhaps he will be poor; perhaps he will live for a long time, perhaps not! But of nobody is it said: perhaps he will die or perhaps he will not die. This is the only absolutely certain thing about life'.

Try to demonstrate that he is

possession of the men of the twentieth century! Let us try to have a good understanding of how things came to this.

For some time a materialist vision of man has been spreading. Man, to employ a bitter thought of Jean-Paul Sartre, 'is

born for no reason, survives out of weakness, and dies by chance'. Or, to use a disconsolate thought of Jean Rostand, 'man is a ridiculous atom, lost in the cosmos, he is insignificant and without a purpose'.²

Today, this idea of human life is very widespread and we can encounter it, almost in the form of a sentence, on the mouth of the famous contemporary journalist, Eugenio Scalfari, who stated: 'I do not believe that the role of the species to which I belong is superior to that of bees or ants or sparrows'. This is a tragic statement which, if taken literally, justifies any attack on man: indeed, if man is worth the same as a bee, why can I not with tranquillity kill him when he stings me? If man is worth the same as an ant, why can I not crush him when he irritates me? If man is worth the same as a sparrow, why can I not hunt him, if this entertains me?

In contemporary thought the de-qualification of man is constant. And often we do not realise that it is specifically an erroneous vision of man which in recent times has brought about falls into violence in the forms of genocide, concentration camps and the gulag: authentic disgraces of history which begin, however, with authentic disgraces in terms of thought about the identity of man.

The poet Giorgio Caproni, in his poem '*Cianfroga*', which is contained in the collection *Il franco cacciatore* (1982) expresses himself in the following way: 'A great deal is said, it is also said that death is a passing over. Certainly: from blood to stone'.

Do you not shudder in the face of these statements? If this is man, everything is licit and everything is possible, and above all nothing has meaning.

Abraham Heschel, a great spiritual man of the twentieth century, wrote in his famous book: 'Every generation possess the definition of man that it deserves. However it seems to me that we of our generation have met a worse fate than we deserved'.

In pre-Nazi Germany the

following statement about man was often cited: 'The human body contains a quantity of fat that is sufficient to produce seven pieces of soap, enough iron to produce a medium-sized nail, a quantity of phosphorus sufficient to produce two-thousand match heads, enough sulphur to free a person from fleas'. As a description of one of the many aspects of the nature of man this definition or ones similar to it may be exact. But when we seek to express the essential meaning



of man, they help to gradually liquidate man's ability to understand himself. And this liquidation can lead to the self-extinction of man'.³

For that matter two contemporary scientists, the discoverers of the helix form of DNA, came to tragic conclusions which go well beyond the thought and the practice of Adolf Hitler: and I am not exaggerating! Francis Crick, one of these two scientists, declared: 'No newborn child should be recognised as being human before passing a certain number of tests concerning his genetic inheritance. If he does not pass these tests, he loses his right to life'.⁴ An incredible statement! Jim Watson was at the same level and came to say: 'I often hear human rights talked about, but I do not see why man should have special rights. If man has rights, why does a little mouse, a butterfly

or a chicken have rights? If man has rights, these are connected with his power'. How could man be reduced so badly, removing from him all dignity and meaning?

Everything depends on materialism which forms a shared matrix with contemporary Marxist and capitalist cultures, both of which are propagated by the mass media and lamely absorbed by a very large number of people.

Let us open our eyes! And let us open the eyes of young

people, who like moths flutter around the false lights of modernity and fall into them, dying ingloriously and lamely.

Karl Marx's Thought on Death

Vittorio Messori observed: 'Not many people have read the over ten thousand printed works that make up the total corpus of Karl Marx. Those who have read them can testify that in those thousands of lines three – only three! – are on death'.⁵ And they are three insignificant lines. In an insertion in his economic-philosophical manuscripts of 1844, indeed, Karl Marx observes: 'Death appears as a severe victory of the species over the individual. A specific individual, however, is nothing else but a generically determined being and as such is immortal'.

What do these words mean? Perhaps they mean that an individual man dies but the species is immortal: and thus the problem of death – for Karl Marx – does not exist.

However I ask myself: is it honest to address and solve the problem of death in this way? Joseph Gevaert, a contemporary Flemish philosopher, has rightly observed: 'In all the classics of Marxism one finds the same neglect and the same embarrassment about the problem of death, to such an extent as to make one think that this is not at all something forgotten about but a necessity imposed by the logic of a system that cannot bear being confronted with a question that is insoluble for it'.

This fact is truly grave and to the point that Edgard Morin, after abandoning Marxism, gave the following reason: 'Marxism, my dear friend, has studied economics, the market, social laws. Marxism is wonderful. It is a pity only that it has forgotten to study man!'

Man, indeed, does not live by bread alone: man needs to understand why he eats bread, why he lives and...why he dies. If he abandons this he abandons humanity.

Indro Montanelli, a short time before dying, confided the following to his friend Father Piero Gheddo: 'If I have to close my eyes without knowing where I come from and where I am going, is it worthwhile opening them?' The observation is precise and is flawless: indeed, if death has no meaning, then not even life has meaning and we are condemned to live in the absurd. For this reason, man tirelessly searches for the meaning of life and death and does not resign himself in the face of the banal, hurried and dishonest answers that are to be found in circulation. 'For the whole of my life', confided in the last years of his life the poet Eugenio Montale, 'I have hit my head against a wall, trying to discover that there is, if there is, something on the other side of the wall, convinced that life must have a meaning that escapes us'. Giuseppe Ungaretti described his state of mind in

front of death with the following lucid words: 'One is like leaves on trees in autumn'

But if man is as frail as an autumn leaf hanging on the plant of life, it is clear that he cannot avoid crucial questions: why am I here? Why am I alive? Why do I suffer? Why must I die? What meaning does this rapid adventure of years have? And we are not deceived by the so-called 'triumphs' of medicine. Little has changed since twenty-five centuries ago when the Psalmist of the Bible exclaimed: 'Seventy years is all we have – eighty years if we are strong...life is soon over, and we are gone' (Psalm 90).

The statistics punctually tell us that we can count in all on about twenty-five thousand days: a few thousand more for the stronger. It is right, therefore, to pose the question: what meaning does this bunch of days that is made available to us have? Is it possible that behind the gift of life there is no project and no purpose?

It is evident that we cannot accept the solution of nihilism, that is to say the solution of those who think that man comes from nothing and returns to nothing. Ernest Hemingway, a brilliant narrator but a very bad thinker, expressed this disconcerting vision of life when he wrote the prayer of the nihilist which reads as follows: 'Our nothing who is in nothing, nothing is your name, nothing is your kingdom, may your will be nothing, in nothing as in nothing. Give us today our daily nothing. Hail nothing, full of nothing, may nothing be with you'. Do you know the outcome of this absurd prayer? Ernest Hemingway killed himself with his own shotgun in 1961: it is clear that this cannot be the solution to the meaning of human life.

Consumerism Consumes the Meaning of Life

The monthly glossy magazine *Playboy* (which means literally 'the boy who plays') spread everywhere from Chicago. This magazine is a

symbol of America and the prosperous world, within which we are called to bear witness to our faith...without fear and without inferiority complexes. Well, listen to what is inside the magazine *Playboy*. Hugh Hefner, the legendary founder of this magazine, imposed a 'style book' on the large number of foreign issues. The first rule is the following 'In *Playboy* it is prohibited to talk about children, prisons, misfortunes, old people and illnesses. But above all it is rigorously forbidden to talk about death'.

Why? Why do illness and death dismantle the whole of the speculative and commercial game on which the lies of this magazine are based: death restores seriousness to sexuality and seriousness to life. But the civilisation of consumerism does not want people who are able to think (if a large number of people thought, they would rebel against the role of factory chickens which are destined to peck in order to consume more): the civilisation of consumerism only wants consumers, mouths that eat, bodies that look for sensations but do not look for any sense, any meaning, to their lives.

Konrad Lorenz, the Noble prize winner and a specialist in the study of animals, had the faithfulness to declare: 'The spreading need for noise can be explained solely by the need to suffocate something'. This is very true! In reality, those who are not blinded by television slogans feel pity for modern young people who when leaving their rooms with stereos at full blast put on their headphones and isolate themselves from the surrounding world and above all isolate themselves from an ability to think, which, indeed, remains unused within them. The accurate words of Georges Bernanos come to mind: 'Many people, when they die, realise that they have a soul which is like a new handkerchief, folded and never used'.

A few years ago I accompanied a group of young people to Trappist nuns in Vitorchiano to spend a few days in silence:

working in the fields, in prayer and personal and shared reflection. I had told these young people that this detachment was necessary so that they could free themselves from the poison of the banalities and lies that they breathed in every day. All of them willingly agreed to the proposal and when the stay was over they were very happy that they had rediscovered the ability to think and to decide. One of those young people, a little time afterwards, entered a seminary and today he is an excellent priest. Only one thing troubled everyone. During the second night, in the most complete silence, we suddenly heard a searing cry. I immediately ran to the room where the cry for help had come from and found a very troubled young man who said to me: "No, I do not want to be alone! I am afraid of silence, I am afraid of looking at myself, I am afraid of myself!"

He was the most troubled of the group and unfortunately he did not have the courage to look at the truth of his situation in the face: he returned home and dramatically put an end to his life through drugs which for some time had been the companion of his inability to live. At his funeral a companion of misfortune of his came up to me and said: "All in all, is living like that not a good thing? He had a good time as he had wanted to...and he died having a good time!" I took the liberty only of replying: "But in your view was that life?"

Yes: according to the mentality of consumer society that is life: he who spends a great deal lives, he who makes money goes round lives, he who has a good time and then disappears to make room for another – who will do the same – lives. This is the logic of consumer society.

Malcolm Muggeridge, an English journalist who converted to Catholicism after watching the disturbing sight of dying people being helped by the charity of Mother Teresa of Calcutta, said one day: "It is true that during my lifetime our understanding of the

universe and improvements in our material conditions have undergone greater advances than in the whole of previous history. But this does not exalt me at all. The atom, indeed, has been split, the universe has been penetrated by spaceships, incomes have increased tenfold compared to the time of Queen Victoria. But none of these much talked about advances have any connection with the question which, as a man looking for a meaning to life, most interests me. And the question is this: what is the meaning of my little and transitory stay down here? To advance the average age from thirty-five to seventy years – thanks to antibiotics and the disappearance of infant mortality – does not change anything, it merely shifts the problem a little into the future. Indeed, it expands it by giving us more time to think about it". This is honesty that is worthy of a true man!

Nostalgia for a Meaning to Life, Suffering and Death is Emerging

F. Nietzsche (1844-1900), a disturbing philosopher and a singular witness to the drama of modern Western culture, in his 'The Gay Science', at fragment 108, declares: 'God is death: but given the nature of men there will be for millennia caves in which his shadow will be seen. And we must also defeat his shadow'.⁶ However Nietzsche, in fragment 125 of 'The Gay Science' provides us with a suffered page in which atheism is not presented as a conquest but as a very great drama. He writes: 'You have heard about that mad man who lit a lantern in the full light of morning, ran to the market and started to cry out unceasingly: "I am looking for God! I am looking for God!" And because precisely in that place there were gathered many of those who did not believe in God, he provoked great mirth. "Is God perhaps lost?", said one. "Is he lost like a child?", said another. "Or is he well hidden? Is he afraid of us? Has he set sail on a ship. Has he

emigrated?" They shouted and laughed amidst great confusion. The mad man jumped amidst them and fixed his gaze on them: "Where has God gone?", he shouted, "I want to tell you! It was we who killed him: you and me! All of us are his murderers! But how could we do that? How could we empty the sea by drinking it to the last drop? Who will give us a sponge by which to cancel the whole of the horizon? What have we ever done to loosen this earth from the chain of its sun? Where is he who moves things now? Where is he who moves us? Far from all the lonely? Is this not our eternal falling? And backwards, sideways, forwards, in all directions? Is there still an above and a below. Are we not perhaps wandering through an infinite nothing? Does empty space not breathe upon us? Has it not become cold? Does not night come; ever more night? Do we not have to light lanterns in the morning?"

These are burning and wounding questions which I myself connect with intimate suffering. However we must know that this drama exists: the drama of a culture that has rejected God and has not repented of this rejection but which perceives a lacerating feeling of 'emptiness'.

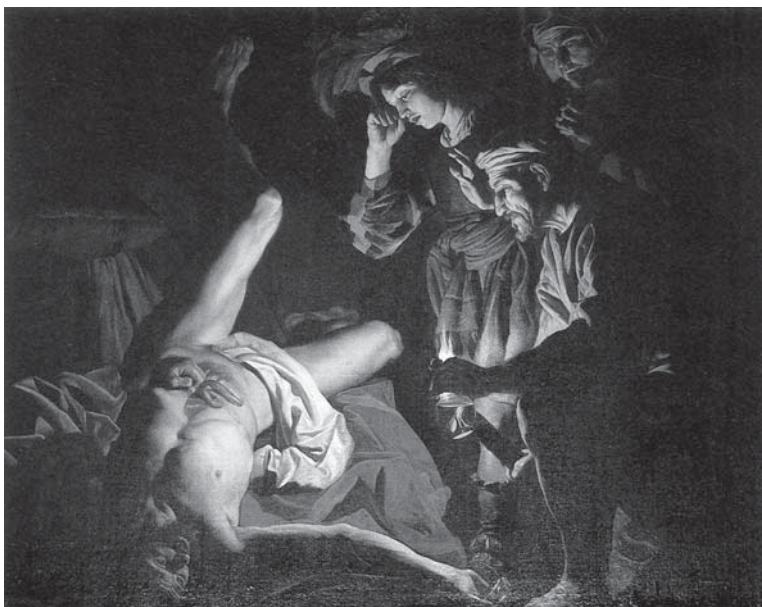
And nothing in this world can correspond in an adequate way to the *void* that is present in the heart of man. Post-modern man begins to realise this: so many signals proclaim it clearly and we must be attentive to these invocations, which are perhaps unconscious, of salvation.

I will give you a number of testimonies in which one can clearly perceive an all-consuming desire for the light of Faith in order to give a meaning to living, to suffering and to dying.

In 1970 a young man who was gravely ill with tuberculosis wrote in the journal *Epoca* to the journalist Augusto Guerriero, known to everyone by his pseudonym Ricciardetto. This young man, attracted by the solidity of the answers of Ricciardetto, confided in him

with anxiety: 'If I had the comfort of faith', were his real words, 'I could take refuge in it and in it I would find the necessary resignation. But, unfortunately, I lost my faith a long time ago. For this reason I do not have that security which allows others to move

the journalist replied as follows: 'You are right to rebuke me. I have vowed so many times no longer to write about religion specifically because of the observations that you make. But then I lapse. A lack of faith, indeed, is not like a lack of any other moral or ma-



forward (towards death) in a serene way. And it is for this reason that I am writing to you. I admire your serenity and I envy you it. I am certain that a letter from you would offer me relief'.

Ricciardetto, who continued to declare that he was a non-believer, answered with disarming sincerity and honesty: 'How could a letter from me be of use to you? I only write about politics and what use to you would it be if I wrote about politics? One should speak to you about *other things*, and I never write on these *other things*, I do not think about them and indeed so as not to think about them I write about politics and events, which, basically, I care nothing about. Thus I manage to forget about myself and my misery. And this is the question: finding a way of forgetting about oneself and one's own misery'.⁷

And on another occasion Ricciardetto became even more sincere. Asked by a girl who rebuked him because his answers had placed the simply religiosity of a sailor, who was her fiancée, in a state of crisis,

terial possession. For me it is a drama, an intimate and painful drama, which afflicted me on the eve of death, when the soul no longer has the strength to recover and to engage in renewal. Do you know that at times when I think about this I am moved? Yes, really, I am moved and I cry because of myself and my misery. But how many people [and this is a challenge addressed directly to us!], how many of those who preach Faith, how many of them, feel Faith as I feel lack of Faith?⁸

In order to be even more convinced, let us dwell for a short while on another interesting testimony – that of the writer and film director Pier Paolo Pasolini who died tragically on the night of 1-2 November 1975. A few days before his death he declared to the journalist Furio Colombo: 'Ours is an era when young people, who are at one and the same time presumptuous and frustrated because of the stupidity and at the same time the unobtainable character of the models that are offered to them by television, tend in an unstoppable way to be aggressive

to the point of delinquency or passive to the point of unhappiness'. This is a diagnosis that is striking and which, unknowingly, evokes a higher meaning to life. Pasolini added: 'Today one receives a shared, obligatory and erroneous education which leads all of us into the arena of *having* everything at all cost. In this arena we are pushed forward like a strange and dark army where someone has the canons and someone the clubs: everyone, however, is ready to embark on massacre. So as to have. The education that has been received is: have, possess, destroy'. And venturing a sort of secular prophecy he declared: 'I descend into hell. But be careful: hell is coming up for you. Its need to hit, to attack, to kill, is strong and generalised. The private and risky experience of those who have (so to speak?) chosen a violent life will not remain for very much time' (*Tuttolibri*, 8 November 1975). In these words there is a great deal of bitterness and a great deal of sadness: the sadness of one who sees the need for a light that illuminates life but who in the meanwhile allows himself to fall into an experience of life which in the ultimate analysis he detests. This is also a sign: it is a cry of suffering; it is a call for help; it is, in its own way, nostalgia...for God.

Mario Soldati, a contemporary writer, confessed with rare lucidity: 'What is completely wrong with the world today, is exactly this: the world suffers because it has lost religion. And almost all of poetry today is in one way or another a lament for lost religion'. Paul Ricoeur added: 'The desperation of today's world, what men do not have is justice, is love. But what is most lacking is a capacity to give a meaning to one's own existence'. For that matter we should not forget that the famous psychotherapist Victor E. Frankl in 1977 wrote an essay entitled 'The Suffering of a Life without Meaning'.

And Norberto Bobbio, who always declared that he was an atheist, in the review *Micromega* in 2000 wrote: 'We

are surrounded by mystery. I feel that I am coming to the end of my life without having found an answer to the ultimate question. My intelligence is humiliated. And I accept this humiliation'. But this humiliation is not yet humility! And it is specifically for this reason that the conclusion of Bobbio is truly strange: 'I accept this humiliation. And I do not try to escape it through faith'. I do not want to express judgments on this statement. What I really wish to do is to emphasise that in these words one perceives a feeling of the defeat of human reason detached from faith in God.



Giuseppe Prezzolini, before Norberto Bobbio, at the end of his long life declared: 'Here I am alone, hopeless, without truth, without support, without any voice that says to me: where am I? Where am I going? Where do I come from? I do not know who to ask. What I find today in myself is that nothing is important, nothing has meaning, there is no mystery in the world. This is the dramatic truth: things are what they really are and their lack of value is frightening'. These words are the declaration of

defeat. One thing, however, should be very clear: we must not read the signs of the defeat of post-modern man with the arrogant air of those who know they are right, but with the humility of those who have received unworthily the gift of the Light; and we must hold the Light up high because it has been given to us not as a privilege but as a pledge to light up the pathway of all men.

The Witness of Christians Amidst Pain

The enchanting story of Benedetta Bianchi Porro (1936-1964) bears witness to how faith in Jesus transforms an experience of pain: faith, indeed, throws a ray of light that gives meaning to human pain through the pain of Christ and through the victory of Christ over pain and over death. Let us allow the life of Benedetta Bianchi Porro to speak for itself. Struck by a terrible malady, she slowly saw all the branches of her young life fall: her soul remained closed within a body that was losing its ability to hear, to walk, to smell, to taste and, in the end, even to see. In this abyss of pain Benedetta met Jesus and the pain of Benedetta was fused with the pain of Jesus and became a 'setting' in which to live hope and above all charity. In the summer of 1963 she sent a letter to a young man of Pontedera named Natalino which is an authentic page of the highest spirituality. Natalino was handicapped and despised himself and wanted to take his own life. Benedetta, informed by her mother about the desperation of Natalino, decided to write to him. We can imagine Benedetta on her bed: she is already deaf and blind but she tries to speak. Her mother is at her side and writes for her: 'Dear Natalino, a letter of yours was published in *Epoca*. Through my hands, mummy read it to me. I am deaf and blind and so for me things are becoming rather difficult. Like you, I am twenty-six-years old and I have been ill for a long

time. An illness atrophied me when I was about to crown my long years of study: I was taking a degree in medicine in Milan. For some time I noticed a deafness which at the beginning the doctors did not believe existed. And I went on like that, not believed and immersed in my studies which I loved desperately. I was seventeen years old when I enrolled at university. Then this malady completely stopped me when I had almost finished my studies: I was at the last exam. And my near degree was of use to me solely to diagnose myself because nobody had yet (up to that time) understood what was wrong with me. Until three months ago I could still see; now it is night. But in my tribulation I am not without hope. I know that at the end of the road Jesus is waiting for me. First on the armchair, now on the bed, which is my dwelling, I have found a wisdom greater than that of men. I found that God exists and that He is love, faithfulness, joy, certainty, until the end of time. In a little while I will be only a name; but my spirit will live, here amongst my parents, amongst those who suffer, and I will not have suffered in vain. And you, Natalino, do not feel alone. Never. Proceed serenely along your journey of time and you will receive light, truth: the pathway on which justice really exists, but not the justice of men but the justice that God alone can give. My days are not easy; they are hard, but sweet, because Jesus is with me, with my suffering, and he gives gentleness in my loneliness and light in my darkness. He smiles at me and accepts my cooperation with him. Bye, Natalino, life is short, it goes by quickly. Everything is a very brief walk, dangerous for those who want to enjoy themselves without brakes, but safe for those who cooperate with him to reach the Homeland. I embrace you. Your sister in Christ, Benedetta'.

Natalino answered Benedetta and an epistolary friendship was born between two souls who on earth never saw each other. Natalino was infected by the peace of Benedetta and at

the end wrote to her: 'Dear Benedetta, I have not moved from my bed for ten years, but my morale is good, I swear to you, even when I am bad. We must not be displeased if we see that roses have thorns. Instead we should be comforted in seeing that thorns have roses'. What a change!

And to her friend Anna, to whom she had sent letters full of desperation in 1953, ten years later Benedetta confided the secret of her joy: 'Dear Anna, thank you very much for your postcard and for remembering me. I have not forgotten about you and I am always very affectionate towards you. However I have changed a great deal. God is now with me and I am well. How well I am! "You have marked me with the fire of Your love", reads a

prayer. I live in a silent desert but with the light of prayer. For that matter the bell will soon ring and he will finally come to me. We are the 'earth' that hopes beneath the snow because 'all things are where they should be and go where they should go: to a place assigned by a wisdom that is not ours'. And if for a second I am fearful, I say with the disciples: "Stay with me, Lord, because night is coming on!"

By now Benedetta has met Jesus. Where? In pain! Because this is the wonderful news that Benedetta shouts out with all her incredible story: God dwells in pain as well and thus pain is no longer pain, it is no longer a cause of desperation, it is no longer without meaning.

And our wonderful mission

as Christians involves shouting out this truth through the witness of our lives.

H. Em. Cardinal
ANGELO COMASTRI
*Vicar General of His Holiness for
the Vatican City.*

Notes

¹ VITTORIO MESSORI, *Scommessa sulla morte* (SFI, Turin, 1982), p.11.

² JEAN ROSTAND, *L'Homme* (MRF, Paris, 1962), p. 175.

³ A. HESCHEL, *Chi è l'uomo?* (Rusconi, Milan, 1971), pp. 45-47.

⁴ J-C. GUILLEBAUD, *le principe d'humanité* (Senil, Paris, 2001), p. 251.

⁵ V. MESSORI, *op.cit.* p. 25.

⁶ F. NIETZSCHE, *la gaia scienza* (Rizzoli, Milan, 2000), p. 191.

⁷ G. LENTINI, *12 ITINERARI* (Ed. Carroccio, Vigodarzere (PD), 1981), pp. 93-94.

⁸ *Ibid.*, p. 97.



Commemoration of the Motu Proprio '*Dolentium Hominum*' of John Paul II which Created the Pontifical Commission for Pastoral Assistance to Health Care Workers

10 FEBRUARY 2010

1. After the rich and very interesting day, yesterday, which reopened for us the inexhaustible treasures of the memorable apostolic letter *Salvifici Doloris* on the Christian meaning of human suffering, we will now proceed with this daily meeting of ours by solemnly remembering another document of fundamental importance for our dicastery, that is to say the Motu Proprio *Dolentium Hominum* by which on 11 February 1985 the Venerable John Paul II created the Pontifical Commission for Pastoral Assistance to Health Care Workers, a body which later became a Pontifical Council.



2. The creation of the dicastery for pastoral assistance to health care workers was the outcome of innumerable efforts and initiatives, of robust requests and movements in the world of health care and pastoral service which approached the Second Vatican Council with the aim of integrating in an overall way the spiritual ministry of hospital and health-care structures with

pastoral care as a whole as an integral part of the mission of the Church (*Dolentium Hominum*, n. 1). This need became increasingly pressing during the subsequent twenty years as was brought out and emphasised in a forceful way by the Venerable John Paul II in his address to the participants of the World Congress for Catholic Doctors which took place in October 1982. Amongst other things he declared: 'It is the task of every citizen, but in particular those who, like you, have direct social responsibilities, to work to ensure that possible forms of intervention upon man that are in contrast with his dignity as a creature of God are recognised and effectively addressed. To do this, individual action is not sufficient. Joint, intelligent, planned, constant and generous work is required and not only within the context of individual countries but also at an international level. Coordination at a world level could, indeed, allow a better proclaiming and a more effective defence of your faith, of your learning, and of your Christian action in scientific research and in your profession' (cf. n. 4). The publication of the Motu Proprio *Dolentium Hominum* witnessed a coordination at an international level which would allow Christian health-care workers to engage in a better proclaiming of the Gospel and an effective defence of Christian faith, culture and action in research and the medical profession [John Paul II, 'Address to the Participants of the World Congress for Catholic Doctors, 1982'; *DH*, n. 4).

3. In announcing on the occasion of the jubilee audience

of 8 February 1984 the imminent publication of *Salvifici Doloris*, which we remembered in a broad fashion yesterday, the Venerable John Paul II, when addressing the sick, said to them: 'Dearest sick people, I wish to announce to you that on 11 February, the memorial of the first apparition of the Most Holy Mary at Lourdes, my apostolic letter on the Christian meaning of human suffering will be published... I offer to you, dear sick and suffering people, and I give to every Christian, this document with the hope that it can illuminate, comfort and support...' [cf. *Insegnamenti di Giovanni Paolo II*, vol. VII,1, (1984), p. 266].

These inspired words of the Holy Father also apply to the Motu Proprio *Dolentium Hominum* which we are drawing near to in order to commemorate it solemnly today. In order to penetrate its importance and its meaning in a more effective way, we will allow ourselves to be led by excellent witnesses who are highly qualified in that they are the protagonists not only of the fruitful efforts which began the new dicastery but also, and above all else, led to its rapid establishment and development. First of all we will be introduced to the *genesis and meaning* of the founding document before going over the experience of the twenty-five years of the Pontifical Council for Health Care Workers at the service of local Churches. We will then be able to taste the best fruits produced during this period of time through listening to the fervid testimony of the representatives of health-care workers, to whom this dicastery is dedicated, who carry out their work and live their

profession every day for, and with, the suffering. This will be followed by the testimony of pastors representing local Churches which have engaged in the experience of the World Day of the Sick.

Amongst the tasks that the Motu Proprio assigns to the Pontifical Commission there is one which prescribes that the new dicastery should 'follow carefully and to study organi-

zational orientations and concrete initiatives of health care policies on both the international and the national levels, with the purpose of discerning their relevance and implications for the Church's apostolate' (*Dolentium Hominum*, n. 6). A reflection on the meaning of fairness and solidarity in the international health-care field is welcome and illuminating at this meeting, the intention of

which is clearly to explore the broad horizons opened up by the Motu Proprio by which, in a prophetic and farsighted spirit, John Paul II instituted the Dicastery for Pastoral Assistance to Health Care Workers.

H.E. Msgr. ZYGMUNT
ZIMOWSKI
*President of the Pontifical Council
for Health Care Workers,
the Holy See.*



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Greetings of His Eminence Card. Javier Lozano Barragán

I express my gratitude for the invitation extended to me by the President of the Pontifical Council for Health Care Workers, H.E. Msgr. Zygmunt Zimowski, to take part in the celebration of the Eighteenth World of the Sick and the twenty-fifth anniversary of the foundation of the Pontifical Council for Health Care Workers.

My condition of health does not allow me at the present time to be with you; however I will be present in a particular way in prayer asking that the Lord copiously blesses the

work that has been achieved over the last twenty-five years. To my prayer I unite that which in my weakness is caused by illness so that, with the light and strength of the Lord, all of this suffering will be transformed into riches for the Church, in particular for those who devote themselves to service to the sick.

I greet all those taking part in these days of study and prayer and uniting me to these jubilee celebrations which are so important for pastoral care in health, I ask the Lord to give

rise to numerous vocations at the service of the sick – priests, men and women religious, and members of the lay faithful who, as good health-care workers and excellent Samaritans, will pass by doing good to those who suffer.

May the Lord bless these Days and all of you!

With a fraternal greeting,

H.Em. Card. JAVIER LOZANO
BARRAGÁN
*Emeritus President
of the Pontifical Council
for Health Care Workers,
the Holy See.*

Greetings of His Eminence Card. Dionigi Tettamanzi

I received with pleasure, and much appreciated, the invitation extended to me by His Excellence Msgr. Zygmunt Zimowski to speak on the occasion of this happy anniversary. I wish to express my affectionate participation in an event that is of great significance for the whole Church. As the National Assistant to Italian Catholic Doctors I experience this moment with especial joy, taking into account the historic role that the AMCI (Association of Italian Catholic Doctors) played in the establishment of pastoral care in health and in the impulse to create this Pontifical Council itself. I extend to Your Eminences, to the Minister of Health and to the civil authorities, to my venerable brothers in the episcopate and the priesthood, to the distinguished speakers and to all of you who have gathered together for these days of study and celebration, my dearest greetings and those of the AMCI, together with our best wishes for your productive reflection and the full success of the deliberations of this meeting.

I join you in commemorating the *Motu Proprio Dolorum Hominum* of 11 February 1985 by which the Servant of God John Paul II instituted the Pontifical Commission for Pastoral Assistance to Health Care Workers, which subsequently became, after the apostolic constitution on the Roman Curia *Pastor Bonus* of 1988, the Pontifical Council for Pastoral Assistance to Health Care Workers. On the twenty-fifth anniversary of this *Motu Proprio* and the end of the twenty-fifth anniversary of the apostolic letter *Salvifici Doloris*, I want here to thank the Lord for the prophetic intuition of Pope John Paul II. He understood the seriousness of the anthropological, ethical and spiritual challenges that were already emerging in the sector of health and health care, gave them great relevance, and en-

visaged overall and suitable pastoral care in the face of new and growing needs. Today this first important jubilee of the Pontifical Council is truly a propitious opportunity to point out the singular importance of a pastoral care that is able to bear witness, to the world, to the tenderness itself of the Lord for every brother and sister who suffers, generating in all Christian communities a renewed and more energetic missionary effort involving the evangelisation of, and pastoral care for, the sick and those who work in service to health.

The subject of the twenty-eighth World Day of the Sick and of this meeting is especially expressive: 'the Church at the Service of Love for the Suffering'. It calls the attention of everyone and to each individual to the fact that the first and most important service that the Church is called upon to perform at the side of those who suffer is to be a living sign, embodied in the love itself of God, of His concern, above all for the least, to the point of identifying with them, as is borne witness to by the Gospel of Matthew: 'I was sick and you took care of me' and 'whenever you did this for one of the least important members of my family, you did it for me!' (Mt 25:36,40).

Over and over again in history the Church has played a prophetic role in caring for suffering humanity because of the mandate that she received from the Lord Jesus to 'preach the Gospel and heal the sick'. Today, above all in Western culture, the tendency is to deny that suffering can have meaning and to remove it increasingly often from the public imagination, to the point of seeing as inevitable the logic that leads to surrender in the face of so-called incurable illnesses or grave disabilities and proposing the bringing forward of their outcome through the elimination of people. But al-

though it is true that incurable illnesses exist, incurable people do not exist! Care is owed to everyone and in a special way to those who are in conditions that require the best possible assistance. This should be said with great respect and understanding for the pain of sick people, their family relatives, and health-care workers, and always bearing in mind what the magisterium of the Church has advanced forcefully and repeatedly in recent years, denying the morality both of acts of euthanasia and of exaggerated treatment. The distinction between these two aspects – the bringing forward of death or the unjustified extension of suffering – involves experts to the highest degree and is a sphere that is worthy of all kinds of investigation in order to address the often troubled questions that emerge from the contemporary context.

Suffering is a mysteriously theological and anthropological setting; it is a setting in which not only the deep truth of each one of us is revealed but also and above all else who He is: the Lord, the God of life, who was crucified and rose again, who specifically through his death opened up to us the doors of totally renewed and eternal living. We cannot but listen to the words of the Holy Father Benedict XVI of his encyclical letter *Spe Salvi* on suffering as a 'setting of learning and the exercise of hope': for all of us this is a clear and stimulating exhortation to dwell with loving and strong solicitude in the world of weakness and frailty, almost as a perennial 'school of life'. This is a message in full continuity with that of *Salvifici Doloris* of John Paul II, an ineluctable point of reference for the Christian interpretation of that arduous but high moment of experience which suffering is.

At the recent conference of the AMCI on the subject '*Caritas in veritate*: a Prophetic Voice for a Medicine of Wel-

come' stress was laid on the link between the anthropological question and the social question (cf. *Caritas in Veritate*, n. 75) and the increasing relevance of social justice in access to medical care and treatment in the North and the South of the world. In a 'society that is globalising' (cf. *Caritas in Veritate*, nn. 5, 6, 7), the extension on a global scale of the means and knowledge that favour health care, above all to the advantage of the less favoured nations, is required. As the Pope stated: 'there is excessive zeal for protecting knowledge through an unduly rigid assertion of the right to intellectual property, especially in the field of health care' (*Caritas in Veritate*, n. 22).

Proclaiming the salvation of Jesus in the contemporary social and cultural context to all suffering people, giving them

hope, making their pain a setting for growth for authentic fraternity at a world level, and sustainable development, is not only a prophetic subject but also an authentic programme of personal, social and community life! Just as love for the suffering, for whoever suffers, can open an area of fruitful dialogue – which today is increasingly urgent – with other cultures and religions.

I wish and hope that the deliberations of this meeting and the celebrations of this anniversary will be able to give a new impetus to pastoral care in health and generate in the Church concerned attention towards the very many questions of burning contemporary relevance which, when looked at with the eyes of faith, can equally become, albeit in the difficulties that exist, occasions for shared growth. Faced with

these challenges we must rely upon health-care workers, beginning with medical doctors, who place their expertise at the total service not only of a *profession* but of an authentic *vocation*: that of serving those who suffer.

In communion with the magisterium of the Holy Father and the recommendations of the Church in Italy, I am certain that the AMCI will know how to bear witness to service to suffering man and his dignity, to the *sensus Ecclesiae* in mission, and to a prophetic spirit in discerning the signs of the times in the light of, and with the force of, the Gospel.

H. Em. Cardinal
DIONIGI TETTAMANZI
Archbishop of Milan,
National Ecclesiastical Assistant
of AMCI (Association
of Italian Catholic Doctors),
Italy.



The Feast of Our Lady of Lourdes

Pope John Paul II chose the feast of Our Lady of Lourdes, 11 February, to celebrate the World Day of the Sick. This may have seemed obvious given that the connection between sick people and Lourdes is rooted in history.

But the more one knows Lourdes, the more the choice of the date of 11 February is spot on.

And this even though none of the words of the Virgin related by Bernadette concern illness. Not even what she said about the spring – “go and drink at the spring and wash yourselves with water” – makes an allusion to it, although all the early cures were connected with water from the spring of Massabielle. But in this place, where there rings out above all else the appeal to conversion – ‘repentance, repentance, repentance, pray to God for sinners!’ – healings take place.

This demonstrates, at the same time, the order of priorities and the fact that God is the creator and saviour of man, in all his dimensions. When Pope John Paul II instituted the luminous mysteries of the Rosary, he referred, as a text of the Gospel, for the third mystery, the Proclaiming of the Kingdom, ‘the paralysed man of Carfaneum’. This man walked, was forgiven and was healed.

We should not, however, forget his friends who did not hesitate to make a hole in the roof of the house in order to take

him into the presence of Jesus. In Lourdes these friends of the paralysed man make us think of the hospitallers who place themselves voluntarily at the service of the sick. Through them we can look at the workers of the world of health and health care, for whom the Pontifical Council that organised this afternoon’s meeting was created.

The Church accepts that the feast of St. Bernadette is celebrated not on the date of the anniversary of her death but on 18 February, the day when Bernadette received from the Lady the promise of happiness in the other world. It is also the eighth promise of the first apparition.

Bernadette was the best interpreter of the Message of Lourdes. She was not greedy to have miracles. She did not ask for them for herself. She allowed herself to be treated. She herself was a model nurse, attentive, joyous and competent. She said that she did not love suffering. If she accepted it this was because Christ had suffered and she did not want to abandon him in this suffering.

One can see her as the female patron saint of the world of health and health care, at the side of St. Camillus de Lellis and St. John of God. She practised heroic virtues both as a sick person and as a female nurse.

Lastly the two pilgrimages of John Paul II to Lourdes were

marked by illness. In 1983, two years after the assassination attempt in St. Peter’s Square, he addressed sick people as someone who knew what he was talking about. He cited the stages to be overcome before being able to transform one’s suffering into an offering. In 2004 he gave an extraordinary example of courage, dignity and humility when he was in a gravely handicapped physical condition.

Lastly, on 16 September 2008, on the feast of Our Lady of Suffering, the Holy Father Benedict XVI imparted the anointing of the sick to twelve people, of all ages, afflicted by various maladies. It cannot be very common for a Pope to anoint the sick in a communal and public celebration. In order to prepare the sick and the assembly for this sacrament, the Pope spoke – and with what delicacy! – of the smile of the virgin which was so frequent in Lourdes in the apparitions to Bernadette.

The three pilgrim Popes of recent decades have, therefore, further strengthened the connection between Lourdes and the world of health and health care. Yes! The feast of Our Lady of Lourdes, on 11 February, was truly the best day to choose for the World Day of the Sick.

H.E. Msgr. JACQUES
PERRIER
*Bishop of Tarbes et Lourdes,
France*



On the Twenty-Fifth Anniversary of the Motu Proprio ‘Dolentium Hominum’

Your Eminences,
Your Excellencies,
Distinguished Ladies and
Gentlemen,
Dear Friends,

I am happy to take part in this meeting; I greet and thank in particular the dear new President, Archbishop Zygmunt Zimowski; the Secretary, H.E. Msgr. José L. Redrado; the Under-Secretary, Msgr. Jean-Marie Mupendawatu; and the officials and those who work with the Pontifical Council for Health Care Workers, which over recent days has been celebrating its twenty-fifth anniversary.

Although, on the one hand, I may see myself as the true witness to this dicastery – because with the grace of God I tried before, during and after its creation, to give to it my pastoral and cultural strengths – on the other, I give to you my testimony, with that sense of detachment from things that is fitting to those who always entrust to God all the works that He has wanted. It is He who inspires; it is He who promotes; it is He who makes things succeed. We are only His instruments.

Not always those who are active parts of a project, of an initiative carried to its conclusion, can have the joy, as I have had the joy, here today, to celebrate the twenty-five years of the journey of this dicastery, which for many reasons belongs to me.

The Servant of God and Supreme Pontiff John Paul II had a singular and preferential relationship with the world of suffering. Undoubtedly, after the tragic assassination attempt of 13 May 1981, the Pope immediately perceived that the hand of Mary had marked his life by making that fatal bullet move from its path. His pilgrimage to Fatima, a year after the assassination attempt of 1982 and his return there during the year of the Great Jubilee, demonstrate the presence

of the Mother in the life of this son who was devoted to Mary. The ‘*Totus tuus ego sum, Maria*’ was not only his pontifical motto: it strengthened his programme of life.

We must begin with this painful and tragic event which involved long stays in the Gemelli Polyclinic for the Pope (nine admissions and 153 days

of stay) to understand at a deep level the relationship that John Paul II had with suffering which year after year until his death became unique and at the same time salvific. I will never be able to forget the grace that I received by being able to concelebrate Holy Mass with him – where the altar was table in a corridor of the same hospital – the day before my trip to Peking, in Communist China, in order to take part as a speaker in a congress where I quoted, in no half-hearted manner, the Pope and the doctrine of the Catholic Church. This was one of the numerous and constant episodes which demonstrated that suffering, illness and death have a universal language which everyone is able to speak and to understand.



Onto the human pages of the history of pain is grafted the apostolic letter *Salvifici doloris* on the human meaning of suf-

fering which bears the date of 11 February 1984, the liturgical memorial of the Blessed Virgin Mary of Lourdes, the seventh year of his pontificate, as well as the Motu Proprio *Dolentium Hominum* which is the founding document of our dicastery and which bears the date of 11 February 1985. All this was some twenty-five years ago.

After the Second Vatican Council it was the Supreme Pontiff Paul VI who wanted the presence of pastoral Councils that would be almost an eminently practical completion of the delicate and complex work of the Roman Congregations. Amongst these Councils, the Supreme Pontiff John Paul II had the wisdom, certainly by divine inspiration, to institute a dicastery that he wanted to call, thereby pointing to its purpose, ‘for Pastoral Assistance to Health Care Workers’. By this dicastery were involved in a responsible way lay people, in particular Catholics and first of all lay professionals and others of medicine in its broadest and most detailed specialisations at the level of science and service. In his documents the Pope was very clear and far sighted about these responsibilities.

I have always affirmed that the cathedrals of humanity,

without any kind of discrimination, not even of a religious kind, are not our basilicas or churches but hospitals, places that is to say of admission and treatment where people go without any distinction as regards religion (first of all); it is in these places that the Church can encounter the whole of humanity; and it is in this role that health-care workers, that is to say members of the laity, must be present and active, preparing people in full freedom for their encounter with priests.

service of hers to the sick and suffering as an *integral part* of her mission. The Church not only fostered the flourishing of various works of mercy but also gave rise to thousands of religious institutions with a very clear goal: to promote, organise, improve and extend care for the sick. This crescendo of four verbs – promote, organise, improve and extend – were the priority goals of the new dicastery willed by John Paul II.

The Pope rightly observed how ‘Missionaries, on their

and early appreciation of women, whether white or Indian (cf. my study *Pastorale sanitaria ed evangelizzazione dell’America Latina*, Rome, 1992). Over a thousand works in the Mexican archives speak about the action of the Catholic Church in the health-care field. The list of missionary men and women saints at the service of the suffering and the sick in the new world is very long and it is sufficient to read the fine volume of Ballan, *I missionari della prima evangelizzazione dell’America Latina* (Emi, Bologna, 1991), to be convinced of this.



In the project for the reform of the Roman Curia a dicastery such as that for pastoral assistance for health care workers was needed. Six points in the *Motu Proprio Dolentium Hominum* outline the arguments for this very well. I will summarise them briefly because they constitute the basis of the dicastery.

1. The Church has always demonstrated a lively interest in the world of the suffering. In doing this she has done nothing else but follow the very eloquent example of her Founder and Teacher, Jesus Christ, who in his messianic activity constantly drew near to the world of human suffering. Jesus passed amongst men ‘doing good’ and this action of his concerned first of all the suffering and all of those who asked him for help (*Salvifici Doloris*, n. 6.).

2. Down the centuries the Church has always seen this

part, in carrying out the work of evangelization have constantly combined the preaching of the Good News with the help and care of the sick.’ (*Dolentium Hominum*, n. 1). When in 1992, the fifth centenary of the evangelisation of the continent of hope, by now means a few authors in Italy exceeded in acts and gestures of contrition for the abuses that five centuries previously had accompanied the conquest and the colonisation of the new world, involving compelling evangelisers, I wanted to look amongst the traces of pastoral care in health that accompanied the evangelisation of the new world. To my great surprise, but also with great pleasure, I found an almost unknown page of the evangelisation of Latin America. Humanity, heroic dedication, and an absence of racial discrimination found their actuation specifically in pastoral care in health through the building of hospitals and clinics for everyone and with a full

3. In her approach to the world of suffering we know that the Church – increasingly aware of the creative project of God as regards every human being – is guided by a clear and precise conception of the human person. This is the ontological basis of all our action on behalf of people who suffer. Medicine and therapeutic treatment do not aim only at an important good, namely the health of the body. They also aim at the person as such who in his or her body is struck and wounded by malady. ‘Illness and suffering’, we are told by *Dolentium Hominum*, ‘are not experiences which concern only man’s physical substance, but man in his entirety and in his somatic-spiritual unity’ (*DH*, n. 2). After citing *Gaudium et spes* n. 10 and observing that ‘Illness and suffering are phenomena which, if examined in depth, always pose questions which go beyond medicine itself to touch the essence of the human condition in this world’, the *Motu Proprio* enters into what is experienced, in daily life, in order to stress that the importance in social/health-care services of the presence not only of pastors of souls but also of workers guided by an integrally human vision of illness. For those who believe, the salvific grace of Christ, the Redeemer of man, reaches the whole of man in his human condition, and above all at a time of suffering, illness and death. This theological vision of man and women makes a human contribution as well to

the complexity of the questions and issues of the world of suffering. Without this ontological and spiritual vision, the category of values and the style of service changes. For this reason, we firmly believe that only by serving Jesus in the sick can we achieve the fullness of what is given.

4. In the other points this document analyses the development of social/health-care services in civil society: access to care; health care as a right of the citizen; the expansion of health-care structures and services; the creation of suitable ministries; *ad hoc* legislation; and policies with specific goals of a health-care character. All these achievements have as a point of arrival the good of the human person and society. This vast and complex sector also presents delicate and ineluctable questions that are related both to the social and organisational aspect and the ethical and religious aspect of health care. Over these last twenty-five years a long journey has been engaged in that has positive and also negative aspects as regards the fundamental questions of life, of suffering, of illness and of death. Without entering into the particulars of a debate that bears upon the subjects of life from conception until its natural end, of euthanasia and of bioethics, I would like to stress how the *Motu Proprio Dolentium Hominum* contains here certain prophetic passages. The document asks: what is the *function* of medical science and the mission of medical doctors in relation to the sick? These are questions of yesterday but they are also dramatic questions of today if we immerse ourselves in the subject of the daily dramas of life, illness, suffering and death. 'These new frontiers, then, opened by the progress of science and its possible technical and therapeutic applications', we read at the end of section 3, 'touch the most delicate spheres of life at its very sources and in its most profound meaning'.

5. These important questions and issues gave rise to the plat-

form of the new dicastery which began almost timidly, first as the Pontifical Commission for Pastoral Assistance for Health Care Workers (1985) because it operated as a body to coordinate all the Catholic, religious and health-care institutions involved in pastoral care for the sick. It was connected to the Pontifical Council for the Laity, of which it was an organic part, although it maintained its own administrative, organisational and operative identity (n. 6). In truth, to be sincere, when we were born in 1985 we were already adults and knew, that is to say, what the field for our action and service in the Church and civil society was. For this reason, John Paul II himself, on 28 June 1998, gave a new name to the dicastery: the Pontifical Council for Pastoral Assistance to Health Care Workers. Sections 4 and 5 of the *Motu Proprio* emphasise the need for a 'better coordination of all these organisms' and here the Supreme Pontiff himself proposed anew what he had stated on 3 October 1982, a few years before the birth of the dicastery: 'In order to do this, individual action is not sufficient. Collective, intelligent, well-planned, constant and generous work is required, and not only within the individual countries, but also on an international scale. Coordination on a world-wide level would, in fact, allow a better proclamation and a more effective defense of your faith, of your culture, of your Christian commitment in scientific research and in your profession' (*DH*, n. 4). One of the principal objectives of this coordination was to 'to promote and spread an ever better ethical-religious formation of Christian health care workers in the world.' To build upon this solid base meant to have clear and convincing proposals for Catholic health-care workers who would know how to give adequate and convincing answers to all the delicate and grave questions of an ethical nature connected with the dignity and the supreme destiny of the human person.

6. I will not dwell upon the tasks of the dicastery. However,

I had certain personal ideas that encountered difficulties in being put into practice. It is not possible twenty-five years later not to grasp in its totality the importance of this dicastery which within our own internal world has no role within Catholic hospitals. It is true that we look at the world but we should also look, to work well, at our world as well in order to construct together a 'model' for health-care life worthy of the name 'Catholic' which guides us and which we share. On the fiftieth anniversary of the foundation of the Association of Catholic Doctors, John Paul II made a speech to the national Association of Catholic Doctors which still remains in the air: 'So consider the Pontifical Council as your dicastery, the first and most effective reference point of the apostolic dimension of your role as Catholic doctors, especially as regards increasingly close and effective coordination with other international and national associations of Catholic doctors' (cf. *L'Osservatore Romano*, 9-10 December 1994, p. 11).

The dicastery was committed to bringing about a rebirth of the Association of Catholic Pharmacists which for some time had ceased all activity.

TWENTY-FIVE YEARS LATER

To assess these twenty-five years means to read again the twenty-five chapters of a history that we have in front of our eyes because we experienced it both as protagonists and as spectators who were certainly not indifferent.

As regards myself, my service as its President lasted for twelve years from 11 February 1985 to the end of 1996.

These were the spheres of my direct role: 1. relations with the national bishops' conferences; 2. cooperation with the apostolic nuncios; 3. fraternal visits to local Churches; 4. the index of the health-care institutions; 5. the review *Dolentium Hominum*; 6. the international conferences; 7. relations with international organisations; 8. Catholic health-care associa-

tions; 9. help for the poorest countries; 10. two very important foundations.

I will now enter into the details of these spheres. The history of the beginnings is always very indicative.

1. National Bishops' Conferences

From the first days of its activities, the first action of the new dicastery was to enter into contact with the bishops' conferences of the individual local Churches, believing as we did that this was a task of fundamental importance to know about the condition of the specific sector assigned by *Dolentium Hominum*: 'to maintain contacts with theca local Churches and, in particular, with the Episcopal commissions for the health care world' (n. 6 and n. 4). This action, carried out very quickly, provided a first picture of the real situation that existed within the Church. This was not a matter of carrying out a sterile census but, instead, of beginning an intense exchange of epistolary and personal contacts which fostered mutual acquaintance and would lead to the creation in a relatively brief period of time of a bishop responsible for pastoral care in health on every bishops' conference. About fifteen bishops' conferences already had a bishop responsible for pastoral care in health before the survey, and this number rose to fifty-eight two years later, to then go on to 99% immediately after that. This constant work had its strong and decisive moments on the occasion of the celebration of the Synods of Bishops during which the Cardinal President established fraternal relations with his brothers from all parts of the world. The appointment of a bishop responsible for pastoral care in health on every bishops' conference allowed a promotion of knowledge about what John Paul II, a sick man amongst the sick, held dear: 'over the course of the centuries the Church has felt strongly that service to the sick and suffering is an integral part of her mission' (*DH*, n. 1).

2. Cooperation with Representatives of the Supreme Pontiff

This objective was achieved thanks to the answers that the representatives of the Supreme Pontiff present in individual countries of the world gave. And it was and is my firm belief that the representatives of the Holy Father are the irreplaceable referents for his hopes in the action of evangelisation through this privileged path. The answer of the apostolic nuncios was enthusiastic and irreplaceable. In many situations their contacts were of determining importance and this not only because of the authoritative weight of their service performed in the name of the Holy Father, but also, I would say, through personal involvement in celebrations within the context of health-care institutions and with civil authorities in individual countries. Nuncios were always the constant points of reference of the Cardinal President at the time of every meeting promoted on their national territories. These relations with the representatives of the Pope were advantaged by the fact that in certain countries such as Cuba and in the USSR our dicastery was an effective and valid pioneer in relations with these States, relations which then became normalised and which as I will observe below would take on an exceptional importance.

3. Visits to Local Churches

A few months after the birth of the new dicastery – this was the month of July 1985 – a long, well-managed and planned series of fraternal visits to national bishops' conferences was begun when I went to Burkina Faso and the Ivory Coast as a sign of deference to the Churches of Africa which carries incised in its soul the hope of a poor, suffering and marginalised world.

During the course of my twelve years of service the kilometres that I travelled were very many in number and perhaps cannot be calculated. In going in person to an area I was

always motivated by the wish to express fraternal solidarity, to bear witness to love that becomes a sharing of the difficulties that our brothers encounter in proclaiming the word of God.

'In this field [health-care service] today', we read in section 5 of *Dolentium Hominum*, 'there have arisen delicate and grave problems of an ethical nature, concerning which the Church and Christians must courageously and lucidly intervene to safeguard essential values and rights connected with the dignity and the supreme destiny of the human person'.

The pastoral journeys of the President with those who worked with him thus acquired great importance in promoting and disseminating what the Holy Father had written in his *Motu Proprio* and was a constant point of reference in every initiative. For those who worked in the front line, a visit was not only to provide comfort. It also provided support for other initiatives.

With the local Churches of the Third World the dicastery always left a tangible sign of living charity as regards immediate and urgent needs in order to alleviate the suffering of sick people, in money, medicinal products and medical equipment, which most of the time was very sophisticated.

4. The Index of Health-Care Institutions

The new dicastery immediately perceived the need to know about the presence and influence of the Church in the various health-care fields of individual countries. Thus at the same tie as the setting in motion of contacts with national bishops' conferences, there was sent out a request to acquire data on the presence of the Church in the health-care institutions of individual countries. This was a presence that very often was, and is, made up of religious Congregations whose own members devote themselves to nursing medical care, of chaplains and of the animators of movements of volunteers.

As a result of this initiative, at the end of the first year of existence of the dicastery – February 1986 – the first edition of the publication *Ecclesiae Instituta Valetudini Fovendae Toto Orbe Tarrarum Index* was printed and presented to the Holy Father John Paul II. This ran to 1,156 pages and involved the cataloguing of 12,500 health-care structures in five continents. Continuing to up-date it and acquire new data, in 1994 the second edition of this work was printed. It contained 21,757 health-care institutions which had come within the range of the census and recorded the presence of a large number of religious Congregations at the service of the sick and the suffering, which in the five continents of the world amounted to 12,690 bodies.

This was an instrument for work, the first of its kind in history, which gave a broad and faithful picture, even though not yet complete, of the role that the Church performed and continues to perform in the field of evangelisation through the various pastoral services to sickness and health throughout the world. Franco Placidi, an engineer, an expert in the complex matters of health care and health, was our skilled and generous co-worker in this undertaking.

5. The Review *Dolentium Hominum*

The wish of the Holy Father ‘to spread, explain and defend the Church’s teachings on the subject of health care, and to encourage their penetration into health care practices’ expressed in the *Motu Proprio Dolentium Hominum* (n. 6 and n. 3) was received with enthusiasm, with passion and with dedication by the heads of the new dicastery. A dignified instrument of *information and formation* was immediately thought of, to which was given the name ‘*Dolentium Hominum* – the Church and Health in the World’. This was a quarterly review, at that time published in five languages (Italian, English, French, Spanish and German), entrusted in a particular

way to the Secretary of the dicastery, Msgr. Redrado. This review immediately presented the magisterium of the Church to everyone; it offered scientific studies and exchanges of experiences as regards pastoral care in health in the local Churches. This review was sent to apostolic nuncios, to the presidents of bishops’ conferences, to bishops responsible for pastoral care in health, and to various bodies involved in the sector of health care. Ever since its inception this publication required notable work in

ence on the most topical and urgent subjects of health and health care, such as for example on AIDS, and called various Nobel prize winners for medicine and the best specialists in the world to give papers, thereby making a notable contribution to an interdisciplinary dialogue of a high level.

The speakers who were invited were also figures from all religions, races and political creeds. The Queen of Spain, the Queen of Sweden and also the President of Brazil were also speakers. From the first lim-



its publication and a notable economic commitment for the translations, for its printing and for its dissemination. This was rewarded with beneficial fruits, many already well known about, others known only to God.

One should also refer to the publishing activities of the dicastery with the publishing of support materials on various subjects (these were also translated into various languages) which were then disseminated by the national bishops’ conferences.

6. The International Conferences

Always faithful to the directives and the exhortations of the Holy Father (one need only read section 5 of the *Motu Proprio*), from 1986 onwards, every year, the dicastery organised in the Paul VI Hall of the Vatican an international confer-

ited attendance of five hundred participants, a high point of 10,000 was reached during the year when the international conference was on ‘The Disabled in Society’ (1992). In 1996 the international conference on ‘Disturbance of the Human Mind’ of 1996 had 8,000 participants. The annual average figure was about 5,000 people.

The very notable number of people adhering to these international conferences which grew year by year was the result of an extensive dissemination of the ‘programme’ during the years preceding these international conferences which were always held in the month of November. The presence of participants who came from every part of the world was notable and always went beyond a hundred countries. Many of these participants came from poor nations and from central and eastern Europe, sent by their own bishops who were re-

sponsible for pastoral care in health. For all of them the dicastery paid for travelling expenses and for accommodation expenses in Rome. Each international conference was ended by the Holy Father with a relevant address.

The readiness to help of various benefactors – which we can call ‘intellectual charity’ – allowed to provide broadly for the formation of health-care workers from every part of the world who when they returned home could translate into practice what they had learnt during the days of these international conferences in the Vatican.

7. Relations with International Organisations

While these projects were set in motion, the dicastery established and intensified its relations with international organisations involved in health care and with certain governments in order to achieve what the Church wanted or wished as regards authentic service to sick people in perfect conformity with the will of Christ and the centuries-old tradition of the Church. From the outset an excellent and constructive relationship was established with the Director General of the World Health Organisation (WHO).

A privileged and permanent observatory of health and health care in every State and every organisation that guides and lays down directions to be taken in the field of health and prevention throughout the world, the WHO has always been a valuable interlocutor of the dicastery. The meetings organised at its headquarters in Geneva and in various parts of the world with the regional directors who were also often guests at our dicastery were many in number.

The annual international conferences always witnessed the presence of the Director General of the WHO or one of his high representatives. The dicastery on more than one occasion offered its cooperation to promote with bishops responsible for pastoral care in

health certain prevention and health projects that were in line with the magisterium of the Church.

In planning pastoral visits, a notable part of them was reserved to meetings with government authorities of areas that were particularly problematic or difficult for the Church.

I would like to remember certain areas that then, less than today or like today, continued to raise serious problems:

Russia: before the great changes of 1989 we were sent officially by government organisations that were active in

priests involved in health care to return to the country. On that historic occasion I felt it was my duty to clearly express the request to have a more open approach of trust towards the bishops and the local Church, assuring their loyalty in promoting the wellbeing of the nation and the development of the people of Cuba. The next year (2-8 July 1989) once again I was invited by the government authorities to participate as a speaker, together with Fidel Castro, in the second international conference on ‘Emergency Medicine and Disasters’.



the health-care sector to speak to medical doctors and health-care workers.

Cuba: in April 1988, a long time before the fall of the Berlin Wall, we accepted the invitation of the Bishops' Conference of Cuba which offered us an appreciated opportunity to meet the government authorities, thereby establishing with them a cordial and sincere relationship. This first step offered an opportunity for an invitation to me from the Cuban government to take part in November of that year – just seven months later – as an official speaker at the second international seminar on ‘Medical Doctors and the Family’. This historic occasion produced a long and cordial meeting with President Fidel Castro which had as an immediate consequence authorisation to allow women religious nurses and a number of

When the international conferences were held in the Vatican the Ministers of Health of Cuba and other eminent figures of the government of Cuba were invited. In these initiatives the Secretary of the dicastery, Bishop Redrado, was always my companion.

The Peoples' Republic of China: in addition to being present at health-care religious and cultural events in Taiwan, I thrice had occasion to go to Communist China for a stay of about twenty days. Through figures of the government of Italy I took part as a speaker in the first week of Italo-Chinese health-care cooperation, which was held in Peking on 26 March 1988, with a paper on ‘The Humanisation of Medicine’. On that occasion I had an opportunity to expound in a clear way the doctrine of the Church and of the Holy Father

John Paul II who had always been active as regards the world of suffering and the health of all men and all women. The much wished-for opportunity to meet a number of bishops and faithful of China in Rome did not fail to materialise.

The Countries of Eastern Europe: in demonstrating the potential of pastoral care in health care and health, I cannot forget the long voyage not in Russia but in the Soviet Union, at the time of Brezhnev and after a solemn meeting with the then Patriarch, Pimen, in Moscow. This was a truly missionary itinerary from Moscow to Tbilisi with stops in various countries that are today independent, such as Armenia, visiting not only the Orthodox Bishops but all or almost all the Catholic priests that were present in the areas I visited. This is a demonstration that is worthy today of careful and responsible reflection: the power, the force, the concreteness of the realities that emanate or flow into the clear or mysterious multifaceted character or efficacy of health care, of health, realities that correspond to illness, suffering and death. At the level of ideas this was a preparation for what was to take place a few years later when we sent to speak about the fundamental questions of life in Moscow, at the headquarters of the Academy of Sciences, where Lenin was also present, but only in the form of a monument.

One cannot forget that at the time of the consistory of 28 June 1991, when the President of the dicastery was created a Cardinal, a delegation of Ministers and other figures led by the Vice-President of the Council came to Rome from Moscow specifically for that occasion. The delegation was also granted a special audience by John Paul II.

During the years of the 'iron curtain' imposed by the Soviet regime various countries, in particular Poland, received visits or demonstrations of fraternal solidarity thanks to the specific task assigned to our dicastery.

The friendship visit to War-

saw remains in my memory. This was to the headquarters of the Polish Bishops' Conference to which we took a gift – modern equipment for an incubator, to bear witness to the defence of life as well. With respect to Poland, the visit that Michael Gorbacov made to the dicastery before going to see John Paul II also remains in the living chronicles of the dicastery.

Once again as regards Poland, I remember with filial gratitude the wish of John Paul II that I should receive from the Jagellonica University in Warsaw an *honoris causa* degree in medicine. This took place with especial solemnity in 1990.

This style of pastoral action did not fail to bring concrete benefits to those Churches that work in countries with a strong Orthodox and Muslim presence such as the Lebanon and Syria where a great deal of time was devoted to visiting health-care structures administered by our Orthodox brothers and Muslims. And I cannot forget the missionary dynamism of the dicastery which from its inception looked with farsightedness at the frontiers of the new evangelisation: Russia, Romania, India and Africa, bearing in mind the style of the *ecumenism of works*.

The dicastery did not confine itself to knowing about needs but also intervened, with sacrifices and without calculating the possible dangers as well, to unite itself to the suffering and risks of our brothers in need of help. One cannot limit oneself to watching – albeit with spiritual participation – on television the effects of a war or natural disasters, but when this is possible, above all because of proximity, even with calculated risks, one should intervene.

For these reasons, during the war in Croatia, given also its proximity, with Fr. Felice Ruffini the Under-Secretary of the dicastery – who most worthily represented the spirit of St. Camillus de Lellis in the dicastery, with the not common characteristic dedication of those who consecrate their lives to service to the sick – we went to Zagabria, bringing concrete help to the Cardinal Archbishop of Zagabria, Msgr.

Franjo Kuharic; visiting the paediatric hospital which had numerous children who were victims of the war; and going to the hospitals of Karlovac and Sisak, which had been gravely damaged.

I remember taking part in the feast of Christmas amongst handicapped people in an improvised refugee camp and the distribution of the Medal of the Holy Face of Jesus to thousands of people.

Our visit ended with a celebration of the Eucharist in the cathedral in the presence of about two thousand people. We then returned to Rome and I remember that our departure took place while sirens called the people, as much as this was possible, to seek refuge.

In all these wanderings, some of which were eagerly sought, I was almost accompanied or nearly always accompanied by the Secretary of the dicastery, Bishop Redrado, and by members of the laity who gave an example of witness to faith, of Christian vitality in works – for this reason it is right for me to remember Prof. Franco Splendori, President of the Catholic Doctors of Rome, and Prof. Domenico Di Virgilio, today a member of parliament, who was national president of the same association. Prof. Splendori was often my attentive travelling companion, in particular in Cuba and Russia.

Members of the laity always offered the greatest support and constituted an example of authentic participation in the ministerial action of the Church. Without these members of the laity, as the Second Vatican Council wanted, we would only engage in sterile choreography.

8. Catholic Health-Care Associations

For this reason, although on the one hand it is true that the dicastery has a *pastoral* nature and not only a *jurisdictional* one, satisfactory results were also obtained from translating into practice the responsibility 'to stimulate and foster the work of formation, study and action carried out by these var-

ious intentional Catholic organizations, as well as by other groups, associations and organizations which, on various levels and in various ways, operate in this sector', as can be read in the *Motu Proprio* n. 6 and n. 1. The dicastery was always present and active in the international contacts of individual professional associations, answering the invitations that arrived and at the same time engaging in a good work of engagement with their international leaders.

We should remember the fine contribution made to the foundation of the *theology of pastoral care in health at the Camillianum* of Rome at the Pontifical Lateran University, even though my weak memory made me forget about this contribution, and the creation of the Chair of Pastoral Medicine at the Pontifical Lateran University, where the dicastery had the right to nominate the holder. The same initiative was taken in relation to the Institute of Abidjan in the Ivory Coast. For this teaching chair in Rome, the university requested the donation of millions of lire.

The beneficial effects that were witnessed, in addition to specific formation, also offered an effective contribution to the creation in their countries of associations of medical doctors and health-care workers. The dicastery reached the top of this role when it published the *Charter for Health Care Workers*, published after laborious studies, with the cooperation of members and consultants of pontifical dicasteries – an incumbent keenly-felt expression of thanks goes to Rev. Prof. Bonifacio Honings and Msgr. Mauro Cozzoli, lecturers in moral theology at the Pontifical Lateran University, who were the principal authors of this multifaceted document. This document, with the authorisation of the dicastery, was translated into French, Spanish, German, Dutch, Latin American Spanish, Russian, Czech, Slovak, Hungarian, Polish and Arabic.

The magisterium of the Church as regards the conduct of professional workers in health and health care its ex-

pounded in this document in a systematic and limpid way and it encountered a wide diffusion also in those of faiths and cultures different to our own who honestly believe in the promotion and defence of life from the moment of conception until its natural end. It is also right to remember that the *Charter for Health Care Workers* prior to its publication and dissemination was submitted to the heads of the Congregation for the Doctrine of the Faith and received their full approval without any negative observation at all.

9. Help for Poor Countries

According to what was possible, the dicastery united the spread of words with concrete acts of fraternal solidarity. Help that it is difficult to quantify was also given at the time of the international conferences. Sophisticated medical equipment, ambulances with equipment (six were sent to Africa) and expensive medicinal products in great quantities offered by generous benefactors, went out into the world in the most varied directions, bringing a tangible sign of the charity of the Pope towards suffering humanity.

To all this should be added a constant giving of money designed to touch the hearts of those who lived in extreme need.

10. Two Significant Foundations

I would like to call your attention, at the end of my paper, to two significant foundation wished for by the Holy Father John Paul II which sprang from the activity of the dicastery that I had the grace to lead before, during and after its creation.

I am referring to: the *World Day of the Sick* which in response to my special request John Paul II instituted on 13 May 1992, the eleventh anniversary of the attempt on his life in St. Peter's Square, with a special signed letter that he sent to me. This *Day* was celebrated every 11 February, the liturgi-

cal memorial of the Blessed Virgin of Lourdes. The human and spiritual value, I would say salvific value, of these Days we all touched with our own hands. I will not expand on this, not least to respect the intimacy of the religious emotions that were experienced in various Marian sanctuaries of the world.

This *Day* was established as an 'annual' Day. Today, unfortunately, it has been reduced to a three-yearly celebration. I would like to express my displeasure at this.

This *Day* was not for any reason to be limited to folkloristic or religious events; it was established by the Pope to shakes consciences, to invoke the attention and the responsibility of public powers, of governments of the highest levels, such as indeed took place in Portugal, in Africa, in Mexico and in other States, with the participation of sovereigns and presidents – for example in Mexico this Day was prepared for in all the parishes of the country for a whole year.

The other important foundation of John Paul II was the *Pontifical Academy for Life* on 11 February 1994. By his *Motu Proprio Vitae Misterium* he established that although it was autonomous it was 'connected to and should work with the Pontifical Council for Pastoral Assistance to Health Care Workers' (n. 4). By this magisterial act John Paul II wanted once again to emphasise what he held dear: the relationship between science and pastoral care in health, scientific cognition and praxis in daily ministry, according to the magisterium of the Church and directed in a very special way to non-Christian and non-Catholic scholars and scientists, who at any rate were distant from our faith, from our doctrine.

I have taken the liberty of present to you anew some of the very many things that were achieved during the first twelve years of life of our dicastery.

Its institution took place after talks that I had the grace to be able to have with the Supreme Pontiff who also wanted to entrust to me with the drawing up of the statutes of this new or-

ganism. These statutes were drawn up after meetings and consultations at the headquarters of the dicastery, with the active participation of representatives of the Congregation for the Doctrine of the Faith, their H.E. Msgr. Zygmunt Zymowski, previously Bishop of Radom and now President of our dicastery; Msgr. Gianfranco Girotti, previously Under-Secretary of the Congregation for the Doctrine of the Faith and today Regent of the Apostolic Penitencery; and the Archbishop of New York at that time. Prof. Jerome Lejeune was also very active and became the first president.

Thanks, applause and gratitude go to those who worked in the dicastery in years that by now have been handed over to history. One should never forget the activity, the example of life of the Secretary of the dicastery. Bishop Msg. José L. Redrado, of the Under-Secretary Fr. Felice Ruffini, and of the men and women members of the laity who always demonstrated in an exemplary way their love for the Church, working with intelligence and also with sacrifice in the world of health care. Our remembrance also goes to those who have already preceded us in the eternal prize.

My special good wishes go to Msgr. Jean-Marie Mupendawatu, who has been appointed the new Under-Secretary of the dicastery, to this most worthy son of the continent of Africa go my best wishes for his utmost pastoral success; the years of the dicastery are also the years of his service to the Holy See for pastoral care and service for the sick: to him go all good wishes for fervid and fruitful service.

At the headquarters of the dicastery, since its beginnings, there has been a chapel with the Most Holy Sacrament and this chapel is dedicated to the Holy Face of Jesus, to bear witness to the fact that prayer and the supernatural spirit moves every pastoral and cultural activity.

The dicastery was born at the Roman house of my religious Congregation of the Benedictine Sisters of the Repairers of the Holy Face, in Via della Conciliazione, n. 15, and was *baptised*, symbolically, by the founder of that Order, Abbot Ildebrando Gregori, Servant of God, who is near to receiving juridical recognition for the heroism of his virtues – he was present at my appointment as head of the new dicastery and offered the availability of that building at the beginning of its new activities.

This reference wants to state again that all the activity of the dicastery rests upon and must be supported by prayer – and it is for this reason that the twenty closed convents in Rome and those of Teotokos in the Lebanon and of Coimbra in Portugal have been involved for many years in supporting its activities in a spiritual sense.

May the Holy Face of Jesus, the reason for my pastoral and priestly activity, and which has always protected the dicastery, remain the light of the activities of the dicastery itself inasmuch as it represents the synthesis of its finalities, of its to be wished-for goals; human suffering expressed in various ways, a sign and cause of supernatural glorification!

His Eminence Cardinal
FIORENZO ANGELINI
*President Emeritus
of the Pontifical Council
for Health Care Workers,
the Holy See.*

For further information see:

Giovanni Paolo II e la sofferenza, published by the Pontifical Council for Health Care Workers, the Vatican, 1995.

Cardinal Fiorenzo Angelini, *Ero infermo... La pastorale sanitaria nella vita della Chiesa*, Rome, 1996.

Cardinal Fiorenzo Angelini, *La mia strada*, Rizzoli, 2004.



Historical Dates to Remember and to Celebrate 11 February 1985 – 2010

I. 11 FEBRUARY 1985 GENESIS

1. Foundation

11 February 1985 is an important date for the Church, for the sick, for health-care religious institutes, for groups and associations that work in the health-care field, and for all health-care workers. On this date John Paul II signed the *Motu Proprio Dolentium Hominum* which founded the Pontifical Commission for Pastoral Assistance to Health Care Workers.

With the reform of the Roman Curia of 28 June 1988, this Pontifical Commission became a dicastery to the full and was named the Pontifical Council for Pastoral Assistance to Health Care Workers, its principal aim being to show 'the solicitude of the Church for the sick by helping those who serve the sick and suffering, so that their apostolate of mercy may ever more effectively respond to people's needs' (Apostolic Constitution *Pastor Bonus*, art. 152).

In the same *Motu Proprio*, the Supreme Pontiff listed a number of reasons that had led to the foundation of this dicastery: the great advances that had been achieved in the field of medicine and the need to coordinate all the bodies that work in the world of health. Given that individual action was not sufficient, joint, intelligent, planned, constant and generous work was necessary

2. Tasks

Amongst the tasks assigned to the Pontifical Council for Health Care Workers may be listed the following: to stimulate, to promote and to coordinate the pastoral care in health of the Church; to maintain contacts with local Churches and in particular with bishops' commissions for the world of health

care; to work with local Churches; to follow carefully and to study orientations at the level of programmes and the concrete initiatives of health care policies in order to understand their relevance and their implications for the pastoral care of the Church, etc.

II. FULLY ACTIVE

At its beginning the dicastery was under the presidency of Cardinal Pironio, the then President of the Pontifical Council for the Laity, and the vice-presidency of the then Archbishop, Fiorenzo Angelini, who were flanked by Rev. José L. Redrado OH and Rev. Felice Ruffini MI, respectively Secretary and Under-Secretary of the Commission, and by a small secretariat.

The young dicastery immediately began its first steps as an animator of pastoral care in health and a coordinator of initiatives in this sector. Commissions and offices for pastoral care in health were created in many international conferences and thus at all levels (the national, the diocesan and the parish). The Camillianum Institute for the Theology of Pastoral Care in Health was created in Rome and this bestowed canonical academic qualifications. Schools and training centres for health-care workers were created in many countries. Congresses and conferences on pastoral care in health were organised, with specialised publications in the field of suffering and health: for example the review *Dolentium Hominum*, which was published in Italian, Spanish, French and English. Amongst the initiatives promoted and/or organised by the Dicastery for Health Care Workers and which would give new breath to this important sector of pastoral care in health there figured: the World Day of the Sick, the creation of the Pontifical Academy for Life, and the

Good Samaritan Foundation for the poorest sick people in the world

The positive results that have been achieved over these twenty-five years as regards the pastoral care of the Church under the impetus of the Pontifical Council for Health Care Workers are to be attributed above all else to the Most Holy Trinity, which in goodness and mercy has supported the efforts, the initiatives and the actions of so many men and women, great and small, co-workers, Officials, members and Consultants, whom I wish to remember and without whom it would have been more than difficult to have successfully met the objectives assigned to the new dicastery by the Holy Father.

III. CELEBRATING TO GIVE THANKS

We should thank first of all Pope John Paul II for having created this Pontifical Council. It was he who first perceived the need for the Roman Curia to have an instrument such as this to strongly animate the world of pastoral care in health. It was he, specifically because of his cultural and priestly background and pastoral experience, first as Archbishop of Krakow and then as the Successor to St. Peter, who expressed this special care and concern for the world of suffering, that is to say of the sick and health-care workers (medical doctors, nurses, volunteers, chaplains, men and women religious). Here lies the spirit which animated the Magisterium of John Paul II and which emerges from his prophetic writings and actions.

I cannot but mention in a special way the great school of John Paul II with regard to the world of health; the great teaching that he bequeathed to us through his Magisterium, but above all though his life witness. I believe that seeing him

suffer on a bed on pain at the Agostino Gemelli Hospital, or in other circumstances, has taught us a great deal. One may say that his gestures and his experience of suffering were a true teaching chair, much richer than so many words, which are nonetheless very illuminating; we feel filial gratitude for such great witness.

An incumbent and fraternal expression of thanks goes to His Eminence *Cardinal Fiorenzo Angelini* who led the dicastery for eleven years, first as Vice-President of the then Commission and subsequently as President of the Pontifical Council. He engaged in an inestimable work of coordination and direction of the newly-created dicastery, laying the foundations for this new ecclesial body and opening the doors of the world of the apostolate of mercy to the suffering and the sick.

With *Cardinal Javier Lozano Barragán*, who carried on the work began by his predecessor, our dicastery confirmed the decisions and the orientations at the level of programmes of its founding documents and doctrines connected with the mission and the activities of the Pontifical Council for Health Care Workers. Cardinal Javier Lozano Barragán ended his service in April 2009 because he

had reached the statutory age limit. Rev. Padre Felice Ruffini, after long and fruitful work as the first Under-Secretary of the dicastery, which began in the now faraway 19 January 1986 and ended on 31 August 2009, also, with honour, retired from service.

A new phase began with the appointment of *Archbishop Zygmunt Zimowski* and Msgr. Jean-Marie Mupendawatu, respectively President and Under-Secretary of the Pontifical Council for Health Care Workers, on 18 April 2009 and 1 September 2009 respectively.

During these twenty-five years we have tried to emphasise the idea that drawing near to the sick or to those who suffer opens up to evangelisation a rich and profound, and always contemporary, pathway. At the same time, he who evangelises emerges with gratification because he receives much more than he has given.

Thus all thanks go to God, the Giver of every good and grace, and together with Him all those people who have been the mediators of His salvific work, in order to address to Him a heartfelt Magnificat of thanks for the work of these twenty-five years, and at the same time to ask for grace and help for the third stage which our dicastery has begun under

the Presidency of *H.E. Msgr. Zygmunt Zimowski*, and the appointment of the new Under-Secretary *Msgr. Jean-Marie Musivi Mupendawatu*, with *H. E. Msgr. José L. Redrado* continuing to hold the office of Secretary.

We hope that during this third cycle our principal directions will be strengthened and new pathways will be opened for a pastoral care in health that is increasingly attentive to the needs and requests of suffering. For this reason, we set off on this pathway with a feeling of responsibility and greater creativity, animating and coordinating, as far as this is possible, initiatives and projects of importance in this sector, promoting our values and principal ideals, without which all our present and future activity would be in vain and empty. The future is built in the present, drawing rich experience from the past.

The appointment with the next examination of our faithfulness to our mission will take place twenty-five years from now.

H.E. Msgr. JOSÉ L. REDRADO,
OH
*Secretary of the Pontifical Council
for Health Care Workers,
The Holy See.*



Speech by Sr. M. Camino Agós Munárriz

Greetings

I greet H.E. Msgr. Zygmunt Zimowski, President of the Pontifical Council for Health Care Workers (for Health Pastoral Care); H.E. Msgr. José Luís Redrado, Secretary of this Pontifical Council; His Eminence Cardinal Paul Poupard, who is chairing this round table; and all those who are taking part in this conference to commemorate the twenty-fifth anniversary of the institution of the *Pontifical Commission for Pastoral Assistance to Health Care Workers*.

It is a great honour for me here to represent the Congregations and the religious institutes which because of their charisms dedicate themselves to continuing the salvific mission of Jesus in the world, bearing witness to the presence of the Church at the side of sick people and all those who suffer.

An Expression of Gratitude

As early as the *Motu Proprio* '*Dolentium hominum*' of 11 February 1985, by which John Paul II established the Pontifical Commission (now Pontifical Council) for Pastoral Assistance to Health Care Workers, we were told that 'over the course of the centuries the Church has felt strongly that service to the sick and suffering is an integral part of her mission, and not only has she encouraged among Christians the blossoming of various works of mercy, but she has also established many religious institutions within her with the specific aim to fostering, organizing, improving and increasing help to the sick' (n. 1).

At this commemoration I would like to express on behalf of the men and women religious who work in the field of health and health care my most fervid gratitude for the help that this Pontifical Council gives us in promoting and fostering our mission. Publications such as

the journal *Dolentium Hominum* and the *Charter for Health Care Workers*, the international conferences which examine monographic subjects of contemporary relevance, and other studies such as those of drugs or AIDS, have helped to illuminate our mission, to share concerns and to respond to the challenges that the world of health and health care provide us with. In addition, the participation of men and women religious in the commissions of members and consultants of the Pontifical Council has fostered better communication with the Church in order to respond to the mission entrusted to us by Jesus: 'And he sent them out to proclaim the kingdom of God and to cure the sick' (Lk 9:2).

Religious Life and the World of Health and Health Care

Jesus, during his three years of public life, revealed to us the face of the Father, his goodness, his tenderness and his mercy towards all creatures that suffer: 'A multitude of blind men, paralytics and lepers went to him and he cured them all'. When entrusting to his disciples the mission of proclaiming the kingdom of God, he directed their attention to the sick as a horizon, a pathway and contents of evangelisation: 'Whenever you go into a town... heal the sick in that town and say to the people there, 'The Kingdom of God has come near you'' (Lk 10:8-9).

The Church, willed and founded by Jesus, received the mandate to continue down the centuries his example, his same mission. Indeed, ever since the day of Pentecost the history of the Church has been a history of charity, written down the centuries by an immense multitude of believers who, like Jesus, have dedicated themselves to caring for the poor and the wounded. Through the hearts, the hands and the feet of heroic and generous Samaritans, Jesus

has continued to pass through not the small regions of Judea and Galilee but all the streets of the world. This is confirmed by Benedict XVI in his encyclical *Deus caritas est* when he tells us that 'Love is therefore the service that the Church carries out in order to attend constantly to man's sufferings and his needs, including material needs' (n. 19).

The consecrated life in health care is written into this 'passion' of God for man who is manifested in the Incarnation (Jn 1:14). It is a continuation of the merciful activity of Jesus at the service of the sick and thus constitutes a privileged opportunity for union with him and a sign of his Kingdom. In this way consecrated people are signs and instruments of the love of Christ for sick people and of love of the Church for the suffering limbs of Christ.

The Birth of the Institutes of Consecrated Life

History stresses the commitment of the Church in helping the poor and the sick from the first public appearance of Jesus in Jerusalem (Acts 3:3-10) to our days. The first Christian communities expressed this love in the form of hospitality not only for those who came from foreign parts but also for the poor and the sick.²

In order not to abandon this charitable action, deacons were created in Jerusalem (Acts 6:3-7). There were also deaconesses such as Phoebe of whom Paul speaks in his Letter to the Romans (Rm 16:1) or Tabitha who was raised from the dead by Peter (Acts 9:36-43).

This action of hospitality was continued down the centuries by Religious Life. At the outset charitable action was organised around monasteries. From the twelfth to the fifteenth centuries the routes of pilgrims towards Rome, the Holy Land and Compostela (Spain) were dotted with monasteries who at-

tended to pilgrims and the sick in their buildings for guests.

From the sixteenth to the eighteenth centuries new Congregations flourished which were entirely dedicated to the needs of the poor and the sick, such as the Hospital Order of St. John of God (1495) and the Order of the Ministers of the Sick (1550), amongst others.

Female religious life has its most significant reference point in St. Vincent de Paul who struggled to free it from a centuries-old mentality which forbade women to consecrate themselves to the Lord outside closed convents and thus he founded the Daughters of Charity (1633).

From the eighteenth to the twentieth centuries numerous Congregations, in particular for women, flourished which were dedicated to the world of health and health care. Subsequently, this presence suffered a slow and steady decline, and this has continued until our time.

The men and women founders of religious institutes lived, and taught their institutes to live, the Gospel by dedicating themselves to service to the sick and the poor following the example of Christ (cf. 9:35). For this reason, religious life within the Church has been, and is, present in places of suffering and social abandonment, following in the footsteps of Christ, the divine Samaritan, physician of bodies and souls,³ with generous dedication which on by no means few occasions has been heroic, as is appropriate to the prophetic character of consecrated life.⁴

Looking to the Future

Today the world of health and of health care, which is dominated by technology and is secularised, continues to be a crossroads for the confluence of 'the great hopes and greatest problems' of humanity,⁵ the setting for 'fundamental human events'.⁶ No other activity involves so profoundly those who engage in it.

Religious life, attentive to the signs of the times, contemplates this world of health and health care as a contemporary setting

of a specific revelation of God which is manifested to the wish of man for a full life. To perform their mission, religious institutions find that they have to address certain challenges to which it is necessary to respond in order to go on proclaiming the Gospel of health.

Challenges Related to the Life Itself of Religious

1. Maintaining Identity

A religious exercises his or her own service in virtue of a gift and not only of an academic qualification or technical capacity. This is a service which because of his or her identity as a consecrated person is transformed into his or her radical choice for God.

Without in the least diminishing the rigour of his or her professionalism, a religious knows that he or she is and always be a 'professional of the Kingdom', he or she knows that a charism, before expressing itself in ministerial forms, is an experience of God, it is a call to effect a transformation of the consecrated person, comparing him or her to merciful Christ.

Today, however, he or she is called more than ever before to discover the hidden presence of God in the ambiguity of the world of health and health care, to accept with joy and wisdom the autonomy of temporal realities and more concretely the technical character of every health-care profession, the secular condition of the health-care world, the plurality of world views, and the multi-disciplinary dimension of health and health care. Even before proclaiming the Good News, he or she must discover it already present in the symphony of therapeutic gestures that translate the soul of the Good Samaritan.

2. Promoting Communion

Unity in diversity is one of the great works of the spirit and the complementariness of charisms is one of the fundamental characteristics of the Body of Christ, where each person exercises a function and

everyone works from and for the building up of the Church.

Today in the Church and in religious life bodies have grown up for dialogue and co-operation, inter-congregational initiatives, and projects shared with other institutions that pursue the same objective as regards health care, even though the call to unity and participation in shared needs, which will overcome the individualism, the fragmentation and loss of strength from which we are suffering, continues to be of critical importance.



3. Promoting Shared Mission

In this practice and in caring for the sick, a moral recognition of the person being cared for is fundamental but the same may be said of a moral recognition of the person providing care. Amongst those who provide care, lay people who work in health centres directed and managed by religious institutions are increasingly numerous. This situation, which may have been brought about by a decrease in the number of religious caused by a lack of vocations, must be an opportunity to share our charisms, gifts of the Spirit which have a universal destiny for the good of humanity, and to foster communion and the mission of lay people within the Church.⁷

In addition, the growing secularisation of our society, especially in industrialised countries, challenges us to work not only with those who identify themselves as Catholics but al-

so with people of different religions and good will even though they do not have a vision of faith. The Biblical account of the meeting between Peter and Cornelius (Acts 10:34-48) demonstrates to us the inclusive nature of the Kingdom whose boundaries and members can be determined only by God. 'God treats everyone on the same basis. Those who worship him and do what is right are acceptable to him, no matter what race they belong to' (Act s 10:34-35). We must continue to reflect upon how the activities of religious will continue to function and in a special way be charismatically evangelising when such activities no longer have consecrated men and women.

This reality leads us to expand the area of our tents (cf. Is 54), to encourage shared mission, which is not only a proposal for a concrete area of work but also a setting of communion and participation in a charism, forming hospital communities that are workers of evangelisation in the ministry of health.

4. *Encouraging Pastoral Creativity*

From our men and women Founders comes to us the call to be constantly innovators in actualising and teaching the gospel commandment: 'Go throughout the world, preach the Gospel and heal the sick' (Mt 10:7).

This is a permanent call to look for important ways of living and to transmit the gospel of mercy in a world of health and health care that is a setting of contradictions and ambiguities: life is defended and life is cared for but at the same time a contrary culture is spreading – abortion and euthanasia; care for the body is promoted but the spiritual dimension of the person is forgotten about; health is improved but unhealthy forms of life are encouraged; and medicine that is increasingly technical is developed but to the sole advantage of rich countries, abandoning the populations of developing countries to malnutrition, hunger and disease.⁸

We must return to boldness, to creativity and to the freedom of the Founders in order to learn to be ready to help and to respond with gospel passion to these challenges.

Other Challenges Connected with Health-Care Institutions (Catholic Hospitals)

We religious work in and manage health-care and social/health-care institutions such as hospitals, rest homes, family homes, as well as in the sphere of assistance in people's homes. Maintaining the identity of these institutions in a world in which there exists an evident 'fracture between the Gospel and culture',⁹ and in which secularisation has also reached the world of health and health care, pre-supposes, amongst other things:

1. *Upholding the Centrality of the Person*

The kingdom of God places the sick person at the centre of things inasmuch as he or she is the first recipient of the good news of the salvation of God in Jesus: 'Blessed are the poor, for the kingdom of God will be theirs' (Lk 6:20).

To uphold the centrality of the sick or not self-sufficient person, who is endowed with inviolable dignity, means to transform him or her into a protagonist of his or her health and his or illness in the face of systems which oppose this with economics and technology, offering models of care that give precedence to the humanisation of medicine and hospital realities.

2. *Being near to those most in Need*

We hear the constant call to respond to the needs of the poorest of the sick, those who are abandoned or neglected by social policies: the sick elderly, the terminally ill, the mentally ill, and the victims of social diseases such as AIDS or drugs.

Religious life has always been near to the least because this is a constant criterion of discernment when taking

apostolic decisions. Here we may cite the role of Congregations as regards developing countries with their generous dedication that reaches heroism. During the recent tragedy in Haiti we saw numerous communities of men and women religious work in one of the poorest countries in the world and we know that they will remain there when everyone else has left.

3. *Renewing Pastoral Care in Health*

Illness is an experience of finitude and powerlessness that undresses a person of his or her security. To help a sick person is not only to improve his or her pathology. It is also to respond to other requests that require a large dose of humanism and sensitivity. Often the technical aspect is attended to but the human and spiritual side of things is neglected.¹⁰

Pastoral care in health, which is often seen as a secondary form of hospital action, must retrieve all of its riches so that it is a memory and a stimulus as regards evangelisation, the mission to heal which Christ entrusted to the whole of the Church.

It must be a presence that evangelises through religious care for the sick, also cooperating in the humanisation of health-care contexts, attending to pastoral care for health-care workers, pastoral care carried out in a team, and being open to working with workers, the sick, voluntary workers and families. The presence of religious is fundamental inasmuch as the truths that afflict man in his deepest part can be transmitted only with a heart that is full of humanity and delicacy,¹¹ full of the love itself of God.

To speak about integrated pastoral care equally means to be aware of the fact that one is not dealing with adding initiatives of a catechetical or liturgical kind to the activities of health-care workers but rather with cooperating in integral care and assistance for the person so that this activity itself is a sign of God the friend and saviour and an invitation to receive His salvation.¹²

4. *Encouraging Ethics and Bioethics*

Another challenge is to open Catholic health-care institutions to debates about medical ethics and bioethics that regard our society. This assumes the promotion of a forum for reflection (committees) and research and the exercise of practice that is coherent with the moral teaching of the Catholic Church as regards crucial aspects such as, amongst others, the beginning and end of life and new technologies.

5. *Cooperating with other Health-Care Institutions*

Today more than ever before we need to establish alliances with the structures that work in the world of health and health care, searching for pathways of cooperation and joint-work, and confronting negative elements not so much with words as by offering an integral service of quality which addresses the ambivalences of the health-care world: the defence of life, the humanisation of the technical, communication with patients and the practice of justice enriched by charity.

6. *Maintaining our own Works*

The works that are the property of religious, even though

they are not profit making, must look for a balance between economic needs and ethical requirements, reconciling 'good intentions' with the needs of the markets and the law of supply and demand so that everything leads to a better quality of care in line with the advice of our venerated Pope John Paul II: 'Catholic social works...are not a mere filling in for provisional failings of the state, nor even less are they competition with it. They are an original and creative expression of the fecundity of Christian love'.¹³

Conclusion

The world of health and health care is the parable of the Kingdom in which consecrated people are called today, more than ever before, to accept being, humbly, 'a bridge and mediation of a great alliance that congregates around the integral salvation of man, Gospel and science, charity and competence, believers and non-believers, human promotion and the building up of the Kingdom'.¹⁴

Our Founders have taught us to serve Jesus in the person of sick people, his 'living images' (to use the phrase of the founder of my Congregation, St. Benedict Menni). I ask the Lord, on this twentieth anniversary of the foundation of the

Pontifical Council for Health Care Workers, to help us to be always at the side of those who suffer, bearing true witness to His goodness and His paternal solicitude.

Sr. M. CAMINO AGÓS
MUNÁRRIZ

*Congregation of the Hospital Sisters
of the Sacred Heart of Jesus,
Rome.*

Notes

¹ CONGRESO INTERNACIONAL DE LA VIDA CONSAGRADA, *Pasión Por Cristo, pasión por la Humanidad* (Madrid, 2005), *Documento de trabajo*, 27ss.

² Cf. HOSPITALIDAD, *Diccionario Teológico de la Vida Consagrada* (Publicaciones Claretianas, 1989).

³ Cf. JOHN PAUL II, *Savifici doloris*, nn. 28-30.

⁴ Cf. John Paul II, *Vita Consecrata*, n. 83.

⁵ TILLAR J.M.R. *En el mundo sin ser del mundo en 1982*, p. 20.

⁶ JOHN PAUL II, *Motu Proprio Dolentium Hominum*, n. 3.

⁷ Cf. JOHN PAUL II, *Christifideles laici* (1988).

⁸ JOSÉ ANTONIO PAGOLA, 'Evangelización y mundo della salute', in *Pastoral della Salute y Bioética*, p. 684.

⁹ PAUL VI, *Evangelii Nuntiandi*, n. 20.

¹⁰ E. LÓPEZ AZPITARTE. *Envejecer: destino y misión* (San Pablo, 1999), pp. 176-177.

¹¹ *Ibid.*, p.195.

¹² JOSÉ ANTONIO PAGOLA, 'Evangelización y mundo della salute', in *Pastoral della Salute y Bioética*, p. 684.

¹³ JOHN PAUL II, 'Address in Loreto', 11 April 1985.

¹⁴ F. ÁLVAREZ, 'Vida consagrada sanitaria' in *Pastoral de la Salute y Bioética*, p. 1849.



Greetings of Dr. J.M. Simón Castellví, President of the FIAMC

Your Eminences,
Your Excellencies,
Distinguished Colleagues,
Journalists, Translators and
Friends,

The FIAMC (World Federation of Catholic Medical Associations, *the letters F.I.A.M.C. are taken from the French name of the organization*) is a federation made up of about seventy national associations of Catholic doctors. It is organised into six regions (Europe, Asia, Africa, Latin America, North America and Oceania) and the

specialised agency Mater Care International ('preferential option for mothers'), the Centre for Biomedicine of Bombay and our central office in the Vatican City also belong to it. Some national associations are authentic continents (the AMCI in Italy or the CMA-USA in the United States of America). Thousands of Catholic doctors work in a coordinated way throughout the world.

The FIAMC organises conferences (at a local, national, continental and international level) on various subjects of medical interest; promotes spiritual retreats; undertakes press initiatives; helps in humanitarian catastrophes; etc.

We are involved in the promotion of the defence of human life in the light of the Magisterium of the Catholic Church, for example *Humanae vitae* or *Evangelium vitae*.

Recently the FIAMC has been concerned with the natural regulation of fertility, the donation of organs and transplants, adult mother cells, the abuse of psychiatric pharmaceuticals in children, and poverty in health care. Various teams have helped

the victims of the earthquakes in Haiti and Chile. We serve the Church of Jesus Christ by helping people and their medical doctors.

Our next international conference (conference-pilgrimage) will take place in Lourdes in France 6-9 May of this year and will reflect on the subject 'Our Faith as Medical Doctors'.

The Federation receives all of its strength from on High and from the often silent work of its medical doctors and confederated associations. In this sense, a continent such as Latin America is not a utopia but pure achievement.

The Church can receive much from us, from we organised Catholic medical doctors. A medical doctor is seen positively both by the world in general and by society... and it is for this reason that it constitutes an effective instrument of apostolate for the whole of society.

Dr. JOSÉ MARIA
SIMÓN CASTELLVÍ,
*President of the FIAMC,
(World Federation of Catholic
Medical Associations)
Spain*



Greetings of Dr. Piero Uroda

Your Excellency the President, Your Eminences, Your Excellencies, Members of the Pontifical Council, Ladies and Gentlemen,

My greetings seek to be a profoundly felt expression of gratitude to the Lord who inspired Cardinal Fiorenzo Angelini to promote, and His Holiness John Paul II to establish, this Pontifical Council twenty-five years ago, with which we have always cooperated.

This vocation to bear pre-

cise, constant and I hope growing witness to our faith in our daily work and in our world allows us to know, live and share together with the Hierarchical Church the missionary experience entrusted to us by the Lord himself at the moment of his Ascension: "heal the sick".

H.E. Zimowski, the new President of the Pontifical Council, has given us a great deal of help and also great joy in demonstrating to us the at-

tention paid by the Church to our role when he spoke last September at the Federal Days whose subject was the grave question of the counterfeiting of medicinal products.

In the contemporary world our personal and professional commitment is to elevate the moment of the simple distribution of medicinal products to fraternal welcoming, to correct information, to health-care education, to a proposal, when this is possible, to live one's

illness within a framework of a religious vision that always comforts during difficult moments, opposing this service of love, which is attentive above all else to the poorest, to the worldly mentality that prevalently sees the economic and commercial dimension of the problems of sick people.

The task at the level of being an association of our Federation is twofold: first, to create a

worldwide network of pharmacists who are in various ways active in the world of medicinal products, to live these values, and second, to call world social and political attention to two fundamental points: justice in the use of medicinal products and respect for Life from its emergence in the embryo until its natural end according to the will of God for each one of us.

I once again thank the Lord for being able to take part in this great meeting and I trust in the help of the Most Holy Mary in achieving a successful outcome for our deliberations.

Dr. PIERO URODA
President of the FIPC
(International Federation
of Catholic Pharmacists)

Remarks by Father Michael D. Place

Your Excellencies and fellow participants:

On behalf of the AISAC (International Federation of Catholic Health Care Institutions) I am honored to express our congratulations to the Pontifical Council for its twenty five years of service to the ministry Catholic health care across the world. The Pontifical Council is a tangible witness to the solicitude of the Holy Father for what the Servant of God John Paul II spoke of as an essential ministry of the church. We also express our appreciation for the leadership and support of His Excellency Archbishop Zimowski, President of the Council, and His Excellency Bishop Redrado, Secretary of the Council, and Monsignor Mupendawatu.

The International Federation of Catholic Health Care Institutions, AISAC, is somewhat different from the other organizations represented on this panel. First, unlike other associations AISAC is not an aggregation of professionals but of over 5,000 Catholic hospitals and over 100,000 Catholic health care institutions across the world. As an institutionally based ministry, Catholic health care is a sister ministry to the great ministries of Catholic education and Catholic charity. Second, AISAC is not an independent organization but is a "dependent" entity that exists within the Pontifical Council.

AISAC provides assistance to the Pontifical Council as the Council fulfills its pontifical mandate to assist the bishops of the Church coordinate and oversee the ministry of Catholic health care in their particular churches.

With the support and direction of the Pontifical Council, AISAC recently convened the Third International Congress of Catholic Health Care. The theme of the Congress came from an allocution of His Holiness, Pope Benedict XVI, in which he called for an "*aggiornamento*" or renewal of the Catholic health care ministry. Delegates from across the world convened to consider the challenges facing the ministry and how best to respond to those challenges. Remarkably the Congress arrived at a consensus statement which it forwarded to the Pontifical Council for its consideration and utilization. Today I would like to highlight four areas that the Congress proposed as opportunities for "*aggiornamento*": strengthening the Catholic identity of the ministry, preparing future leaders, building solidarity within the ministry and working for justice.

The opportunity for renewal in these areas comes at the same time as the manner in which the ministry is conducted will continue to evolve in order to respond more effec-

tively to changing cultural dynamics, to the health status needs of those we serve and to strained economic resources.

It is our hope that AISAC will be able to continue assisting the Pontifical Council fulfill its mandate as we work together to discern how we can best advance the renewal of the ministry. We also look forward to deepening our collaboration with the other associations present here today.

Let me conclude by wishing the Pontifical Council all the best in future years: "*Ad Multos Annos.*"

REV. MICHAEL PLACE,
S.T.D.
Chairman of AISAC,
(International Association of
Catholic Health Care Institutions)



The Future of the Pontifical Council for Health Care Workers Lies in its History

It is not my intention in this paper of mine to engage in a history of the twenty-five years of life of this dicastery because others have already done this. But I do wish to remember in a simple way how its institution was arrived at, given that I directly experienced its long gestation which, as I intend to illustrate, went back to over *thirty years before* its creation.

Indeed, if one does not understand in an exact way the roots on which the Pontifical Council was built it will run the risk of becoming one of the very many bureaucratic structures that is destined to end.

Everything began in the year 1952 which was the thirtieth anniversary of the foundation of the male section of Catholic Action. Professor Maltarello (a medical doctor) was its national president and Fiorenzo Angelini, at the present time a Cardinal, was its central Ecclesiastical Assistant.

They wanted to give the Holy Father Pius XII a present. Rather than offering him (as was the custom) plants, chalices, candelabras or liturgical objects which were then, obviously, given to poor churches or missions, they gave a church in the outskirts of Rome which not by chance was dedicated to St. Leo the Great. This was a splendid church with marble, mosaics, frescoes, works of art on which the greatest artists of the time had worked, as well as an oratory, headquarters for Catholic associations, works for the Christian education of young people, a multi-use sports field, a cinema with six hundred seats, a centre to help poor people, and *above all, for the first time in a parish, a medical clinic*.

At that time I was a student at the Faculty of Medicine. In that parish as in all parishes the methodology in force was that

of the Work of St. Vincent: works and initiatives of a largely social character had been created to be put into practice in the homes of those people suffering the most poverty and most need.

In this case with a medical polyclinic the activity of the Parish of St. Leo went beyond the narrowly social and linked up with matters connected with health, suffering and illness.

The activity of this health-care clinic was notably appreciated by the people of the parish and many of us young people were directed towards organising an active network which was increasingly widespread and covered the whole neighbourhood. We were convinced that through this witness we would have been able in a more concrete way to bear witness to the Gospel.

Thus the first experience of health care as an instrument of evangelisation was born, in the Parish of St. Leo the Great, in 1952, in Rome: pastoral care in health with the characteristic of being parish-based, with the people of the neighbourhood and for people in general and not limited to pastoral care in health to be carried out in hospitals or clinics.

Together with Don Luigi Di Liegro, who was the first director of the Caritas of Rome and who was vice-parish priest of the Parish of St. Leo, and with Franco Placidi, an engineer, and many other dear friends, we made our experience known about to the other parishes of the diocese and involved them in it. Our experience testified in essential terms to the need for the Church of Rome to pay greater attention to matters connected with the health of people and to identify in illness an instrument of evangelisation beyond the evangelisation to be taken to traditional health-care struc-

tures such as hospitals and clinics.

You can imagine our satisfaction when we learnt on 15 September 1955 that the Holy Father had appointed Monsignor Angelini as the person responsible for health care in Rome. The next year, in 1956, he was appointed, with this specific responsibility, as titular Bishop of Messene. The incredible fact is that this Monsignor had been at first offered a more important position as bishop of a diocese outside the city but he had preferred the post of Delegate for the Hospitals and Clinics of Rome, “because”, he said, “I prefer to attend to the sick”.

The reasons will certainly be different but *I prefer to think* that he had been very much struck by the experience of this new pastoral care in health that had been begun in this church donated by Italian Catholic Action to the Pope and that he undoubtedly perceived that health care could have been a formidable modern instrument of evangelisation not only in Rome but in the whole world. History showed that he was right.

What the situation of pastoral care in health was in Rome in the years 1955-56 before His Eminence became the Delegate can be quickly summed up: there was no real idea of pastoral care in health. A surprising mentality persisted. It was seen ‘as an aspect of pastoral ministry that was taken for granted and it was believed that priests, men and women religious and also the lay faithful were in themselves suited to exercising it; training for it was seen as an optional’. *Suitable training to engage in effective pastoral care in health* was, instead, fundamental and necessary, and this was later produced and implemented.

For this reason for twenty

long years our experience of pastoral care in health took place in Rome in the light of these principles both in parishes and in hospitals and clinics.

Thus in 1979 at the General Assembly for Pastoral Care in Health of the diocese of Rome it was possible to sum up the results that had been achieved and thus offer a reference model for all the dioceses of Italy and subsequently through the work of John Paul II, to the whole world.

Indeed, all of the documentation on this twenty-year experience in Rome was sent to the Holy Father John Paul II. In the accompanying report it was emphasised how during this twenty-year experience one thing had struck us profoundly, that is to say the lack of a style and a methodology for action in the exercise of pastoral care in health as it was traditionally engaged in. To give an example, we were struck by the fact that the appointment of a hospital chaplain (beyond respect for the presence over many centuries of hospital Congregations) took place (and here I quote from the book 'La Mia Strada' by Cardinal Angelini) "either to find a job for a priest or to fill in supplementary activity or because it was not known how to employ him differently. Improvisation and approximation prevailed".

It was thus necessary to transform this mentality and implement a different style of action which was defined by us as 'parish-based', that is to say that just as a parish priest performed his role by working with all the elements that made up his flock, so a hospital chaplain had to extend his activity to all health-care realities: medical doctors, nurses, technicians, administrative staff, auxiliary volunteers, as well as the families of patients and health-care workers.

It was specifically this long experience of ours which allowed us to state that a hospital is the most frequented temple in the world. Thus we argued and we still argue that it was necessary to invest the best energies possible, men and means, in hospitals. Moreover,

a hospital had to be seen as being important as a parish, indeed a hospital had to be a 'modern parish' that was perfectly integrated with the traditional parish.

At this point it was easy to convince John Paul II of the need to draw up a document on human suffering and to create a body at the level of the Universal Church which would promote the coordination of doctrine and pastoral and care activity at the service of the sick and health-care workers. This was easy because he had a deep knowledge of the subject since as the Archbishop of Krakow he had engaged in activities and experience related to pastoral care for suffering. Indeed, he had been Ecclesiastical Assistant to Catholic Doctors.



It was then necessary to find a suitable opportunity to move from words to facts and the opportunity for this was the World Congress of Catholic Doctors that was held in Rome in 1982. On that occasion, preceded for that matter by many other signs that had been made to appear in the press and many other initiatives of ours (a detailed description of this is described in a dossier of the review *Orizzonte Medico della Associazione dei Medici Cattolici Italiani* which had just been published), in the presence of the Pope, a request was made for: 1. an encyclical or another document by him on illness and suffering in the life of man; 2. the creation of a world body with its headquarters in Rome for the promo-

tion, doctrinal direction and coordination of all national and international bodies connected with the Catholic world of health care.

Less than two years later his letter Salvifici doloris (11 February 1984) on the Christian meaning of human suffering was issued, and the next year (11 February 1985) John Paul II established the Pontifical Council for Pastoral Assistance to Health Care Workers and appointed Cardinal Fiorenzo Angelini to be its head.

The experience lived through in the past in Rome, beginning with the far away year of 1952, produced successes which we can now touch with our hands: a) the diocesan day of the sick became the World Day of the Sick; b) the annual courses on medicine and morality (they numbered as many as seventeen) became the international conferences; c) the census of the clinics and hospitals in Rome became the census of health-care structures in the world – this was the first time in history that such a census had been undertaken; d) the publication of the book of the addresses to medical doctors of Pius XII in 1961 for all Catholic health-care workers was translated in 1994 into the *Charter for Health Care Workers*; e) the defence of the encyclical *Humanae Vitae* of Paul VI in 1968 led to the birth of the Pontifical Academy for Life; f) the review *Orizzonte Medico* led to the creation of the review *Dolentium Hominum – the Church and Health in the World*, in five languages; g) the birth of the European Federation of Catholic Doctors (EFCd) in Malta in 1964 and the birth of the International Federation of Catholic Doctors (IFCD) in Manila in 1966 were signs of the universal joint work and interaction of members of the laity connected with health and health care; h) the annual study visits (Russia, Poland, Cuba, the United States of America, Brazil, Japan, Kenya, South Africa, France, Germany, Holland: these were a prologue to over 196 pastoral visits which

constituted an instrument for the development of links and connections between episcopates throughout the world.

In a few words here we can see how our experience in Rome became universal.

The Second Vatican Council gave more value to the apostolate of members of the laity and to the point of stating in the decree *Apostolicam Hactuositate* that: 'within the community of the Church their action is so necessary that without it the apostolate itself of pastors cannot moreover achieve full efficacy'.

His Eminence Cardinal Angelini stated: "I have lived my life as a priest above all amongst the laity: in parishes, in Catholic Action, amongst Catholic doctors, in pastoral care in health. From lay people I have received a very great deal: I have learnt to be more a man and more a priest; lay people confirmed me in my vocation specifically when

their sufferings were added to mine". And he ended the twenty-sixth World Congress of Catholic Doctors of 1982 in Rome by saying: "I would like very many, all, priests to be able to experience how effective it is for priesthood to be able to be near doctors and to be able to take part in their primary purpose in life – treatment and care for the sick... very many episcopates, perhaps for the first time, have taken into consideration the need – as pastors of God they cannot do otherwise especially today – to be near to doctors who are some of the most important pilots of public opinion".

When addressing Italian Catholic doctors on the occasion of their fiftieth anniversary of the foundation of their association, John Paul II declared the following: "In this sense, your service to life becomes a defining form of apostolate that can be well in-

serted into the commitment to the new evangelisation. Thus, ten years or so ago I wanted to establish the Pontifical Council for Pastoral Assistance to Health Care Workers which by its explicit purpose receives and expands at the level of pastoral care in health the Christian witness borne both by you Catholic doctors and by all those who work in the field of health care and health (cf. *Motu Proprio Dolentium Hominum*). So consider the Pontifical Council as your dicastery, the first and most effective reference point of the apostolic dimension of your role as Catholic doctors, especially as regards increasingly close and effective coordination with other international and national associations of Catholic doctors".

Prof. FRANCO SPLENDORI,
*President of the Association
of Catholic Doctors of Rome,
Italy.*



Pastoral Fruits of the World Day of the Sick – The Case of Korea

Introductory Remarks

The celebration in Seoul of the Fifteenth World Day of the Sick (WDS) with the theme “Spiritual and Pastoral Care for the Sick with Incurable Diseases” was indeed a valuable channel of grace that the Lord generously granted to all the people of Korea, both North and South, Catholics and non-Catholics alike. It was a propitious occasion for the Church in Korea to live the Church as missionary communion in which all the faithful – clergy, religious, and lay faithful, young and old, sick and non-sick – were happy to take part together. It was a valid occasion for the Church to remind the sick and the suffering that she shares their suffering. It was a valuable time for all health-care workers and volunteers to renew the commitment to their mission to become “the living sign of Jesus Christ and his Church in showing love towards the sick and the suffering” (*Christifideles Laici*, n. 53). It was a wonderful occasion for the Church to further sensitize people to *Evangelium vitae*. It was a beneficial moment for the non-sick to remind themselves that they, too, may become sick any time in the future and that they should see Christ’s face in the sick, bearing witness that *Deus caritas est*. All in all, the celebration of the WDS in Seoul served as a valid instrument for evangelization in Korea, inside and outside the Church.

Prayers for and with the Sick

Keeping such a significance firmly in mind, the Church in Korea emphasized the need for constant prayers for the sick and the success of the WDS,

fully believing that “the prayer of faith will save the sick person” (Jm 5:15). She composed a special prayer specifically for the fifteenth WDS. This was used for the special novena offered in all the parishes and families in preparation for it. This prayer was also made available in a Braille edition for the blind. Eucharistic celebrations were simultaneously translated into sign language; at the opening Mass the second reading of the epistle was proclaimed by a blind person and at the closing solemn Mass the second reading was proclaimed by a deaf person, the first deaf deacon in the Korean Church, who was ordained a priest a year later in Seoul. This was a sign of solidarity of the whole Church with the sick and thus created further a favorable atmosphere for the Catholic Church in society as a whole.

The WDS with Young People

Another event that should be mentioned is the celebration of the WDS with Young People, in which sick young people, medical students, student nurses, young volunteers and young star performers gathered together with bishops from Rome and all over Asia to reflect on the meaning of the WDS. Video sharing by children with incurable illnesses of their suffering experiences was impressive enough to sensitize the participants on the need for constant prayers and dedicated service for the sick, leading them to feel that such experiences are their own. All the participants could renew their will to commit themselves to serving the sick, united with each other in festive performance of songs and dances dedicated to the sick and health-care workers and volunteers. Thus, this celebration

proved itself an effective instrument for mutual dialogue between the Church and youth, thereby serving as a forum for the Christian formation of youth, which should be not only “informative” but also “performative” (cf. *Spe Salvi* n. 2). It can be said that this celebration provided the Church and society in Korea with hope for the present and future.

The WDS with the Mass Media

The three-day celebrations of the WDS were fully reported by the Church’s weekly newspapers, magazines, radio and television (PBC, Pyonghwa [Peace] Broadcasting Corporation) run by the Archdiocese of Seoul. All the Korean daily newspapers and news media devoted ample space to detailed news coverage of these celebrations. KBS (Korean Broadcasting System) TV, the biggest television network in Korea, reported these events even at the primetime newscast. Such media coverage played a decisive role in calling the attention of public opinion to the problems connected with incurable illnesses, disseminating the papal messages of the WDS among Koreans.

In fact, the celebration of the WDS was very instrumental in presenting to the Koreans the image of the Church as the defender and promoter of life devoted to health care, following in the footsteps of Jesus Christ who had compassion for all and cured “all kinds of disease and illness” (Mt 9:35). It thus served as a valid instrument for reconfirming among the Koreans the image of Jesus Christ as “the Healer, the Liberator, the Compassionate Friend of the Poor, the Good Samaritan” (*Ecclesia in Asia*, n. 20).

The WDS with the Pope

All the participants in the WDS celebrated in Seoul felt the spiritual presence of our Holy Father amongst them and were unanimous in deeply appreciating the paternal concerns he always showed for the sick and suffering, whenever deemed opportune, as on this occasion. It served as a suitable occasion to reflect on the Pope's teachings on health and health care to the effect that physical health cannot be separated from spiritual health and hence holistic health should be pursued. "In fact, illness and suffering are not experiences which concern only man's physical substance, but man in his entirety and in his somatic-spiritual unity... Illness and suffering are phenomena which, if examined in depth, always pose questions which go beyond medicine itself to touch the essence of the human condition in this world" (*Dolentium Hominum*, n. 2). Health should thus be viewed in its social dimensions as well and so should health care.

The WDS as a Catalyst for Promoting Catholic Bioethics

For health-care service to be righteous and just, it is imperative that Catholic ethics be respected in all cases and at all times. In this sense as well, celebrating the WDS in Seoul was really providential, because since these Days the Church in Korea has been actively involved in promoting medical science compatible with Catholic ethics. In fact, in those days Seoul witnessed the rise and fall of that Korean phony "cloning pioneer" Hwang.

When Hwang announced in May 2005 that he had succeeded, for the first time in the world, in cloning blastocysts, early-stage embryos, using genetic material from patients and human eggs, a hot controversy burst out in Korea over its ethical justifiability, on the one hand, and its scientific genuineness, on the other. He

was able to harvest stem cells genetically matched to each of the patients, destroying the embryos in the process. This was said to be a major step toward providing replacement tissue in the treatment of diseases. It made world headlines and almost all the local media ran stories praising the breakthrough by Hwang and his team without warning of its danger. The government decided to provide him with massive financial support. Anyone who raised an objection to his achievement ran the risk of being denounced as a traitor on Korean internet forums.

The WDS as Impetus for the Prophetic Role of the Korean Church

In these circumstances, the Korean bishops publicly expressed objection to Hwang's research. They pointed out that his research was anti-life because he cloned and destroyed an embryo that is a human life and that using embryonic stem cells is not the only way to treat such diseases. In fact, they insisted that adult stem cells, which had already been proved to be effective clinically, were relatively safe and did not have any moral problem.

The Church was the first and one of the few from among the religions in Korea that spoke out against this research, insisting that we cannot sacrifice one life to save another life. In fact, the Church became a "sign of contradiction" (Lk 2:34) severely criticized by the majority of people. However, when it turned out later that Hwang had faked research results, people came to trust in the Church more than ever before.

The Archdiocese of Seoul, an Effective Defender and Promoter of Life

In this context, the Archdiocese of Seoul established the Committee for Life and undertook important projects for the sake of fostering the service to life:

Catholic Institute of Cell Therapy devoted to adult stem-cell research;

"*The Mystery-of-Life Prize*" to be awarded annually at the time of the WDS in order to promote research in bioscience and the culture of life;

Nicholas Cardinal Cheong Graduate School for Life to produce professionals in bioethics and leaders in the culture of life;

Seoul St. Mary's Hospital expanded its service with the construction of a new structure to accommodate 1,200 patient beds with ultramodern facilities. This is the biggest in size and scale in the nation and at the level of Catholic hospitals in the world. Along with it, a charity hospital will soon start its service with the remodeled old structure accommodating about 1,000 patient beds.

The WDS as a Challenge for the Identity of Catholic Hospitals

The celebration of the WDS in Seoul led the Catholic hospitals to seriously reflect on their identity and *raison d'être*, renewing the commitment to their mission as Catholic health-care services. It also sensitized them further on the need to reach out to people in need of health care beyond their national borders. They have increased overseas health-care services in Asia, Africa, and South America, including Haiti recently.

The WDS as Momentum for Ecumenical and Interreligious Dialogue

The celebration of the WDS in Seoul served also as a means for ecumenical and interreligious dialogue and cooperation. In fact, leaders of other Christian Churches and other religions such as Buddhism and Won Buddhism sent us video messages of solidarity, especially with sick young people. Won Buddhists even expressed their wish to organize an event for the sick, following the Catholic Church's example, and hoped that the

WDS celebrated in Seoul would be sublimated into a national movement.

The WDS to Share with the People of North Korea

In this context, it is opportune to mention that the celebration of the WDS in Seoul stimulated further an ecumenical project to assist the people of North Korea who lack access to basic health-care services. This has been carried out by the Eugene Bell Foundation since 1997, with active participation therein of a Maryknoll missionary in South Korea, providing help with the diagnosis and treatment of tuberculosis, North Korea's number one health challenge.

Concluding Remarks

Before it was celebrated in Seoul, the WDS had been quite unknown to the Korean faithful. It had remained an event celebrated merely within the context of those involved in Catholic health-care services. Thanks to the celebration of the WDS in Seoul, it has now become an event for all the Korean faithful to celebrate together. It has indeed provided them with a meaningful occasion to make an examination of conscience as Christ's disciples. It has thus led them to reflect on the salvific meaning and value of suffering, reminding them to pray intensely and sincerely

for the sick and suffering and to recognize and honor all "ministers of life" (Pontifical Council for Health Care Workers, *The Charter for Health Care Workers*), that is to say: health care workers and volunteers.

The celebration of the WDS in Seoul served as a marvelous occasion for health-care workers and volunteers to renew their firm determination to ensure, through their continuing commitment and effectiveness, that "Christian values and ethics enter deeply into the health care systems [of the country] and transform them from within" (*Ecclesia in Asia*, n. 36). It likewise awakened the Korean faithful to the need to change unjust structures, "calling for just social policies which can help to eliminate the causes of many diseases" (*Message for the Fifteenth World Day of the Sick*).

The celebration of the WDS in Seoul helped the Korean faithful, the sick and the non-sick alike, to change the way of thinking about the sick. The sick should be viewed as active participants in the healing process; no longer as passive recipients of health care. Likewise, they should be treated as active agents of evangelization, rather than simply objects of evangelization. "Even the sick are sent forth as laborers in the Lord's vineyard" (*Christifideles Laici*, n. 53). Such a new way of thinking will contribute to the formulation of a new paradigm of health care for the twenty-first century,

based on the vision of a new and promising horizon of salvation for humankind.

All in all, thanks to the celebration of the WDS, the Church in Korea has renewed her firm determination to "lead people out of the desert, towards the place of life, towards friendship with the Son of God, towards the One who gives us life, and life in abundance." (Benedict XVI, *Homily*, Mass for the Beginning of the Petrine Ministry of the Bishop of Rome, 24 April 2005).

In concluding my modest paper, I would like to express a heartfelt "thank you" to our beloved Holy Father for having chosen Seoul as the venue for the fifteenth WDS, on behalf of the Korean faithful, His Eminence Cardinal Nicholas Cheong, Archbishop of Seoul, and of myself. Our sincere thanks go also to the Pontifical Council for Health Care Workers for having guided and assisted us in trying to properly carry out our tasks in organizing this significant and memorable WDS.

Prof. THOMAS
HONG-SOON HAN
*President of the Catholic Lay
Apostolate Council of Korea.*

The official poster of the WDS reproduces a painting by a famous deaf and mute Korean painter who converted to Catholicism late in life a few years before his death.



The Pastoral Fruits of the World Day of the Sick in the United States of America

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1. There are many brief phrases and texts from Sacred Scripture that form a kind of florilege of sayings that help us, disciples of Christ and the Church who gives us life, to truly live the message and revelation of Jesus. “God so loved the world”; “Be not afraid”, “Courage, I have conquered the world”, “That they may be one”; “In the fullness of time God sent His Son”; the Macarisms of Matthew 5; “I am the vine and you are the branches”. Among these and so many others is that haunting and profoundly compelling phrase of Jesus at the end of the parable of the Good Samaritan: “Go and do likewise” (Lk. 10:37). In this year’s Message for the World Day of the Sick, Pope Benedict tells us, “With these words (Jesus) is also addressing us. Jesus exhorts us to bend over the physical and mental wounds of so many of our brothers and sisters whom we meet on the highways of the world. He helps us to understand that, with God’s grace, lived out in our daily life, the experience of sickness and suffering can become a school of hope.”

That insight coupled to the Venerable John Paul II’s reflections in *Salvifici doloris* form a chain of meaningful insights that found and shape the observance of the World Day of the Sick from its founding until today. John Paul’s linking of the suffering of the sick to the passion of Christ and his realization that the ultimate rationale of suffering is for us what it was for Christ on the cross: a privileged moment to release love. Love reveals itself most surely through sacrifice and hope is enkindled time and time again when that love meets the other whatever his or her condition, whatever the world might think of the meaning of suffering, of the

value and dignity of those who bear the cross of sickness and pain.

Those who work daily in hospitals and clinics, at the bedside of the terminally ill or in the places where the dying are given palliative care, can perhaps become at times desensitized to the drama of human life which they are attending. That is understandable enough. However no one remains long indifferent when care as the fruit of love and hope as the gift love brings into the world join to make even the most humanly desperate moments flashes of grace, light from above that transforms human hearts and minds and restores a dignity that is ours only because it comes from above. How right is Pope Benedict to call our attention once again to the diaconal action of Jesus who washes the feet of his disciples, linking our own acts of servant love to his cross, acts which are nourished at their deepest by the Eucharist, the greatest gift the Lord has left to His Church.



2. The Annual World Day of the Sick, providentially instituted by our late beloved Holy Father, has become over the years one of those gifts to the Church that has grown, at

times slowly, but inexorably, to become part of the consciousness of Christ’s Church, a moment that combines the very concrete reality of real men and women, the sick, the elderly, the disabled, the vulnerable, the marginalized, now caught up into the dimension of hope and love that only the Church’s teaching about the message of Christ can offer. What might have been eighteen years ago a comparatively limited observance, today is mirrored in the lives of all the churches in all the continents of the world. Witness the composition of speakers at this round table presentation and even more, the breadth of topics and participation in this whole conference.

I would be remiss not to acknowledge the pioneering work in this regard by the venerable Cardinal Angelini whom I remember coming to the North American College when I was a seminarian more than 45 years ago. Thanks of course go as well to Cardinal Lozano Barragán and his colleagues as well as to Archbishop Zygmunt Zimowski, our current President.

3. In the United States, the bishops have adopted this observance with enthusiasm and with vigor. A few years ago we had the privilege of welcoming Cardinal Lozano Barragán to Washington where, in a certain sense, Rome came to America which in turn was the “central see” of that year’s World Day of the Sick. This has had the positive result of making the observance even more widely celebrated in my country than ever it had been before. The U.S. Conference of Catholic Bishops publicizes the Message of the Holy Father and the Ad Hoc Committee on health Care which I chaired until a year and a half ago collaborates with the dio-

ceses, hospital systems and particularly the Catholic Health Association (CHA) to deepen awareness of this day and make it a moment of pastoral renewal in the broad field of Catholic health care in the United States.

Appended to this brief paper are materials prepared by the CHA and the Association of Catholic Chaplains for February 11, 2010. They include a prayer service to be used in parishes and chapels in health care centers, a special prayer in English and Spanish for the World Day of the Sick as well as a special prayer for caregivers, also in English and Spanish.

One month prior to February 11, the Catholic Health Association (CHA) sends out a reminder to all member organizations which includes Systems, Acute Care Hospitals, Long term Care Facilities and Hospice and Home Care groups. In that reminder CHA presents a brief history of the WDS, the Holy Father's Message and the prayer service mentioned above. Catholic health facilities choose what best suits them as a means to observe the day. These would include Eucharistic Liturgy celebrated in health facility chapels, anointing of the sick, blessings of the sick who are not Catholic, blessing of caregivers and gatherings of pastoral care department personnel to reflect on their work and deepen their commitment to their pastoral responsibilities in health care facilities.

4. Permit me to focus on my own diocese which has its own health care system. The Diocese of Rockville Centre in 1997 re-organized the Catholic hospitals on Long Island into a diocesan wide system, "Catholic Health Services-Long Island" (CHS-LI). This wise action by my predecessor was crucial to the survival of Catholic health care on Long island. In the subsequent years, we have grown from a four hospital association to a well integrated system of six hospitals, a nursing facility, and a special needs residence for emotionally challenged

youth, home health care and other non-acute activities. While these are "community hospitals", one of them is considered nationally to be the outstanding cardiac care facility; another offers ongoing cancer care allied to the major cancer care hospital of New York, a third operates the emergency room with the largest volume of patients of all Long Island hospitals. This system handles almost 25% of the health care offered on Long Island.

The CEO of our diocesan system, Mr. James Harden, has embraced the World Day of the Sick with enthusiasm and has made it a central focus for

– On WDS but also throughout the year, regular messages which incorporate the theme of WDS.

– Reflection sessions and retreats that focus on WDS.

– For a few years, the Bishop offered Mass in the cathedral for sick people and members of the Order of Malta. Unfortunately, the then area chairs preferred not to continue this.

One of the great gifts of the WDS is the raising of consciousness beyond the borders of our Diocese. As Mr. Harden has written, "The WDS has become a day of reflection



all our entities. The observance brings all caregivers the opportunity to see their work in the light of Christ's healing mission and our continuation of that mission. It broadens the vision of our people to see their work as truly a vocation that unites them in a deep and ongoing bond with Catholic health care around the world. The Message of the Holy Father which is widely disseminated becomes a teaching tool and a catechesis for those who are caregivers.

Some local practical activities are:

– The Bishop's visit to hospitals on the WDS.

– Mass for the sick with a special message to the homebound televised on the diocesan television channel, Telecare.

– Special prayer services and blessings of caregivers in all our health care units for WDS.

– Exposition of the Blessed Sacrament in the chapels of our entities.

which calls our local Church to see its deep bonds with the Universal Church in the field of caregiving. This has led to a stronger grounding of the spiritual and ministerial aspects of healing. In turn it has brought important practical results that go beyond our system." These include the CHS Caregivers Fund which accepts voluntary offerings from the staff that then is given to Catholic health facilities in developing countries, both money raised and volunteers offering their skills in the diocesan mission, El Cercado, in the Dominican Republic and participation in conferences sponsored by the Pontifical Council for Health Care Workers in Rome.

5. In conclusion, may I thank the Holy Fathers and the leadership of this dicastery, past and present, for this initiative that has strengthened Catholic health care in our community and our nation. The United States is facing some real challenges with the recent govern-

ment attempts to reform health care in the United States. The USCCB has been an active participant in this process which has proven to be even more complicated and problematic than anyone has expected. As chair of one of the principal conference committees charged with this issue, I have joined my brother bishops in endorsing and promoting the ideal of universal health care. In that process we have become the lone voices opposing the advancement of abortion availability that the leadership of the Democratic Party is attempting to make law.

We are concerned about the abandonment of freedom of conscience provisions that

would allow government agencies to compel persons and institutions to perform actions that are against an individual's conscience and against Catholic teaching. We continue to argue for care for all in the face of proposals that would leave immigrants without the possibility even of buying their own medical insurance. For the moment everything in this field is stalled. The Catholic bishops, however, are determined to remain vigilant with the hope that ultimately we will have universal health care that does not provide abortion coverage, respects the freedom of conscience of persons and institutions and truly is universal,

thus including coverage for new peoples and immigrants along with the rest of society.

In expressing my appreciation for this invitation, may I echo the Holy Father in his Message by "thanking God for the ground covered so far in this sector" with the "hope that this event will be an opportunity to give a more generous apostolic impetus to the service of the sick and those who look after them" (Message WDS).

H.E. Msgr.
WILLIAM MURPHY
Bishop of Rockville Centre
Chairman,
USCCB Committee on Domestic
Justice and Human Development
U.S.A.



***Twenty-Third
World Congress
of the FIAMC***



***Lourdes
6-9 May 2010***

Message of His Eminence Card. Tarcisio Bertone

Having learnt the news of the holding of the Congress/pilgrimage of Catholic doctors in Lourdes, His Holiness Benedict XVI sends his cordial greetings to all those taking part and assures them of his spiritual nearness. The subject chosen for this pilgrimage, 'Our Faith as Doctors', constitutes a compelling invitation to explore the true identity of the Catholic doctor,

basing that identity on the person of Christ who shared in the suffering of men and wanted to demonstrate his compassion for them and to free them from all maladies. Faced with the grave questions that are raised today as regards respect for human life, Catholic doctors, as well, must bear witness to the infinite love of God for every person who suffers in body, soul and spirit! In a

most heartfelt way, the Holy Father entrusts all of you to the maternal intercession of Our Lady of Lourdes and bestows on those taking part, and the members of the FIAMC and their families, a special Apostolic Blessing.

H. Em Card.
TARCISIO BERTONE
Secretary of State to His Holiness.



Paper Given by H.E. Msgr. Zygmunt Zimowski to the Twenty-Third Congress of the FIAMC (World Federation of Catholic Medical Associations)

LOURDES, 6-9 MAY 2010

The twenty-third international congress of the FIAMC (World Federation of Catholic Medical Associations), which is taking place this year in Lourdes, 'a Marian sanctuary which is one those most held dear by the Christian people, a place and at the same time symbol of hope and grace in the sign of the acceptance and offering up of salvific suffering',¹ offers me the opportunity to greet all of you doctors who have gathered together in pilgrimage from all parts of the world to take part in this important cultural and spiritual event.

I greet and keenly thank the organisers of this congress and in a special way Dr. José María Simón Castellví, the President of the FIAMC, and the new Governing Council of this association which has been called over the next four years to guide your confederation towards important successes at the level of ministry in favour of life which for you, Catholic doctors, is FAITH, as is well expressed by the subject most happily chosen for your congress, namely 'Our Faith as Doctors'.

'The work of health care persons is a very valuable ser-

vice to life'. The *Charter for Health Care Workers*, which the first President of the Pontifical Council for Health Care Workers, Cardinal Fiorenzo Angelini, organised in the now distant 1995, begins with these words.

These words can certainly be addressed to you, Catholic doctors, who have gathered together at the feet of the Virgin of Lourdes to strengthen yourselves in your profession and in your faith in an epoch that is not easy and where the fundamental values of man are called into question and doubted by life choices that are in-

creasingly distant from the magisterium of the Gospel and the Church.

In this context, this congress offers you a unique opportunity to reinvigorate your faith in that Jesus of Nazareth who passed by here on earth to heal and save humanity that was wounded and sick in body and spirit. You are the faithful interpreters of the Physician of physicians, that Jesus who before working miracles of healing healed inner maladies, the maladies of the soul.

In this wonderful place of Hope, of prayer and serenity you have come to engage in dialogue about science and faith in order to be more capable as regards knowing how to bear witness through your profession to the fact that a sick man is a privileged witness to the presence of God who lives and suffers with us. It is you Catholic doctors who can represent this face of care and hope.

Being doctors for you is already a great privilege but to be, and to declare yourselves, openly without hesitation and without any human doubt 'Catholic doctors', gives you a greater responsibility in the context of society and the Church. We can define your profession as a true 'vocation' at the service of the Church and humanity. You have received a special 'charism' from the Spirit that allows you to live to the full your baptismal priesthood following the example of certain doctors, like you, whose holiness has been officially recognised by the Church.

In particular I would like to remember here certain emblematic figures of recent decades and who are certainly well known to you: St. Giuseppe Moscati, the Blessed Gianna Beretta Molla, St. Riccardo Pampuri and Prof. Jérôme Lejeune.

We can remember just one phrase that St. Giuseppe Moscati expressed: that of 17 October 1922 in a note in which he summed up his life as a doctor, a man of science and a man of faith: 'Love the truth, show what you are and without pretence and without

fear and without concern. And if the truth costs you persecution, accept it; and if it brings you torment, bear it. And if because of truth you have to sacrifice yourself and your life, be strong in your sacrifice'.

The Blessed Gianna Beretta Molla expressed herself as follows when speaking about the Christian doctor: 'Do not remember the soul of the sick person... We have opportunities that a priest does not have. Our mission does not finish when medicines are no longer useful, there is a soul to be taken to God... Every doctor must take the patient to a priest. How necessary these Catholic doctors are! May Jesus show himself amongst us, may he find so many doctors who offer up themselves for him'.

St. Riccardo Pampuri, who was beatified and canonised by John Paul II, made his life as a doctor into a mission as a leading doctor of the small Milanese centre of Morimondo but after a number of years fulfilled himself as a Christian by consecrating himself to God in religious life in the Order of the Fatebenefratelli, although he died at the early age of thirty three.

And Prof. Jérôme Lejeune, according to John Paul II, 'always knew how to use his profound knowledge about life and its secrets for the true good of man and humanity, and only for this. He became one of the keenest defenders of life, above all the life of unborn children which, in contemporary civilisation, is often threatened, and to such an extent that one may think that there is a planned threat. Today this threat is extended to the elderly and the sick as well. Human institutions, democratically elected parliaments, usurp the right of being able to determine who has the right to life and who, instead, can be deprived of this right without having done any wrong. In various ways the world has experienced this behaviour, especially during the Second World War, but also after the end of that war. Professor Jérôme Lejeune fully shouldered the specific responsibility of the scientist,

ready to become a 'sign of contradiction' without taking into account the pressures applied by permissive society or the ostracism to which he was subjected'.²

These four examples of doctors of our time here remind us that a medical doctor should not only attend to the body – he or she should also attend to everything that a person may need. The task of the doctor is also to relieve moral wounds through advice, through ac-



companying during the difficult moments that sick people may live through, above all else when their state of health gets worse.

But the example of these figures, in particular the Blessed Mollas, brings us to the value of the family, which today is so much in crisis if not, indeed, called into question by many parts of civil society. This Blessed wrote to

her husband: 'I want to form a truly Christian family where the Lord is at home: a small cenaculum where he reigns in our hearts, illuminates our decisions, guides our programmes; I want to form a family that is rich in children like the one to which I was



born and in which I grew up'.

But Catholic doctors must also follow this example with respect to their professional training and their constant updating, as well as regards the question of money: 'Play our part well. Study science well. Today there is a race for money. Unfortunately there is superficiality in our work as well. We treat bodies but very often we do this without skill' (Beretta Molla).

A further teaching comes to us from the doctor and friar, St. Riccardo Pampuri. Catholic doctors, above all else young Catholic doctors, must look for the best possible pathway to exercise their profession as true Christians. Amongst these pathways there is that of religious consecration. The Church needs vocations consecrated to care for the sick; the sick need this: the generosity of consecrated doctors constitutes a great gift to suffering humanity. Doctors must see this opportunity not as a gift that they give to sick people but as a great grace that they receive from the Lord.

But you as doctors who want to increase your faith have the fundamental task of being the greatest defenders of

life. Abortion, euthanasia and the elimination of life do not belong to Christians. You have the great task of being witnesses to the fact that life, even the most suffered life, is a gift and grace. What John Paul II said in his prayer for doctors should be of help to you: 'You who are life, enable us to proclaim and testify the 'Gospel of Life' in our profession, committing ourselves to always defending it, from conception to its natural end, and to respecting the dignity of all human beings, especially the weakest and the most in need'.

You also have the task of giving a soul to your health-care structures. You know by direct experience that hospitals, nursing homes and rest homes are places where a dehumanisation of relationships between people is experienced and where bureaucracy often prevails. Once again take on board the thinking of John Paul II: 'Lord make us Good Samaritans ready to welcome, treat and console those whom we encounter in our work: following the example of the doctor saints who have preceded us, help us to offer our generous contribution so as to constantly renew health-care structures'.

Yet another task is required of you Catholic doctors: a professionally valid role in the field of pastoral care in health. May you be accompanied in this reflection by the following quotation from the *Charter for Health Care Workers*: 'Pastoral care of the sick consists in spiritual and religious assistance. This is a fundamental right of the patient and a duty of the Church... This is the essential and specific, though not exclusive, task of the health care pastoral worker. Because of the necessary interaction between the physical, psychological and spiritual dimension of the person, and the duty of giving witness to their own faith, all health care workers are bound to create the conditions by which religious assistance is assured to everyone who asks for it, either expressly or implicitly... The health care worker should be totally available to support and accede to

the patient's request for religious assistance'.³

Another task asked of Catholic doctors is to evangelise death. It frequently happens in Catholic structures as well that at the moment of death there is a flight of health-care workers from the dying. The *Charter for Health Care Workers* teaches us that a commitment to evangelise the moment of death 'is a pastoral duty of the ecclesial community in each one of its members, according to the responsibilities of each' and that 'The last word of the Gospel is the word of life that conquers death and opens up the greatest hope to the dying person'.⁴

Another area where Catholic doctors today, perhaps more than yesterday, are called to bear witness is conscientious objection. The *Charter* tells us that: 'The work of health care persons is a very valuable service to life... Life is a primary and fundamental good of the human person... It is to this that professional or voluntary health care workers devote their activity. These are doctors, nurses, hospital chaplains, men and women religious, administrators, voluntary care givers for those who suffer...' Thus a precise stand should be adopted against every initiative that is against the values of life, such as abortion, euthanasia, but also all other conditions in which a sick person may find themselves, not taking into account exaggerated treatment.

In addressing you, the Catholic doctors of the world, the Church trusts that sick people will always find servants of life who follow the example of Jesus the physician. As the *Charter for Health Care Workers* observes in section 64: 'The health care worker who cannot effect a cure must never cease to treat'. Thus every day you will celebrate the 'liturgy' of love, you will know how to provide drops of Hope and in return you will receive from the Lord the gift of increasingly large Faith not only in God but also in man.

Hence the urgent need for training and ongoing training not only from a deontologi-

cal/professional point of view but also from the point of view of the humanisation of care and treatment. On this point Pope Benedict XVI states in his encyclical *Deus Caritas Est* that 'Individuals who care for those in need must first be professionally competent: they should be properly trained in what to do and how to do it, and committed to continuing care. Yet, while professional competence is a primary, fundamental requirement, it is not of itself sufficient. We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity. They need heartfelt concern'⁵

I would like at the end of my paper once again render homage to Prof. Jérôme Lejeune, a worthy son of the French Church, with the same words that John Paul II wrote

on the occasion of his death: 'We are today faced with the death of a great Christian of the twentieth century, of a man for whom defence of life became an apostolate. It is clear that in the contemporary situation of the world, this form of apostolate of lay people is especially necessary. We want today to thank God, He who is the Author of life, for everything that Professor Lejeune was for us, for everything that he did to defend and promote the dignity of human life. I would like in particular to thank him for having taken the initiative of the creation of the Pontifical Academy for Life. A member of the Pontifical Academy of Sciences for many years, Professor Lejeune prepared all those elements that were needed for this new foundation and became its first president. We are certain that he will by now be praying to

divine Wisdom for this very important institution which owes in large part its existence to him'.⁶

H.E. Msgr.
ZYGMUNT ZIMOWSKI
President of the Pontifical Council
for Health Care Workers,
the Holy See.

Notes

¹ Letter of John Paul II to Cardinal Fiorenzo Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, for the institution of the World Day of the Sick, 1 May 1992, n. 3.

² Letter of John Paul II to Cardinal Jean-Marie Lustiger on the death of Professor Jérôme Lejeune, 4 April 1994.

³ *Charter for Health Care Workers*, nn. 108-109.

⁴ *Charter for Health Care Workers*, n. 131.

⁵ BENEDICT XVI, encyclical letter *Deus Caritas Est*, 25 December 2005, n. 31a.

⁶ Letter of John Paul II to Cardinal Jean-Marie Lustiger on the death of Professor Jérôme Lejeune, 4 April 1994.



Greetings of Dr. J.M. Simón Castellví, President of the FIAMC

LOURDES, 6-9 MAY 2010

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The twenty-third international congress of the FIAMC (World Federation of Catholic Medical Associations, *the letters F.I.A.M.C. are taken from the French name of the organization*) took place in Lourdes, France, on 6-9 May 2010. The sanctuary of Our Lady of Lourdes was an ideal place to address the principal subject of the meeting: 'Our Faith as Doctors'. In addition to the opening and closing sessions, this meeting was organised into four specific sessions, based on the *Catechism*:

1. God the Creator. In this session the idea was to engage in an analysis of the evolving creation and on the message of a God who also created doctors and gives help to their work of salvation. In addition, God works miracles, thereby showing that He has power over natural laws that were created from nothing.

2. Jesus Christ the Redeemer (who suffers and heals). A doctor should see the face of Christ in each of his or her patients and in himself or herself. Without ceasing to study and apply all of his or her learning to service to the sick, a medical doctor must also pray for his or her patients. The paper on the Blessed Lolo, a Spaniard who was blind and an invalid, was especially moving. During a visit to Lourdes this Blessed was so moved that he wrote a very beautiful prayer for doctors. The Blessed Dr. Pere Tarrés, who stated that a bed is an altar and a sick person is Jesus Christ, was also talked about.

3. The Spirit of Life. Discussion took place on the faith of medical doctors, on psychotherapists, on professional challenges, on Christian communities as generators of health, and on the philosophy of faith in various parts of the globe. There was an interesting paper

on mother cells and another on the abuse of psychiatric pharmaceuticals by children in North America. It appears that this problem is spreading throughout the world.

4. The Church, the Body of Christ. Various subjects to do with the Church and society in various countries were addressed, such as the protection of invalid children or the priority that the Church should give to the formation of Catholic obstetricians and gynaecologists, a category that runs the risk of extinction. These professionals are authentic heroes of today's medicine.

5. At a congress held at the feet of Our Lady – the generator of life – there could not fail to be a session on motherhood. This was a pro-life session in which subjects such as abortion as an evil and the defence of unborn human life as a good were addressed.

The previous congress had taken place in 2006 in the city of Barcelona, together with a general assembly. This time there was a major exhibition of missionary medicine and this for the first time in the history of the Church. The web page is still active and contains photographs and papers: www.fiamcbarcelona2006.org.

Over the last few years the Federation has cooperated in the organisation – in addition to our continental congresses, those of Mater Care International and those of our centre for medical ethics in Bombay – of two congresses on adult stem cells (in Montecarlo and Rome, both in the presence of the respective Heads of State) and one in Rome on organ donation, and this was granted a special and warm audience by the Pope.

This time we thought that it would have been very productive to engage in a con-

gress/pilgrimage to Lourdes. We had already had too many technical congresses! Catholic doctors would go on a pilgrimage to Mary to ask for intercessions for their patients, their families, their colleagues and themselves. The Apostolic Penitentiary granted a plenary indulgence to the participants, naturally on the usual conditions. A Marian prayer was composed for the event by which protection was asked for doctors.

The acts of piety were many in number and of a human and Christian character: an inaugural Holy Mass in the grotto, presided over by H.E. Msgr. Zygmunt Zimowski, who gave us the gift of his presence; a torchlight procession, which is always striking; the blessing of the sick with the ancient tradition of doctors who followed them, immediately behind them, to the Most Holy Host; a Holy Mass presided over by H.E. Msgr. Jacques Perrier, the Bishop of Tarbes and Lourdes, in the Basilica of the Rosary; and a prayer vigil in the Church of St. Bernadette. The international Holy Mass on Sunday was an emotional moment for us Catholic doctors. We always began and ended our deliberations with a prayer.

His Holiness Benedict XVI sent a message to us in which he exhorted us to serve sick people with love in body, soul and spirit. The presidency of the FIAMC decided to send a letter of gratitude to the Holy Father.

Medical congresses are magnificent opportunities to fraternise and for exchange with colleagues in conversations, at meals, during breaks, in visits to stands or when arriving and leaving. Hundreds of doctors from all the continents of the world are many in terms of actual results. In them we could

perceive true wisdom and sincere friendship. There were eight hundred participants from forty-six countries from all of the continents of the world. Many could not come because of problems with visas or a lack of economic resources.

A magnificent organ and flute concert was performed which delighted those present. Throughout the congress the president of Catholic nurses (CICIAMS), Marylee Meehan, and the former president of Catholic pharmacists, Prof. Alain Lejeune, were always present. It is during such moments that one appreciates the great work done by the Federation. The president, the undersigned, was re-elected, as was the vice-president, John Lee, of Singapore. The new general secretary is Dr. Ermanno Pavesi (Switzerland) and the new treasurer is Dr. Kevin Murrell (USA). Our ecclesiastical adviser, Fr. Maurizio Faggioni OFM, took part in both meetings.



The inaugural session was enriched by various papers and by the magisterial paper given by H.E. Msgr. Zimowski who wanted to stress the validity of the *Charter for Health Care Workers* which was published in 1995 by the dicastery of which he is now the president. He also stated that all health-care workers must create conditions so that all those people who ask for it can receive religious assistance. The prelate equally remembered the witness of Catholic doctors involved in the defence of life and who rejected superficial forms of conduct or political correctness (St. Giuseppe

Moscato, St. Riccardo Pampuri, St. Gianna Beretta Molla and Prof. Jérôme Lejeune). The President of the Pontifical Council for Health Care Workers declared as well, in ending, that Catholic doctors are those who can represent the true face of healing and hope.

It is a tradition that at its four-yearly congresses the FIAMC awards its 'Pope John XXI (a Portuguese Pope who was also a doctor) international prize for medical ethics and deontology' for a specific work. This prize is awarded by an international committee. This year the Portuguese doctors Ana Sofia Carvalho and Susana Magalhaes received the prize for their study entitled 'Searching for Otherness: an Ethical View of a Novel'. It was also decided to mention the work 'Bioethical Reflexions about the Situation of the Elderly' by J.A.R. Simoes.

The FIAMC also gave the important 'Science and Faith' prize to Msgr. Marcelo Sánchez Sorondo, Chancellor of the Pontifical Academy of Sciences, for his untiring work in favour of the promotion of science and faith at every level. This year, which is dedicated to the priesthood, it was decided to award the prize to an ecclesiastic. The origins of the Pontifical Academy of Sciences go back to 1603. Its goal is to promote the advance of the mathematical, physical and natural sciences and the study of the epistemological questions connected with them. It also covers bioethics. Its headquarters are in the Vatican and its members include various Nobel prize winners and scientists of a very high level.

The FIAMC is a federation of Catholic medical associations. However, the most important thing is that it is made up of people. In this sense I must thank the following doctors: Patrick Theillier (France), François Blin (France), Beatrix Paillot (France), Alessandro de Franciscis (Italy), Franco Balzaretto (Italy), Enzo Saraceni (Italy), Xavier Sanz (Spain) and many others. I must equally express my gratitude to the following institutions for the success of the congress/pilgrimage:

the French agency Bipel, the IMAL (the International Medical Association of Lourdes), the CCFD (the Catholic Centre of French Doctors), *Amour et Verité* (of the Emmanuel community) and the AMCI (the Association of Italian Catholic Doctors).

Dr. JOSÉ MARIA
SIMÓN CASTELLVÍ,
President of the FIAMC,
(World Federation of Catholic
Medical Associations)
Spain

P.S. For more information, the message of the Holy Father and photographs see our web site: <http://www.fiamclourdes2010.fr> e <http://internationalfiamc.blogspot.com>

F.I.A.M.C.
World Federation of Catholic
Medical Associations
Palazzo San Calisto, 00120
VATICAN CITY

+39 06 6988 7372
+39 06 9087191
fiamc-va@virgilio.it
www.fiamc.org

President
José M. Simón Castellví, MD
C/Calàbria, 273, entresol 4a
08029 Barcelona (Spain)
+ 34 93 3630364
+ 34 93 4104009
metges@federaciocristians.org

Vice President
John Lee, MD
482A East Coast Road
429051 Singapore
+ 65 63446231(res)
65 97327137
+ 65 62418827
familees@singnet.com.sg

General Secretary
Ermanno Pavesi, MD
Oberdorfstr. 11
9524 Zuzwill SG (Switzerland)
+41 79 2796500
+ 41 71 9400778
ermanno@pavesi.ch

Treasurer
Kevin Murrell, MD
USA
+1 706 868 0777
kkmurrell@yahoo.com

Ecclesiastical Adviser
Fr. Maurizio P. Faggioni
Via Merulana 124, b
00185 Rome (Italy)
+39 06 70373354
+39 335 333006
faggioniimp@libero.it



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XVIII World Day of the Sick 2010 and XXV Anniversary of the Found

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HEADLINES

Ephphatha! The Deaf Person in the Life of the Church

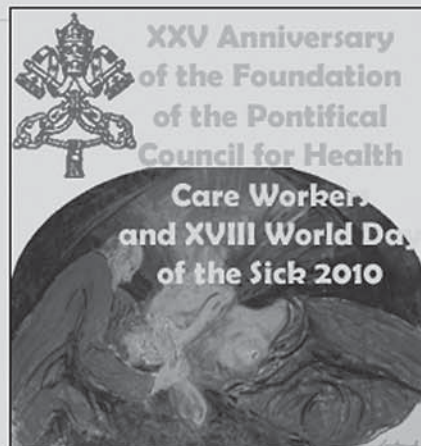
XXIV International Conference
(19-21 November 2009)



The general theme chosen for this year's International Conference wishes to respond to the numerous requests that we have received, asking for the possibility of organizing a Symposium for deaf people in the Vatican.
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Tel. +39-(06)698.83138, +39(06)69884720, +39(06)698.84799 / Fax +39-(06)698.83139
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