Digitale heruitgave “Goed en kwaad” dr. B.A.E. van Benthem O.P..

Tussen 1932 en 1943 gaf uitgeverij J.J. Romen en Zonen uit Roermond de serie “Wijsgerige Grondbegrippen”, onder redactie van mag. Alb. C. Doodkorte O.P., prof.dr. J.H.J.E Hoogveld, lector R.K. van Sante O.P., prof.dr. R.R. Welschen O.P en ir. F.P.A. Tellegen (redactiesecretaris) uit. De delen 3 en 4 “Goed en kwaad 1” en “Goed en kwaad 2” (1935) door dr. B.A.E. van Benthem O.P.. zijn in digitale vorm heruitgegeven door dr. J.A. Raymakers, secretaris-penningmeester van de Stichting Medische Ethiek en beschikbaar op deze website.

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De bedoeling was een aantal grondbegrippen uit de Thomistische Wijsbegeerte toegankelijk te maken voor een breed publiek o.a. studenten, aankomende wetenschappers maar ook andere belangstellenden. Aan het eind van elk boekje wordt steeds verwezen naar de vindplaatsen bij St Thomas. Er verschenen 16 deeltjes. Het tweede deeltje over “Oorzaak en veroorzaakt” is nooit verschenen omdat de auteur, de Friese dominicaan Doodkorte in 1938 op 68 jarige leeftijd overleed.

Verklaring Rechten van de Mens weerspiegelt nieuwe visie op waardigheid

Cardinal Bertone Affirms Its Worth After 60 Years

Zenit, 11 december 2008

The Universal Declaration of Human Rights is more than a proclamation; it is an example of the international community giving human dignity a new consideration and placement, says Benedict XVI’s secretary of state. Cardinal Tarcisio Bertone affirmed this when he considered the importance of the declaration at an event Wednesday marking its 60th anniversary.

When it was signed in 1948, the cardinal said, the declaration intended to “defend the person from the idolatry of the state, which totalitarianisms had in fact divinized, proposing an ulterior way to build the ‘city of men,’ basing it on the conviction that ‘recognition of the inherent dignity of all the members of the human family, and of their equal and inalienable rights, constitutes the foundation of liberty, of justice and of peace.’” “We are not just faced with a proclamation, but rather with a new consideration and placement of human dignity by the international community and the various political communities that animate it, up to now little inclined to admit the person as protagonist,” he continued.

The cardinal said that the Church sees the declaration as a “sign of the times” — “an act able to synthesize the

meaning of human liberty by reconciling present-day needs with immutable principles, capable of offering guidelines founded anthropologically and juridically so as to respond to the most profound human needs." Today, he said, these same human rights are still universal, in the face of the global dimension that characterizes modern times, given that they are based on the universality of the person.

Religious liberty
Cardinal Bertone noted that the Church gives special emphasis to the cause of religious liberty, guaranteed as well by the declaration. "It is an altogether evident fact that the religious event has a direct influence on the unfolding of the internal life of states and of the international community," he said. "This notwithstanding, perceived ever more are indications and tendencies that seem to want to exclude religion and rights from the possibility to contribute to the construction of the social order, also in full respect of the pluralism that marks contemporary society. "Religious freedom risks being confused only with freedom of worship or in any case interpreted as an element belonging to the private sphere and increasingly replaced by an imprecise 'right to tolerance.'"

Real rights
The Vatican official went on to say that an analysis of the exact nature of the rights guaranteed by the declaration is useful. "To defend fundamental rights means, in fact, not to confuse them with simple and often limiting contingent needs," he said. "To be able to go back to the original position of the declaration including the new situations is possible and could be a path to follow to give renewed vigor to man's cause." But even with a clear understanding of rights and their foundation, they are "always in need of being defended," the cardinal said.

He explained: "They are in need of fidelity on our part, because they can be lost from view, reinterpreted in a restrictive way or actually denied. The pedagogy to which we owe their formulation is the same with which they need to be preserved. The Holy Father often reminds us that humanity's moral progress always needs to be undertaken again. Not being a material fact, it cannot happen by accumulation. This is also true for human rights, which every day need to be confirmed, refounded in our consciousness and relived."

But to respect rights, the cardinal said, they must be linked to natural law, so as to avoid "that degradation that in so many of our societies is interested in questioning the ethics of life and of procreation, of marriage and family life, as well as of education and the formation of the young generations, introducing only an individualistic vision on which to arbitrarily construct new rights that are not more precise in content and juridical logic."

Rights are violated and become inefficacious when they are not linked to values, he contended. They cannot be "containers that, according to the historical, cultural and political moments, are full of different meanings and elements. […] The natural law, instead, allows all to find a common root, also in face of positions that, although having a different ethical foundation, are not prepared to yield in face of the abandonment of that truth that is common to the human species.

"Only a weak vision of human rights can hold that the human being is the result of his rights, not recognizing that the rights remain an instrument created by man to give full realization to his innate dignity."

One for all
Cardinal Bertone concluded his reflection by affirming that the set of human rights are indivisible. "Each one of them reflects all the others and refers to them as complementary and irreplaceable elements of itself," he said. "All the rights of mankind are upheld together, […] but even in their violation, unfortunately, they are upheld together," the secretary of state affirmed. "The principle of indivisibility is true whether in good or in evil." There

cannot be divisions among human rights, he added, or a selective selection of one or the other based on ideologies or political connotations.

Cardinal Bertone ended his address affirming that our “common hope” — for believers and for all those who “put their faith in human dignity” — is for justice. He said that “the full tutelage of rights cannot but coincide with a model of life and of social order in which the expectation is realized of that new heaven and new earth in which justice finds a stable dwelling.”

Digitale heruitgave “Begrijpen” van Mag. Alb. C. Doodkorte

Tussen 1932 en 1943 gaf uitgeverij J.J. Romen en Zonen uit Roermond de serie “Wijsgerige Grondbegrippen”, onder redactie van mag. Alb. C. Doodkorte O.P., prof.dr. J.H.J.E Hoogveld, lector R.K. van Sante O.P., prof.dr. R.R. Welschen O.P en ir. F.P.A. Tellegen (redactiesecretaris) uit. Het eerste deel “Begrijpen”, geschreven door Mag. Alb. C. Doodkorte is in digitale vorm heruitgegeven door dr. J.A. Raymakers, secretaris-penningmeester van de Stichting Medische Ethiek en beschikbaar op deze website.

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Rechten van gewetensbezwaarden

Katholiek Nieuwsblad, 1 augustus 2008
door Ed Arons

KatholiekNieuwsblad

In Amerika is ophef ontstaan over een wetsvoorstel waarin mensen die morele bezwaren hebben tegen abortus meer rechten krijgen. Hoe zit dat in ons land?

“Zij die voor een vrije keuze (voor abortus – ea) zijn, vinden die niet dat iedereen dat recht moet hebben? Ook degenen die op dat gebied ernstige morele bezwaren hebben?” Deze logische vraag stelde de Amerikaanse bisschop Justin Rigali van Philadelphia vorige week in een brief aan de leden van het Congres. “Of is dat etiket van vrije keuze slechts een misleidend masker voor een agenda die actief regels promoot en zelfs oplegt aan mensen die er op moreel gebied andere denkbeelden op nahouden?”

De bisschop schreef zijn brief nadat een wetsontwerp was uitgelekt waarin zorginstellingen zich kunnen

beroepen op gewetensvrijheid. Pro-abortusorganisaties zijn hier fel op tegen, omdat – in de woorden van Rigali – “gewetensbezwaar tegen deze regels zo is doorgedrongen binnen zorginstellingen dat bescherming van gewetensvrijheid de toegang tot voorzieningen kan blokkeren”. Hij vraagt voor de mensen die kiezen voor het leven dezelfde rechten als voorstanders van abortus nu al hebben.

In Amerika dient nieuwe wetgeving zich aan, omdat de vele wetten die sinds 1973 zijn aangenomen om gewetensbezwaarden te beschermen nooit helder zijn gemaakt of niet zijn vertaald in verplichtende regelgeving.

Ook in Nederland is bij wet vastgelegd dat mensen een beroep mogen doen op gewetensbezwaren. Dat geldt bij inentingen, maar vaker bij abortus en euthanasie. En meer bij protestanten dan bij katholieken. Leden van de Nederlandse Patiëntenvereniging, waarvan Ruth Seldenrijk directeur is, komen wekelijks met vragen op dit gebied. “Ouderen willen zich met argumenten wapenen voor het geval een arts hun vraagt euthanasie te overwegen. Of mensen vragen wat ze moeten doen omdat het ziekenhuis een einde wil maken aan het leven van een zieke door de behandeling te staken. Ouders kloppen bij ons aan die abortus aanbevolen hebben gekregen omdat hun ongeboren kindje gehandicapt zou zijn. Soms blijkt naderhand de diagnose niet te kloppen … ”

De NPV houdt themabijeenkomsten over deze onderwerpen, in december is de brochure Levenswaardige Zorg verschenen en voor noodgevallen is de telefoonlijn (0318) 547878 vierentwintig uur per dag bereikbaar.

Ook de zorgtak van de protestantse vakbond RMU heeft regelmatig met deze problematiek te maken, meldt Peter Schalk van de Raad van Bestuur. “Mensen die vanuit hun geloof morele bezwaren hebben tegen abortus of euthanasie, mogen nooit om dit enkele feit ontslagen worden of geweigerd bij een sollicitatie. Maar een tweede feit is gauw gevonden en bij een sollicitatie zal gewetensbezwaar nooit als reden worden genoemd. Wel zie ik steeds minder christelijke artsen die gynaecoloog worden. Die vallen al af omdat ze niet voor die studie kiezen vanwege de handelingen die ze moeten verrichten.”

Schalk vindt dat bij verpleegkundigen de wet op gewetensbezwaar over het algemeen goed wordt nageleefd. “Slechts een enkele keer leggen we een zaak voor aan de Commissie Gelijke Behandeling of aan de rechter.” Daar komt bij dat verpleegkundigen met gewetensbezwaren volgens Schalk steeds assertiever worden. Dat komt onder meer door de drukbezochte themadagen die de RMU over deze onderwerpen organiseert. “Een voorbeeld? Bij euthanasie is het enkel de arts die een dodelijk middel mag toedienen. Toch vragen artsen dit soms van verpleegkundigen. ‘Dat doe ik niet!’, zal een gelovige verpleegkundige zeggen. En niet enkel omdat het tegen de wet is.”

Maar ook hier geldt wat bij artsen het geval is: veel verpleegkundigen kiezen voor andere terreinen van de zorg. “De RMU geeft al voorlichting op dit gebied tijdens de opleiding en stimuleert mensen bij een sollicitatie hun morele bezwaren duidelijk op tafel te leggen.” Weinig problemen met gewetensbezwaarden dus, omdat die op deze terreinen nauwelijks werkzaam zijn.

Overgenomen met toestemming van Katholiek Nieuwsblad.

Het recht op leven hoort in de Grondwet

Katholiek Nieuwsblad, 11 april 2008
Esmé Wiegman-Van Meppelen Scheppink, Tweede-Kamerlid voor de ChristenUnie

KatholiekNieuwsblad

Het recht op leven in de Grondwet opnemen is geen overbodige luxe, maar bittere noodzaak in een maatschappij waar standaard prenataal onderzoek wordt aangeboden om te kunnen bepalen ‘of je het kind wilt houden’.

Een oppervlakkige lezer zou zomaar over de volgende afspraak in het coalitieakkoord kunnen heen lezen: “Ten aanzien van de Grondwet, waarvan de laatste algehele herziening 25 jaar geleden van kracht is geworden, wordt door een staatscommissie advies uitgebracht over onder meer (niet limitatief) de voor- en nadelen van een preambule, de toegankelijkheid voor burgers, en de verhouding tussen de opgenomen grondrechten en de uit internationale verdragen voortvloeiende rechten, zoals het recht op eerlijke procesgang (fair trial) en het recht op leven.”
Een commissie adviseert uiterlijk begin volgend jaar hoe deze rechten in de Grondwet moeten worden opgenomen.

Bezinningsmoment
De ChristenUnie vindt het van belang dat het recht op leven in de Grondwet wordt opgenomen. Het behoort tot de kernpunten van de christelijke politiek op te komen voor het leven. Hoewel de achterliggende jaren veel grensverleggende wetgeving tot stand gebracht is (Euthanasiewet, Embryowet), zijn er ontwikkelingen, zowel nationaal als internationaal, die het zinvol maken opnieuw de discussie aan te gaan over de invulling van het recht op leven. Door het in de Grondwet op te nemen, wordt uitdrukking gegeven aan het belang van de bescherming van het menselijk leven. Bovendien wordt daarmee een bezinningsmoment gecreëerd voor nieuwe wetgeving.

Het recht op leven ziet op verschillende onderwerpen. Denk aan problemen met betrekking tot het overleven. Het recht op leven slaat ook op grove schendingen van de mensenrechten en veronachtzaming van de regels voor eerlijke procesvoering. Het recht op leven kan ook betrokken worden op onderwerpen als abortus provocatus en euthanasie.

Vooral dit laatste aspect van het recht op leven – veelal aangeduid als het terrein van de ‘sociale politiek’ – levert veel discussie op. De vraag is of bij de invulling van het recht moet worden uitgegaan van de autonomie van de mens, zijn zeggenschap over eigen leven. Het recht op leven wordt vanuit dat uitgangspunt ingevuld als een zelfbeschikkingsrecht. Het recht op leven kan echter ook gezien worden als een recht op bescherming van ieder leven, in welke fase dan ook.

Verankering
In een aantal ook door Nederland ondertekende internationale verdragen wordt het recht op leven wél expliciet erkend. Het is bijvoorbeeld opgenomen in artikel 2 van het Europees Verdrag voor de Rechten van de Mens (EVRM), en artikel 3 van de Universele Verklaring voor de Rechten van de Mens (UVRM). In het nieuwe Europees Verdrag van Lissabon staat dat Europese lidstaten toe zullen treden tot het EVRM.

Fundamenteel gaat het om de vraag of de notie van ‘onvervreemdbare mensenrechten’ niet met zich meebrengt dat geen afstand gedaan kan worden van het recht op leven, zodat van een zelfbeschikkingsrecht in de zin van het recht om het leven te (laten) beëindigen geen sprake kan zijn.

Intussen is het onmiskenbaar dat het recht op leven verschillend wordt uitgelegd. De wens om het recht op leven in de Grondwet op te nemen kent een risico. De discussie kan de kant uitgaan van het recht op leven als zelfbeschikkingsrecht. Dan wordt het tegenovergestelde bereikt van wat we willen: verankering van de principiële beschermwaardigheid van het menselijk leven.

Blijvende inzet voor de bescherming van het leven van de individuele mens is geboden, maar dat gaat niet alleen om bescherming tegen aantastingen van dit recht, maar ook om zorg voor het leven. Vanuit het

standpunt dat God de mens het leven gegeven heeft, is met betrekking tot dit leven goed rentmeesterschap vereist.

De door de overheid geleverde zorg moet doortrokken zijn van het respect voor het individuele leven, ook en zeker als dat leven kwetsbaar is: ongeboren kinderen, gehandicapten, terminaal zieken, zwakker wordende ouderen. Dit betekent in elk geval dat de dood niet gebruikt kan en mag worden als oplossing voor een probleem.

In onze optiek kan er beter voor alternatieven worden gekozen, die ingaan op de hulpvraag die achter de roep om abortus provocatus of euthanasie schuilgaat. Daarmee wordt tegemoetgekomen aan de nood en de diepere oorzaken die aan het acute probleem ten grondslag liggen.

Grondrecht
Het recht op leven zou goed passen binnen de Nederlandse structuur van klassieke en sociale grondrechten: de overheid moet zich enerzijds van handelen onthouden als het gaat om levensbeëindigend handelen, anderzijds moet de overheid het recht op leven actief beschermen.

Vooral bij de bescherming van het ongeboren kind is er veel voor te zeggen om het recht op leven in de Grondwet op te nemen. In een maatschappij waar standaard prenataal onderzoek wordt aangeboden om zo een keuzemogelijkheid te hebben een gehandicapt kind ‘wel of niet te houden’ en waar gehandicapte kinderen zélf een schadevergoeding eisen voor het feit dat ze bestaan, is een extra waarborg van het recht op leven geen overbodige luxe. Opneming in de Grondwet verplicht de wetgever ertoe nieuwe wetgeving expliciet te toetsen aan dit grondrecht.

Overgenomen met toestemming van Katholiek Nieuwsblad.

On Proportionality in the care for sick and dying people

Lezingen gehouden tijdens het symposium over proportionaliteit gehouden tijdens de Algemene Vergadering van de Pauselijke Academie voor het Leven in februari 2008.

Tussen twee werelden

De grens van medisch zinvol handelen kan per cultuur verschillen

Medisch Contact, 22 februari 2008
door dr. C.C. Obihara, kinderarts, drs. J. Bruinenberg, kinderarts, drs. P.R.A.M. Depauw, neurochirurg, drs J.J. Dorresteijn, zorggroepmanager, drs. H. Terlingen, arts-assistent kindergeneeskunde (allen werkzaam bij het St. Elisabeth Ziekenhuis Tilburg), mr. drs. D. van de Berk, medisch/juridisch adviseur VGZ/IZZ/Trias

Meer patiënten uit andere culturen in het ziekenhuis, betekent dat er op cruciale momenten verschil van inzicht kan ontstaan. Bijvoorbeeld over het al dan niet doorgaan met levensverlengende handelingen.

Ethiek begint binnenskamers

Tertio, 1 augustus 2007
door Peter Vande Vyvere

Een reeks tot de verbeelding sprekende schandalen haalde de voorbije week de nieuwskoppen. De dopingperikelen van de wielergoden Alexandre Vinokourov en Michael Rasmussen sleurden de Ronde van Frankrijk en de wielersport verder de dieperik in. En vorige vrijdag werd de Franse ex-premier Dominique de Villepin officieel in verdenking gesteld voor een poging tot beschadiging van de voormalige minister van Binnenlandse Zaken en huidige president Nicolas Sarkozy.

Dat soort schandalen wekt een dubbel gevoel. Enerzijds ergeren we ons blauw: topsporters en politici dragen een maatschappelijke verantwoordelijkheid en dat maakt een eventueel bedrog des te flagranter. Anderzijds voelen we een zekere gelatenheid: uiteindelijk blijft het een ver-van-mijn-bedshow die het leven van gewone stervelingen amper raakt.

Maar klopt dat laatste wel? In een opstel met als titel De kwetsbaarheid van de ethiek toonde de Leuvense filosoof Herman De Dijn aan dat er wel degelijk een verband bestaat tussen het grote kwaad van de misdaad en het kwaad van kleinere vergrijpen (Hoe overleven we de vrijheid, Pelckmans, 1993). Wellicht is het label ‘misdaad’ in het geval van Vinokourov, Rasmussen en De Villepin wat overtrokken en in elk geval nog voorbarig. Toch volgt uit de gedachtegang van De Dijn dat fraude in toppolitiek en topsport niet losstaat van leugen, bedrog en het breken van beloften in het alledaagse leven. In de mate we met die realiteiten vertrouwd zijn, hebben de gebeurtenissen van de afgelopen dagen in Frankrijk ook met ons te maken.

De gedachtegang van De Dijn is geïnspireerd door een film van Woody Allen, Crimes and Misdemeanors (1989). De cineast voert daarin twee verhaallijnen op: de dramatische story van een gerenommeerde oogspecialist die zijn chanterende maîtresse laat vermoorden en het onschuldiger verhaal van een idealistische documentairemaker die door zijn geliefde wordt gedumpt voor een opportunistische filmproducent. Aan het eind van de film komen de twee verhaallijnen samen in een opmerkelijke parallel. De suggestie van de New Yorkse filmmaker is duidelijk: ethiek begint binnenskamers, tussen misdaden (‘crimes’) en kleine vergrijpen (‘misdemeanors’) bestaat onmiskenbaar een verband. In beide gevallen slagen de daders er met verbluffend gemak in hun geweten te sussen.

Crimes and Misdemeanors illustreert dat ethiek in onze cultuur kwetsbaar is. De Dijn biedt een verklaring die te denken geeft: onze capaciteit om ethisch-altru-istisch te handelen, is afhankelijk van onze bekwaamheid tot eerlijkheid en trouw – ook tegenover onszelf. Maar zo’n houding is erg moeilijk geworden in een tijd waarin de waarde van de mens wordt bepaald door oppervlakkig succes in zaken en in relaties. Bovendien functioneert de religie in onze cultuur niet langer als een bepalende factor van moraliteit.

Natuurlijk heerst ook vandaag ethisch besef, maar dat wordt veelal vernauwd tot de belijdenis van abstracte noties als zelfbeschikking en tolerantie: ik moet zo vrij mogelijk zijn om te doen wat ik goed vind en ik moet ervoor zorgen dat ook anderen dat kunnen. Met concreet ethisch engagement in het dagelijks leven heeft dat vaak weinig te maken. Recent onderzoek bij jongeren laat vermoeden dat een kentering bezig is (zie Tertio nr. 389-390) en dat zich een moreel reveil aandient, maar de enge, abstracte ethiek van autonomie en respect lijkt vandaag nog altijd dominant.

De Dijn staat een andere invulling van het ethisch goede voor, geworteld in concrete menselijke relaties: “Ethiek ontstaat in de confrontatie met het weerloze of glansloze dat toch moet worden geëerbiedigd. De ethische eisen dringen zich precies op wanneer de glans van het waardevolle is verbleekt of verdwenen. Ethiek is een soort ultieme trouw.”

Trouw aan de verantwoordelijkheid tegenover een geliefde – ook al dreigt die je leven te vergallen (zoals in Crimes and Misdemeanors). Trouw aan de elementaire regels van sportiviteit, ook al leidt dat mogelijk tot een nederlaag in het geval van Vinokourov en Rasmussen. Trouw aan partijgenoten, ook al dreigt hun succes je te overklassen in het geval van De Villepin.

Wie ethiek als ‘ultieme trouw’ begrijpt, ziet in dat een ethische levenshouding begint in het leven van elke dag, in de ‘kleine trouw’ die je al dan niet – nu eens wel, dan weer niet – tegenover je medemens beleeft. Ongetwijfeld betekent het christelijk geloof een stimulans voor zo’n ethische levenshouding. Is de Gekruisigde immers geen sprekende gestalte van ultieme trouw?

Overgenomen met toestemming van Tertio.

On Catholic Teachers of Medicine

Zenit, 21 juli 2007

“To Reveal Christ the Healer”

Here is the text of an message written by Cardinal Javier Lozano Barragán, the president of the Pontifical Council for Health Care Ministry on the profile of the Catholic teacher of medicine.

* * *

PROFILE OF THE CATHOLIC TEACHER OF MEDICINE

Introduction
It is a very drawn out task to establish the profile of the Catholic teacher of Medicine. It involves understanding what a teacher is, what a teacher of medicine is, and knowing what it means to describe them as Catholic.

In the following reflection I will especially look at the term “Catholic.” The question has to be asked whether a non-Catholic teacher of medicine will really be different from a Catholic teacher of medicine. And, if so, of what will this difference consist?

I will try to begin by following this sequence in order to answer these questions: the teacher as the one who teaches, the teacher as professor, and the teacher as a Catholic.

To talk about a teacher is to talk about culture. Culture has been defined in very many ways; here I understand it as the humanization of nature. I understand nature to be everything outside individuals that they need to live. Education, seeing culture like this, will be the assimilation of culture. It is necessary to understand the process of culture to understand the process of education. This involves four basic stages: introspection, tradition, assimilation and progress. In introspection, individuals realize their own needs. In tradition, they see what they

are offered to meet these needs. In assimilation, they meet them. And in progress, they detect new needs and proceed to create new satisfiers which they have not found in tradition.

I. The Catholic professor of medicine

1. The teacher of medicine as a "teacher"

Teachers of medicine are teachers; they teach. The word "teach" comes from a word meaning a sign. The teacher gives the students the signs that they need and must appropriate. This means that first of all the teacher has to know what the students need in order to guide them in their own introspection and to realize what their needs are.

Once the teacher has taught the students to know their own needs, they show them how they can meet these needs in tradition. This is what tends to be called a "cultural asset."

Having detected the "cultural asset" they also signal the way to be able to appropriate this asset and assimilate it.

They also need to signal new horizons, both in relation to needs and in relation to possible new horizons. They teach the research which leads to the "creation" of new cultural assets as something necessary.

Consequently, medical culture consists of the humanization of medicine, and medical education consists of the assimilation of the humanization of medicine. The task of the teacher of medicine is to signal to the medical student how to assimilate the humanization of medicine.

Following the steps of all culture, in the introspection stage, the teacher of medicine needs to signal to the students the path so that it is the students themselves who find the needs that they have, which lead them to seek the medical tradition as a satisfier of these needs. Here we can see firstly whether or not the students have the aptitude to learn medical culture. If their needs, which are related to their abilities, are not those which are fulfilled with medical culture, the teacher should indicate to the possible student that they should not be educated in a culture that they do not need, or for which they are not capable.

Having passed the introspection step in medical culture, the teacher of medicine should signal the medical tradition. This is the whole set of medical "cultural assets" that exist. Here we find the complex field of medical science, technology and art. The teacher of medicine should have a command of this field, or, given the complexity of current medical know-how, at least the specialty that they are teaching.

In addition to scientific and technical competence, the teacher of medicine, like any other teacher, should be an expert in educational science, especially in Didactics, as when "teaching," they should do so with such clarity that the students can find the medical cultural asset that they are being shown. The teacher of medicine thus tackles the third step of culture, assimilation. It is not sufficient to teach medical culture; rather it is necessary to indicate to the students the practical path which has to be taken to have a command of it.

Once the teacher of medicine has completed this third step, they should open up subsequent paths for the students to recognize subsequent medical needs and, based on that already existing, to succeed in "creating" new medical cultural assets in the future. In particular, they should indicate the paths of medical progress, and how their students should move along these previously unexplored paths.

2. The teacher of medicine as a professor

In addition to a teacher, the teacher of medicine should be a professor, and here we expand our thoughts to enter the field of the Catholic teacher of medicine. As teachers, to a certain extent, they share their personality with any other teacher of medicine, of whatever mentality or ideology. As a professor, it is different.

Indeed, the word professor contains a religious connotation, as it comes from the verb to profess, which means adherence to a faith and its profession. If the teacher just remains at the level of teacher, they will be frustrated and so will their students. They signal health and life sciences and technology but, being realistic, they indicate that the whole of medical science and technology finally lose the battle, because death arrives and, in the face of death, all medical science and technology are shown to be impotent and fail. Being sincere with themselves and with their students, at the levels of introspection and assimilation of medicine to overcome disease, they should signal the ultimate failure of all medical science, technology and art, as death can be found at the end of all their efforts.

Only if they are capable of signaling, together with the same medicine and in a way from it, the overcoming of death, does their teaching have a lasting value and is not lost in just delaying the end as much as possible.

For this they must go beyond the mere level of the teacher and truly become a professor. To profess a faith which opens up health and life to transcendence.

3. The teacher of medicine as a Catholic professor

If the professor of medicine is a Catholic, then this transcendence and this victory over death are not merely beautiful desires which, for many, in our secularized culture, do not go beyond good intentions and palliatives for the failure of death, but rather they are based on the same reality of an irrefutable historical event, the resurrection of our Lord Jesus Christ.

On professing this faith, the teacher of medicine becomes a triumphant professor. He and his students advance toward medical culture with the certainty and the joy of knowing that the progress in health science is a foretaste of the full health that they will find for themselves and for their patients in the resurrected Christ.

It is obvious that this is incomprehensible for those who do not profess this faith. For a physician who does not have faith in Christ and in his Church, nothing here means anything, and rather it is something absurd which would appear to be for ignorant and mad people as it goes against the biological experimental knowledge which they believe to be the only one valid in medicine: “evidence-based medicine.” However, here is another type of evidence, even stronger than laboratory evidence, the evidence of a faith based on an irrefutable fact which is reached for the same reason, but which arises from a free and firm decision of the will of each person. St Paul already said that the announcement of a crucified Messiah was offensive for the Jews and madness for the Gentiles, but it is much wiser than all human wisdom, and what may seem to be weakness in God, is stronger than all human strength (1 Corinthians 1:23-25).

In accordance with this profession of faith, what then should a Catholic professor of medicine be like? The answer is to teach how a physician should be who is not frustrated but rather who opens up health science and technology, the art of curing, toward the full victory over death in the resurrection of Jesus Christ our Lord. A Catholic professor of medicine is one who teaches, signals, to their students, how to be a Catholic physician.

Below I propose a few lines which set out the figure of the Catholic physician and which can be used as a basis for a Catholic professor of medicine to signal to their students how to be a Catholic physician.

II. The Catholic physician

I take as the basis the Charter for Health Care Workers published by the Pontifical Council for the Health Pastoral Care, which in turn refers to the thought of God’s Servant John Paul II in this respect and from the identity expressed by the Pope, and in it I try to put together a few ideas to interpret and discuss it.

CHARTER FOR HEALTH CARE WORKERS

The Catholic physician is described as follows in the Charter for Health Care Workers:

The Catholic physician's profession requires them to be a custodian and server of human life. They should do this through a watchful and solicitous presence with the sick. The medical and healthcare activity is based on an interpersonal relationship. It is an encounter between trust and conscience. The trust of a man marked by suffering and disease who trusts in another man who can take care of his need and who is going to go to him to assist him, care for him and heal him.

The patient is not just a clinical case, but rather a sick man toward whom the physician should adopt an attitude of sincere sympathy, suffering together with him, through personal participation in the specific situations of the individual patient. Sickness and suffering are phenomena which, when dealt with in depth, go beyond medicine and deal with the essence of the human condition in this world.

The physician who cares for them must be aware that the whole of humanity is involved, and that complete dedication is required. This is their mission, and is the fruit of a call or vocation that the physician hears, personified in the suffering and invoking face of the patient who trusts in their care. Here the physician's mission to give life is linked to the life of Christ, who came to give life and to give it in abundance (Jn 10,10). This life transcends the physical life, to reach the height of the Holy Trinity. It is the new and eternal life that consists of communion with the Father to whom every man is called freely in the Son, through the work of the Holy Spirit.

The physician is like the Good Samaritan who stops by the side of the sick man to become his neighbor, because of his understanding and sympathy, in short because of his charity. The physician thus shares the love of God as an instrument of diffusion and at the same time becomes infected with the love of God for man.

This is the therapeutic charity of Christ who went around doing good and healing all (Acts 10:38). At the same time, it is the charity toward Christ represented in each patient. It is he who is cured in each man or woman, "I was sick, and you looked after me," as the Lord will say in the Last Judgment (Matthew 25:31-40).

It thus results that the physicians' identity is the identity received from their therapeutic ministry, their ministry of life. They collaborate with God in the recovery of health in the sick person's body. The Church accepts the work of the physician as part of its ministry, as it considers the service to sick people to be an integral part of its mission. It knows that physical harm imprisons the spirit, and the evil of the spirit overpowers the body. Through their therapeutic ministry, physicians thus share in the pastoral and evangelizing action of the Church. The paths that they should take are those marked by the dignity of the human being and therefore by Moral law, especially when it is a question of practising their activity in the field of Biogenetics and Biotechnology. Bioethics will provide a channel for them, outlining their principles of action.[1]

THE IDENTITY OF THE PHYSICIAN

A short summary of the Christian identity of the physician can be found in this position of the Pontifical Council for the Health Pastoral Care. As already mentioned, I will strive to reflect on this identity, paying particular attention to the fact that it is an identity received from a vocation and a mission which founds a very special ministry, the therapeutic ministry, the ministry of life, the ministry of health.

The Vocation and the Church

We can begin by referring to the meaning of a vocation in the Church. Etymologies often help to take us back to the original meaning of the words that we use frequently and which appear to be weakened through use. One of them is the word Church. There are two etymologies, the Greek and the Latin. Its Greek etymology takes us to the verb "ekkalein," to call. The Church, "ekklesia," would be the plural participle of the verb "ekkalein," and

would mean those who have been called.

Looking from the Latin etymological perspective, the Church is the effect of the “Vocation.” The “Vocation,” etymologically speaking, is the nominalized Latin acceptance of the Latin verb “vocare,” to call, (the same as “ekkalein”) and would this mean the same calling which brings together those who have been called, that is which congregates them in the Church. The vocation thus makes the Church.

The only “Vocation” or fundamental calling is the one made by God with the Word with which he calls into existence everything that exists, and this calling, this primitive “vocation,” is Christ, who is the Word of God through which everything that exists and each of us is called into existence (cf. Ephesians 1:3-10; Colossians 1:15-20). It is especially interesting to see that God’s maximum way to call everything that exists, the maximum presence of Christ in the world, is through the Eucharist, as it is the memorial, the presence of Christ in the present of history (cf. Luke 22:19).

In this calling from God, we discover three essential moments which make it up and which we can summarize in three words: “BEING,” “WITH,” “FOR.” We are thus called to be (to exist), with God, for others.

We can verify this in Christ’s call to his apostles (Mark 3:14-15), and most especially his call to the Virgin Mary to be the Mother of God, the Messiah (Luke 1:26-38). But it is a paradigm that spreads throughout the history of Salvation.

We are going to use these three words of the Vocation as a guideline to reflect on the pontifical doctrine on the identity of the Catholic physician which we set out in the Charter of the Pontifical Council.

1. “BEING”
When we talk about “Being” in the vocation, we are talking about total existence. God speaks and everything begins to exist. Genesis says: “God said, Let there be light. And there was light … (1:3). When God pronounces his Word, it is practical: he does what he says, and everything has its consistency, its beginning and its end, its totality, in it.

When we talk about true Catholic physicians, they are so because of a true vocation received from the same God from which they receive their whole existence, obviously without excluding the same physician’s collaboration with the calling. How does God call the physician to the medical vocation, and of what does this vocation consist? Below we offer some characteristics of the ” being” of this calling.

1.1. The profession
Firstly, we will say that God calls the physician for a profession which is not the same as for a trade. Historically, three professions are recognized, that of the priest, that of the physician and that of the ruler or judge. It should be noted that, as we said earlier, the profession is somewhat linked to the profession of the faith, is something religious. The profession is not strictly speaking something legal, as what is legal may or may not be carried out, or changed depending on the will of those who take on an obligation. On the contrary, the profession is an obligation and a responsibility which is contracted with God himself. It is a responsibility and responsibility originally meant the capacity to respond, and respond comes from the Greek “Spenden” which originally meant to offer a sacrifice of libation to God. Medical professional responsibility means a commitment (Commitment is “syngrafein” in Greek, which means to write together), which is written jointly by man and God.

This sacred nature of the medical profession led to the Hippocratic oath, which is the oath not to harm the patient, to always do good to them and to look after all stages of life, an oath which is not a promise made to the patient, but rather directly to God. In this context the physician’s vocation is a vocation which is born from the love of God, and it is God that the physician follows in this profession, as extremely benevolent Good.[2]

1.2. The love of God in the physician

However, despite the sublime nature of this Hippocratic position, it is limited and defective. We were talking about the love of God, but this love, in accordance with the classical Greek mentality, the mentality of Socrates and Plato, which Hippocrates shared, is defective because it presupposes need and is never plenitude. Indeed, for classical Greek philosophy, God does not love. He is extremely benevolent, but he does not love, as love would mean a lack and God cannot lack anything. Love is only characteristic of the needy man interested in sating himself, not of God the All-perfect. In Greek mythology, love arises from Poros and Penia in Aphrodite's wedding. Poros represents expediency, need, and Penia, poverty; on bringing together need and poverty, love is born as self-interested desire.

This mentality is completely corrected by the divine Revelation: God himself is Love. This is the deepest definition of God. His love does not consist of him lacking something, but rather of the greatest circulation of his kindness, which is presented is such a way that God the Father loves the world that he created so much that, out of his love for it, he gives his one and only Son in death (John 3:16).

The Christian medical profession is therefore centered on love, but not on self-interested and poor, Hippocratic, love, but rather it imitates the perfect love of God and has its paradigm in the Good Samaritan, thus suffering together with the sick, pitying them and providing them with everything they need to cure them. The Good Samaritan is thus the example to be imitated by the Christian physician. The Good Samaritan is the figure of Christ who takes pity on the whole of sick and fallen humanity, and raises it up to deification. He is infinite love and is in both those who love and those who are loved. He is in both as plenitude. The Good Samaritan is thus the figure which identifies the physician who takes pity to such an extent on their patient that they do everything they can to return them to health, out of love of plenitude.[3]

Talking about the love that physicians must have for God and thus for their patients, Pope Pius XII talks to us about the commandments of the law of God in the sphere of medicine. He talks to us about the first commandment which is to love God above all else and about the second which is to love your neighbor like yourself, and the identity of physicians consists of this love when their relations with the patient are surrounded by humanity and understanding, gentleness and devotion.

The same Pope Pius XII complements the characteristics of the physician on referring to two other commandments in particular, the fifth, "you shall not murder" and the eighth, "you shall not give false testimony."[4]

1.3. Respect for and Defense of Life

The fifth commandment reminds us how the identity of the Christian physician means that, because of the love they are obliged to have for God and for their patient, they are totally obliged to defend life at any of its stages, but especially at the stages at which it feels the weakest, which are the initial and the terminal stages. Their personality is formed from a clear and absolute no to abortion and no to euthanasia. The whole meaning of human life is contained in the fifth commandment, as a gift given by God to be merely administered by man and by woman, and which should only have its origin in marriage.

1.4. Medical training

The eighth commandment, "you shall not give false testimony," tells us about the physician's clear commitment to the truth, both to the truth of disease and of health, and to the truth of medical science.[5]

The physician's identity comes from the training that they receive. However, if we look at what is occurring in many Faculties of Medicine, we can see that this training has many defects. Indeed, the curriculum of the medical degree has two essential parts. The first is the basic knowledge and the second is the knowledge that is

obtained from the clinical science divided into disciplines or from a consideration of the different organs of the human body. It is obvious that these subjects should be taught, but at the same time it is noted that there is a bio-technical reductionism. On presenting the subjects, their anthropocentric value and the ethical, affective and existential values have been lost. The physician is seen from the requirements of the patient and the demands of an economicist health system with complete indifference for the violations of human rights, especially human life.

We often find as a paradigm of the current clinical applications a fragmentation and reduction of the patient to organs and biological or technological functions and to medicines. The intention is to obtain a command of fragmented specialized knowledge without the perspective of the whole, through knowledge and relational competence with other human fields outside medicine. The idea of health is proposed as a passive adaptation to pathogenic stimuli and to those of a bio-physical nature. The adaptation of the clinic is carried out with often exclusive reference to the requirements, even of an economic nature, of the national health system. A loss of the ethical values in medicine and the anonymity of the patients are observed. It is even seen that little value is given to the existential aspects of the medical profession, to the person of the patient, of the physician and of the nurse.

In the face of these problems of the medical “being” from the beginning of the training that is received, a series of methods has been conceived to make the teaching active, especially from the so-called PBL (Problem-Based Learning) and the teaching method oriented toward the community which sees the physician as a necessarily competent person on a relational and scientific level, inserted in a community reality, capable of collaborating with other health figures and of administering the resources available with continuing learning, always an advocate of the patient’s health, capable of combining knowledge with medical practice, and therefore with continuing training.

This kind of medical training would offer a new understanding of health and of disease. It would deal with prevention and the handling of the disease in the context of the individuality of the patient complemented by their own family and society as a whole. It would thus develop a learning based more on curiosity and continuous investigation than on passive acquisitions. It would reduce the information load. It would encourage direct contact with the patients through a personalized analysis of their problems and of the whole of their curriculum.

A program should therefore be prepared which is based on the following principles: 1. Existence of a comprehensive and ultimate meaning of medical knowledge. 2. Definition of its epistemological orientation. 3. Definition of the values, the motivations, the psychological maturity, the quality of the objective knowledge and the methodological, relational and technical capacities, applied to the exercising of the profession. 4. Definition of the values, the motivations, the capacities and the quality of the training of the teachers. 5. Definition of the general and partial objectives of the training. 6. Definition of the teaching methods. These principles contain the epistemological knowledge of present-day medicine which considers health as a psycho-biological construction determined by the possibility and the quality of the person’s resources and whose aim is to give a single response to the fundamental questions of human existence.[6]

1.5. Lifelong learning

The physician’s identity is not shaped once and for all in their initial training, but rather is prolonged in their lifelong learning. It demands a very careful preparation of students of medicine, but at the same time requires the continuing and progressive preparation of the lecturers who teach any medical subject, a preparation that should never be lacking. The lecturers in particular have the responsibility to promote new physicians, and they will never achieve this if they are not sure of each student’s capacity to carry out such a delicate mission.

The same eighth commandment obliges all physicians to keep professional secrecy and, as we have already mentioned, to have a sound medical culture which should be improved constantly through lifelong learning.[7]

2. “WITH”

We said that the second characteristic of the Christian vocation is expressed with the preposition “with,” with God. That is to say that any vocation is to be with God our Lord, who prepares man to carry out a mission which, without his strength, it would be pointless to carry out. In the book of Exodus we can read what Moses says to God on mount Horeb: “Who am I that I should go to Pharaoh and bring the Israelites out of Egypt, and God said: I will be with you …” (Exodus 3:12).

2.1. Revelation of Christ the physician

In this section we set out the deepest values that should shape the identity of the Catholic physician. The personality of the Christian physician is identified with the revelation of Christ the physician. Christ sent his apostles to cure all ailment and disease and said to them, I will be with you to the end of the age (Mark 16:17; Matthew 28:20). The physician performs the therapeutic ministry in this way, beside the apostles, as a continuation of the mission of Christ and with his revelation.

The whole breadth of this revelation should be understood. The physician should reveal the whole life of Christ, which is the presence of Christ in the physician. Because Christ cures all ailments and disease with all his action taken as a whole. The miracle cures that he performed, including the resurrection of the dead, were not definitive in his struggle against the evil that exists in humanity, against its ailments and death, but rather just a sign of the profound reality that entails his own death and resurrection.

2.2. Pain

He took all suffering, all ailments, all disease, without exception, and summarized them in his own death as the death of God who had become man, so that no pain would remain outside, and from his death he exploited death itself, he conquered it in the plenitude of his resurrection. One of the physician’s main doubts is always the problem of pain. This question only has its answer here, when pain does not appear as something negative, but rather as a positivity which, it is true, ends in death, but in a death full of resurrection.

The physician should thus cure, revealing the death and the resurrection of Christ. An identification of the physician as such, as a healer, with Christ the healer, is necessary for this revelation. This identification is now carried out especially through the Eucharist and through the other sacraments. The sacraments are the historic presence of Christ in the present, at the specific moment that we are crossing in life.

2.3. Health

Consequently, the physician should realize that health is complexive and bodily health should not be talked about as something radically different from the complete health that we call eternal health or salvation. The physician’s ministry is therefore an ecclesiastic ministry which is directed toward the salvation of man from his body, but which involves other aspects.

We thus describe health as a dynamic tension toward physical, mental, social and spiritual harmony and not just the absence of disease, which prepares men to carry out the mission with which God has entrusted them, in accordance with the stage of life at which they are.

The physician’s mission is therefore to ensure that this dynamic tension toward complete harmony exists, as required at each stage of the life of this specific man who is their patient, so that they can carry out the mission with which God has entrusted them. Thus, the contradiction of reducing the medical function to the single physical and chemical aspect of the disease. This function is complete and moreover cannot be static, but rather should be inserted within the dynamism of the patients who tend toward their own harmony.

In this context, death is not a frustration for the physician, but rather a triumph, as they have accompanied their patient in such a way that they have been able to use their talents to the full at each stage of their life. When it has reached its end, the medical function ends, not with a cry of impotence, but rather with the satisfaction of a mission fulfilled, both by the patient and by the physician.

Thus, the physician truly is with Christ and their profession is identified in this communion with Christ, and then the physician joins together with our Father God like a son with his father, and their professional love becomes the action of the Love of God in himself, which is the Holy Spirit. A Christian physician is therefore one who is always guided by the Holy Spirit. From the Holy Spirit and with the Holy Spirit is all the sympathy that must exist between the physician and the patient, all the due humanization of medicine and all the demand for updating and lifelong learning, as the Love of the Holy Spirit makes the physician an essentially open person for the rest, as they are obliged to do so before God because of their profession of Faith represented by their medical profession. We thus succeed in outlining the third trait of the medical identity, being for others, is the “FOR” of their vocation and of their professional identity.

3. “FOR”

When God chose Moses, it is very clear that he did so to remove his people from the power of the Egyptians. God says, “I have come down to rescue them from the hand of the Egyptians” (Exodus 3:8).

Physicians cannot withdraw into themselves. They cannot simply think that they already have enough money, that they do not need to work any more, and that therefore they will now leave their profession. A true physician is a physician for life. If they have truly received this vocation, they will have it for ever and they must practice it for humanity as a mission specifically received for the good of all, and for which they must account to God when He says to them, “I was sick, and you looked after me” (Matthew 25:36,43).

3.1. Openness to the patient

We said that love of the medical profession imitates the love of God which is disseminated. Physicians cannot hide their knowledge in pure theories and laboratories, but rather should expand them in favor of the community. They have received the gift of taking care of life and making it grow. Their vocation is for life, never for death, which would be to blind the mission with which God has entrusted each human being. According to Pope John Paul II, nowadays the religious ministry is connected to the therapeutic ministry of physicians in the affirmation of human life and of all those specific contingencies in which life itself can be endangered by deliberate human will. Their deepest identity involves being ministers of life and never instruments of death. This is the most intimate nature of their noble profession. They are called to humanize medicine and the places where they practice it, and to use the most advanced technologies for life and not for death, always having Christ, the physician of bodies and of souls, as their supreme model.[8]

According to Pope Pius XII, Catholic physicians should place their knowledge, their strengths, their heart and their devotion at the disposal of the sick. They should understand that they and their patients are subject to the will of God. Medicine is a reflection of the goodness of God. They should help the sick to accept their illness, and they should make sure they are not dazzled by technology and use the gifts that God has given them and not give in to the pressure to assaults on life. They should remain firm in the face of the temptations of materialism.[9]

The good physician must therefore have dianoetic virtues and skills and convert them into virtuosity, that is to say into a habit, so that both the virtues of theoretical science and those of practice come together in them as if they were second nature.[10]

3.2. Fundamental qualities of the physician

The fundamental qualities of the physician have thus been classified under 5 sections: Awareness of responsibility, humbleness, respect, love and truthfulness. Awareness of responsibility leads them to work with the patient and be aware that it is the physician who gives the direction. Humbleness tells them that physicians look after their patients and not the opposite. Humbleness makes them see themselves as indebted to the patient. Physicians cannot talk about “their” patients, but rather the patients will talk about “their” physician. Physicians should receive their patients as written on the lintel of an old German hospital: “recipere quasi Christum”; they should receive their patients as if they were Christ himself.

Respect and love for the patient, about which we have already spoken, are the basis for their humbleness. They know that they have received a mission for which they do not have the necessary strength, but rather they receive it from the person who sends it for this reason. Truthfulness entails being aware of the great trust that the patient places in them on revealing their personal matters. Truthfulness is required in the diagnosis and in the therapy, not just on the bodily but also on the complete, mental, social, psychic, spiritual level. They should never experiment on the patient if this involves a danger disproportionate to the good that they intend to do. This must be absolutely necessary and the patient must agree to it. They should notify the patient of the development of their illness, tell them the truth about their condition in the most appropriate way and at the most appropriate time possible. They should complement their action with the action of the priest as both missions, that of the priest and that of the physician, are closely connected.[11]

3.3. Portrait of the physician

The “Portrait of the perfect physician,” described by Enrique Jorge Enriquez in 16th century Spain in the flowery language of the time, is still current: “The physician should be fearful of the Lord and very humble, and not haughty and arrogant, and be charitable to the poor, meek, kind, affable and not vengeful. They should maintain secrecy, should not be talkative or gossipy, flattering or envious. They should be prudent, restrained, not be too audacious … should be distinguished and given to honesty and reserved. They should work on their skill and flee from idleness. They should be a well-read physician and should know how to give information about everything.”[12]

Nowadays, we would talk about medical excellence. This would be what Aristotle called the “Teleios iatrós” (perfect physician), or Galen called “Aristós iatrós” (best physician).

3.4. Morality and Law

Initially we said that the medical profession is something that goes beyond the Law and is positioned in the framework of Morality, and this is true, but this does not mean that we can do without medical Law. Medical Law without adequate morality would be arbitrariness based on shameful interests. Morality without medical Law would just be general principles without direct application. The rules of medical Law must be sufficiently clear and brief to aid the physician’s action. The leading principle is always the same: the physician’s purpose is to help and to heal, not to do harm or to kill.

It is worth mentioning in particular the field of Ethics, the field of Morality, in which the physician must be competent, but in which so often they are not specialists. Bioethical committees are therefore required in each health centre, and should also be created in the teaching centers, in open dialogue with the specialists in the different subjects taught.

Physicians are thus trained to bear witness to God in all the medical, trade union and political environments, etc. They can even be valid bearers of ecumenical dialogue and dialogue with other religions, as sickness does not know religious barriers. The physician will thus actively belong to the Church as an individual person and as a group.[13]

3.5. Teamwork

In order to carry out such a demanding mission, physicians cannot stay enclosed in their own individuality, but rather should first open up to other physicians and be sufficiently humble to work in collaboration and as a team, both on strictly physiological matters, and especially on those relational matters connected to fields of which they do not necessarily have a command and which to a certain extent are outside their competence, namely sociological, anthropological and political aspects, and those from technical fields beyond their profession, namely everything connected to the strictly computing field.

In a certain way, within this opening-up, in the Spanish field of medicine what two authors call the decalogue of the new physician is designed. They express it like this: 1. Multidisciplinary teamwork with a single person ultimately responsible. 2. The more scientific the professional, the better. 3. The human aspects will be strengthened in professional practice. 4. Action will be adapted to agreed scientific diagnostic and therapeutic protocols. 5. They will be aware of the expense. In addition to the protocols, they will use guides to good practice. 6. They shall aid coexistence and solidarity with work colleagues and with the patients. 7. They shall think that all healthcare acts can involve a preventive action, and even a promotion of health. 8. They shall bear in mind at all times the need to care for the satisfaction of the user of the service. 9. The Patient Service Units will be strengthened, circulating the complaints and suggestions which arise among the people affected. Frequent opinion surveys will be held. 10. It will be essential to apply ethical principles to the professional activities.[14]

CONCLUSION

Being a Catholic physician is a ministry which arises from a vocation in the Church. It is a therapeutic ministry. It is closely linked to God our Father, revealed in Christ the physician, full of the Love which is the Holy Spirit. Being a physician is a path to achieve the plenitude of the human being, to initiate the resurrection already. It involves proximity and a special intimacy with God, and at the same time represents an opening-up and a complete gift to others. This is the Catholic identity of the physician, to reveal Christ the healer.

Being a Catholic professor of medicine is to have far-reaching sight to be able to see the resurrection in death. It is not just this, though. It is the ability to sense a harmonious tension in health which leads to plenitude, in accordance with the different stages of the life of people. And it is to feel in medical science, technology and skills the all-powerful force of God who resurrects his Son Jesus Christ and who already gives us a foretaste of the resurrection in medical progress. Being a Catholic professor of medicine is to teach the Love with which the Holy Spirit delivers Jesus Christ on the cross to the Father, who with his loving strength brings him back to life. Being a Catholic professor of medicine is to teach the physician to be the loving caress of God who looks after his children in sickness and in death, making their condition more bearable for them and opening up for them a complete expectation of health which will not now be tension toward harmony, but rather the total harmony of love. Being a Catholic professor of medicine is to teach the physician to be the revelation of Christ the healer.

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Notes

[1] Cf. Pontifical Council for the Health Pastoral Care, Charter for Health Care Workers, Vatican City, May 1995, 1-7.
[2] Cf. Gracia Diego, “El Juramento de Hipócrates en el desarrollo de la medicina,” Dolentium Hominum, 31, 1996, 12-14.
[3] Cf. Capelletti Vincenzo, “Donde hay amor por el arte médico hay amor por el hombre,” Dolentium Hominum,

31, 1996, 22-28.
[4] Cf. Pius XII, “Discorsi ai medici,” Orizonti Medici , Rome (1959), 46-54.
[5] Cf. Pius XII, “Discorsi ai medici,” Orizonti Medici , Rome (1959), 46-54.
[6] Brera Giuseppe Rodolfo, “La formazione dei medici del terzo Millennio. La scuola medica come scuola di uomini e di umanità.” Conferenza inaugurale dell’anno accademico 1998-1999. Università Ambrosiana di Milano, inaugurazione della scuola di Medicina.
[7] Cf. Pius XII, “Discorso ai medici…,” op. cit .
[8] Cf. John Paul II, in the XV Congresso dei Medici Cattolici, AMCI, “Cinquent’anni di vita per la vita,” Orizonti Medici (1994), 105-114.
[9] Cf. Pius XII, Radio Messaggio al VII Congresso Internazionale dei Medici Cattolici (11.09.1956), “Discorso ai medici,” 503.
[10] Cf. Gracia Diego, “El Juramento de Hipócrates…,” 12-14.
[11] Cf. Martini P., “Arzt und Seelsorge,” in LTK (1).
[12] Cited by Gracia Diego, “El Juramento de Hipócrates…,” op. cit., 26.
[13] Cf. Leone Salvino, Orizonte Medico, 6, Nov-Dec.1996 , 10-11.
[14] Asenjo Miguel Angel-Trilla A., “Necesidad de nuevos profesionales para las nuevas situaciones sanitarias,” Todo Hospital, 149, Sept.1988, 497-499.

Text adapted by Zenit

Ethisch reveil

Tertio, 18 juli 2007
door Peter Vande Vyvere

TERTIO

Een recent onderzoek van de bureaus Mediapoll en Fieldforce wijst op een ethisch reveil bij Belgische jongeren onder de 25 jaar (zie blz. 3). Meer dan dertigers en veertigers storen ze zich aan overmatig alcoholgebruik, roken en drinken als je zwanger bent, milieuvervuiling, racisme, vrije opvoeding of rijden zonder gordel. De hunker naar ‘normen en waarden’ groeit blijkbaar. Dat bleek ook uit het statistische jaarboek van de Vlaamse overheid, dat de resultaten van een onderzoek uit 2006 onlangs bekendmaakte. Jongeren zetten daarbij, zoals vaker, de trend.

De krant De Morgen vestigde vorig weekend de aandacht op het fenomeen van ‘straight edge,’ dat zich ook onder Vlaamse jongeren verspreidt. Straight-edgers koesteren vier principes: niet drinken, niet roken, geen drugs en geen losse seksuele contacten – vaak gekoppeld aan vegetarisme of andere vormen van gezond en milieubewust eten.

Het is zeker voorbarig om van een kentering in de zeden te spreken. Daarvoor zijn de signalen nog te zwak, de onderzoeksresultaten te recent en te weinig gesystematiseerd. Maar er beweegt onmiskenbaar iets. In Nederland en Frankrijk boekten politieke partijen die fatsoen hoog in het vaandel voeren, al eerder succes. En volgens sommigen wijst de jongste CD&V-verkiezingsoverwinning ook in die richting.

Marketeer Herman Konings werkte mee aan het jongerenonderzoek van Mediapoll en Fieldforce. Hij verklaart het ethische reveil onder jongeren als een reactie tegen de losse levensstijl van de babyboomers – hun ouders en opvoeders – en een verweer tegen de angst, de onzekerheid en de twijfels waarmee die generatie hen

opzadelde. Dat klinkt aannemelijk.

Biedt het groeiende ethische besef onder jongeren kansen voor het christendom? Allicht wel, al rijst een fundamenteel ‘maar’. Het christelijk geloof valt niet te reduceren tot moraal. Het gaat allereerst om verbondenheid met God, ontmoeting met Christus en pas dan – maar onlosmakelijk daarmee verbonden – om engagement voor de medemens. Geloof leidt wel tot een ethische levenshouding, maar een ethische levenshouding niet (automatisch) tot geloof. Kerkmensen die verwachten dat het morele reveil onder jongeren een kentering van de kerk- en geloofscrisis aankondigt, maken zich illusies.

Het slechtste wat de kerk vandaag kan doen, is zelf de moraliserende toer opgaan. Dat wekt veeleer weerstand dan dat het jongeren aantrekt. Godsdienstonderricht en catechese hebben zich daar de voorbije decennia wel eens aan bezondigd en die aanpak is niet vruchtbaar gebleken. Jongeren willen zelf ontdekken wat waardevol is, het kan hen niet worden voorgezegd, hoogstens voorgeleefd.

Daar schuilt wel een kans voor de christelijke gemeenschap. Christenen die door ‘onderlinge liefde’, vriendschap met armen en zorg voor de schepping tonen dat ze het evangelie consequent beleven, kunnen wel fascineren. Veel meer met daden dan met woorden.

Maar er is meer. Onder de ethische zorg van jongeren schuilt ook een zinvraag. Konings’ vermoeden dat angst, onzekerheid en twijfel spelen, wijst daarop. Jonge mensen botsen op de grenzen van een verabsoluteerd individualisme en een radicale autonomie. De christelijke overtuiging dat er een God is die onvoorwaardelijk met de mens is begaan en niets liever wil dan dat zijn kinderen Hem beminnen en voor elkaar als broers en zussen zijn, vindt aansluiting bij een onuitgesproken verlangen. Als jongeren die overtuiging als iets reëels en tastbaars ervaren, kan de kerk voor hen iets betekenen. Daarom is er een grote behoefte aan gemeenschappen met een authentieke christelijke spiritualiteit. Het wordt dringend tijd dat parochies met een degelijke jongerenwerking, nieuwe gemeenschappen en christelijke jongereninitiatieven die leemte invullen.

Dergelijke groepen zijn van betekenis als ze jongeren het evangelie leren kennen, als ze hen leren bidden en vieren en als ze het leven dat jonge mensen zo op het spoor komen, leren doorgeven. Dat kan een grote steun betekenen voor de waardenoverdracht in de samenleving. Het helpt de broze gevoeligheid voor waarden bij jongeren stevigheid en duur te verlenen.

Laura, een straight-edger van amper vijftien, getuigt in De Morgen hoe ze haar levensstijl veranderde. Ze vertelt dat haar vader niet gelooft dat ze dat volhoudt en als lezer deel je de vrees van die vader. Die scepsis klinkt ook door in het label ‘nieuwe puriteinen’ waarmee de ethisch bewuste jongeren worden bedacht. Natuurlijk is zo’n ‘ommekeer’ op tienerleeftijd bijzonder fragiel, maar wel authentiek. En helemaal niet zo vergeefs als we denken.

Hier kan een christelijke gemeenschap wonderen verrichten. Door positieve levensbeslissingen spiritueel te verankeren, kan ze voor duurzaamheid helpen zorgen. Vanuit de overtuiging dat je na elke val weer kunt opstaan. Vanuit de bemoediging van een gemeenschap. En vanuit het geloof in een God die je nooit loslaat, hoe uitzichtloos alles ook lijkt.

Overgenomen met toestemming van Tertio.