

The Health Care Council and “Humanae Vitae”

“A Prophetic Document of the Magisterium of the Church”

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Here is the address delivered Sept. 3 by Archbishop Zygmunt Zimowski, the president of the Pontifical Council for Health Care Ministry, at the four-day “Celebration of Love and Life” seminar that marked the 25th anniversary of the Pope Paul VI Institute.

“Humanae Vitae” and the Pontifical Council for Health Care Workers

As president of the Pontifical Council for Health Care Workers, I feel very honored to be invited by the Pope Paul VI Institute for the Study of Human Reproduction. By its nature, the subject entrusted to me, namely “‘Humanae Vitae’: The Challenge for Health Care Workers,” belongs in a certain sense to the mission of our dicastery, which has among its principal tasks that of coordinating the many bodies that directly involve Christians in the health care sector in order to foster and spread an increasingly better ethical-religious formation of Christian health care workers in the world.

The Pontifical Council for Health Care Workers published an important document on the subject in 1995 with the significant title “Charter for Health Care Workers” in order to offer an overall summary of the position of the Church in relation to human life. This document is organized into three parts: 1) Procreation; 2) Life; and 3) Death. “Humanae Vitae” can thus be said to be a prophetic document of the magisterium of the Church, as can be evinced from the “Charter for Health Care Workers,” and constitutes a challenge for health care workers. Let us address this challenge together.

“Humanae Vitae”: An Encyclical, a Challenge

It is well known that the encyclical “Humanae Vitae,” as a teaching of the pontifical magisterium, is a challenge, both in an objective sense and in a subjective sense; or, to put it another way, “Humanae Vitae” is today the subject of a challenge in a passive sense inasmuch as it is challenged, and in an active sense inasmuch as it challenges. In simpler words, the encyclical “Humanae Vitae” of Paul VI lends itself to a true challenge in two senses. We are witnessing, indeed, a challenge to this encyclical and a challenge of this encyclical. The challenge to “Humanae Vitae,” which immediately followed its publication and which still continues, comes from various points of view and above all from its purported biogenetic and Augustinian approach that is said to be inherited from “Casti Connubii” (Dec. 31, 1930).

The challenge of “Humanae Vitae,” instead, has been centered around its intrinsic normative principle as an ineluctable conclusion of the premises of “Gaudium et Spes” of the Second Vatican Council. Through this principle, which is always valid, it became a challenge because of its character when faced with the criteria of the majority of the famous ad hoc Commission, as well as the advances achieved and obtained at a scientific and technical level, specifically in the field of biogenetics. Through this doctrinal character, “Humanae Vitae” has also challenged the contradictions of artificial procreation. These two challenges — one passive and the other active — obviously call upon health workers in particular inasmuch as they are specifically ministers of human life. [...]

The challenge to “Humanae Vitae,” and this should be emphasized, relates to an equivocal reading of the text more than 40 years after its publication. This challenge to “Humanae Vitae” has provoked in turn the challenge of “Humanae Vitae,” namely a univocal, pertinent and correct reading of the text. These two challenges, which

involve each other reciprocally, challenge health care workers. Thus the division of these challenges does not mean their separation; they intertwine and become unbound in the challenge to health care workers.

Thus, entering into the heart of “*Humanae Vitae*,” I am of the view that we have come to its most demanding challenge for health care workers. This is because, in this challenge to the majority and to the challengers, after 40 years, “*Humanae Vitae*” teaches with categorical firmness the very much discussed principle of the two aspects of conjugal love — the unitive and procreative — which should not be separated in the conjugal act. In addition, because on the basis of this intrinsic moral criterion it is the task specifically of health care workers to indicate the inconsistency of the criteria of the majority and their followers today. This challenge to “*Humanae Vitae*” also concerns all the policies involving assistance in replacing the conjugal act made possible by the advance of science and technology. It is no accident that Pope Paul VI expressly appealed to medical doctors and to health care personnel.

“*Humanae Vitae*” and the Challenge to Health Care Workers

In “*Humanae Vitae*” we find the words for medical doctors and other health workers: “We hold in the highest esteem those doctors and members of the nursing profession who, in the exercise of their calling, endeavor to fulfill the demands of their Christian vocation before any merely human interest. Let them therefore continue constant in their resolution always to support those lines of action which accord with faith and with right reason. And let them strive to win agreement and support for these policies among their professional colleagues. Moreover, they should regard it as an essential part of their skill to make themselves fully proficient in this difficult field of medical knowledge. For then, when married couples ask for their advice, they may be in a position to give them right counsel and to point them in the proper direction. Married couples have a right to expect this much from them” (No. 27). To this challenge of “*Humanae Vitae*” the “*Charter for Health Care Workers*” responds by declaring as follows: “The work of health care persons is a very valuable service to life. It expresses a profoundly human and Christian commitment, undertaken and carried out not only as a technical activity but also as one of dedication to and love of neighbor. It is ‘a form of Christian witness.’ ‘Their profession calls for them to be guardians and servants of human life’ (“*Evangelium Vitae*,” 89).” In order to avoid any misunderstanding, let us accept the challenge of “*Humanae Vitae*” and follow closely the teaching of Paul VI. Its challenge to health care workers thus also becomes their giving primary value to conjugal love and responsible parenthood. Indeed, an in-depth knowledge of both is absolutely necessary to their professional work.

Pastoral Challenges or Prospects?

The Pontifical Council for Health Care Workers has just reached the age of 25. As regards the history of the Church this is not a long period for making an assessment but it is enough to allow us to ask ourselves if its founding intuition, its goals and its mission have been confirmed in concrete historical reality. Hence the reference to the pastoral challenges that this dicastery has to address in the present and in the future. The goals of the Pontifical Council, pointed out in the founding *motu proprio* “*Dolentium Hominum*,” are “pastoral” goals. Thus the challenges for the action of the Church, and thus also for the Pontifical Council for Health Care Workers, are present in that field in which this pastoral care has to be carried out in practical terms, that is to say of health and illness of human reproduction, of the whole health care world with its technical-scientific development, the complexity of its structures and individuals, with consequent social changes and ideologies about life, health, human reproduction, illness and death. It is specifically here that the field of action of the Pontifical Health Care Workers is to be found and at the same time it is from here that there come the questions and the appeals to thought with the view to the incarnation of Gospel values in contemporary medical culture. To understand things well, however, the challenges in question are at the same time new prospects which stimulate the intelligence and the creativity of the people of God.

The Challenges

The first challenge is cultural. After “*Evangelium Vitae*” there has often been discussion about two phrases that were made famous by the Venerable John Paul II: “culture of life” and “culture of death.” This last refers to all those forms of thought, or practices, of institutions and of socio-cultural movements of a materialistic character. The domination of lifestyles that limit the horizon of human life solely to its earthly journey is a strong challenge of the contemporary age to the proclaiming of the Gospel in general and pastoral care in health in particular: permissive laws such as those on abortion and euthanasia, the transformation of hospitals and clinics into profit-making businesses, the contesting of public health care in attempt to reduce it to a self-service according to the real or purported needs of citizens, etc.

In this context, how can one assure the pastoral presence of the Church in health care structures that are prevalently based on these cultures? How can one create the possibility that suffering and pain can receive a positive meaning, that they can be fecund and create interior riches and witness to high values of the meaning of life, of love and of solidarity rather than inducing hopelessness?

Care for the sick and for those who suffer has been declared to be an integral part of the mission of the Church (“*Dolentium Hominum*,” No. 1). How can we extend the pastoral presence of the Church in each health care structure, whether small or large, that is present in the local area where the Church is at work?

Catholic health care institutions are a valuable patrimony of the Church and of society inasmuch as they guarantee the values of freedom, equality and solidarity. Faced with the phenomenon of the ageing of the category of men and women religious and the decrease in vocations, but also problems that are no less serious of an economic and financial character, how can we maintain and strengthen their existence, diffusion and identity of bearing witness to Gospel charity, always assuring the integral quality of services, above all to those most in need?

Thanks to the advances in science and technology, contemporary health care has been experiencing an exponential development. Faced with the contradiction of the continuance in many poor areas of the world of diseases that have been eradicated elsewhere, and of the unequal use of the benefits of medical, scientific and technological progress, how can the Church keep up with technical developments applied to the health care field in general and to medicine in particular, especially where the need to do this is compelling?

The contemporary world is dominated by the phenomenon of communication. How can the Church retrieve, once again in the health care field — and also in the field of procreation — its ability to engage in pastoral communication that is both effective and prophetic at the same time, without allowing itself to be involved in useless and unfruitful controversies?

The secularization of medicine, with a consequent loss of the mystical and the ability to attract health care personnel. Today people do not draw near to the sick principally out of a vocation to do so, out of a sense of mission. They do so for other motives. Hence the so-much condemned phenomenon of the dehumanization of medicine: a technical hypotrophy exists. Care is increasingly becoming technical and less human in character.

The lack of ethical training in professionals has a negative effect on subjects that are very important for life such as genetics, euthanasia, abortion and death, or upon subjects that come from the profession: responsibility, respect, justice and loyalty.

Prospects

The Second Vatican Council taught that care for the suffering is the task of the whole of the Church and called on bishops and priests to care for “the sick and the dying, visiting them and comforting them in the Lord” (“*Presbyterorum Ordinis*,” Nos. 6, 8; “*Lumen Gentium*,” No. 38). Developments of the teaching can be found both in the Cod of Church Law (Canon 529.1) where parish priests are reminded of their duty to care for the sick

and to do so with generous charity. The assemblies of the Synod of Bishops, especially in the apostolic exhortation "Cristifideles Laici" (Nos. 53 and 54), laid especial emphasis on this.

Nonetheless, the prospects for constant work by the Pontifical Council for Health Workers to promote, coordinate and animate pastoral care in the health have their fulcrum in the tasks assigned to it by the apostolic constitution which provide a broad and profound, indeed universal, vision as to the framework of action for our dicastery. Among the above-mentioned tasks we also find that of lending "its assistance to the particular Churches to ensure that health care workers receive spiritual help in carrying out their work according to the Christian teachings, and especially that in turn the pastoral workers in the field may never lack the help they need to carry out their work" ("Pastor Bonus," No. 153, 2). Not losing from sight this universal horizon of its action of promoting, animating and coordinating pastoral care in health is fundamental in the organization and implementation of the programs of the Pontifical Council for Health Care Workers. Thus in addition to the organization of initiatives and activities with an international profile such as the annual international conferences and the World Day of the Sick, this dicastery intends to place especial emphasis on the points listed below.

To be adequate, pastoral care in health and human reproduction like every other form of action, needs a pastoral project at all levels of the national territory: the national level, the regional level, the diocesan level, the parish level and even at a very local level or at the level of the structure itself.

As a domestic church, the family is also called to proclaim, celebrate and serve the Gospel of Life. This is a task that concerns above all the marriage partners who are called to be transmitters of life on the basis of an always renewed awareness of the meaning of generation, as a privileged event in which it is demonstrated that human life is a gift which is received and in its turn is to be given. In the generation of a new life parents perceive that their child "as the fruit of their mutual gift of love, is, in turn, a gift for both of them, a gift which flows from them." This is why the Charter for Health Care Workers proclaims: "Health Care Workers lend their service whenever they help the parents to procreate responsibly supporting the conditions, removing obstacles and protecting them from invasive techniques unworthy of human procreation" (No. 11).

Thus it is of fundamental importance to invest in formation. Many of the challenges listed above have aspects of great complexity and it is difficult today to think that one can engage in a new evangelization without bearing this in mind and without health care workers being trained in an adequate way which will allow them to face up to these challenges with great skill and consistency. The Second Vatican Council laid great emphasis on this ("Optatum Totius," No. 4).

Formation must be first of all be multifaceted, integral and suited to the various forms of apostolate (cf. AA, Nos., 16-19, 28-29, 31). As regards the instruments of formation, today there are many in number and differ from each other: One can begin from experience, from belonging to pastoral activities where good organization exists, coordination and assessment; one can be trained by attending lessons given by good teachers and ad hoc courses in seminaries and universities, in the same way as academic qualifications can be obtained in theology faculties that teach pastoral care in health.

Reference has been made also to the fact that being a health care worker involves a missionary dimension. Today every mission is a response to a calling. A vocation involves feeling called to evangelize this sector of the world of health care. The mandate, the sending out, is not enough. It is essential that the evangelizer feels attracted and has a vocation. From this vocation will then be born a great desire for training, study, concern and enthusiasm. If ardor is absent, pastoral integration and organization are difficult; there is a concern only about "keeping" the existent, and neither creativity nor prophecy are fostered. The Pontifical Council for Health Care Workers stresses this aspect in its relations with the bishops' conferences and the religious families that are

active in the world of health care.

Conclusion

As can be deduced, what has been said hitherto in this paper, the creation of the dicastery of the Pontifical Council for Health Care Workers was a brilliant prophetic intuition of the Venerable John Paul II. The universal horizon of his action, which was always at the service of man and specific and local Churches, can be summed up in the following words of the Holy Father Benedict XVI: "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 being, and human beings always need something more than technically proper care. They need humanity. They need heartfelt concern. Those who work for the Church's charitable organizations must be distinguished by the fact that they do not merely meet the needs of the moment, but they dedicate themselves to others with heartfelt concern, enabling them to experience the richness of their humanity. Consequently, in addition to their necessary professional training, these charity workers need a formation of the heart: They need to be led to that encounter with God in Christ which awakens their love and opens their spirits to others. As a result, love of neighbor will no longer be for them a commandment imposed, so to speak, from without, but a consequence deriving from their faith, a faith which becomes active through love for life (cf. Galatians 5:6)" ("Deus Caritas Est," No. 31).

Thank you for your attention.