



21 October 1985



Address to two Working Groups on the Subject: 'The Artificial Prolongation of Life and the Determination of the Exact Moment of Death', and 'The Interaction of Parasitic Diseases and Nutrition'

The Supreme Pontiff likens men and women of science who are dedicated to helping those afflicted by sickness and malnutrition to the Good Samaritan. Scientists and physicians must place 'their skill and energy at the service of life' and thus must never engage in euthanasia. People should be allowed to die with dignity. Malnutrition is a major problem in the world and the 'economically most advanced' countries should help poor populations.

Ladies and Gentlemen,

1. I extend a most cordial welcome to all of you. And I rejoice with the Pontifical Academy of Sciences and its illustrious President, Professor Carlos Chagas, for having succeeded in bringing together two groups of such distinguished scientists to reflect on the subject: 'The Artificial Prolongation of Life and the Determination of the Exact Moment of Death', and 'The Interaction of Parasitic Diseases and Nutrition'.

In the specialised areas encompassed by these subjects, the men and women of science and medicine give yet another proof of their desire to work for the good of humanity. The Church is joined with you in this task, for she too seeks to be *the servant of humanity*. As I said in my first Encyclical, *Redemptor Hominis*: 'The Church cannot abandon man, for his 'destiny', that is to say, his election, calling, birth and death, salvation or perdition, is so closely and unbreakably linked with Christ'.¹

2. Your presence reminds me of the Gospel parable of the Good Samaritan, the one who cared for an unnamed person who had been stripped of everything by robbers and left wounded at the side of the road. *The figure of that Good Samaritan I see reflected in each one of you*, who by means of science and medicine offer your care to nameless sufferers, both among peoples in full development and among the hosts of those individuals afflicted by diseases caused by malnutrition.

For the Christian, life and death, health and sickness, are given fresh meaning by the words of Saint Paul: 'None of us lives for himself, and none of us dies for himself. If we live, we live for the Lord, and if we die, we die for the Lord; so then, whether we live or whether we die, we are the Lord's'.²

These words offer great meaning and hope to us who believe in Christ; non-Christians, too, whom the Church esteems and with whom she wishes to collaborate, understand that within the mystery of life and death there are values which transcend all earthly treasures.

3. When we approach the subject which you have dealt with in your first Group, 'The Artificial Prolongation of Life and the Determination of the Exact Moment of Death', we do so with two fundamental convictions, namely: Life is a treasure; Death is a natural event.

Since *life is indeed a treasure*, it is appropriate that scientists promote research which can enhance and prolong human life and that physicians be well informed of the most advanced scientific means available to them in the field of medicine.

Scientists and physicians are called to place their skill and energy at the service of life. They can never, for any reason or in any case, suppress it. For all who have a keen sense of the supreme value of the human person, believers and non-believers alike, euthanasia is a crime in which one must in no way cooperate or even consent to. *Scientists and physicians must not regard themselves as the lords of life, but as its skilled and generous servants*. Only God who created the human person with an immortal soul and saved the human body with the gift of the Resurrection is the Lord of life.

4. It is the task of doctors and medical workers to give the sick the treatment which will help to cure them and which will aid them to bear their sufferings with dignity. Even when the sick are incurable they are never untreatable: whatever their condition, appropriate care should be provided for them.

Among the useful and licit forms of treatment is *the use of pain-killers*. Although some people may be able to accept suffering without alleviation, for the majority pain diminishes their moral strength. Nevertheless, when considering the use of these, it is necessary to observe the teaching contained in the Declaration issued on 4 June 1980 by the Congregation for the Doctrine of the Faith: 'Painkillers that cause unconsciousness need special consideration. For a person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ'.

5. The physician is not the lord of life, but neither is he the conqueror of death. *Death is an inevitable fact of human life, and the use of means for avoiding it must take into account the human condition*. With regard to the use of ordinary and extraordinary means the Church expressed herself in the following terms in the Declaration which I have just mentioned: 'If there are no other sufficient remedies, it is permitted, with the patient's consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk ... It is also permitted, with the patient's consent, to interrupt these means, where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient and the patient's family, as also of the advice of the doctors who are specially competent in the matter ... It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome ... When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted'.

6. We are grateful to you, Ladies and Gentlemen, for having studied in detail the *scientific problems connected with attempting to define the moment of death*. A knowledge of these problems is essential for deciding with a sincere moral conscience the choice of ordinary or extraordinary forms of treatment, and for dealing with the important moral and legal aspects of transplants. It also helps us in the further consideration of whether the home or the hospital is the more suitable place for treatment of the sick and especially of the incurable.

The right to receive good treatment and the right to be able to die with dignity demand human and material resources, at home and in hospital, which ensure the comfort and dignity of the sick. Those who are sick and above all the dying must not lack the affection of their families, the care of doctors and nurses and the support of their friends.

Over and above all human comforts, no one can fail to see the enormous help given to the dying and their families by *faith in God and by hope in eternal life*. I would therefore ask hospitals, doctors and above all relatives, especially in the present climate of secularisation, to make it easy for the sick to come to God, since in their illness they experience new questions and anxieties which only in God can find an answer.

7. In many areas of the world the matter which you have begun to study in your second working group has immense importance, namely *the question of malnutrition*. Here the problem is not merely that of a scarcity of food but also the quality of food, whether it is suitable or not for the healthy development of the whole person. Malnutrition gives rise to diseases which hinder the development of the body and likewise impede the growth and maturity of intellect and will.

The research which has been completed so far and which you are now examining in greater detail in this colloquium aims at identifying and treating the diseases associated with malnutrition. At the same time, it points to the need to adapt and improve methods of cultivation, methods which are capable of producing food with all the elements that can ensure proper human subsistence and the full physical and mental development of the person.

It is my fervent hope and prayer that your deliberations will encourage the governments and peoples of the economically more advanced countries to help the populations more severely affected by malnutrition.

8. Ladies and Gentlemen, the Catholic Church, which in the coming World Synod of Bishops will celebrate the twentieth anniversary of the Second Vatican Council, reconfirms the words which the Council Fathers addressed to the men and women of thought and science: 'Our paths could not fail to cross. Your road is ours. Your paths are never foreign to ours. We are the friends of your vocation as searchers, companions in your labours, admirers of your successes, and, if necessary, consolers in your discouragement and your failures'.

It is with these sentiments that I invoke the blessings of God, the Lord of life, upon the Pontifical Academy of Sciences, upon all the members of the two present working groups and upon your families.

1 John Paul II, *Redemptor Hominis*, n. 14.

2 *Rm* 14:7-8.