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Culture and Ethics

by

John Bergin, M.D.

The author presented the following address to the 18th World Congress of the International Federation of Catholic Medical Associations in September, 1994.

I am a member of the Committee of this Federation as one representative of its Oceanic region which comprises Australia, New Zealand and the Islands of the South Pacific. Here I am, then, in Southern Europe exchanging thoughts on the subject of culture and ethics under the overarching title "The Doctor and the New Evangelization". I shall therefore have something to say about culture, something about ethics, something about the interplay between culture and ethics but also about the interplay between culture and evangelization, and I hope to relate it all to ourselves as Catholic doctors.

I shall deal with culture mainly in terms of principle. It does seem appropriate, however, to say a little about some of the factors influencing culture in the Oceanic region which I represent. This can conveniently be done by sharing with you some of what the Metropolitan Archbishop of New Zealand, Cardinal Williams, said to the Bishops of the Oceanic Federation, and the Laity assembled with them, during an Episcopal Conference in Auckland earlier this year.

"We are an extraordinary diverse grouping" the Cardinal said. "Some of our people have a history stretching back into the mists of antiquity as with the Aborigines of Australia. Others are relative newcomers, like the Maori now resident for twelve centuries in New Zealand. We are Polynesian, Micronesian and Melanesian; we are Asian, European and Indian. We speak over a thousand different tongues. We are Twenty-one different political entities. Some of us live in well developed nations and others in micro nations, micro economies and micro cultures. We are twenty-seven million people scattered in continents and islands dotted over sixteen million square miles. (Of these, seventeen million are in Australia, three and a half million in New Zealand.) Twenty-two of the twenty-seven million are Christian, which makes our first obligation one of ecumenical relationship. For the five million non-Christians, our task is evangelization. At the same time those of us from Australia and New Zealand know that the majority of our Christian people are only nominally so. Both countries have been evangelized over the past two centuries. Christ has been

proclaimed, but the process of secularization has brought about a drastic decline in belief and practice. The challenge confronting the Catholic Church in New Zealand, therefore, is one of Re-evangelization."¹ Here, I could reasonably recall that Pope John Paul has many times made a similar request for re-evangelization of the Christians of Europe.

I would like to add to the Cardinal's summary the observation that New Zealand and Australia share with the United States and Canada a series of developments over the past two hundred years with indigenous people of very different culture from that of the new settlers being displaced and reduced in numbers from a combination of newcomers' diseases, newcomers' firearms, newcomers' alcohol and the newcomers' acquisition of land. The purchasing or forceful occupation of land adversely affected the lifestyle of the original inhabitants, and additionally endangered their survival. The work of missionaries had mixed positive and negative results, so much so that outstanding brave and well-meaning bearers of the gospel, which was implanted but has not yet fully flowered are now accused of cultural genocide, especially in North America.

In the past two decades in these three countries, all of which are now distinctly multicultural, there have been major moves, not confined to the indigenous people themselves, to have more respect given to the original culture, especially the preservation of language, more attention to education, health and employment, more acknowledgement of the human rights of those who found themselves forming a social underclass. There are also demands for compensation in kind or money for the earlier loss of lands often in a palpably unjust manner.²⁻¹⁰ Along with these moves has also come an alteration in the understanding and methods of mission in particular, the weaving wherever possible of the new faith into the old culture.¹¹

This leads me to address the subject of culture.

Culture

When I was preparing this paper one of my daughters told me that she had just heard someone say on the radio that there were five hundred definitions of culture. That encouraged me to go ahead and work out my own.

Basic components of a culture, whether archaic, preliterate or modern, are its mythology, its symbols and its rituals. The word myth here does not denote a series of imaginary events, nor is it a precise chronological history of the tribe; it is a set of memories, also known as a creation story, which incorporates the community's belief about its origins and includes matters of deeply felt importance to its members. The inherited meanings are contained in a variety of symbols which are much more than mere signs, and the rituals are the formal presentation of these symbolic meanings. Symbols can be both sacred and secular, verbal or non-verbal. Emotional factors are important and point to the sensitivity required in the exchanges between representatives of one culture and another, not least during the medical encounter.¹²⁻¹³

In the broad sense, culture covers the whole range of human activities transmitted from one generation to another through various learning processes.

Although not constantly aware of it, we are all immersed in our own culture as it affects us individually and in relation to others in our own group or tribe, and in the relationship between our group or tribe and those of other nations. Culture is at one time an effect and a cause. Belief is its primary determinant; it results from the beliefs which governed forbears, but culture once established perpetuates belief and the way of life associated with it. There are many contributing factors to the whole complex culture cycle: racial, familial, linguistic, religious, environmental and others.

There are many modifying factors which lead to the formation of subcultures, youth cultures, rural cultures and urban cultures. That we ourselves are members of an important scientific subculture will be evident as we proceed. Having said all that, culture is not immutable; history has many examples of the qualities of conquerors being imprinted on their former enemy or sometimes elements in the vanquished which have been assimilated by the conquerors.¹⁴

While the writings of the English historian Christopher Dawson are my main basis for that last statement, as they are of the earlier fundamental one that belief determines culture, I wish to mention, largely from personal interest in the author, a contemporary relevant comment from a quite different source. Sir Thomas Davis, or Tom Davis as he was when I first met him, was himself a Pacific Islander from the Cook archipelago who entered medical school in New Zealand in the same year and class as I did. He was a man of many practical skills and much initiative who worked after graduation for many years in military and space medical projects and then returned to the Cook Islands where he was elected to Parliament and became Prime Minister of the Island group.

In his autobiography published after he ceased to be Prime Minister, Sir Thomas responds to an accusation by local critics that economic policies during his term of office had been destroying the local culture. He writes: "It did not occur to them that much of their ancient culture had already been changed by Christian teaching, by commerce, by technological advances, by travel and by the aspirations of the people themselves."

He said, "There was inadequate comprehension of cultural development as a dynamic process, or that social and cultural values are the result of an ever-changing and enriching process which is not necessarily deleterious."¹⁵

Having spoken of culture in a broad sense we should see what problems culture presents us in ethics and in evangelisation. Here I see it as my task to address the broader issues; the experiences of other speakers with people of particular cultures with whom they have lived and worked will be put before you later this morning. A major point I wish to make at this stage, however, is that whatever our own geographical, genetic, historical and cultural backgrounds and whatever characteristics we retain according to the part of the world from which we come, there is a dominant culture in the world today which is secular, utilitarian, humanist, scientific and technological. This cultural complex has an overpowering and penetrative effect on all other cultures. This effect is so widespread and extensive because the technology it has produced, and which now helps to shape it, is so effective in communication through transmitted sound, visual imaging and electronic print that its every message goes everywhere.

Leaving aside the wonders of space travel, modern transport mechanisms take people all over the earth in such a way that no people or culture can remain unseen, unvisited or unmixed. The technology of power and war is more obvious and fearful than we want to know. The technology of this modern culture is busy in almost every branch of medicine and surgery, be it investigative, reconstructional or experimental. Much of this has been of outstanding benefit but in other applications of similar techniques and skills lie some of today's science-culture realities calling now for the ethicist, needing but not calling so audibly for the gospel which might yet bring the designs of men and women into line with the designs of God.

Aspects of Modern Ideologies

Technology or its effects is what we see at a practical mechanical level, whether we understand its workings or not, but there are also religious and ideological changes abroad which relate to the confusion and disorder about meaning and destiny experienced, especially by young people in the high speed modern world.

Desmond O'Donnell, priest psychologist and regional councillor for Asia and Oceania of the Oblates of Mary, condenses the features of cultural life today into the embracing term "Modernity" and reflects upon the effects its multiple characteristics have on society, especially its younger members. He stresses the rapidity of change, the variety of consumer choices, the addictive element in them which soon sees the desirable become the indispensable, the prestige and the power that go with the procurement, and the accomplishing of it all by the press of a button. For the young, life has become destabilized; religion is less interesting and less necessary; the physical has abolished the metaphysical. God has been given away, put away or just lost. Secularization is supreme but O'Donnell still sees hope for the prudent re-evangelisation of the modern culture with essentially modern methods.¹⁶

The late Simon Coughlan, a religious who taught in a Christian Brother's College in southern New Zealand, was concerned about New Age thinking which attracted so many intelligent and efficient younger men and women searching for spiritual assistance in the midst of today's materialistic society dominated by technology. These people have not known or have been disillusioned with Christianity, he indicated. Standard creeds have ceased to appeal; the spirit of wisdom, they believe, lies in every man or woman waiting only to be released. Jesus Christ is not a redeemer but one of a number who can show others how to release this inner spirit and become self enlightened. There is no unitary personal God but rather a pantheistic infinite force diffused through all things. Creative visualization, trances and other manifestations of the occult are stepping stones to some form of cosmic union. Many tenets of Christian belief are ignored or denied. Tendentious and ethereal as these virtually pagan beliefs are, there are large numbers of formerly Christian or potentially Christian people absorbed in their pursuit. New Age thinking presents a further challenge to New Evangelism.¹⁷

Robert Gascoigne, philosopher and theologian at the Australian Catholic University Sydney, has surveyed religious forces operating in modern society where the mixture of lifestyles has been liberalizing for some, confusing for others. Revived Fundamentalism has a stronger link to religion than the New Age ensemble. It claims a dogmatic certainty with no willingness to dialogue or explain. Followers are content with their new identity, unconcerned about tolerance and quite convinced about a revelation which has been special to themselves. Such Fundamentalists and New Age thinkers, along with the other cults and sects of which there are many, all stand in opposition to main line churches and in opposition to one another.¹⁸⁻¹⁹ Little wonder that Gerald Arbuckle, New Zealand Marist priest and social anthropologist who currently works from Sydney, makes much of chaos as the classical feature of culture in disintegration, and sets out views by which order, hope and renewed vitality, especially within some areas of the church, might be restored.²⁰⁻²¹

Envangelization of Cultures

We have addressed the scientific technology and the immature theology which marks modern culture and subculture. What then of the calls made especially by Pope Paul VI²² and Pope John Paul II²³ to evangelize cultures? The special attention paid to culture by these two popes in particular stands well alongside the statement made by Meister Eckhart, well-known German mystic of seven hundred years ago. "What good is it to me" he said "for the Creator to give birth to his son if I do not also give birth to him in my time and culture?"²⁴

When setting up the Pontifical Council for Culture in 1983, Pope John Paul II explained why he considered culture important in the life of the church, special reference the concept of new evangelization. He referred to the life of men and women immersed through culture in a variety of traditions and their future also to be determined largely by their cultures. Modern culture, he said, was much affected by science and technology but also by aberrant ethics. To influence such a culture his listeners would need to be prophetic in their announcements and actions. There was much in modern culture to admire and accept but counter-cultural moves would also be required to preserve human dignity, to protect biological life, to avert genetic distortion and to avoid abortion. Moral life needs to rise above consumer compulsion, social life above pornography and violence, political life above false ideologies and oppression. All this could be effected by dialogue with the culture and implantation of the gospel.²⁵

Many times since his inaugural address to the Pontifical Council Pope John Paul has returned to the topic of culture. We have a clear picture of the development of this theme from the appraisal made of the Holy Father's reflections and addresses during nine visits to the African continent in the past decade,²⁶ all of this prior to the recent synod on Africa where inculturation was a prominent agenda item addressed by many African Bishops themselves. It is worthy of note that some of the Bishops spoke also of the theological and cultural clash between Christians and Islam on the move, and the anxieties associated with that.²⁷⁻²⁸

The Pope at various stages of his African visits spoke of Christ incarnated in Mary, and the gospel now to be incarnated in African culture. The faith would be lived in the local culture before it would be lived in the Kingdom of Heaven. This remark paralleled a similar one made by the Holy Father during his New Zealand visit in 1986 when he urged the Maori to retain their culture and enhance it with the Gospel, at the same time reminding them that it was as Maori they were called to belong to the body of Christ.²⁹

To the Africans the Holy Father also said that with gospel transformation the riches of cultural heritage would be enhanced and this would be reflected in faith, liturgy and ethics. The faith would merge with the culture or it would not survive. The gospel would remain immutable but culture could change some of its characteristics, usually in a gradual manner. Inevitably, there would be some cultural customs which would have to be questioned in the light of gospel. The Holy Father gave no examples but in the face of a discussion on culture and ethics, polygamy, female circumcision and some traditional customs associated with child birth come to mind, just as in other cultures there would be a gospel clash with gender driven abortion or infanticide. Pay-back killing, head-hunting and cannibalism would be other examples among primitive people of the not very distant past.

Ethics

I have touched on certain cultural activities which conflict with Christian ethical standards and in the light of my thesis that the secular scientific culture dominates us today, it is inevitable that there will be many examples of ethical conflict in modern medical practice. Ethics can be briefly described as the study and application of the moral basis of behavior; and in medicine the frequency and the nature of moral problems have made this field of ethics a special study.

Academic ethicists in medicine tend to sketch ethical theory forward from the period of Greek classical thought through subsequent marked historical periods - Mediaeval, Renaissance, Reformation, Enlightenment and Modern. In this sequence, particular elements are noted as prominent in the different periods like naturally proper or virtuous action, the same goodness elevated with a supernatural component, sentiments of kindness and compassion or rights and duties as motivating forces, then positivism and pragmatism followed by consequences and benefits quantified in relation to the number of people receiving them. Absolute moral values have held ground with only a minority in modern times.

Personal character, the root of what has been known as Virtue-Based Ethics, has been deemed in recent times too variable in its application, leaving too much to the subjective judgement of the doctor; and Principle-Based Ethics is now commonly propounded for guidance to health professionals. The principles are few. They incorporate integrity and competence checked by a code of conduct and set standard of practice on the professional side, as well as a primary aim of beneficence or doing good. Balanced against these are autonomy, incorporating

free, unpressured, fully informed consent on the patient side, and justice for all parties.

Looking at the introductory section of two ethical texts recently, one from Georgetown University, Washington DC,³⁰ the other from the Bioethical Research Unit in Dunedin,³¹ New Zealand, I found there was much held in common in regard to history and to Principle Based Ethics. Pellegrino and Thomasma of Georgetown made what seemed to me to be the very important point that the enunciated principles alone were not enough; virtue was essential to get them properly applied.

Not many months ago I attended a Jubilee Dinner with a group of colleagues from my time at medical school. The occasion was the celebration of the fiftieth year from graduation. We were able to find one of our teachers from our earliest clinical years still alive and alert at the age of 87 to share the evening with us. Asked for a few reminiscent words he began by saying "You people have lived and worked through the most exciting and interesting period of medical history ever." And so it has been if we reflect upon the vaccine for poliomyelitis, the elimination of smallpox, the antibiotics for syphilis and tuberculosis, the chemotherapy for malaria and leprosy, resuscitation and maintenance in intensive care, the new imaging techniques, and the advances in anesthesia and surgery including micro surgery and transplant surgery. AIDS, of course, is an important negative set against the above successes.

The ethics which we were discussing a minute or two ago will find their application in the whole field of medical endeavor, and especially where the modern technicature is in the ascendance. Especially also if we bear in mind what the Jesuit physicist Robert Brungs stresses, — that biology has replaced physic at centre stage in modern scientific exploration.³² This is the field in which we will be asked to plant the gospel, the culture we are called to evangelize. Can we use the creation stories, the symbols, the rituals of the subcultures, to identify some of the principal players?

The secular humanist in medicine has arrived at his present position following a series of philosophical, religious and scientific changes, especially those of the past three centuries. The post-Enlightenment era has seen the displacement of a personal, montheistic divinity, the deification of reason, and the emergence of modern men and women, confident and capable, content with earthly human comfort as a final end. Their creation story is based on unguided natural selection and newly discovered physical properties applied with great skill to new inventions. Their symbols are mathematical, their rituals computerized laboratory observations. Their mission is to refill the mind, restructure the body, eliminate the imperfect and to help reshape human destiny. Values relate to comfort and efficiency; virtues, if acknowledged, are relative, man-made and mutable. It is this last which permits dissection and cloning of the human embryo, destruction of the fetus, the Frankensteinian use of fetal tissue for transplant purposes and moves now towards despatch of the congenitally malformed, the incurably ill and the chronically demented.

The Catholic doctor, at least in the ideal, has a creation story relating back to an omnipotent God whose essence is love, light and truth, whose message came

to earth in person to share our life, and offer a close personal relationship to each of his human creatures. Disruption of the original creation plan was followed by a series of covenants, culminating in the arrival of a redeeming mediator who retold the creation story and stressed the individual dignity of all his human brothers and sisters. He clearly saw their lives as physical and spiritual, natural and supernatural. He was both a teacher and a healer.

There are many meaningful symbols in the relationship between human creatures and their God. Their rituals include the use of these symbols in celebration and worship. To the Christian doctor the stethoscope and the scalpel are additional symbols, the handling of them is ritual, and the encounter is love of neighbor underpinned by personhood from conception and life that endures forever. Personhood is of course the starting point for discussion of either culture or ethics.

A glimpse of the variations in interpretation by different cultural groups of a central fact with major ethical implications is found in St. Paul writing to the people of Corinth in the very earliest days of Christian evangelization. Speaking of the thinking of philosophers set against the apparent foolishness of the faithful, St. Paul says "So while the Jews demand miracles, Greeks look for wisdom, here we are preaching Christ; to the Jews an obstacle, to the pagans madness."³³

A plea could indeed be made for the telling of other culture stories be they Buddhist, Moslem or Hindu, Jewish, Arabic or Latin American, but the creation stories or the life histories of the secular humanists and Christian professional which I have just outlined posit background enough for dialogue between opposing philosophies at work in the modern medical culture. Dialogue one hopes for but how difficult is the search for common ground! Some of the differences are so radical that the dialogue may go no further than the courtesy with which it is offered.

Here I note the warning given by Luke Gormally, Director of the Linacre Centre in London, when he spoke at a meeting on the Family and Bioethics in Rome in November 1993. He thought we should not deceive ourselves about the purpose and the efficacy of dialogue with proponents of the dominant modern culture in the bioethical field. Powerful influences have an interest, he reminds us, in what becomes established as mainstream bioethics and thereby affects behavior patterns in society. Liberal utilitarian bioethics serve to reinforce change in the moral and legal culture of western societies and the direction of that change is commonly one of decline when looked at from a Christian point of view. Intellectual dialogue he sees as an inadequate instrument for breaking the downward path in society or culture; rather, a moral conversion is a prior need and that is unlikely to be achieved without religious conversion. There are three steps then to be taken in the right order — first religious, then moral, and finally intellectual.³⁴ One could add that, granted the need for ongoing dialogue and the recommended steps, the principal agent for defence or for change will be the listening witness at work rather than the doctor in debate.

Evangelisation by Doctors

We have given much attention to culture, and some to ethics, and so far a little to evangelization but considering the overall theme of the Conference, we must relate these thoughts to Doctors in action. In passing we could note that Pellegrino, whose writings cover so much history and philosophy as well as current medical ethics, has given particular attention to the academic field in an article entitled "Evangelization and the Catholic Medical School", special reference the five Catholic Schools in the United States in which he looks forward to preservation, or one might say restoration of Catholic identity and influence. Naturally, he holds that teaching, study and research should remain of the highest standard but also believes that the Catholic ethic should be clearly announced and definite in its requirements of both staff and students. At the same time he makes it clear that this does not mean that only Catholics should hold staff positions or only Catholic students should be admitted.³⁵

Returning to our own thoughts, Catholic doctors might in the first instance experience an element of apprehension as they acknowledge that the evangelizing call has come to each of them personally. This may be followed by relief when they realize that competence and compassion, not preaching and public praying, will be the main components of their witness. As challenges arise they may reflect that intellectual and moral preparation are both necessary for the task in all branches and at all levels of health care; and granted that lone individuals do make outstanding contributions, and smaller prayer groups can be invaluable for grace and survival, they will realize that external impact is significantly lessened or virtually impossible without the solidarity and support of wider membership.

There are various ways in which doctors may combine in a collective for the furthering of spiritual growth and of moral action in the face of modern scientific culture. My own experience has been in what was established in 1954 as a branch of the Westminster Guild of St. Luke and SS Cosmas and Damian. The twelve thousand miles between Westminster and Wellington soon led to independent existence. We have not by any means captured — attracted might be a happier term — all the Catholic doctors or medical students in our area, but this is our fortieth year, and despite a mixture of high periods and low periods, we still exist to face the new evangelization.

Presuming that we implement the papal advice and evangelize ourselves first, our attention should perhaps go next to our non-member Catholic colleagues, hoping that they will come to share our view that the evangelization aim is a real but not flaunted priority in our professional lives rather than an optional extra. In doing so we should remember that the position we adopt must be one that we can apply at floor level in the wards, the operating theatre, the lecture theatre, the consulting room, the mission hospital, wherever the medical vocation lies. A very special need today is a significant presence before the numerous commissions and committees appointed by professional groups or Government Ministers to make recommendations prior to legislation on life-giving or life-taking procedures. Submissions to such bodies can indeed be onerous but they are part of today's

apostolate.³⁶ The call to evangelize comes to the doctors as to any other members of the faithful who have for some time been hearing first that evangelizing is for everyone, then that evangelization is to be directed initially towards themselves, and finally that evangelization today has a new format. This is not to say that the good news has been altered, but that new attitudes, new discoveries and new pressures are calling for new methods.

Evangelization, even in its simple form of witness, will not be effective without personal formation and the formation will not be complete without the assiduous study which Pope Pius XII recommended to Catholic adults with ethical responsibilities. The responsibilities have always been considerable in the practice of medicine, but today they are greater not only on account of the technological factors, but also on account of the justice issues related to poverty and health in some parts of the world, and high costs and resource allocation in more developed areas. Despite the fact that the doctors, for a variety of valid reasons, attract less esteem in the eyes of the community than they once did, they still have professional status and privilege enough to add weight to their evangelizing responsibility.

Fifty years ago T.S. Eliot warned:

If Christianity goes, the whole of our culture goes, and we cannot put on a new culture ready made . . . But we can at least try to save something of those goods of which we are the common trustees: the legacy of Greece, Rome, Israel and of Europe throughout the last 2,000 years. In a world which has seen such material devastations as ours, these spiritual possessions are in imminent peril.³⁷

What would he say now? What do you, do I, say now? Words are easier than actions but my own thought is that knowledge, love and courage are the strengths we need, and that they are increasingly difficult to come by in that order. Lord, grant us the courage.

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