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## A Patient Is a Person: Address of Pope John Paul II to Two Congresses of Physicians and Surgeons (October 27, 1980)

John Paul II Pope

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# A Patient Is a Person

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(October 27, 1980)

It is with a keen sense of satisfaction that I welcome you, the illustrious representatives of the Indian Society for Internal Medicine and the Italian Society for General Surgery, who on the occasion of the celebration of your respective national congresses have been so kind as to pay me a visit. I regard your presence here as especially significant not only because each of you is engaged in skilled medical and scientific activity but also and especially because you are thus bearing implicit but very clear witness to moral and human values. What was it, after all, that led you to request this audience if not your alert and attentive concern about the ultimate reasons for all life and activity, reasons which you know are part of the daily solicitude of the Successor of Peter?

To all of you, then, I express my thanks and I offer a very respectful and cordial greeting.

I am especially obliged to the presidents of your two societies: Professor Alessandro Beretta Angussola and Professor Giuseppe Zannini. I wish to greet also the fellow workers, students and relatives who have accompanied you here and, especially, that zealous and meritorious bishop, Monsignor Fiorenzo Angelini.

## The Present Situation

Distinguished ladies and gentlemen, you have gathered in Rome to discuss some especially topical aspects of the disciplines you practice. In recent years the medical arts have made significant advances, thus notably increasing the possibilities of therapeutic intervention. This has led to a gradual modification of the very concept of medicine, extending its role beyond the ancient function of fighting disease to that of promoting the overall health of human beings. A consequence of this new outlook is that *the relation between physician and patient*

has gradually taken on increasingly organized and complex forms that are meant to safeguard the citizen's health from birth to old age.

The safeguarding of children and the elderly, medical care in schools and factories, prevention of occupational diseases and work-related accidents, mental hygiene, care of the handicapped, addicts and the mentally ill, prevention of contagious diseases, environmental control and so on — all these are facets of the contemporary way of conceiving the "service to human beings" to which you are called in the practice of your art.

There is no reason why you should not rejoice since it can now be said that, from the point of view just indicated, the right of the human person to life has never been so fully recognized. This is one of the characteristic traits of the extraordinary acceleration of history that marks our age.

By reason of this remarkable development medicine is playing a role of the first order in shaping contemporary society.

A calm and attentive examination of the contemporary situation in its entirety, however, must lead us to recognize that insidious ways of violating the right all human beings have to a life worthy of them have, in fact, not disappeared. It can even be said that from certain points of view there has been the emergence of negative trends, as I pointed out in my encyclical, *The Redeemer of the Human Race*:

If, then, our age . . . seems a time of splendid progress, it shows itself simultaneously to be full of imminent dangers to the human race. . . . Every phase of contemporary progress must, therefore, be subjected to examination, that is, we must, as it were, X-ray every aspect of this progress. . . . The danger already exists, and is now being seen, that while human beings are increasing their economic mastery, they may lose sight of the basic reasons for this mastery, let their humanity take second place to material things, and — even though they may not immediately see that this is happening — allow themselves to be manipulated in many ways.<sup>1</sup>

### Norms Governing Medicine

The truth is that the technological progress so characteristic of our age suffers from a *radical ambivalence*. On the one hand, it allows human beings to take control of their own destiny but, on the other, it exposes them to the temptation of going beyond the limits of a reasonable mastery of nature, thus endangering the integrity and even the very survival of the human person.

Limiting ourselves to the realm of biology and medicine, we may consider the implicit dangers to which the human right to life is exposed by discoveries in the field of artificial insemination, birth control and fertility control, hibernation and "delayed death," genetic engineering, mind-altering drugs, organic transplants and so on. Scientific knowledge does, of course, have its own laws and must observe these but it also must recognize, especially in the area of medicine, the

inviolable limits created by respect for the person and by the protection of the person's right to live a life worthy of a human being.

If a new research technique, for example, injures or risks injuring this right, the technique is not to be considered permissible simply because it increases our store of knowledge. *Science is not the highest value*, to which all others are to be subordinated. Higher in the scale of values is the personal right of each individual to physical and spiritual life and to psychic and functional integrity. *The person is the measure and criterion of goodness or fault in every human manifestation*. Scientific progress cannot, therefore, claim to stand on neutral ground. Ethical norms, which are based on respect for the human person, must light the way for, and control, the stages of research and the application of the results obtained by research.

For some time now, voices have been raised in alarm to call attention to the harmful consequences of *medical practice that is more concerned with itself than with the human beings it is meant to serve*. I am thinking here, for example, of pharmacology. Beyond a doubt, the wide range of effective drugs at our disposal accounts for the amazing successes achieved by modern therapy.

At the same time, however, it also is a fact that a new chapter has been added to contemporary pathology: iatrogenic diseases.

With increasing frequency we are seeing illnesses which are due to the indiscriminate use of drugs: diseases of the skin, the nervous system, the digestive system and, especially, of the blood.

### Experimentation

The reason is not simply an inappropriate use of drugs or even an abuse of them but, in many instances, a real inability of the organism to tolerate them.

The danger must not be slighted, because even the most careful and conscientious research in the field of drugs never totally eliminates a potential danger; the tragic example of thalidomide is proof of this. Even though their intention is to help, doctors can involuntarily violate the right of the individual to his or her own life. Drug research and the therapeutical application of it must, therefore, be as heedful as possible of the ethical norms that protect that right.

I come now to *experimentation*, a subject much discussed nowadays. Here again, the acknowledgment of the person's dignity and of the ethical norms based on that dignity, when taken as the supreme value that inspires scientific research, has quite specific consequences at the level of moral obligations.

Pharmacologico-clinical research may not be initiated unless all precautions have been taken to assure that the intervention will not be positively harmful. To this end, the preclinical phase of research must

provide the broadest possible documentation of the possible toxicological effects of the drug.

It is evident as well that the patient must be informed of the fact that the experiment is being tried, and of its purpose and possible dangers, so that he or she may give or refuse consent with full awareness and freedom. A doctor has only such authority and rights over a patient as the latter chooses to yield.

### Inherent Limit on Experimentation

Moreover, the consent given by the patient is not unlimited in its scope. Except in special cases, the essential purpose of the patient in cooperating with the experiment is the improvement of his or her health. Any such experiment derives its primary justification from the way it serves the interests of the individual, not of the collective.

This does not mean, however, that, provided his or her own substantial integrity is preserved, the patient may not legitimately accept a share of risk as a way of making a personal contribution to the progress of medicine and thus to the common good. Medical science exists in the community as a force that is meant to liberate human beings from the infirmities which encumber them and from the psychic and somatic weaknesses that lay them low. Such a gift of oneself, within the limits set by the moral law, can, therefore, be a highly meritorious proof of love and an occasion for spiritual growth of such magnitude as to offset the dangers of a possible physical diminution that is not substantial in kind.

### A Re-personalization of Medicine

These reflections on drug research and medical therapy can be applied to other areas of medicine. More often than people realize, it is possible, in the very act of helping the sick, to violate their personal right to psychophysical integrity by *inflicting a de facto violence*. This may be done by diagnostic inquiries that use complicated and, not infrequently, traumatizing procedures; by surgical treatment which today engages in very bold forms of dismantling and reconstruction; by organic transplants; by applied medical research; and by the very organization of hospitals.

It is not possible in this context to deal thoroughly with this wide-ranging subject. An investigation of it would take us too far afield, since it would compel us to determine the kind of medicine toward which we are presently moving: medicine that has the human person as its measure or, on the contrary, medicine that is subordinated to pure technology and organizational efficiency.

*You must commit yourselves to a "re-personalization" of medicine.* This means adopting a more unitary view of the patient and then

establishing a more fully human relationship with him or her. By this last I mean a relationship that respects the connection between the psychoaffective realm and the suffering body. The relation between doctor and patient must once again be based on a dialogue that involves listening, respect and concern; it must become again an authentic encounter of two free human beings or, as it has been put, between "trust" and "conscience."

This kind of relationship will enable the sick to feel that they are being seen for what they really are: individuals who have difficulty using their own bodies and developing their own powers but who, all the while, retain intact the innermost essence of their humanity and whose right to truth and the good, on both the human and the religious levels, is to be respected.

Distinguished ladies and gentlemen, as I propose these reflections, I think spontaneously of Christ's words: "I was ill and you comforted me."<sup>2</sup> What a stimulus to this desired "personalization" of medicine can be found in Christian charity which causes us to see in the face of every sick person the adorable face of the great, mysterious Patient Who continues to suffer in those to whom you give your prudent and beneficent professional help!

At this moment I pray to that Sufferer and I call down an abundance of heavenly blessings on you, your dear ones and all your patients. As a pledge of these favors I bestow on you my heartfelt Apostolic Blessing with its promise of grace.

## REFERENCES

1. John Paul II, Pope, Encyclical Letter *Redemptor Hominis* (March 4, 1979), no. 16 (TPS XXIV, 121-122).
2. Mt., 25, 36.

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