Praktykowaniemedycynyzgodnie z normami katolickiejbioetyki.

Practising medicine according to the norms of Catholic bioethics.

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1. Introduction

Practising medicine according to the norms of Catholic bioethics would seem to be the natural and obvious aim of Catholic doctors and nurses. Most of those principles go back to the long and rich tradition of Catholic moral theology and are expressed in many texts of the Church's magisterium, including important discourses of Pius XII, documents of the Congregation for the Doctrine of the Faith on specific questions of sexuality and of medical ethics, and John Paul II's major encyclical on bioethics, *Evangelium vitae* of 1995. Another essential point of reference must be his encyclical on basic questions of fundamental moral theology, *Veritatis splendor*, of 1993. For many doctors, nurses and pharmacists, their life and their judgments of conscience on a daily basis revolve around human biology, the anticipated consequences of whatever they propose to do or to omit in treating their patients, and seems also inevitably to be connected to experiments in the interests of discovering and of applying new knowledge, in the hope of being able to provide ever better for their patients.

However, at first sight, these focal points could appear to contradict the principles of Catholic bioethics delineated in magisterial teachings. Thus, biologism is expressly rejected in *Veritatis splendor*. In the last decades of the last century, many had argued that God has created human beings as rational free, who, therefore, should use their reason and their will to decide for themselves how to conduct their lives; our natural inclinations, including biological indications, can provide a general orientation for the way we ought to behave, but could not settle the morality of our individual acts.[1] This approach risked seeing the human body as no more than mere 'matter', some 'thing' required for human freedom to operate, but in the end this would identify the human person with reason and liberty and make the bodily dimension something 'extrinsic' to the person and its goods merely 'pre-moral goods or values'.[2] Such a theory "is not in conformity with the truth about man and his liberty, … contradicts the teachings of the Church on the unity of the human being … as a

[1] Cf. John Paul II, *Veritatis splendor*, n. 47.

[2] Cf- *Ibid.*, n. 48.

whole – '*corpore et anima unus'* – as a person",[3] while a doctrine which "*dissociates the moral act from the bodily dimensions of its exercise is contrary to the teachings of Sacred Scripture and of Tradition*".[4] The encyclical insists that "the true meaning of the natural law … refers to the nature which is proper and specific to man, to the nature of the human person, which is the person as such in the unity of soul and of body, in the unity of his natural inclinations of a spiritual and of a biological order and of all the other specific characteristics necessary for him to reach his end".[5] Whenever we are dealing with the human being, as doctors, nurses and pharmacists are, we are dealing with much more than mere biology; we are dealing with persons. All morality, all bioethics, must respect this fundamental truth. However, this rejection of 'biologism' would seem to clash with the preoccupation of doctors, nurses and others, who daily have daily to do with patients, with their bodies and their biological functioning.

The encyclical, *Veritatis splendor*, also condemned consequentialism, the theory that what is morally right or wrong is to be determined by calculating the possible good and bad consequences foreseen from a proposed act, in order to opt for what realises the greater good or the least harm. It refused the claim "to derive the criteria for the rightness of a specific action only from the calculation of the consequences which it is foreseen may derive from the putting into effect of a specific choice".[6] Yet, many doctors might consider that much of their time is spent in making judgments of this kind, opting for that which seems likely to produce the best, or the least damaging, consequences or effects for their patient.

A different question, but one closely involving both the biological dimension of the person's body and the consequences perceived to flow from certain courses of action, is that of experimentation upon patients. Almost all medical personnel would exclude anything resembling the horrific experimentation perpetrated upon prisoners or internees in Nazi Germany by Mengele and his associates. But, most doctors would explain that medicine and surgery have an inevitable element of experimentation, including experimentation upon the human being, without which no progress is possible in medicine. This would seem to be at odds with the teaching of the magisterium that the human being must not be used as an object of experimentation, since this would violate their human

[3] *Ibid*.
[4] *Ibid*., n. 49.
[5] *Ibid*., n. 50.
[6] *Ibid*., n. 75.

dignity, treating them as objects rather than as subjects. In the case of the living human embryo, medical or surgical interventions is to be excluded, except where there is no major risk to that individual and where an intervention is "directly therapeutic", in the interests of trying to save the life or safeguard the health of the specific human embryo in question and where the free and informed consent of that embryo's parents has been obtained.[7]

Whether we think of 'biologism', of consequentialism, or of experimentation upon human beings, the initial reaction of those involved in medical practice might be that Catholic doctrine is at odds with their long-standing practices in trying to assure the medical well-being of their patients. Such an impression, however, would be mistaken. We shall examine these three questions in turn.

2. Biology, biologism and Christian anthropology.

Until the middle of the last century, no-one would have spoken about 'biologism'. The concept emerged in Catholic moral theology in an attempt to re-examine natural moral law. Prior to and at the time of the Second Vatican Council, some theologians sought to avoid or at least to reduce talk of 'law' and of 'nature', since mere biology should not determine what is morally right and wrong and in order to focus attention more upon the 'person' as a whole. Such 'personalism', to use the term current and popular at the time, would be more fitting, as a point of reference for both natural moral law and specifically Christian moral thinking. In the background, but influential in channelling the discussion of these matters, was the issue of contraception and the natural regulation of fertility, but also more generally the whole area of Catholic sexual ethics. Very quickly, it became apparent that loose talk of 'personalism' was not very helpful in moral theology, since it could be ambiguous. When people speak of 'person', they often mean a rational, free being, who decides for himself what he should or should not do, and/ or they may also intend the human being as a spiritual being, by which some may understand merely the inner workings of the psyche, while Christian believers would understand also the spiritual and immortal soul. All of these dimensions of the human being or person are important, and they emphasise that he is much more than mere biology. Nevertheless, if what we mean by 'person' is identified only with his inner psychic, rational, voluntary and spiritual (higher) faculties, that suggests or implies that the biological, including the sexual, level is somehow inferior, less

[7] Cf. Congregation for the Doctrine of the Faith, *Donum vitae*, I, n. 4.

central, something at the disposal of the 'person', about which he may decide in his rational, free choices. This would imply treating the body as a kind of 'thing' available to the 'person', identified effectively only with those higher faculties. This 'dualism' or division of the human being is untrue to the truth that each one of us is 'one in body and in spirit' (*corpore et anima unus*),[8] a unitary or integrated being, whose life on this earth depends upon these various dimensions working in harmony.[9]

The moral life can be reduced neither to mere biological functioning nor to a disembodied entity of a free and rational kind. Doctors cannot work without biology or they will kill their patients, but their patients are neither disembodied centres of consciousness nor detached, impersonal problems of biological malfunctioning. This is why the informed consent of their patients as persons is needed; it is also the reason why, as doctors know very well, patients will often make more progress if they understand and actively collaborate with their therapy. In this sense their rational autonomy comes into play, but medicine cannot be reduced to that; medicine is not an art or a science for the fulfilment of the wishes of patients. More fundamentally, it concerns the fundamental human good of their earthly human life and good of their health; bioethics is the discipline of evaluating what is good or bad, right or wrong, in relation to these key aspects of the medical good.

Catholic principles of bioethics include this integrated anthropology or understanding of who the human person is. They require that the eternal life of the human being not be put at risk or compromised. They entail recognising earthly human life not as an absolute; the 'sanctity of life' does not mean 'vitalism' or continuing in earthly exist no matter what, but demands the acceptance of natural death and specifically requires serving life "in its earthly phase" or "in its earthly state",[10] but in our earthly existence we are "one in body and spirit", spiritual beings alive in our bodies and bodily beings with an immortal soul. Only when we die is the soul separated from the body, until the two are reunited in the resurrection; how this happens we cannot know, but that it happens is implied by the revelation of God in Christ, which we accept in

[8] Cf. Second Vatican Council, *Gaudium et spes*, n. 14; John Paul II, *Veritatis splendor*, nn. 48-50.
[9] Cf. Paul VI, *Humanae vitae*, n. 7; John Paul II, *Familiaris consortio*, n. 11; Id., *Veritatis splendor*, n. 50.
[10] John Paul II; *Evangelium vitae*, nn. 29, 38, 47.

faith. This is important because it means that our human dignity does not depend upon our possessing certain qualities or upon their active functioning at a given time; otherwise, the unborn child, the disabled individual, the comatose patient, someone in a 'locked in state' (wrongly called a 'persistent vegetative state') would not be true human beings. There is a real difference, however difficult it may be at times to judge and to distinguish specific cases, between such a living person and one who has died, between a clinical diagnosis of death and a mere prognosis of imminent death, and hence between legitimately transplanting a vital organ from a deceased donor and directly killing a donor in order to extract such an organ to try to save the life of another person, which is always intrinsically and gravely immoral.

The fifth precept of the decalogue, the fifth commandment, "Do not kill" does not say exactly that, but rather 'Do not murder', since killing someone directly through legitimate defence, in capital punishment, an enemy in a just war, or killing someone unintentionally do not fall under this prohibition.[11] The doctrinal and moral theological tradition of the Church has recognised that killing someone accidentally, in certain circumstances indirectly or, in the case of guilty persons, even directly is not necessarily a violation of that precept and in those cases does not violate the commandment of love of neighbour. The key norm, then, also for medical practice is that it "is always intrinsically and gravely morally wrong directly and deliberately to kill an innocent human being".[12] Therefore, directly procured abortion is likewise, always intrinsically and gravely immoral,[13] as is direct or deliberate euthanasia.[14]

3. The goods of human life, of human health and of medicine

The fifth precept of the decalogue, "Do not kill". in the sense of 'Do not deliberately and directly kill an innocent human being', is not limited to mere prohibitions, but positively demands respect for all human life, from conception to natural death, and its protection and defence through proper care of the body and of health, proper nutrition, rest and exercise. Implicit in the fifth precept and hence in love of neighbour is also the protection of health, of the human being in their earthly state. Bioethics, as the discipline pertaining to moral responsibilities

[11] Cf. E. Hamel, *Les dix paroles : perspectives bibliques* (Béllarmin, Montréal ; Desclée de Brouwer, Bruxelles, Paris, 1969), 74-82.
[12] John Paul II; *Evangelium vitae*, n. 57.
[13] *Ibid*., n. 62.
[14] *Ibid*., n. 65.

in the sphere of medicine, is concerned fundamentally with this basic human good; it addresses our duties towards those who may become ill or who are ill, whose life is threatened or who health is compromised or risks being compromised by illness, by a malfunctioning of the body in its somatic or psychological dimensions.

The most fundamental obligation of medical personnel is not to kill or to harm their patient (‘*primum non nocere’*), a duty enshrined in the original and standard versions of the Hippocratic Oath, where its direct and necessary implications were immediately specified in the duties never to perpetrate an abortion or infanticide or in any other way directly to kill a patient, specifications lamentably absent from more recent, ideologically compromised variations of the Oath. More positively, pursuing the good of health through the good of medicine involves treating the person in their bodily dimension as a person, respecting and not mutilating their bodily integrity. This implies a series of duties:

a. First of all, normally only those competent through a precise scientific and technical education and qualification may intervene upon the body of the human person in a serious way because others will almost certainly kill or harm the person through lack of knowledge and lack of competence.
b. Given the speed of scientific and technical advances, this requires the duty to up-date knowledge and experience, also in the pharmacological branch of medicine.
c. Where disease or injury threatens the survival of the patient, the principle of totality, part of the therapeutic principle, justifies removing the part to try to save the whole.[15] This includes removing potentially dangerous tumours.
d. No human being may ever be used as an object for the alleged or even real benefit of another, not even with their consent. Although medicine and surgery progress necessarily by way of experience, in which failures, successes and improvements can be discerned and the reasons for such outcomes can be discovered, these lessons are learned as indirect results of legitimate procedures, but never may persons be used as such as objects of medical experimentation (the gross abuses of Nazi medicine are an example). Although we are to collaborate together for

[15] Cf. St. Thomas Aquinas, *Summa theologiae*, II-II, q. 64, a. 2; q. 65, a.1.

the common good, one human being is never a mere 'part' of 'society' and may never be sacrificed for the whole, since they are never constitutive parts of an organic whole, but only morally and intentionally parts of such a broader community.

e. Thus, with transplants from living donors, the principle of totality cannot be applied. To avoid trafficking in human parts or organs, a gross abuse of human dignity, the principle of charity or of solidarity is needed, but that is not enough. The principle of functional integrity can be considered a legitimate supplement to the principle of totality for cases of donations of major organs from living donors; obviously, removing a kidney violates anatomical integrity, but, provided it does not compromise the functional integrity of the donor, it would be legitimate. However, this must be checked carefully by specialist doctors competent in the field, to avoid the abuse of people being enlisted as donors in poor countries, often also by payment of monies, and being declared suitable by non-specialists or by charlatans, and their health then being irreparably damaged.
f. The therapeutic good of patients demands full respect for functional integrity, scientific and technical capacity, and professionalism in the sense of scrupulous care and attention, here to the patient of the donor. The diagnosis of factors which would exclude functional integrity, such as renal failure in the potential donor or even in his family history would exclude someone from being a proper kidney donor.[16]
g. Professional skill and care of all patients entails specific care to make a precise diagnosis of a pathology or of a condition. This is not always done. Often with infertility or sterility, with a woman in her 30s and the biological clock ticking, IVF procedures or their variants are advised as the only effective 'solution', without regard to the fact that they are immoral. At times this is even at the expense of the truth of the person's situation, as where there is a blockage in the Fallopian tubes, which can be overcome through LTOT or NEST, or even where there is a defect in the tube's capacity to receive an ovum and where the defect can be corrected by laparoscopic micro-surgery. Such failures to make a

[16] Cf. F.J. Itterrsum and W.J. Eijk, "Organ donation and transplantation" in W.J. Eijk, L.M. Hendriks, J.A. Raymakers and J.I Fleming (ed.), *Manual of Catholic medical ethics: responsible healthcare from a Catholic perspective* (Conor Court Publishing, Ballarat, 2014), 333-380 [335-340]; B.M. Ashely and K. O'Rourke, *Healthcare ethics: a theological analysis*, 4th edition, Georgetown University Press, Washington, D.C. 1997, 333.

precise diagnosis, in other areas of medical practice, would lead to disciplinary procedures under deontological or professional codes of ethics or to court cases for damages. An important example of helping those with difficulties in conceiving is the progressive diagnosis of the precise problem through NaPro Technology.

h. The professional judgment of the doctor of the risks and of the benefits to be expected from any proposed therapy is an important part of their service to their patients. Here honesty and truth, as well as compassion and understanding, are required, since the patient is a human being, a person, not a mere technical problem to be resolved. Dialogue with the patient, parents or tutors needs to respect them, also in their reason and freedom, in order to elicit their free and informed consent to what is proposed. This dialogue implies:
    i. Not that whatever the patient wants should be done; their autonomy is not absolute and their wishes are not to be followed if they involve what is immoral, neither abortion nor euthanasia nor IVF nor any other immoral act.
    ii. That what is agreed be morally legitimate in an objective sense.
    iii. That the doctor explain the key issues: what has been diagnosed, the various morally good options which exist, with the benefits and difficulties they entail, in language that can be understood by the patient, in order to facilitate their participation and make possible their consent.
    iv. Recognising that the medical circumstances of the patient (the diagnosed medical problem, other medically relevant factors in his health and background) are significant factors to be evaluated. The intention behind whatever is proposed must be objectively morally good. In addition, what it is judged should be done and what it is decided to do (the moral object of the medical act) must also be morally good. This key principle of Catholic bioethics must always be fully respected: an act is morally good only if the intention, circumstances and object (i.e. what it is judged and decided is to be done) are all three morally good; if any one of them is immoral, the act(s) undertaken will be immoral.[17] Particularly to be avoided are acts which are intrinsically or of

[17] Cf. St. Thomas Aquinas, *Summa theologiae*, I-II, q. 19, a. 6; John Puul II, *Veritatis splendor*, n. 78.

their nature immoral, such as directly procured abortion, and euthanasia, etc.

i. That such judgments be based on such a careful moral evaluation through the exercise of 'right reason in conscience' and neither on mere conventionalism (what most people do or think should be done) not on mere emotivism (such as the 'false compassion' which inclines some to seek euthanasia or so-called 'assisted suicide', which is both suicide and murder and nothing less).

5. Medical practice and experimentation upon the human being.

Scientists, technologists, doctors and nurses are right to say that medicine cannot progress without experimentation. Doctors, especially those exert in particular fields, often realise that some new procedure may improve a patient's chances of survival or of recovery in the course of what they are doing. They notice some reaction not perceived previously, work upon how to marginalise some side-effect of a drug or of a cocktail of drugs or of a surgical procedure and eventually identify a way of improving their services and hence the life of their patients. Sometimes it is scientists working upon new kinds of drugs, for the purpose of discovering a cure for a hitherto incurable disease or for a disease with a very poor prognosis, such as pancreatic cancer. It may be technicians who are working on particular procedures to try to identify how it may be possible to deliver an otherwise promising drug to the precise site in the body where it is needed to counter-act the pathology, in cases where failures thus far seem to have been the result of complications with the method of administration or with an inability to ensure its arrival in sufficient strength at the site where it is needed. All of this can be considered to be experimental in some way. Although the data from experience in medical practice are enormously important for doctors, diagnosis of the condition must be precise and the judgment about what should or should not be done must consider carefully the results of treatments for patients with similar conditions in the past; however, these results are not simply to be 'applied'; rather, the doctor must compare the patient at present to those with similar problems in the past and must adapt past experience to the specific needs of the particular patient here and now.[18]

[18] Cf. J.A. Raymakers, "Diagnostics, prevention, therapy and rehabilitation" in W.J. Eijk, L.M. Hendriks, J.A. Raymakers and J.I Fleming (ed.), *Manual of Catholic medical ethics …'*, 297-324 [300-302].

The unitary or integral anthropology of which we have spoken demands that we respect every human being as a person and as enjoying full dignity as such, so that no human being may ever be reduced to being treated as an object, no matter what imagined medical 'benefits' may be alleged to accrue from it. Only after successful clinical tests on a new drug in laboratory conditions and after successful and promising results from experimentation upon animals, giving real prospects of successes in human beings, is it permissible to embark on experiments upon the human subject, under the law and following carefully prepared and morally unobjectionable protocols. Then, under the strict supervision of a competent ethical committee, whose primary task is to monitor and to ensure the protection of all participants in the clinical research, with the informed consent of those participants, together with their clear right to withdraw at any stage, for whatever reason without having to explain anything to anyone, the trials may proceed on human beings.

No-one in such an experimentation trial is being deliberately harmed. The circumstances are that there are no effective alternatives, that all participants have been carefully informed and have given consent on the basis just noted, that the intention is to find a (better) remedy or at least an improvement in health or in life-expectancy. The moral object, what is deliberately done to those patients by the doctors is not something which is known or thought to harm them (even placebo does not harm those concerned), but is what is truly judged to be for their benefit and also for that of others. Very different is experimentation which is destructive of human life or existence. Thus, experimentation upon human embryos, 'by-products' (not treated as persons!) of IVF or similar procedures or brought into being expressly for the purpose of experimenting upon them, so that they may be 'used' for the alleged benefit of others, is gravely and intrinsically immoral, unless in a given case as an *ultima ratio* there were an attempt to save that specific baby, otherwise doomed to die. The claim of (remote) therapeutic benefit (i.e. for others) behind the drive for human embryonic stem cells could never justify the inevitable death to which they are subjected through the removal of their inner cell mass, from which such stem-cells would be harvested. The elaboration of stem-cells from adult bone marrow and from umbilical cord blood, avoiding the direct, deliberate murder of innocent unborn children, has instead already brought promising results.

6. Medical practice and a Catholic understanding of conscience

Not only is medical practice marked by the fact that medicine is a somewhat inexact science in the sense already explained, but the inability to guarantee the outcomes of what is attempted in the interests of trying to save a patient's life, bring an unborn child to birth, restore or limit the damage to a person's health, can give rise to serious worries in doctors, nurses, pharmacists and all involved; this is true even when the acts performed are apparently well-intentioned, justified by the circumstances and not immoral in themselves or by their object.

People may say that they have acted in good conscience and that is all that matters. Often what people mean by this is that they are being sincere, are well-intentioned, have assessed matters honestly in their conscience, in what the Second Vatican Council called there "innermost core and sanctuary, where man finds himself alone with God, whose voice echoes in his depth, telling him to 'do this' and to 'shun that' ".[19] It is often said that, if someone has reflected on a matter sincerely and come to an honest judgment on it, then he should follow this 'good conscience'.

However, while sincerity in our judgment of conscience is necessary, it is never enough; otherwise, Hitler, Stalin, Mao Tse-tung and other dictators and evil-doers would be acting 'in good conscience'. It is true that someone can make a mistaken judgment of conscience, without being culpable for the error or ignorance (an invincibly ignorant conscience), but those who do not take care to form their conscience properly are vincibly and hence culpably ignorant, as the very same text of the Council makes clear.[20]

To reduce Conciliar teaching on conscience to following a sincere judgment is to ignore (through failure to inform oneself properly of what the text actually states) or to distort its teaching. This is because it affirms expressly that, in that inner core and sanctuary of conscience, man "discovers a law which he has not laid upon himself, but which he must obey, calling him to love God above all and his neighbour as himself",[21] namely that there is an objective dimension of truth to be discovered through conscience, adding that his dignity and so the dignity of conscience lies precisely in doing that. The same reference to an objective moral truth which must be obeyed in conscience is found later in the same text, when speaking of responsible parenthood, that a good intention on the part of the spouses in assessing their duties in this area in the light of the

[19] Second Vatican Council, *Gaudium et spes*, n. 16.
[20] Cf. *Ibid*.
[21] *Ibid*.

complex circumstances which may mark their lives are not free to do as they see fit, but are bound by the objective teaching of the Church's magisterium on these matters.[22] Conciliar doctrine on conscience reaffirms this obligation to form our consciences according to the authentic teaching of the magisterium in its decree on religious liberty, in a text which is devoted to the rights and the duties of moral conscience.[23]

Thus, the right and duty to follow our conscience refers to a properly informed conscience, one formed by the teaching of the magisterium, such that ignoring that teaching in any area or treating as if it were merely another opinion alongside our own or that of some theologians is incompatible with acting in good conscience.[24] Conscience, as St. Paul explains (Rom 2:12-15), is what is within us, where God's truth is made known to us, in which conscience acts as a "witness" to that truth, by which we are judged.[25] Nor does the fact that we are 'alone with God' mean that we are in isolation; rather in intimate openness to Him and to the full truth that He is, we are in union with others and especially so with His People in the Church and guided by the magisterium in the teaching it gives in the Name of Christ and through the assistance of the Holy Spirit. Otherwise, we are operating superficially, not truly open to Him and to his truth, but rather deluding ourselves.

Yet, in the daily life of doctors, nurses, pharmacists and others, errors of judgment can occur or, despite all they do, their best efforts may fail. Here it is essential to keep two key truths in mind, both of which concern conscience and the way we act. First of all, conscience is wrongly considered to be a matter of how we 'feel', but 'feelings' are never enough to act in conscience; they must always be checked out in conscience. A doctor may 'feel guilty' that a patient has died in the operating theatre or under some other treatment, but that does not mean that he is guilty, any more than the fact that Hitler, Stalin, Mao Tse-tung and multiple other criminals, dictators and bullies may not 'feel' that they are guilty or that they are in sin, when in fact they behave in gravely immoral ways, on a given occasion or systematically. 'Feelings' are not unimportant, but they are not sufficient guides to the truth of our moral situation. They can be important guides; if someone loses their temper and insults someone and 'feels'

[22] Cf. *Ibid*., n. 51.
[23] Cf. Id., *Dignitatis humanae*, n. 14.
[24] Cf. John Paul II, Allocution to moral theologians, Rome, 12th November, 1988, *L'Osservatore romano*, Italian edition, 17th November, 1988, pp. 14-15, n. 4.
[25] Cf. Id., *Veritatis splendor*, nn. 57-59.

guilty about this, this is a psychological feeling which, in this case, points to real moral guilt. Conversely, a doctor or nurse who 'feels' that they are right when they have in fact done the right thing experiences a psychological 'feeling' which corresponds to their being morally innocent of wrong-doing in that case. It is never enough to operate on feelings; 'I feel in conscience this is right' or 'I felt no sense of wrong' never suffice. They must always be checked out by an objective assessment in conscience, our witness to the moral truth of what we have done, are in the process of accomplishing, or intend to put into effect.

The basis on which that reflection in conscience, where each one of us is alone with God involves the following:

a. We are morally responsible both for the good and for the wrong we do, to the extent that we do something 'voluntarily' or 'willingly'. This does not mean necessarily that we want to do it (we may wish almost anything else and would wish we were not in the circumstances in which we find ourselves), but, in those circumstances, we do perform that act, namely we do so knowingly and willingly, insofar as we have not refused to do it, have not abstained from action or have not performed some other action instead.
b. If something occurs despite what we have deliberately done and tried to do, provided it was not something we ought to have known would occur or would probably occur, then we are not responsible for it. Thus, a patient's death or a deterioration in the patient's health despite the best efforts of a doctor acting not negligently, but competently and responsibly, however sad it may be and even if he may 'feel' guilty about, is not his fault. Here his psychological 'feelings' of guilt or his merely psychological conscience does not point to any moral fault at all.
c. Of course, if a doctor performs a medical act, in an area in which he lacks the proper competence, and if, as a result of that act, the patient dies or is harmed, then he is responsible for that harm through deliberately doing what he ought not to have done and had no right to do. This is true even if he intended to help the patient, even if he 'feels' no guilt. The reason is that his will, his deliberate action, was the 'cause' of that harm; this is called the 'voluntary in cause' or the indirect voluntary' or the *'voluntarium in causa'*.[26] A real exception to

[26] Cf. St. Thomas Aquinas, *Summa theologiae*, II-II, q. 64, a. 8.

this would be if there were an emergency needed to save the life of a patient in grave danger and no doctor with the relevant specialist knowledge and skills were available or reachable; a doctor who intervened there to try to do his best to save that life and who failed would not be guilty of any moral wrong, not even by *voluntarium in causa*, because his deliberate act was the only thing that could have been done to try to save the person in the circumstances; here he would have been 'right' to try to act in the absence of anyone more capable.

d. A further kind of '*voluntarium in causa'* is at work, where the doctor or nurse or pharmacist does not exceed the limits of their competence or authority, in other words, what they do they are capable of doing and have a right and even a duty to do, but where they conduct themselves in fact without exercising proper care and attention and, acting negligently, perhaps because they are tired, at the end of a shift and want to get home, or perhaps because they are annoyed with someone or about something, or for any other reason; this kind of indirect voluntary is a matter of culpable negligence, morally and often legally also. A patient harmed as a result would be entitled to damages and the culprit might be subjected to professional or deontological disciplinary measures, if not to penal action in the courts, even for culpable manslaughter. The person would not have wanted or intended to hurt the patient and might even 'feel' innocent in some instances, but his deliberate acts of neglect would have been the cause of that harm and he is morally responsible for it.

7. Conclusion: medicines which are 'principally healing'

In the 17th century, when facing the dilemma of medical or surgical procedures with very dangerous side-effects, Anthony of Corduba made a critical distinction, as valid today as it was then, between *'medicina principaliter salutifera*' or *'principaliter sanativa'* on the one hand and *'medicina principaliter mortifera*' on the other. His presuppositions were those of Catholic doctors, nurses and pharmacists who seek to bring the healing and care of Jesus to their patients and never directly and deliberately to kill them nor to do them any direct and deliberate harm, but to serve the medical good of preserving their life until its natural end and of improving their health to the extent that this is possible. Thus, with this good intention and in circumstances of serious danger

to life or to health, Anthony of Corduba concluded that, if the medicine worked basically as a healing agent, then, even if there were serious or damaging side-effects, it would be legitimate to use it; here we would apply the principle of double effect strictly - if all of its conditions were met, it would be morally legitimate to use that medicine or to undertake that surgery. However, if the principal way the medicine acted or the surgery functioned were to kill, then, whatever any alleged or actual beneficial side-effect to the procedure, it would be intrinsically and gravely immoral.

This can be illustrated briefly in two areas. A medical act, strictly medical or surgical as it may be, which acts upon a pathology directly as such is a *medicina salutifera* or *sanativa* and is in principle legitimate.[27] Thus, the hysterectomy of a cancerous womb, even in a pregnant woman prior to the time of viability, which works upon the diseased organ as such, with the foreseen side-effect of the child's death, provided this is not willed or wanted as such, is morally legitimate. This is very different is the direct, deliberate abortion of a baby where the mother has a cardiac or renal condition, since the lethal drug administered, the surgical or other intervention undertaken, is an act upon the unborn child for the alleged benefit of the mother and is a procedure which of its nature kills; it is *mortifera*. Similarly, the administration of powerful analgesics, once other remedies are no longer effective, even though foreseen to require increased dosages, provided they are administered carefully and only to the extent necessary to control pain, with supplements as required if there is break-through pain, are still *medicina salutifera* or *sanativa* as distinct from deliberately lethal doses or excessive doses of the same or of other procedures which are *mortifera*.

One case of real concern involves the increased number of caesarean sections, with the increased danger of a further pregnancy leading to the newly conceived baby being located in the part of the uterus which has been sutured and hence with an increased risk to the new baby and to the mother during that further pregnancy. In fact, a former bioethics student of mine from a country in Latin America, a lay man, told me that his own mother had had caesarean sections and, after each one had been warned by the doctors to avoid any further pregnancy by taking contraceptives. This she refused to do; my student was the tenth child of this lady. The womb seems to have repaired itself sufficiently

[27] Cfr. ANTONIO DE CORDUBA, *Questionarium theologicum* (Venezia 1604), q. 38, dubium 3 in J. Connery, *Abortion: The development of the Roman Catholic perspective* (Loyola University Press, Chicago 1977), nota 1 and pp. 124-131.

between the various pregnancies. It seems that, in such cases, if the woman becomes pregnant, the standard reaction is to recommend an abortion or to say that an abortion is 'indicated'. This would be gravely and intrinsically immoral. The duty of doctors in these and in other similar instances is to take care of both patients. Where there is increased risk, as there would be here, then the pregnant woman may need to be brought into hospital, but certainly needs to be monitored more closely. A doctor here in Poland who has acted like this with such women has had success in avoiding or in overcoming the dangers that could arise. Of course, there is another responsibility involved; caesarean sections should not be undertaken unless necessary, certainly not just because they are wanted or are 'convenient', precisely because of the damaging effects which can result and because of the dangers which may arise.

It can be seen from these examples that what doctors, other medical personnel and people more generally knowing and deliberately (voluntarily) choose to do when they engage in a specific act, by commission or by (voluntary) omission, whose functioning they know or ought to know falls directly under their moral responsibility. Moreover, they cannot but intend what that action principally entails, implies or effects as its principal function. That such an act, even in complex circumstances, may be willed as a means to some further morally good end does not alter the fact that it is intended precisely as such and also as the very means to this further end. Respect for the sanctity of human life in its earthly phase is not vitalism, but it implies the inviolability of every innocent human life, which may never deliberately and directly be suppressed for any reason. Doctors and other medical personnel work every day with subtle distinctions because, in the detail of what they know, judge and apply lies the life and the health of their patients. They do not act by mere intuition or guesswork because, otherwise, they would be charlatans, exposing their patients to risk of major harm and even death. Their knowledge includes their scientific, technical and medical expertise and experience, such that, often, they may recognise very quickly key symptoms, common features, unusual factors and hence be in a position to judge quickly but correctly some of the essential aspects of the condition of their patient. Medical practice, according to the principles of Catholic bioethics, in full harmony with authentic Hippocratic medicine, knows that deliberately depriving a patient of hydration in order to hasten their death is morally very different from removing artificial hydration and/ or nutrition when the patient is incapable any longer of assuming what is provided, that directly aborting an unborn child is very different from accepting

the death of an unviable baby as a concomitant of an urgent and necessary medical procedure enacted upon the pathology itself of the mother, that deliberately suppressing the life of a terminally ill person or of someone wishing to end their 'useless' or 'undignified' existence is morally very different from death which occurs perhaps sooner as an unavoidable side-effect of analgesics needed to control pain. These principles recognise the inviolability of innocent human life on earth. The Christian acknowledges further God the Creator as the source of life, awaits the fulness of life in the risen life of Christ through the Holy Spirit, and respects that God alone is the "Author of life" (Acts 3:15). These truths have never been better expressed than in the teaching of John Paul II:

> "Therefore, by the authority which Christ conferred upon Peter and his Successors, and in communion with the Bishops of the Catholic Church, *I confirm that the direct and voluntary killing of an innocent human being is always gravely immoral*. This doctrine, based upon that unwritten law which man, in the light of reason, finds in his own heart (cf. Rom. 2:14-15), is reaffirmed by Sacred Scripture, transmitted by the Tradition of the Church and taught by the ordinary and universal Magisterium."[28]

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[28] John Paul II, *Evangelium vitae*, n. 57; emphasis in the original.