

KEYNOTE ADDRESS

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Catholic Nurses and Midwives Ministers of Life

Most Reverend Diarmuid Martin, Archbishop of Dublin

The International, Regional and National Presidents of CICIAMS,

Dear Catholic Nurses and Midwives,

Distinguished Guests, Ladies and Gentlemen

It is a great joy and honour for me to represent the Pontifical Council for Health Care Workers at this 19th World Congress of CIAIAMS. I bring to you the greetings and blessings of the President, Archbishop Zygmunt Zimowski, who asked me to convey his apologies for not being able to be with us today, however promised his prayers for all of you and wishes you fruitful deliberations.

I thank the organizers of this Congress for the invitation extended to me to participate in these days of reflection, sharing and learning, so as to strengthen your service and witness as Catholic Nurses and Midwives. My sincere gratitude to the International Executive of CICIAMS, especially the secretariat for the organization and to our host country Ireland, especially the Catholic Nurses Guild of Ireland for the great hospitality and organization.

The theme chosen for this Congress “Protecting Family Life: The Role and Responsibility of Nurses and Midwives,” comes at the right moment when the Universal Church, upon the invitation of Pope Francis, is preparing for the Synod on the *Pastoral Challenges of the Family in the Context of Evangelisation*, which is due next month in Rome. The working document (*Instrumentum Laboris*) rightly notes that: “in these times, a widespread cultural, social and spiritual crisis is posing a

challenge in the Church's work of evangelizing the family, the vital nucleus of society and the ecclesial community."¹ The Document identifies several challenges to the Family among which the pastoral challenge concerning openness to life. Without prejudice to the other challenges, I wish to address the issue of openness to life, for I do believe it is at the core of your mission as Catholic health care workers, for the life generated in the family must be protected and promoted. The challenges to life urge us to strengthen our mission and resolve. Moreover, as Pope Francis affirms, "we also evangelize when we attempt to confront the various challenges which can arise,"² in opposition to the gospel truth.

1. The Sanctity of Human Life

The first right of a human person is his life. It is - fundamental - the condition for all other rights.³ Hence it must be protected above all others.⁴ Now the respect, protection, and care rightfully due to human life derive from its singular dignity. In the whole of visible creation it has a unique value. To see this more clearly we make recourse both to divine revelation and the redemptive mission of Christ.

Divine revelation shows to us the sacredness of human life, which from its beginning involves the creative action of God (Gen. 1:26-27) and remains forever in a special relationship with the Creator, who is its sole end.⁵ The life of the human person, created in the image and likeness of God, is sacred and inviolable (Gn. 9:5-6) and in it the inviolability of the human person finds its primary and fundamental expressions.

Furthermore, "By his Incarnation the Son of God has united himself in a certain way with every human being."⁶ The fact that God assumed the human nature reveals to us the incomparable value of every human person and human life.⁷ God even made himself instrumental in Christ for our sake, thus establishing our dignity as children of God. This divine intervention, raised man to a condition beyond compare, he is called to a fullness of life that consists in sharing the divine life, a life that exceeds the earthly existence. The earthly life therefore, is both an

¹ Synod of Bishops, *III Extraordinary General Assembly: The Pastoral Challenge of the Family in the Context of Evangelisation, Instrumentum Laboris*, Vatican City, 2014, p.1.

² Francis, Apostolic Exhortation *Evangelii Gaudium* on the Proclamation of the Gospel in Today's World, Vatican City, 2013, n. 61.

³ Cf. John Paul II, Post Synodal Apostolic Exhortation *Christifideles laici*, n. 38.

⁴ Congregation for the Doctrine of Faith, *Declaration on procured abortion*, 18 November 1974, n. 11

⁵ Cf. John Paul II, Encyclical Letter *Evangelium Vitae*, n. 53.

⁶ GS, n. 22.

⁷ Cf. John Paul II, Encyclical Letter *Evangelium Vitae*, n. 2.

initial stage and an integral part of the entire process of human existence. Life is a sacred reality entrusted to us, one that we have to preserve with a sense of responsibility.⁸

St. John Paul II, who was an indefatigable defender of human life, affirms in the Encyclical *Evangelium Vitae*, that the Gospel of life is at the heart of Jesus' message...to be preached with dauntless fidelity to the people of every age and culture."⁹ He calls every Catholic to be faithful to the message of Jesus Christ on human life. He also reminds us that we live in times in which there is a great cultural war between a culture of death and a culture of life. As Catholics we must have the courage to proclaim the culture of life for the common good of society. This is our duty as Catholics, and more so as health care workers.¹⁰

2. Catholic Nurses and Midwives as Guardians and Servants of Life

The Charter for Health Care Workers, refers to those engaged in healthcare as "ministers of life". The nature of the activity of healthcare workers "is a very valuable service to life."¹¹ Like all healthcare personnel, catholic nurses and midwives are called "to be guardians and servants of life."¹² In their care and concern for the lives of other people, nurses and midwives perform an action that involves the prevention, cure and rehabilitation of human health and the stewardship of life. Taking care of human life and health is both a Christian and human duty. In the first place, life and health are precious gifts from God and we are but custodians, with a duty to take reasonable care of them.¹³ This makes taking care of life and health a response to a God given duty.

Secondly, we know that life is the fundamental and primary good of the human person. Thus taking care of life and health is a truly human activity. Health care workers, especially Catholic nurses and midwives dedicate themselves to this activity. Thus as the Charter for Health Care Workers affirms: "the principal and

⁸ Cf. Catechism of the Catholic Church, n. 2288.

⁹ John Paul II, Encyclical Letter *Evangelium Vitae*, n. 1.

¹⁰ Pontifical Council for Pastoral Assistance to Health Care Workers, *Pastoral Care in Health and the New Evangelisation for the Transmission of the Faith*, Velar, Gorle 2014, p. 43.

¹¹ Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers*, Vatican Press, Vatican City 1995, n.1. Hence forth *Charter for Health Care Workers*.

¹² John Paul II, Encyclical Letter *Evangelium Vitae*, n. 89.

¹³ *Ibid.*, n. 1.

symbolic expression of “taking care” is *your vigilant and caring presence at the sickbed*. It is here that medical and nursing activity expresses its lofty human and Christian value.”¹⁴

The Charter also emphasises that ‘service to life is such only if it is *faithful to the moral law*, which expresses exigently its value and tasks. Health-care workers “draw their behavioural directives from that field of normative ethics which nowadays is called bioethics.”¹⁵ Thus the magisterium of the Church endeavours to offer appropriate guidelines on various questions and disputes arising from the biomedical advances and from the changing cultural *ethos*. This bioethical magisterium is for the health care worker, Catholic or otherwise, a source of principles and norms of conduct which enlighten his/her conscience and direct him/her – especially in the complexity of modern biotechnical possibilities – in his/her choices, always respecting life and its dignity.

I will now proceed to offer an outline of some of the challenges to human life, in the various stages of growth, which challenges put to task the duty and mission of Catholic nurses and midwives as guardians and servants of life. I will only highlight some of these challenges and leave it to the experts who will be speaking later, and will certainly treat some of these issues in a profound way. I wish to divide human life into three main stages: the early stage, the middle stage and the end of life stage.

3. Challenges to Human life in the Various Stages

3.1 The Early Stage (Procreation)

This is the stage that concerns the generation of new human beings. If new life is to be born, then there is need that families be open to life. Today we live in an ageing society, where less and less children are born and old people live longer. While the latter is a positive development, the former will have dramatic consequences on society. Many societies, especially in the more developed regions, have already attained older population age structures than have ever been seen in the past. Moreover, many developing countries in the midst of the demographic transition

¹⁴ *Charter for Health Care Workers*, n.1.

¹⁵ *Ibid*, n.6.

are experiencing rapid shifts in the relative numbers of children. The result is an increasing share of older persons and a declining share of children.

While the causes are varied, certainly one of them is the lack of what the working document for the Synod on the Family refers to as “openness to life and parental responsibility in upbringing.”¹⁶ It is noted that “in some parts of the world, a contraceptive mentality and the diffusion of an individualistic anthropological model are causing a sharp decline in population whose social and human consequences are not being adequately taken into account. Policies leading to a decline in the birth rate are having an effect on the quality of marital relationships and relationships between generations.”¹⁷ There is difficulty to accept the Church’s teaching on the unbreakable link between conjugal love and the transmission of life.¹⁸ Hence the recourse to artificial means of fertility control - contraceptives and abortion- enhancing the proliferation of the anti-life mentality, which is also supported by anti-life legislation. It must be remembered that “openness to life is at the centre of true development. When a society moves towards the denial or suppression of life, it ends up no longer finding the necessary motivation and energy to strive for man's true good. If personal and social sensitivity towards the acceptance of a new life is lost, then other forms of acceptance that are valuable for society also wither away. The acceptance of life strengthens moral fibre and makes people capable of mutual help.”¹⁹

Today scientific development offers the possibility of effecting antenatal diagnosis, enabling medicine to detect certain illnesses from the foetal stage of human development, so as to obtain a cure or more effective prevention. Without going into the discussion of the techniques, I wish to point out the moral problem that arises when this diagnosis is directed toward eugenics and abortion. When an illness is discovered the parents would be required to take a decision as to whether they would like to have the child. These are difficult moments for the couple, where the advice and support of the medical personnel can be very determinant for the decision of the parents and the life of the unborn child. The question is what type of counselling do we offer to these troubled parent?

¹⁶ Synod of Bishops, *III Extraordinary General Assembly: The Pastoral Challenge of the Family in the Context of Evangelisation, Instrumentum Laboris*, Vatican City, 2014, n.121.

¹⁷ *Ibid.*, n. 130

¹⁸ Cf. Paul VI, Encyclical Letter *Humanae Vitae*, n. 12.

¹⁹ Benedict XVI, Encyclical Letter *Caritas in Veritate*, n. 28.

As nurses and especially as midwives you have the privilege of following expectant mothers before, during and immediately after birth. You have a mission to spread the gospel of life, to encourage a mentality which is more open to life, helping couples to understand that “true married love and the whole structure of the family life which results from it is directed to disposing the spouses to cooperate valiantly with the love of the Creator and Saviour, who through them will enrich their family from day to day.”²⁰ For those couples therefore who are open to life and need help on responsible procreation, yours is the duty to equip them with appropriate knowledge and offer them proper guidance.²¹ I find the words of Pope Francis to the International Federation of Catholic Medical Associations and Catholic Gynaecologists very relevant here: “*in this context of contradiction, the Church makes an appeal to consciences, to the consciences of all healthcare professionals and volunteers, and especially to you... who are called to assist in the birth of new human lives. Yours is a singular vocation and mission, which requires study, conscientiousness and humanity. There was a time when women who helped in the delivery were called “comadre” [co-mothers, midwives]: like one mother with another, with the real mother. You, too, are “co-mothers” and “co-fathers”, you too...*”²²

The exercise of your profession as Christian nurses and midwives requires you to be also witnesses to your faith, with a generous commitment in support of human life. We need to recognize that the spreading of the culture of death through legislation and customs, often starts with the legalisation of abortion, which severely affects the beginning of human life and immediately from there it moves on to threaten the final stage of life through euthanasia.²³

As Benedict XVI observed, “there is often lack of ethical clarity at international meetings, and specifically the use of confusing language conveying values at odds with Catholic moral teaching.”²⁴ This is the case when it comes to “issues such as those connected with the so-called “reproductive health”, with recourse to artificial

²⁰ *Charter for Health Care Workers*, n.15.

²¹ Cf. Synod of Bishops, *III Extraordinary General Assembly: The Pastoral Challenge of the Family in the Context of Evangelisation, Instrumentum Laboris*, n. 128.

²² Francis, *Address to Participants in the Meeting Organized by the International Federation of Catholic Medical Associations*, 20 September 2013, n.2.

²³ John Paul II, *Discorso in occasione dell'anniversario di fondazione della scuola per infermieri professionali “Armida Barelli*, 27 maggio 1989.

²⁴ Benedict XVI, *Post-synodal Apostolic Exhortation Africae Munus*, n. 70.

techniques of procreation that entail the destruction of embryos, or with legalized euthanasia.”²⁵

Already in some countries, nurses have had to leave their places of work or are denied employment and promotion, just because they made an objection of conscience and refused to participate in abortion programmes. As individual Catholic nurses hold on to the Christian values in defending the sanctity and dignity of human life, they need to be supported by Christian legislators, the Christian community at large and the Associations of Catholic Nurses, so that their voices can be heard and their rights respected. We therefore have to promote and strengthen the Catholic Nurses Guild and start it where it does not exist, as well as encourage student nurses to join it.

On the other hand there are those couples, who are desperately looking for a child, but for one reason or another their attempts have not been successful. It is your duty as Catholic medical personnel to offer them proper guidance and assistance. “Health care workers lend their service whenever they help parents to procreate responsibly, supporting the needed conditions, removing obstacles, and protecting them from invasive techniques unworthy of human procreation.”²⁶ This is a mission we can fulfil as individuals, as a professional group at our places of work or as an association, as well as in the communities by being involved in the family apostolate.

3.2 The Second Stage

This is the stage that concerns protecting and promoting the human life that has started. Here the *Charter* makes an important declaration when it says that “from the time that the ovum is fertilised, a life is begun which is neither that of the father nor of the mother; it is rather the life of a new human being with its own growth.”²⁷ We therefore have before us, a human individual entrusted to our care, who demands respect for his dignity and right to life,²⁸ and ought to be considered in his or her profound unity, for “every intervention on the human body touches not only the tissues, the organs and their functions, but involves also at various levels the

²⁵ Benedict XVI, *Message to Participants in the 25th International Conference Organized by the Pontifical Council for Health Care Workers*, 15 November 2010.

²⁶ *Charter for Health Care Workers*, n.11, see also nn.21-34.

²⁷ *Ibid.*, n 35.

²⁸ Cf. Congregation for the Doctrine of Faith, “Instruction *Dignitas Personae* on Certain Bioethical Questions,” 8 September 2008, n. 4.

person himself”.²⁹ Health care must never lose sight of the “profound unity of the human being, in the obvious interaction of all his corporal functions, but also in the unity of his corporal, affective, intellectual and spiritual dimensions. One cannot isolate “the technical problems posed by the treatment of a particular illness from the care that should be given to the person of the patient in all his dimensions. It is well to bear this in mind, particularly at a time when medical science is tending towards specialisation in every discipline.”³⁰

Moreover this holistic view of the patient is already called for by the WHO definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. St. John Paul II, moved a step further to propose a more adequate vision of health based on an anthropology which respects the person in his entirety. “This vision of health, based on an anthropology that respects the whole person, far from being identified with the mere absence of illness, strives to achieve a fuller harmony and healthy balance on the physical, psychological, spiritual and social level.”³¹

Taking into consideration the various dimensions of health and thus the needs of the patient, helps us to adopt a wholly human approach to the suffering patient, in order to offer a holistic care that will integrate the family of the patient into the care. Most of our patients have a family behind them, which family needs appropriate assistance to be able to support their suffering member. Often one gets the impression that, the family of the patient risks being seen as an intruder, or a disturbance to our busy and tight schedule of care, instead we should find an appropriate way of positively involving them in the holistic care, and helping them to offer appropriate care to their suffering member.

As we noted at the beginning there is an increased life expectancy, which however entails a growing number of people affected by neurodegenerative diseases that are often accompanied by a deterioration of the cognitive capacities. These people need appropriate care and assistance in proper facilities, as well as in the families, which remain the privileged place of warmth and closeness.

²⁹ *Charter for Health Care Workers*, n.40.

³⁰ *Ibidem*

³¹ John Paul II, “Message for the Eighth World Day of the Sick,” n.13, in *Dolentium Hominum* 42 (1999) 9.

Pope Francis condemns the mentality of disregard for the frail members of our society. He notes that “a widespread mentality of the useful, the “culture of waste” that today enslaves the hearts and minds of so many, comes at a very high cost: it asks for the elimination of human beings, especially if they are physically or socially weaker. Our response to this mentality is a decisive and unreserved “yes” to life.”³² He says the concern for human life in its totality must be our priority especially for the most defenseless. “In a frail human being, each one of us is invited to recognize the face of the Lord, who in his human flesh experienced the indifference and solitude to which we so often condemn the poorest of the poor, whether in developing countries or in wealthy societies.

...Every child who, rather than being born, is condemned unjustly to being aborted, bears the face of Jesus Christ, ...And every elderly person, even if he is ill or at the end of his days, bears the face of Christ. They cannot be discarded, as the “culture of waste” suggests! They cannot be thrown away!”³³

3.3 The Third Stage or End of Life

The Charter for Health Care Workers observes that “for the health care worker, serving life means assisting it right up to its natural completion. Life is in God’s hands: He is the Lord, He alone decides the final moment. Every faithful servant guards this fulfilment of God’s will in the life of every person entrusted to his/her care. One does not consider himself/herself the arbiter of death, just as and because they does not consider themselves the arbiter of anyone’s life.” ³⁴(n. 114).

This is a subject – that of assistance for the dying – that requires renewed and constant attention: the contemporary cultural context tends to reject death and the dying because they pose to medicine and health-care workers questions which they – if they are only technicians of health – may not know how to answer. A dying person is thus misled about his or her condition, or marginalised, or an attempt is made to make death belong to events that are determined technically, producing them: such is the case with euthanasia or postponing death: such is the case with exaggerated treatment; “For the doctors and their assistants it is not a question of deciding the life or death of an individual. It is simply a question of being a doctor or a nurse, that is, of posing the question and then deciding according to one’s

³² Francis, *Address to Participants in the Meeting Organized by the International Federation of Catholic Medical Associations*, 20 September 2013, n.2.

³³ *Ibidem*.

³⁴ *Charter for Health Care Workers*, n. 114.

expertise and one's conscience regarding a respectful care of the living and the dying of the patient entrusted to one"³⁵

You will have to deal with issues concerning the appropriate care for the terminally ill, issues of assisted nutrition and hydration,³⁶ offering palliatives care and the use of pain-relievers,³⁷ as well as the choices of the patient and their families regarding treatment.

The crisis which the proximity of death brings into the lives of the sick people and their families prompts the Christian and the Church to be bearers of the light of truth, which faith alone can cast on the mystery of death. Life has to be celebrated and exalted even and above all in the proximity of death itself. It must be fully respected, protected and assisted in those who are experiencing its natural conclusion. A patient even though declared incurable by science, can never be declared unworthy of care.

As St. John Paul II observed: "the attitude in front of the terminally ill is often the test of the sense of justice and charity, nobility, responsibility and professional skills of a health workers. The positive interpretation of suffering is a positive support for those experiencing its weight and becomes the highest lesson of life for those who, beside his/her bed, are working to alleviating its impact."³⁸

In particular, "*Death...must be evangelized*: the Gospel must be announced to the dying person... The announcement of the Gospel to the dying finds especially expressive and effective forms in charity, prayer and the sacraments."³⁹

Charity means that giving and receptive presence, in which one establishes with the dying a communion that involves attention, comprehension, concern, patience, sharing and selflessness. One sees in the dying person the face of Christ who is suffering and dying, calling out for love (Mt 25: 31-40).

³⁵ *Charter for Health Care Workers*, n. 121..

³⁶ Cf. Congregation for the Doctrine of Faith, "Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration," (1 August 2007), in AAS 99 (2007) 820.

³⁷ Cf. Congregation for the Doctrine of Faith, *Declaration on Euthanasia*, 5 May 1980.

³⁸ John Paul II, *Address to the participants in the International Congress of the Omnia Hominis Association* (August 25, 1990) n. 3.

³⁹ *Charter for Health Care Workers*, n. 131.

4. Some Important Requirements for the Mission

In order to correspond to this vocation and fulfil the mission faithfully, nurses need to pay attention to certain tasks and aspects of their ministry. We shall now briefly present the major ones.

4.1 Interpersonal Relationship of Trust and Conscience

The activity of a nurse is not only of technical character but it also involves devotion to, and love for, one's fellow man, one's neighbour. It implies an interpersonal relationship of a special kind. It is a meeting between "trust" and "conscience." It is a relationship of trust on the part of a person in need of treatment and care because he or she is afflicted by illness and suffering, and of conscience on the part of the person who is able to respond to this need through a fusion of care, treatment and healing.⁴⁰

It is therefore important to remember that in exercising your profession you are always dealing with a person who has entrusted their body and health to you, confident of your competence, as well as your care and concern. Thus for a health care professional the sick person should never be a simple clinical case to be examined scientifically. He or she is always a person in special need, to whom scientific and professional expertise alone are not enough. A proper response to the patient's needs also requires love.

4.2 Technical and Professional Competence

Life is the primary and fundamental good of the human person, which demands absolute respect. Caring for this life is therefore an extremely important duty, which requires adequate preparation and proper disposition. In order to be properly equipped and not to betray the trust and confidence of their patients, health care workers, and therefore nurses and midwives ought to have the appropriate technical and professional competence to respond to the needs of their patients.

⁴⁰ Cf. *Charter for Health Care Workers*, n. 2.

The continuous development and progress of medicine demands of health care workers a thorough preparation and appropriate updating or ongoing formation so as to acquire the necessary competence and expertise.⁴¹

4.3 Ethico-religious Professional Training

Given the current advances in biotechnology, clinical cases are becoming ever more complicated and problematical. Thus the profession, mission and vocation of a nurse and a midwife requires a solid training and a constant ethical-religious formation in moral questions in general and in questions relating to bioethics in particular. This will enable the health care professionals to appreciate human and Christian values and refine their moral conscience.⁴²

4.4 Compassion

As catholic nurses you have the privilege of being at the bed side of the sick and suffering, not only to treat them as your professional preparation may empower you to, but above all to take care of them as brothers and sisters in need. They are the neighbours in need and you are to be the *Good Samaritan* to them (*Lk 10, 29-37*). Moreover, by taking care of the sick and suffering, you take care of Christ himself (*Mt 25, 34-41*).

St John Paul II, reminds us that “human suffering evokes *compassion*; it evokes *respect*”⁴³. You are called to offer compassionate care to your patients. And as such, you should live out your profession as a call, as a mission.

Traditionally, nursing has been known as an altruistic and caring-focused profession. Remaining true to this vision of nursing may prove an uphill struggle in the highly developed present day technology, which has often been criticized as being heartless and inhuman. Hence, the urgent call for the humanization of modern high-tech healthcare delivery. It is therefore very important to remember that the human person, the sick person should always be at the centre of your care, of your mission and service. To them you are called to give integral care, in full respect of their dignity, taking into consideration the various dimensions of a person’s health: physical, psychological, social and spiritual. The technology, which

⁴¹ Cf. *Charter for Health Care Workers*, n. 7.

⁴² Cf. *Ibidem*

⁴³ John Paul II, Apostolic Letter *Salvifici Doloris*, n. 4.

brings with it a lot of possibilities that facilitate your service, should remain but an instrument to help you improve your service to fellow human beings, to the suffering brothers and sisters.

Pope Benedict XVI in his Encyclical *Spe salvi*, observes that “the true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through “com-*passion*” is a cruel and inhuman society.”⁴⁴ Your profession as nurses and midwives empowers you to offer that much needed compassion-based care to the sick people entrusted to you. Feel with them, be one with them in their sorrows and joy, in the sense of solidarity as members of the human community. In other words, they need your “availability, attention, understanding, sharing, benevolence, patience and dialogue.”⁴⁵ It is about personal empathy with the concrete situation of each patient. To be compassionate, generous and self-sacrificing in the name of Christ is to be Christ for others.

4.5 Advocacy

It is true that practically, nurses are closer to patients and more aware than doctors of the wider needs of the patient. These needs, which could be psychological, social or spiritual, may be of greater significance to the patient than his or her medical problem. Nurses may be placed in a situation where they have to act as an advocate for the patient. They may then be faced with loyalties divided between patient, doctor and manager. Advocacy is a useful mechanism for power sharing within the team, but all too often it is perceived in a negative way – as a threat, or an implied criticism of medical care. Doctors need to listen to their nursing colleagues, who often have a broader view of the patient’s concerns.

4.6 Prayer

The importance of prayer in the healing ministry cannot be overemphasized. Today in a secularized society, there is a pressing need to rediscover the therapeutic dimension of faith. The Christian understanding of health is a holistic perception that includes everything of the human person, in all his dimensions: physical, psychological, social and spiritual. In fact the holistic approach to healthcare

⁴⁴ Benedict XVI, Encyclical Letter *Spe Salvi*, n. 38.

⁴⁵ *Charter for Health Care Workers*, n. 2.

reflects Jesus' ministry of healing, which was always concerned with the whole person and their transformation.

Many people approached Jesus during his public ministry, either directly or through relatives and friends, asking for the restoration of health. The Lord welcomed these requests but always insisted on having faith. "If you can?" Retorted Jesus. "Everything is possible to one who has faith" (*Mk* 9: 23). For centuries, people of faith have offered prayers for the sick, often with amazing results. In the recent times medical research has shown consistent proof that faith and prayer have positive results for the sick. Holy Scripture illustrates the power of prayer, including healing prayers for the sick. Such prayer is based on faith and trust in God. Thus the Apostle exhorts us to offer prayers of faith and not just wishful prayers: "Is any among you sick? Let him call for the elders of the Church, and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith will save the sick man" (*Jas* 5: 14-15).

Convinced of the therapeutic power of faith, Christian tradition holds prayer as an instrument of healing. In this regard, prayers can be offered by the sick person, for the sick person and with the sick person. Oftentimes people ask for healing or for the grace or ability to accept sickness in a spirit of faith and conformity to God's will. The healing obtained by the power of prayer takes different forms. It could mean the restoration of physical health or a re-establishment of the sick person's psychological, social and spiritual harmony even when the complete physical healing is not achieved. Indeed prayer helps one to transform illness into a journey of faith that gradually helps the sick person to strengthen their relationship with God, learn the lessons of human weakness and limitedness, have a renewed adherence to the fundamental options of life, grow in solidarity with those who suffer and deepen their faith in eternal life.

It is therefore praiseworthy that the faithful ask for healing for themselves and for others. Moreover the Church in her liturgy prays for the health of the sick. In celebrating the Sacrament for the Anointing of the Sick, the Church commends her sick members to the Lord, that he may raise them up and save them. "Obviously, recourse to prayer does not exclude, but rather encourages the use of effective natural means for preserving and restoring health, as well as leading the Church's sons and daughters to care for the sick, to assist them in body and spirit, and to seek to cure disease. Indeed, «part of the plan laid out in God's providence is that

we should fight strenuously against all sickness and carefully seek the blessings of good health...»⁴⁶

Similarly, prayers ought to be offered for those who take care of and assist the sick in our communities. It is important to remember that “health care is a ministerial instrument of God’s effusive love for the suffering person; and, at the same time, it is an act of love for God, shown in loving care of the person. For the Christian, it is an updated continuation of the healing love of Christ, who went about doing good and healing everyone”.⁴⁷ The service rendered by the health care worker is also an expression of love for Christ, who assumes the face of the suffering brother and sister (Mt 25:31-4). Catholic nurses and midwives should therefore accompany their work with prayer so that they may be strengthened and guided by the Holy Spirit to be effective instruments of this mission.

5. Conclusion

We live in times in which there is a strong cultural war between the culture of life and the culture of death. There is indeed a widespread cultural, social and spiritual crisis, which poses a big challenge to the Church’s work of evangelizing the family, the cradle of human life.

The Challenge of the anti-life mentality, certainly touches the core mission of Catholic health care workers, as custodians and servants of life. Catholic nurses and midwives are called to proclaim the gospel of life and promote a mentality that is more open to life, offering couples proper support and guidance on responsible parenthood, and protecting the human life from conception to its natural end. This is a mission that you are to accomplish as individual Christians, as a professional group at your places of work, as an association, as well as in the communities by being involved in the family apostolate.

At this point, I wish to conclude with the exhortation of Pope Francis to Catholic health care workers: “*be witnesses and diffusers of the “culture of life”*”. Your being Catholic entails a greater responsibility: first of all to yourselves, through a commitment consistent with your Christian vocation; and then to contemporary culture, by contributing to recognizing the transcendent dimension of human life,

⁴⁶ Congregation for the Doctrine of Faith, *Instructions on Prayers for Healing*, n. 2.

⁴⁷ Cf. *Charter for Health Care Workers*, n. 4

the imprint of God's creative work, from the first moment of its conception. This is a task of the new evangelization that often requires going against the tide and paying for it personally. The Lord is also counting on you to spread the “gospel of life.

Within this perspective, hospital departments of gynecology are privileged places of witness and evangelization, for wherever the Church becomes “the bearer of the presence of God”, there, too, she becomes the “instrument of the true humanization of man and the world” (Congregation for the Doctrine of the Faith, *Doctrinal Note on Some Aspects of Evangelization*, n. 9).

By fostering an awareness that the human person in his frailty stands at the centre of all medical and healthcare work, the healthcare facility becomes “a place in which the relationship of treatment is not a profession” – your relationship of treatment is not a profession – “but a mission; where the charity of the Good Samaritan is the first seat of learning and the face of suffering man is the Christ's own Face” (Benedict XVI, *Address at the Catholic University of the Sacred Heart*, 3 May 2012).

Dear *-nurses and midwives* - you are called to care for life in its initial stage; remind everyone, by word and deed, that this is sacred – at each phase and at every age – that it is always valuable. And not as a matter of faith – no, no – but of reason, as a matter of science! There is no human life more sacred than another, just as there is no human life qualitatively more significant than another. The credibility of a healthcare system is not measured solely by efficiency, but above all by the attention and love given to the person, whose life is always sacred and inviolable.

Never fail to ask the Lord and the Virgin Mary for the strength to accomplish your work well and to bear witness courageously – courageously! Today courage is needed – to bear witness courageously to the “gospel of life”! Thank you very much.”⁴⁸

⁴⁸ Francis, *Address to Participants in the Meeting Organized by the International Federation of Catholic Medical Associations*, 20 September 2013, n. 3.