The Church and Aesculapius

The ancient Greek (and Roman) god of medicine was Asclepius (Aesculapius). His symbol was a single snake wound around a staff, not the twin snakes intertwined on a winged staff — the caduceus — symbol of Mercury, messenger of the gods and god of merchants. A temple dedicated to Aesculapius was erected on Tiber Island (in Rome) in 291 B.C. Subsequently, in Christian times, a church in honor of St. Bartholomew was built on the island and healing hostries were annexed. Thus, the Church and healing were reciprocally related. In particular, in this article, the special ministry which the Church has to the healing profession will be very briefly considered.

Ministry as Service

Ministry is a form of service, that is, a provision of care and an attendance to the wants and necessities of another or others. Ministry can also bespeak the performance of religious functions. So, in that latter sense, we use the word “minister” as a generic term for a person authorized to perform religious ceremonies. Clearly, two elements, at least, are intertwined in the term “ministry” — service and religion.

Most important for a correct understanding of ministry in present context is to distinguish it from ordinary service. This latter term is based on the Latin term “servus”, a slave, from which we also have the word servant. Both slave and servant are concerned with obeying the master, of doing what will please the one they serve.

In contrast, ministry is, in addition, a service which seeks primarily to promote the true well-being of the one served, not to obey or to please the one being served. The minister of religion, for example, is looking for the ultimate good, the authentic happiness, of the individuals being ministered to. Such a ministry may, at times, involve challenging individuals, telling them something they may not want to hear, even, perhaps, admonishing them with the love of a fellow pilgrim, not in order to hurt, demean or overpower them, but to help them towards genuine human growth.

Ministry of the Church to Medicine

It is an analogous ministry which the Church extends to medicine. It is a ministry of peers. It is a ministry directed to the discipline of medicine as well as to the disciples of that science and art. In capsule form, the Church’s ministry to medicine theologically validates medicine, provides ethical evaluation of its activities, and offers support to its “ministers” — doctors, nurses, etc.

Matter is Good; the Human is Good

As surprising as it may seem to the modern mind, the Church defends and asserts the basic goodness of the human body and its functions as well as of matter in general. Taking its cue from the first creation account in the book of Genesis, the Church has insisted that material beings in general, and the human body in particular, are “very good” (see Genesis 1:3-31). The Church has resisted down through the ages various sects, e.g., the Manicheans (4th century), Albigensians (13th century), who supported positions that a separate god created matter and that marriage and procreation were evil because they produced more bodies. These and the like she considered to be heretical teachings because they were in direct opposition to the accepted scriptural teaching that the one God was the creator of all that exists, matter and spirit.

The Glory of Medicine is the Promotion and Restoration of Human Freedom

If the body and its functions are fundamentally good, then the proper care of the body, the healing of its wounds, and the restoration of its functions are morally good activities. A noble

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pursuit, indeed, is the protection and promotion of an individual's freedom. The Church takes her clue from her Master Who healed and brought wholeness to the afflicted: He restored or gave sight to the blind (see Matthew 9:27-31), enabled the lame to walk rightly (see Luke 5:17-26), and cured the lepers, social outcasts of their day, much like the AIDS patient of today (see Matthew 8:1-4). Furthermore, Jesus, and Elijah before him (see 1 Kings 17:17-24), restored life; such He did with the only son of the widow of Nain (see Luke 7:11-17) and Lazarus (see John 11:1-44). These were not only acts of divine mercy, they also helped to establish that God is a God of life, not death, of wholeness, not disease, of eternal life, not only temporal life (see John 11:25-26).

The Church also insists that illness is not God's punishment, in consonance with the Lord's response to an inquiry as to whether an individual's blindness from birth was the result of his parents' sin or his own. His response was neither, but rather that the works of God be more manifest (see John 9:1-7); for example, through the compassionate response of others to someone's illness.

The Church also perceives that the story of Adam and Eve and their fall is a poetic description of what occurred and continues to occur rather than a specific divine punishment. When the Lord is represented as telling Eve: "I will multiply your pains in childbirth, you shall give birth to your children in pain" (Genesis 3:16a), this was not meant to indicate the wrath of God descending upon woman, but rather as a statement — and explanation — of what humans universally experience as part of the present human condition. Of course, it can also be said that human pain is built into our physiology as a protection from abusing our body or its functions. It is also true that many of our disorders are the result of the misuse of our body and/or environmental impact. Consequently, it is permissible to relieve the pain of childbirth or, indeed, the pain of any condition so long as a higher good is not obstructed.

**The Church Provides Ethical Guidance for the Practice of Medicine**

As noted above, the Church stoutly maintains the goodness of the human body (indeed, of the human person) and praises medicine for its promotion of human health and life. But the Church ministers to medicine in another way. She provides ethical guidance and challenges to help insure that what medicine does to, or for, a sick human being is truly for that individual's authentic well-being.

In order to carry out that task successfully the Church also outlines what she believes to be the true good of human beings, namely, what enhances authentic human life. Of necessity this process also entails a statement of what she believes a human being really is. Only when fortified with such knowledge can the Church provide guidance as to what is ethical in medicine. This is so because medicine is directed to preventing or correcting disorders of structure and function *in order* that the human may be more authentically free. Obviously, such a knowledge of human nature is dependent, not only on what can be gleaned from sacred scripture and Christian tradition, but also from what reason can demonstrate from the facts provided by the empirical sciences.

Briefly, the Church views the human being as a unique type of creature (on earth; we cannot speak about other planets in our galaxy or elsewhere) who is constituted by God with a spiritual soul, and thus both accountable for behavior (because of capacity for free choice), and thereby a candidate (through grace) for a share in God's own eternal joy. Beyond that, the Church leaves the details of the human body and its function to the empirical sciences — apart from the moral aspects of human behavior.

**Guidance in Ethical Issues**

With these few remarks about the nature of the human being we can now turn to the ethical principles in medicine upon which the Church insists in order to safeguard the true well-being of the human person. For the sake of brevity and conciseness, I will merely list a few of the important guiding ethical principles and values.

1. All human life is sacred and has inherent worth (see *The Church in the Modern World*, #51).
2. Innocent human life may not be directly attacked (see Genesis 4:9-19).
3. The sources of life are also sacred (see Pope Paul VI, *Humanae Vitae*).
4. Human life may be generated only within the context of the mutual life-long commitment of a man and a woman (see Genesis 1:27-28, 2:23-24; Canon 1055 §1).
5. The two meanings of the marital act — procreative and unitive — may not deliberately be separated in a freely initiated act (see Pope Paul VI, *op. cit.* #12).
6. The integrity of the body is a value. Hence, no part or function may be removed, destroyed or rendered inoperative unless it is necessary to preserve the life or health of the individual (see Pope Pius XII, Allocution to the Italian Medical-Biological Union of St. Luke, November 12, 1944).
7. Life and health as well as self-determination are values. Accordingly, each competent person is responsible for their own life and health. Hence, such individuals have the right and obligation to make the relevant decisions regarding health and life (*Ibid.*).
8. A person's privacy and good name are values. Each individual has a right to expect confidentiality on the part of those who have personal knowledge (*Ibid.*).
9. A person's mind and body are inviolate and another person may not intervene without consent (see Pope Pius XII, Allocution to the First International Congress of Histopathology, September 2, 1952).

**Personal Support of Medical Care Personnel**

Besides the ministry offered by the churches in the form of ethical guidelines and the founding and maintenance of suitable
work environments for the health care professionals — hospitals, medical and nursing schools and other schools for the preparation of health care professionals, there is the direct and personal support given to those persons. While the individual pastor, minister or chaplain provides emotional and spiritual support on a one-to-one basis, on the larger scale various groups seek to provide some personal support and guidance. One such group is the Federation of Catholic Physicians Guilds. Another is the St. Luke’s Society. The Catholic Church, and perhaps others, often have a special liturgical celebration on the feast of St. Luke, popularly held to have been a physician himself. Retreats and the like are also held in order to provide the special support the care giver needs who has to deal with issues of life and death on an almost daily level.

Thus, in these various ways the church contributes to the well being of Aesculapius.

Decisions Aided by Committee

At 12:30 p.m. the phone rang. Father Luke answered and was informed that there would be a meeting of the Ethics Committee in the Hospital’s Library Conference Room at 3 p.m. The meeting was requested by a member of a patient’s treatment team. Mr. George King, the patient in question, was a 30-year old diabetic male who had been in a coma for the past 2 months. There were some questions about his future treatment and care. If the patient experiences a cardiac arrest, should he be placed on a mechanical ventilator?

At the appointed time, Father Luke arrived and found most of the 9 committee members already present. Shortly afterwards, the attending physician, Dr. Smith, and Miss Jones, the head nurse, as well as the patient’s parents and younger sister arrived and took places around the large oval shaped conference table.

Purpose of Ethics Committees

After appropriate greetings, the current Chair, Miss Brown, a staff medical social worker with more than 20 years experience in several hospitals, summarized for the group what she had already told the family concerning the nature of the Committee and the purpose for this particular meeting. The Ethics Committee, she remarked, was an interdisciplinary group composed of physicians, nurses, clergy, professional ethicists, an attorney, social workers as well as a lay representative. It had been organized 5 years earlier and was designed to serve the patient and family by providing a structure within which issues of medical care having complex social and ethical dimension could be constructively discussed. Miss Brown stressed that the Committee is only an advisory group and its recommendations are intended to provide guidance and support to the decision makers who seek its aid.

Case Summary

“Today’s meeting,” she explained, “was called by the nurses who have the care of the patient, Mr. King. They were concerned that continued treatment might be, not only useless, but perhaps inflicting more harm than benefit.”

Noting a nod of assent from the head nurse, Miss Brown invited the attending physician, Dr. Smith, to describe the patient’s status.

Clearing his throat and glancing briefly at his notes, Dr. Smith proceeded. “The patient, Mr. George King, is a 30 year old white male diabetic with end-stage renal disease requiring dialysis three times a week. Due ultimately to the diabetes, Mr. King is also blind and unable to walk because of peripheral neuropathy (nervous system damage). He has developed a large decubitus ulcer on his back which is not responding well to therapy. About 2 months ago Mr. King had a cardiac arrest resulting in some anoxic damage to the brain. Showing no spontaneous respiration, he was placed on a mechanical ventilator, but remains in a deep coma. It should be noted that he is not brain dead. A G-tube was placed recently in his stomach through a surgical incision in the abdomen allowing specially prepared formula food to be given since he cannot take food or water by mouth and intravenous feeding was proving increasingly more difficult.”

One of the nurses raised her hand and was recognized by the Chair. With some emotion she summarized the concern of the nursing staff. “Over the weeks we have become quite attached to Mr. King and we are now troubled about the treatment he is receiving. It is not a question that he is not being treated; rather it is a matter of whether the treatment is of any benefit at all. We have observed that the decubitus is not responding to the

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