



**Statement of the MaterCare International Conference
“Wither/Whither Catholic Health Care?”
Rome, 2019**

INTRODUCTION:

From September 18th to September 22nd, 2019, a group of international participants in the fields of medicine and ethics gathered at the Istituto Maria SS Bambina in Rome to cover matters of interest to the medical profession; including spiritual, bioethical and professional concerns. Organized by [MaterCare International](#), the conference title, asking "Is Catholic Health Care Withering, or Whither can it go?", was designed to draw attention to the present concerns about the future of the ministry of health care. The conference also included a symposium on euthanasia, organized by the Euthanasia Prevention Coalition (Canada) and Pro Vita and Famiglia (Italy).

The year 2017 marked the 50th anniversary of the passage of the UK abortion law, the first in a Western country, that brought about a fundamental change in traditional Hippocratic medical practice in obstetrics and gynaecology. Through a process of gradualism, abortion-on-demand soon became the basis on which maternal health care was/is based. For the first time, doctors were given a license to use their skills to kill one of their patients, the unborn. In recent years, some western countries have extended the license to kill up to term and, more recently, after birth (infanticide).

This process has continued throughout the western world until today, when all medical professionals face new ethical and moral dilemmas with the passage of legislation approving physician-assisted suicide on the rise. Doctors will use professional skills to directly or indirectly cooperate in the killing of their patients, including the disabled, newborns, the terminally ill, and the elderly, as another health care service. The right to practice according to conscience is also being denied and criminalized.

The result is the traditional relationship between patient and doctor is undergoing a fundamental change, from a covenant of trust, to simply a contractual agreement. Thus, medicine will no longer be considered a vocation. This trend must be opposed. With these developments, the decrease in religious vocations, and increasing pressure on Catholic healthcare organizations, the fundamental and traditional ministry of healthcare, which has long been a central apostolate for the Catholic Church, is under threat.

It was the publication of the Encyclical, *Evangelium vitae* (The Gospel of Life) by Pope John Paul II, that gave impetus to the establishment of an organisation of Catholic Ob/gyns. The Encyclical issued an urgent appeal to all, in particular to healthcare personnel, to do something specific in regard to their responsibilities:

“To the people of life for life”, “to offer this world of ours new signs of hope, and work to ensure that a new culture of human life will be affirmed, for the building of an authentic civilisation of truth and love.” (E.V. 6)

“To all health care personnel who have a unique responsibility to be guardians and servants of human life.” (E.V. 89)

A specific contribution must come from, “Catholic universities, Centres, Institutes and Committees of Bioethics and places of scientific and technological research [...] to place itself at the service of a new culture of life offering serious and well documented contributions, capable of commanding general respect and interest by reason of merit.” (E.V. 98)

In 2001 Pope Saint John Paul II warned and, at the same time, challenged doctors at an audience during MCI's first Rome conference, to do something for life:

"The medical profession today is suffering fundamentally from an identity crisis; the grave danger exists that when this profession is called upon to suppress conceived life; where it is used to eliminate the dying; where it allows itself to be led to intervene against the plan of the Creator and the life of the family or to be taken by the temptation to manipulate human life; and when it loses sight of its authentic direction of purpose toward the person who is most unfortunate and most sick, it loses its ethos, it becomes sick in its turn, it loses and obscures its own dignity and moral autonomy. [...] You are always called to be servants and guardians of life [...] Your profession has become still more important and your responsibility still greater in today's cultural and social context, in which science and the practice of medicine risk losing sight of their inherent ethical dimension, [and] health-care professionals can be strongly tempted at times to become manipulators of life, or even agents of death." (E.V. 89)

The Holy Father went on to say;

"It is my fervent hope that at the beginning of this new millennium, all Catholic medical and health care personnel, whether in research or practice, will commit themselves whole-heartedly to the service of human life. I trust that the local Churches will give due attention to the medical profession, promoting the ideal of unambiguous service to the great miracle of life, supporting obstetricians, gynaecologists and health workers who respect the right to life by helping to bring them together for mutual support and the exchange of ideas and experiences."

In his message to the International Federation of Catholic Medical Associations in the Sala Regia at the Vatican June 22, 2019, Pope Francis recently spoke to the mission of Catholic healthcare stating:

"Remember that healing means respecting the gift of life from the beginning to the end [...] We are not the owners: Life is entrusted to us and doctors are its servants [...] Your mission is at the same time a witness of humanity, a privileged way of making people see, of making them feel that God our father takes care of every single person, without distinction."

Proceeding the 2019 Rome conference, a discussion took place among the participants and outlined the following:

1. **VOCATION:** Society as a whole, medical personnel, and the Church, must recognize that the practice of medicine is a vocation. If medicine is not approached as a vocation, the consequences can be devastating. In her keynote address, Sr. Dr. Maria Pilar Nunez Cubrero stated, "Medicine is a place where money and prestige are to be had. It is an attractive place to seek self-gain, but it is an especially dangerous profession in which to do so because of repercussions of inappropriate care which can devastate the vulnerable people served." Therefore, medical professionals and students who are not vocationally minded need assistance in deepening their commitment to serve. Medicine as a vocation must be reinstated and reinforced throughout training for patients to be respected in their full dignity as human persons. The importance of critical thinking in discerning and living one's medical vocation cannot be overemphasized.

2. **SUPPORT:** Catholic medical professionals require the support of Church leaders in their communities. We strongly suggest a health bishop be assigned to every conference of bishops and that a priest be assigned in every diocese for evangelization of healthcare professionals. Too often, Catholic medical professionals feel isolated from their communities. Faced daily with increasing ethical and moral challenges to their faith, medical personnel are especially vulnerable to the process of gradualism which threatens to erode the level of care and compassion they are able to provide, as well as their own personal faith and commitment. In particular, the organization of White Masses, a tradition begun by the Catholic Medical Association in the 1930s on the Feast of Our Lady of Lourdes the World Day of the Sick, should occur annually in every diocese for doctors, nurses, midwives, medical students and residents. We encourage all bishops to offer an annual White Mass to show support for all health care professionals, and to offer pastoral care through an annual "date with the doctors."

3. **COMMUNITY:** The future of Catholic healthcare relies on the strength of the community of Catholic healthcare professionals, beginning with students and residents. Medical students face unique obstacles to their faith in the practice and study of medicine. They are discriminated against and isolated from their peers. Their work is not considered legitimate if it upholds the teachings of the Catholic Church. We must offer students a space for community and support to dialogue with their peers as well as senior medical personnel and clergy. The future

of Catholic healthcare depends on our ability to support and nurture the next generation of doctors, nurses and midwives. Important aspects to this include the listing of Catholic-friendly mentors and training programmes in each country, local Catholic Medical Associations offering 'boot camp' for medical students and junior doctors, and collaborating with other prolife organizations, especially those promoting Fertility Awareness Based Methods. One suggestion is for Catholic doctors to wear a small visible crucifix on their shirt. If patients enquire about it, one can respond with, "I am a Catholic doctor, and caring for you is important to me."

CONCLUSION

In conclusion to summarize an answer to the question posed by this conference, "Will Catholic healthcare wither? Or whither?". The most fervent hope of this conference is that the apostolate of Catholic healthcare will thrive by moving in a more united direction. To do so we must nurture the patient and the practitioner, including their families and their relationships with one another, as a whole. We must turn to ourselves and our Church leaders to reinstate the practice of medicine as a vocation, and to examine the strength of our convictions, but we require the support of our communities, Church leaders and laypeople, to continue nurturing the seeds that have been sewn.

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