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The Health of the Family, The Future of the Church

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Introduction

The Church has always had a profound concern for the family, for it recognizes "the importance of the family in the transmission of the faith and of the Christian life to future generations.¹ The family has been most marvelously termed "the domestic church, for there is found in every Christian family, the various aspects of the entire Church."² The Church also recognizes the family as an important social unit: "The family in which the various generations come together and help one another to grow wiser and harmonize personal rights with the other requirements of social life, is the foundation of society."³ However, if we are to support and strengthen family life in the modern world, we must recognize that it is not only a social unit, but also a health unit threatened by disease and death throughout the world.

The purpose of this paper is to consider briefly the family as a health unit, and to identify some of the health problems facing the family. The Church in general and the laity in particular are presented with the golden opportunity that now exists, to bring about human development within the family, by promoting and implementing the primary health care approach in its worldwide apostolate.

The present Holy Father, Pope John Paul II, has called upon the Church and specifically lay Catholics and their associations, "to be more acceptable and effective in promoting to State leaders, solutions in keeping with the fundamental right of man and the will of the Creator." The implementation of the concept of primary health care is in keeping with this basic goal of the Church and with the aim of the

World Health Organization "to provide health care for all by the year 2000."

The words health, holiness and wholeness are derived from the same Latin root. Thus, by caring for the total well-being, physical and spiritual, of the individual, healthy families are created, and thus a healthy community. The healthy family is "the first place in evangelization, the school of life, one of the major forces in the expansion of the Gospel in the implementing of the mission of the Church."⁴ The mission of the family is "to be the first and vital soul of society."⁵

However, Pope John Paul II has reminded us "the future of families depends to a large extent on the decisions taken by national leaders and the international community. Changes in family legislation of social and health laws which are being introduced in various parts, almost simultaneously, have a great effect on the life and activity of families. Families and family associations must be prepared to assist and to intervene in national and international initiatives to try and give an answer to the problems of the family. It will indeed be useful to the voice of Christian conscience if the Church were heard more frequently."

The health of the family is contingent upon the well-being of its individual members. However, despite great advances in medical knowledge in recent years, much of the world does not have access to even the basic elements of health care. The innovative approach adopted by the primary health care concept and its implementation in the world offers genuine hope for the future. As the Fathers of the Vatican Council have emphasized, "Christians and all men who hold this community in high esteem sincerely rejoice in the various ways by which men today find help in fostering this community of love and perfecting its life, and by which parents are assisted in their lofty calling."⁶

The Church and Its Pastoral Concern for the Family

The Church recognizes that the happiness of our society is intimately connected with the welfare of the family. That which occurs in the family has a primary effect on the life of the Church and of the world. Thus in supporting and strengthening the family in every way, the Church recognizes that the family will in turn, construct and sanctify the Church.

The pastoral concern for the family has become one of the most essential aspects of the apostolate today. However, while always stressing the theological importance of the family, the Church has not neglected the practical problems faced by the family, in particular, those problems faced by the poorest members of society in most of the world. In 1973, the Pontifical Committee for the Family was established because "in the face of the generalization of the problems and

the diversity of the situation, there is lacking in the Church an ecclesial institution of universal character, charged with the task of gathering, promoting and coordinating, within an overall pastoral vision, the efforts that are being made within the area of the family."⁷ In 1974, in response to the appeal of Pope Paul VI, this committee moved from the area of reflection to that of action. Since that time, the committee has been closely involved in areas which have serious implications for the health of individuals and their families. The committee was charged with the preparation of the Holy See's participation in the United Nations Conference on Population (Bucharest, 1974), in the work of the Holy See in the United Nations Conference on Women (Mexico, 1975), and on human settlements (Habitat, Vancouver, 1976). This group has also considered many specific problems including abortion, sexual education in the schools, and various questions concerning the rights of the family. In considering these problems, the Church has steadfastly presented solutions which have not sacrificed spiritual values or abandoned God's laws, an approach not shared by most international organizations involved in these aspects of family life.

The theme for the next Synod of Bishops in 1980 was "The role of the Christian family in the modern world." This synod had to consider all of the critical challenges facing the family including its health problems and those of its members; these varied according to the particular situation of the family in society.

The Family as a Health Unit

It is recognized that the family is a unit in regard to health behavior. The term "family health" and "familial health" are often used interchangeably and give rise to much confusion as the terms depend upon the use of two aspects of the word health. "Family health" is the sum of the health state, both physical and mental, of its individual members; and this is conditioned by medical, social, economic, and demographic variables. This definition is concerned with the prevalence and incidence of diseases within a given family. In addition, the physical and mental health of family members may be affected by that of other members of that family, either directly or indirectly.

"Familial health" describes the functioning of the family as a structured social unit. The family has a natural lifecycle of birth, growth, maturity and dispersion, thus making it a changing and dynamic unit. However, the current trend in trial marriages, common law unions, premarital sex and divorce undermine the function of the family in society. Although the family is universal, its form varies within and among societies. The basic family unit in industrialized urban societies, is the nuclear family comprising husband, wife and children. In developing countries, it is the extended family (composed of

parents, children, grandparents and other relatives) which continues to be of considerable but declining importance.

Until recently, it was through the family that many services were provided — medical care, general and religious instruction and recreation. These are now being placed more and more in the hands of specialized agencies and governments which often have no concept of and care little for Christian moral values of life, the transcendent dignity of the individual or the rights of the family. Indeed, some view the family as oppressing the rights of women, as hindering the total “freedom” of the child and therefore as a social anachronism that must be replaced. Governments see in the family a source of political support and a unit of tax revenue, and business views the family as a source of consumption and a unit of production.

It, therefore, must be reemphasized that the family is the unit which has prime responsibility for the guidance, protection and education in all matters including the health of its individual members. In accepting and implementing in a Christian context the ideas incorporated in the primary health concept, the Church would be aiding the family to fulfill these responsibilities.

The Health Problems of Families

The health problems experienced by families vary according to the type of society. In the West, problems mostly arise from an over-indulgent lifestyle, from the prevalence of a secular humanistic ethic which stresses material success, individual fulfillment, money and power. This is reflected in disease trends and the leading causes of death in industrialized countries: degenerative diseases, trauma and malignant disease. Recent legislation is contributing to the gradual destruction of “familial health” by facilitating contraception, abortion, sexual liberty, pornography, divorce, etc. Personal health continues to deteriorate from an excessive intake of food, alcohol, drugs and a lack of physical exercise.

The medical solution to these problems has been an attempt to cure through the application of more and more technology with relatively little effort expended on the prevention of disease, the promotion of good health practices and the fostering of the individual's responsibility for his or her own health. This has resulted in an enormous escalation in health costs with few recent improvements in the overall health or the life expectancy of individuals. This situation is also reflected in the modern Western physicians' method of training and mode of practice which emphasizes disease with the exclusion of good public health practices.

For the family in the Third World, the problems are immensely more serious and are related to poverty, hunger, disease, over-population in cities and underdevelopment in rural areas. It must be of con-

siderable concern to all Christians to know of the desperate but unmet basic health needs of most of the population of Third World countries:⁸

- 1) Less than half of the world's population has access to even the most simple form of health care.
- 2) Present facilities provided by governments and Church missions now reach only 20 percent of the Third World populations.
- 3) The most underserved peoples are the 2,000 millions of rural poor; this figure does not include the ever-increasing number of poor who migrate to the slums and shanty towns of the large cities.

Of fundamental importance to the future of the family is the plight of mothers and children. Two-thirds of most populations are women of child-bearing age and children under the age of 15. The great tragedy of families in the Third World is the loss of their children, their hope for the future. In any Third World country, the infant mortality rate is in the order of 200/1000 live births, while in affluent countries the rate is 15/1000 live births. Forty to 50 percent of children die before the age of five from the leading causes of death — gastroenteritis, malnutrition, pneumonia, communicable and parasitic diseases. This notwithstanding the fact that the United Nations Declaration on the Rights of the Child, principle four, provides that: "The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health, and to this end special care and protection shall be provided both to him and his mother, including adequate prenatal and postnatal care."⁹

It is a sad but all too true fact of life that health issues have a low priority in national and international debates and the allocation of scarce resources. However, it has been said that "if family health had been given the political support it needed, and had the care of mothers and infants been a priority within the health care system, if the revolution that had been taking place in medicine, in medical knowledge and services had taken place in health, there would certainly now be a different social and economic distribution profile in and between countries today."¹⁰

Health is a human condition which cannot be delivered or provided by health care systems alone (and still less by medical services alone); foremost, it is the family with its varieties of structure which is the first functioning unit in any society. The present time is most opportune for the adoption of the innovative approach incorporated in the primary health care concept. Maternal and child health care are logical points of entry and, in turn, offer primary health care, the best openings for community participation and thus the most hope for families in the future. The Church, as a compassionate and serving body of Christ, has a particular responsibility in developing this ministry within itself.

The "New Orientation" of Primary Health Care

The Declaration of Alma Ata which resulted from the International Conference on Primary Health Care held in that city in 1978, has become the signpost to a new health era. The principal social target of the nations of the world in health is the "attainment by all citizens of the world by the year 2000, of a level of health that will permit them to lead socially and economically productive lives."¹¹ In reaffirming that health is a fundamental human right, the declaration has sounded an urgent call for effective national and international action in implementing primary health care throughout the world; it is an appeal for human development in a spirit of social justice.

Primary health care has been quite simply defined as "what everybody needs and can't get."¹² It provides at least "education concerning prevailing health problems and the methods of preventing and controlling them, promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential health drugs."¹³ The approach then is an integrated one of preventive, curative, and promotive services for the individual and the community.

Primary health care must be shaped around the life pattern of the population it serves. This local population should be actively involved in the formulation of health care activities, so that health care can be brought into line with the local needs, priorities and resources of the community. Thus, all health intervention should be undertaken at the most peripheral and practicable level and by health personnel simply trained for these activities. The more sophisticated levels of service as it pertains to modern medical treatment, supervision and referral should be supportive of the needs of this peripheral level. Most essentially it must be realized that primary health care services must be integrated with other services involved in community development such as those involving education, agriculture, communication, housing and public works.¹⁴

The primary health care concept is no second rate substitute for something better, or appropriate only for developing countries. Clearly, it will mean many different things to different societies depending on their level of development. However, some aspects of it will be applicable to all countries and all of it will be applicable to some countries. Even highly industrialized and medically affluent societies in the West have come to recognize the need for reinforcing their primary health care services. It is becoming quite evident that improvements in world health have not run parallel to the modern medical technological advancements. However, primary health care

provides for essential health by scientifically sound and socially acceptable methods, through simple technology.

It is universally acceptable to individuals and families, and addresses itself to the main health problems of the community. The International Conference at Alma has urged multilateral and bilateral agencies, non-government agencies, and other partners in international health to actively promote primary health care on an international level. While receiving almost unanimous approval, this concept has not had the same level of implementation.¹⁵

In 1976, this new orientation in health care was examined by the Pontifical Council, *Cor Unum*. The conclusion of the Council was that if the Church were to adopt this new approach in its health care ministry, the Church would be "a realistic Church, anxious to support with courage and resolve, the efforts made by local governments to bring about the most fundamental health care services to the poorest and most deprived in the spirit of the principles stated by the World Health Organization."¹⁶ In addition, it would seem to present "a serving Church which is incarnated in the local culture in the very heart of the matter."¹⁷ Most importantly, in recognizing that the Church has made a sizeable contribution to health care in the past, the Council recommended that its members must "see in the present evolution a *golden opportunity* (emphasis added) to play an active part in the international endeavor to bring about integral and mutually responsible human development."¹⁸ In a word, the primary health concept offers a distinctly "Christian" approach to the provision of health care.

Health Care — A Ministry of the Church

The Christian Church has deep religious and long historical associations with the delivery of health care. The Church, being faithful to its founder, shows compassion for people and comes to their aid whether they be spiritually or physically ill.^{19, 20} The Church has a responsibility for the welfare of the whole human being, even though it recognizes that this responsibility is not hers exclusively. Moreover, the Church is the witness to God's presence and of Christ's continuing message to the world, and therefore must surely identify Christ's concern for the physically sick as well as for sinners. Because our Lord's healing mission touched the whole person, it follows that health care must continue to be part of the Church's apostolate.

The Church's continued involvement in the delivery of health care in the world is beset with many serious problems. Indeed, in reaction to pressures arising from decreasing numbers of religious, increasing involvement of governments in health care delivery, the rapidly accelerating advances in medical technology and the almost universal rejec-

tion of the Judeo-Christian principles in health care delivery threaten the very existence of the Catholic health system. For the Church, the most difficult moral question is how to relate its social justice objectives and its medical-moral concerns into a coherent policy.²¹

The first of these two great issues confronting the Catholic health facility lies in the area of social justice. The document of the Second Vatican Council, *Gaudium et Spes (The Church in the Modern World)* states that the "fundamental role of the Church in society is to be the sign and the safeguard of the transcendental dignity of the human person."²² In his first encyclical, *Redemptor Hominis*, Pope John Paul II directs the Church to the vision of the human person as "the primary and fundamental way of the Church."²³ The Church then, has an altogether unique understanding of the human person as it is ultimately rooted in the person of Christ. To protect human dignity, Catholic social teaching affirms the existence of a spectrum of rights and responsibilities which each person possesses precisely and solely because he or she is human. The timeliness of this affirmation is evident due to the grave and spreading tendency toward reification of the human person reducing him or her to the level of a thing, a pawn of economic or political interest, a commodity or a unit of production. In an age which is increasingly influenced by this attitude, it is important for us to remember that each human life is equal in dignity, and each human person has a clearly defined range of inviolable rights. Among the basic moral claims made in the name of human dignity by Pope John XXIII was the right to health care.²⁴ Clearly, if health care is a right rooted in human dignity, it cannot be a question of politics, economics or bureaucracy. It is an ethical and moral question, and, therefore, it is imperative that this right to health care be guaranteed.

The second of these two issues confronting the Church concerns medico-moral questions. Recent years have seen profound changes in public opinion and in medico-moral opinion and practice concerning human life. These basic questions deal with the control of human reproduction, various reproductive interventions (*in vitro* fertilization, artificial insemination, genetics, abortion), care of the dying, euthanasia, and the question related to the ethics of distribution of scarce resources.

The Church has a rich tradition of ethical wisdom and it has expressed Christian values with courage, strength, clarity and consistency on these most controversial questions of the day. No other organization has such moral authority or such a unique position when its voice is heard in world assemblies. The most difficult question for the Church to answer is how to implement these teachings and to make them a practical reality in the lives of individuals and their families.

The many changes in the modern world profoundly affected the Church. The Second Vatican Council was called to re-examine the

fundamental understanding and meaning of the Church and its goal. The Council emphasized that the Church exists "not only to bring people the message and grace of Christ, but also to permeate and improve the whole range of the temporal."²⁵ To achieve this goal, the Church recognized that:

- 1) It must establish a servant Church which will not only teach and preach the word of Christ to the world but will also influence the temporal through the implementation of His program of *action*.
- 2) It must extend a call to holiness to the whole Church, not simply to the clergy and religious, but also to laypersons through their day-to-day family lives and their secular occupations.
- 3) It must call all people to ministry. The Church thus recognizes that all members of the Church, whether religious or lay, have an equal but clear call to ministry, to active service as confirmed Christians.
- 4) It must promote social justice, inherent in the teaching expressed in the gospels, by relieving suffering and meeting the material needs of mankind.
- 5) It must establish Christian institutions to be a leaven in society. Such institutions based on the values and the example of Christ, seek to permeate, enlighten and transform society. The laity by living and communicating these values have a special place in transforming the world. In other words, "the professions, the human occupations, the institutions by which society and culture endure, have a goodness all their own."²⁶ This understanding that the layman has a role in the Church, is one of the most significant developments in the life of the Church in recent times.²⁷

It was the Decrees on the Apostolate of the Laity and the Constitution on the Church which emphasized that all baptized people share in the life and the mission of the Church. This new understanding of the nature of "Church" recognizes that there are different vocations and tasks to be filled, and that between all ministries, hierarchy, religious personnel and laity, there is equality of dignity. The role of the lay apostolate is defined in Article 33 of the Constitution on the Church: "The lay apostolate is a participation in the saving mission of the Church itself. Through their Baptism and Confirmation, all are commissioned to the apostolate of the Lord Himself. Moreover, through the sacraments, especially the Holy Eucharist, there is communicated and nourished a charity toward God and man which is the soul of the entire apostolate. Now, the laity are called in a special way to make the Church present and operative in those places and circumstances where only through them can she become the salt of the earth. Thus, every layman by virtue of the very gifts bestowed upon him, is at the same time a living witness and a living instrument of the mission of the Church itself."²⁸

There are many fields of concern, but of particular importance to the ministry of the laity is the enhancement of family life. However, what is most important is to find the means to enable *all* members of the Church to share in that life and mission to which they are called by our Lord. Such structures are theologically necessary and administratively important if the Church is to speak with authority in world forums. Important decisions have to be made by the Church regarding the family, in all levels of its organization — internationally, nationally, in the diocese, and in the parish. But, in order that these decisions be good ones, lay men and women — health professionals with the necessary knowledge and experience — must be heard. Without some sort of structure or organization *within* the Church, the voice of the Catholic will not be influential, especially in matters dealing with health in this modern world.

No Organization for Lay Health Professionals

Unlike the religious, lay health professionals who are practicing Catholics do not have a health organization which will ensure their professional, personal and family security, and which will give them scope for their activities as members of the Catholic Church. The many government agencies, international organizations, non-governmental agencies and universities have laws, regulations, activities and programs based on a secular humanistic philosophy which dehumanizes, debases and even destroys individual human lives and ultimately the family itself. The Catholic lay health professional can, therefore, have no place in such a setting. For example, international and unilateral agencies contributing to family planning programs around the world are quite numerous. These international agencies include the United Nations Fund for Population Activities, the World Health Organization, UNESCO, UNICEF, the World Bank Group, the International Bank for Reconstruction and Development and the International Development Association. The unilateral organizations include CIDA (Canadian International Development Agency), SIDA (a Swedish International Agency) and USAID (the United States International Aid Agency), and other similar organizations sponsored by various governments. The most important private international organization is the International Planned Parenthood Federation. There are other private groups such as the philanthropic foundations (Rockefeller, Ford), the Pathfinder Group and some religious organizations.²⁹ It is estimated that total expenditures throughout the world in 1971 for fertility control were approximately \$3 billion (U.S.), one-half of which went to finance abortion programs.³⁰

There are few opportunities today for Catholic health professionals, especially for physicians, to practice or to exercise their professional competence in a setting where they can be inspired and guided by the

Church to promote Christian solutions to health care problems. The future for Catholic doctors, particularly for those involved in the practice of reproductive medicine, is even bleaker. It is recognized that most medical schools, medical associations, and specialty colleges are "overwhelmingly secular, and in many circumstances are anti-pathetic and intolerant to any notion of religious formation in any form."³¹ Many of these secular organizations openly discriminate against those physicians who uphold the tenets of Christian morality and medical practice. Many doctors and nurses are finding it increasingly difficult to maintain Christian standards of practice.^{32, 33} The Church does not have the impact it should because Catholic health care professionals and institutions are not sufficiently coordinated and do not have a common sense of identity.

Therefore, there has to be some equivalent organization of Catholic professional lay people, of equal academic excellence, with the capacity to influence international and national health policy, and thus provide the alternative service that will meet the true needs of individuals and their families, in a spirit of Christian love and social justice. Such an organization will thus counterbalance the unchristian and destructive programs of other groups.

It is recognized that the Church is substantially involved in health care delivery in the world. It has been estimated that the Roman Catholic Church has more than 2,000 medical institutions with expenditures of over \$200,000,000 in mission countries which, with the 1,200 other medical institutions related to other churches, contribute more than 40 percent of all the health care in the world.³⁴ In the United States, Catholic health care facilities provide about 20 percent of the private non-profit health facilities.³⁵ In addition, there are many Catholic doctors and nurses who practice as individuals, independent of any organized institution of the Church.

Why should this Catholic health care agency be primarily an organization of lay professionals? The words of Pope Paul VI clearly give the answer:

Lay people, whose particular vocation places them in the midst of the world and in charge of the most varied temporal task, must for this very reason, exercise a very special form of evangelization.

Their primary and immediate task is not to establish and develop the ecclesial community — this is the specific role of the pastors — but to put to use every Christian and evangelical possibility latent but already present and active in the affairs of the world. Their own field of evangelizing activity is a vast and complicated world of politics, society and economics and also the world of culture, of the sciences and the arts, of international life, of the mass media. It also includes realities which are open to evangelization, such as human love, the family, the education of children and adolescents, professional work, suffering. The more Gospel-inspired people there are engaged in these realities, clearly involved in them, competent to promote them and conscious that they must exercise to the full their Christian powers which are often buried and suffocated, the more these realities will

be at the service of the kingdom of God and, therefore, of salvation in Jesus Christ.³⁶

A solution lies in the establishment of an *international Catholic health agency* comprised of lay professionals plus clergy and religious health professionals with a code of practice unequivocally based on *Catholic principles*, whose members would be second to none in their training and competence, equal to the challenges posed by our technological age, and able to respond to health problems with Christian solutions.

A Catholic World Health Service

It is with a marked degree of trepidation that one ventures to suggest the development of a Catholic World Health Agency. However, history is replete with innovative solutions to problems which were never carried out in practice due to political factors, lack of vision, or lack of good will. It is often only after a period of time, in response to new requirements, that these solutions, when re-examined and adapted, are implemented with success. Such an example is the proposal made some 10 years ago by Dr. G. Wolstenholme of the CIBA Foundation, for a world health service.^{37, 38}

In 1967, Dr. G. E. Wolstenholme, at an International Conference of Mankind, presented an outline for a world health service as a step toward man's well-being and toward a world society. This idea arose from a recognition that major inequalities existed in the world, such as in the quality of medical care. While recognizing the important work performed by many organizations such as the World Health Organization, the International Red Cross, and others, Wolstenholme proposed a practical response to the question "What more should and could be done in the spirit of humanity to improve the health standards of the world?"³⁹ He envisaged a supranational and non-political organization which would include all health professionals (physicians, nurses, mid-wives, radiographers, technicians, paramedics, etc.) working as a team, providing health care through an approach now more clearly defined as the primary health care concept. Such an organization would have to meet the highest academic and professional standards, and to be accepted as a member of this organization would thus be an international hallmark of personal competence and skill. The organization would have a career structure, and a salary for its long or short term staff members, but it would also accept the services of volunteers. Wolstenholme predicted that such a body would be a major factor in raising standards of medical and paramedical education and service to the highest levels throughout the world. He suggested a method of financing. It was estimated that the service would have cost in the order of \$100 million a year, which would have been raised through a levy on each participating country of the world. A levy of \$100 per doctor working in a particular country on one day of the

year was to be made. Clearly, this would involve contributions from all participating countries, the largest coming from those most medically affluent.

He presented this concept with some diffidence, to an august body of health professionals including the director general of the World Health Organization. The reaction was one of positive interest. All agreed that some sort of permanent world health service was necessary to meet pressing international health problems. Wolstenholme's plan was seen as somewhat Utopian, idealistic, and nebulous, but it was recognized that from similar ideas in the past (e.g., the Salvation Army and Red Cross), concrete programs and achievements had resulted.

Some participants at that conference felt that although Wolstenholme's plan was *almost* hopelessly difficult to implement in the short term, it should nevertheless be tried. Sad to say, nothing was done.

Despite all the advances made in knowledge and technology, despite the high standards of living prevailing in some parts of the world, our record as human beings has made this 20th century one of the darkest ages in the history of man. There exists in our world a modern "black death." Consider the estimated 50 million children destroyed before birth through abortion and the 15½ million children who die annually through starvation and lack of medical care. The current anti-life and, therefore, anti-family philosophy which dominates our world has been termed by Mother Teresa of India, "the greatest threat to world peace," for it represents the "ultimate poverty—the poverty of thought."⁴⁰

The Church has always been ready, in times of great need, to respond with structures to meet those needs. These structures or institutions have often previously been in the form of religious orders. There now exists a clear and urgent need for a new kind of Church response, a new style of Church structure, to restore Christian values to society in the field of health care. There is a need for an *international Catholic organization* based on Catholic moral principles whose purpose or goal will be to permeate society and provide authentically Christian solutions to health care problems. This agency, composed of Catholic health professionals, both career and volunteer, would witness to the presence of Christ and His Church through its members' commitment to the inestimable value of human life, through their humble service to the sick, poor and dying and through their contribution to the advancement of medicine and health care.

A Catholic health service would need to be situated close to the administrative and international health policy center, viz., Geneva. Not only would such an organization benefit from the close cooperation with such organizations as the World Health Organization and the international Red Cross, but it would also work with them and thus contribute to the formulation of policies which have such a profound effect on the lives of millions of suffering people.

As part of this international organization, there should be an institution of health education — a health sciences university — similar to the other prestigious institutions of education established by the Church, such as Louvain (philosophy) and the Gregorian (theology), which would educate health professionals, research health problems, develop health priorities, promote solutions (such as primary health care), and assist in development of health activities within the Church.

Such an organization of doctors, nurses and allied health professionals would cooperate with missionaries working in Third World countries, with existing Catholic medical schools and with those many volunteer groups that work to protect human lives and promote responsible parenthood through, for example, natural family planning.

A Catholic health service would not be another missionary organization, albeit of lay and religious membership. Nor would it function in competition or in parallel with other existing international agencies. *But it would provide Catholic health professionals, and especially physicians, with the opportunity which presently they do not have, to "stand up" in the medical world and "defend, promote, and heal all human life."*⁴¹

Conclusion

In the first book of *A Tale of Two Cities*, Charles Dickens described the period: "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to heaven, we were all going direct the other way. . . ." This aptly describes the situation of families in the world of the 20th century.

The family remains the key to a healthy society, but in turn the health of the family must be ensured. The Church, faithful to the teachings of Christ, offers the family the way to a healthy, wholesome future. But in this age especially, the Church cannot simply entrust the health of its people (especially the young) to health professionals and their agencies which have no respect for Christian principles regarding life and human living. On the other hand, the Church cannot expect orders of religious, priests, brothers or sisters to undertake the huge task that faces the Church on the world level. The task is for all but especially lay people. There are many thousands of lay health professionals for whom, up to now, there has not been an opportunity to work *within* the Church.

The Church has often clearly and rightly stated what it expects of the many faithful Catholic health professionals. This paper is an

attempt to express what these health professionals expect of the Church. It is presented with respect, in the light of knowledge and in a desire experienced by many to contribute in a meaningful way to the activities of the Church. It is presented in accordance with Article 37 of the Constitution on the Church which states:

The laity should disclose their needs and desires with that liberty and confidence which befits children of God and brothers of Christ. By reason of their knowledge, competence or pre-eminence which they have, the laity are empowered — indeed sometimes obliged — to manifest their opinion on those things which pertain to the good of the Church, if the occasion should arise. This should be done through the institutions established by the Church for that purpose and always with truth, courage and prudence and with reverence and charity toward those who, by reason of their office, represent the person of Christ. ⁴²

This paper has taken a very Catholic position. It is addressed to Catholic health professionals. However, this is not in any way meant to exclude those of other persuasions who are of equal good will. As Catholic physicians we do not have any exclusive claim to ethical wisdom in the provision of health care to the family.

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- b. "Justice, a Goal of Coordinated Christian Health Care," *Hospital Progress*, vol. 59, no. 11 (Nov., 1978), p. 68.
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