Verbatim

In an address on September 14, 1952, Pope Pius XII spoke to the International Congress on the Histopathology of the Nervous System on the moral limits of medical research and advancement. He put forth three principles to follow in justifying the morality of new procedures, approaches, methods of research, and medical treatments. His speech lists the interest of medical science, the individual interests of the patient, and the common good as the three most important considerations. Science can be a good in itself, but that does not mean every method becomes licit by the fact that it deepens our knowledge. If an individual's rights are violated in the pursuit of knowledge, this is not morally acceptable. Similar considerations must be made in the case of the common good and serious deliberations are needed when individual rights, the common good, and the progress of science are in conflict.

Address to the International Congress on the Histopathology of the Nervous System

September 14, 1952

Pope Pius XII

This "First International Congress on the Histopathology of the Nervous System" manages to survey a truly immense subject. Through an in-depth account and demonstration, it was supposed to put in correct perspective the causes and the very beginnings of diseases of the nervous system properly speaking and of so-called psychological illnesses. And so a report was presented and an exchange of views was organized on the subject of medical knowledge and recent discoveries about lesions of the brain and of other organs, lesions which are the origin and cause of nervous diseases such as psychopathologies. In fact the conversation dealt with discoveries made in part by altogether new means and by new methods. The number and the places of origin of the participants and particularly of the speakers show that scientists from a wide variety of countries and nations have exchanged their experiences for their mutual enrichment and to serve the interest of science, the interest of the individual patient, the interest of the community.

Discours et Messages-radio de S.S. Pie XII, vol. XIV, Quatorzième année de Pontificat, 2 mars 1952 – 1er mars 1953 (Typographie Polyglotte Vaticane), 319–330.
Acta Apostolicae Sedis, vol. XXXXIV, nn. 14–15 (1952): 779–789.
Translated by Michael J. Miller

You will not expect Us to discuss the medical questions that interest you. That is your province. During these days, you have taken an overview of your immense field of research projects and studies. Now—in response to the wish that you yourselves expressed—We would like to draw your attention to the limits of this field: not the limits of medical possibilities or of theoretical and practical medical knowledge, but the limits of rights and of moral duties. We would also to like to become the interpreter of the moral conscience of the researcher, the scientist, and the practitioner, the moral conscience of man as a Christian—all of whom, moreover, follow the same way here.

In your reports and discussions you have glimpsed many new paths, but a number of questions remain which have not yet been resolved. The spirit of research and its daring determination urge scientists to enter upon recently discovered avenues, to advance farther along them, to create other routes, to renovate methods. The serious, competent physician will often see with a sort of spontaneous intuition the moral liceity of the action that he proposes, and he will act according to his conscience. But possible courses of action also appear where he is not so sure, where he may see or think that he sees that the contrary is certain; where he doubts and wavers between Yes and No. The man inside the physician, in his most serious depths, is not content to examine from the medical perspective what he can attempt and achieve; he also wants to see clearly in the question about moral possibilities and obligations. We would like to present, in a few broad strokes, the essential principles that help to answer this question. You yourselves as physicians will apply them to the particular cases, because often only the physician gets to the bottom of the given medical condition, in itself and in its effects, and because without a correct knowledge of the medical facts it is impossible to determine which moral principle applies to the treatments under discussion. The physician therefore considers the medical aspect of the case; the moralist—the moral norms. Ordinarily, by explaining and complementing one another, these data will make possible a reliable judgment about the moral liceity of the case in its altogether concrete situation.

In order to justify the morality of new procedures, of new approaches and methods of research, and of medical treatments, three principles in particular are invoked:

1. The interest of medical science,
2. The individual interest of the patient to be treated, and
3. The interest of the community, the *"bonum commune"* [common good].

We ask the question: do these three interests—each considered in itself or at least all three together—have an absolute validity to motivate and justify the medical treatment, or are they valid only within definite boundaries? In the latter case, what are these boundaries? We will try to give a short answer.

I. The interest of science as a justification for research and the use of new methods

Scientific knowledge has its own value in the field of medical science—no less than in other scientific fields such as physics, chemistry, cosmology, or psychology, for example—a value which certainly must not be minimized and which is essential [*s'impose*] quite independently of the usefulness and utilization of the knowledge

that has been acquired. And so knowledge as such and the fullness of the knowledge of every truth raise no moral objection. By the same principle, research and the acquisition of truth with a view to attaining a new, more extensive, and in-depth knowledge and understanding of that same truth are per se in keeping with the moral order.

But this does not mean that every method, or even one well-defined method of scientific and technological research offers every moral guarantee, much less that every method becomes licit by the very fact that it increases and deepens our knowledge. Sometimes it happens that a method cannot be implemented without violating the right of another person or without breaking a moral rule that has absolute value. In this case, although one has in mind and rightly pursues an increase in knowledge, this method is not morally acceptable. Why not? Because science is not the highest value to which all other orders of values—or all the particular values within one and the same order of value—would be subject. Thus science itself, as well as scientific research and the acquisition of knowledge, must fit into the order of values. Here stand well-defined boundaries which medical science cannot transgress without violating higher moral rules. The confidential relation between physician and patient, the patient's personal right to physical and spiritual life in his psychological or moral integrity: these, among many others, are values that outrank the scientific interest. This finding will become even more evident later on.

Although we must recognize the "interest of science" as an authentic value which the moral law does not forbid man to hold, to increase, and to deepen, nevertheless we cannot concede the following statement: "Obviously assuming that the physician's intervention is determined by a scientific interest and that he observes the professional rules, there is no limit to the methods for increasing and furthering medical science." Even on that condition we cannot just concede this principle.

II. The patient's interest as a justification for new methods of medical research and treatment

The basic considerations can be formulated here as follows: "The medical treatment of the patient requires such-and-such a measure. By that very fact, its moral liceity is proved." Or else: "This new method, neglected or little used until now, will yield possible, probable, or certain results. For that reason alone, all ethical considerations about the liceity of this method are outmoded and must be treated as pointless."

How can anyone miss the fact that truth and falsehood are mingled here? In a large number of cases the "patient's interest" provides the moral justification for the physician's conduct. Here again the question concerns the absolute value of this principle: does it prove by itself that the medical intervention under consideration is in conformity with the moral law? Does it make it so?

First we must presuppose that the physician, as a private person, can take no measure and attempt no intervention without the patient's consent. The physician has over the patient only the power and the rights that the latter gives him, whether explicitly or implicitly and tacitly. The patient, for his part, cannot confer more rights than he possesses. The decisive point in this debate is the moral liceity of the patient's right to make his own decisions [*disposer de lui-même*]. Here stands the moral boundary for the action of the physician, who acts with the consent of his patient.

As for the patient, he is not the absolute master of himself, of his body, of his soul. Therefore he cannot freely do with himself whatever he wishes. The very motive for which he acts is by itself neither sufficient nor decisive. The patient is bound by the immanent teleology fixed by nature. He possesses the right, limited by this natural finality, to use the faculties and the strength of his human nature. Because he is a tenant and not a proprietor, he does not have unlimited power to perform acts of anatomical or functional mutilation or destruction. However, by virtue of the principle of totality and of his right to use the services of the organism as a whole, he can decide to destroy individual parts or to mutilate them when and insofar as this is necessary for the good of the human being as a whole, to ensure his existence, or to avoid—and of course to repair—serious and lasting damages which could not otherwise be prevented or repaired.

The patient therefore has no right to involve his physical and psychological integrity in medical experiments or research when these interventions entail or result in serious destruction, mutilations, injuries, or dangers.

Furthermore, in exercising his right to make decisions about himself, his faculties, and his organs, the individual must observe the hierarchy of the orders of values—and within one and the same order of values, the hierarchy of particular goods, provided the rules of morality demand it. Thus for example, a man cannot undertake or permit medical acts upon himself—whether physical or somatic—which no doubt eliminate serious defects or physical or psychological illnesses, but at the same time result in a permanent abolition or a significant and lasting diminution of his freedom, in other words, of his human personality in its typical and characteristic function. In that way man is degraded to the level of a merely sensory being with acquired reflexes, or of a living automaton. The moral law does not tolerate such a reversal of values; and so it sets here the limits and the boundaries of "the medical interest of the patient."

Here is another example: in order to free himself from repressions, inhibitions, and psychological complexes, man is not free to arouse in himself, for therapeutic purposes, each and every one of those sexual appetites which trouble or have troubled his being and flood his unconscious or subconscious with their impure streams. He cannot make them the object of his fully conscious imaginings and desires with all the upheavals and repercussions that such a procedure entails. For man and the Christian there is a law of integrity and personal purity, of personal self-respect, which forbids immersing himself so completely in the world of imaginings and sexual tendencies. The "medical and psychotherapeutic interest of the patient" finds a moral limit here. It is not proved, it is even incorrect that the pansexual method of a certain school of psychoanalysis is an indispensable, integral part of all serious psychotherapy worthy of the name; that the neglect of this method in the past caused grave psychological damage, errors in teaching and in its applications in education, in psychotherapy, and no less even in pastoral ministry; that it is urgent to fill in this gap, to initiate all who deal with psychological questions into these guiding ideas and even, if necessary, into the hands-on practice of this technique of sexuality.

We speak in this way because today these statements are too often presented with apodictic assurance. It would be better, in the area of instinctive life, to pay more attention to indirect treatments and to the action of the conscious psyche on imaginative and affective activity as a whole. This technique avoids the deviations

just pointed out. It tends to enlighten, heal, and guide; it also influences the dynamic of sexuality, on which there is so much insistence and which ought to be found or even is really found in the unconscious or the subconscious.

Thus far, We have spoken directly about the patient, not about the physician, and We have explained at what point the patient's personal right to make decisions about himself, about his mind, his body, his faculties, organs, and functions, encounters a moral limit. But at the same time, We answered the question: Where is the moral boundary for the physician in his research and utilization of new methods and procedures in "the patient's interest." The boundary is the same as for the patient: it is the one which is determined by the judgment of sound reason, which is drawn by the demands of the natural moral law, which is deduced from the natural teleology inscribed in human beings, and from the hierarchy of values expressed by the nature of things. The boundary is the same for the physician and for the patient because, as We already said, the physician, as a private person, has available only the rights granted by the patient and because the patient cannot give more than what he himself possesses.

What We say here should be extended to the *legal representative* of someone who is incapable of making decisions about himself and his affairs: children before the age of reason, then the feeble-minded, and the insane. These legal representatives, designated by a private decision or by the public authorities, have no other right over the body and the life of their dependents than they themselves would have if they were competent, and to the same extent. Therefore they cannot give the physician permission to do anything to them beyond those limits.

III. The interest of the community as a justification for new methods of medical research and treatment

A third interest is cited to justify morally the right of medicine to make new attempts and interventions, to use new methods and procedures: the interest of the community, of human society, the *"bonum commune,"* the common good, as the philosopher and the sociologist say.

No doubt such a common good exists: nor can we dispute that it calls for and justifies further research projects. The two interests already mentioned, that of science and that of the patient, are closely united to the general interest.

However for the third time the question recurs: is "the medical interest of the community" not limited in its content and scope by any moral barrier? Is there "full authority" for any and every serious medical experiment on a living human being? Does this interest remove the barriers that are still valid for the interest of science or of the individual? Or, to put it differently: Can the public authority—which specifically has responsibility for the common good—give to the physician the power to run tests on an individual in the interest of science and of the community so as to invent and experiment with new methods and procedures, when these tests go beyond the individual's right to make decisions about himself? Can the public authority, in the interest of the community, really limit or even abolish the individual's right over his body and his life, his corporeal and psychological integrity?

To anticipate an objection: we still assume that this is a question about serious research projects, honest efforts to promote theoretical and practical medicine, not about some maneuver that serves as a scientific pretext to cover up other aims and to achieve them with impunity.

As far as the questions just posed are concerned, many have thought, and still think today, that they must be answered in the affirmative. To prop up their notion, they cite the fact that the individual is subordinate to the community, that the good of the individual must give way to the common good and be sacrificed to it. They add that the sacrifice of an individual to the ends of research and scientific exploration ultimately benefits the individual.

The major trials of the post-war period brought to light a frightening number of documents attesting the sacrifice of the individual to "the medical interest of the community." In the transcripts we find testimonies and records that show how, with the consent and sometimes by a formal order of the public authority, some research centers routinely demanded that interns from the concentration camps be supplied to them for medical experiments, and how so many men, so many women were delivered to these centers, so many for this experiment, so many for another. There are reports on the development and the outcome of the experiments, on the objective and subjective symptoms observed in the interested parties over the course of various phases of the experimentation. One cannot read these notes without being seized with a deep compassion for these victims, many of whom went to their death, and without experiencing horror at such an aberration of the human mind and heart. But We can also add: those responsible for these atrocious deeds did no more than answer in the affirmative the questions that We asked, and draw the practical consequences of that affirmation.

Is the interest of the individual subordinate to this extent to the common medical interest, or do researchers transgress here, perhaps in good faith, the most elementary requirements of the natural law—a liberty which no medical research can take?

Someone would have to close his eyes to reality to believe that at present there is no longer anyone in the world of medicine who holds and defends the ideas that are at the origin of the deeds that we have mentioned. It is enough to follow for some time the reports on medical trials and experiments in order to be convinced of the contrary. One cannot help asking who authorized such and such a physician to dare that intervention, and what could ever authorize him to make it. With tranquil objectivity, the experiment is described in its development and in its effects; they note what is proved and what is not proved. Not a word about the question of moral permissibility. This question exists, however, and one cannot eliminate it by passing over it in silence.

In the cases just mentioned, provided the moral justification for the intervention is derived from the mandate of the public authority, and therefore from the subordination of the individual to the community, of the individual good to the social good, it is based on an erroneous explanation of this principle. It must be noted that man in his personal being is not ordered ultimately to what is useful for society, but on the contrary the community exists for man.

The community is the great means, intended by nature and by God, of regulating the exchanges in which mutual needs complement one another, of helping everyone to develop his personality completely according to his individual and social aptitudes. The community considered as a whole is not a physical unity that subsists in itself, and its individual members are not integral parts of it. The physical organism of living beings—plants, animals, or humans—possesses as a whole a unity that subsists in itself; each of the members, for example, the hand,

the foot, the heart, the eye, is an integral part, essentially destined in its entirety to fit into the whole of the organism. Outside the organism it has, by its own nature, no meaning, no finality; it is entirely absorbed by the totality of the organism to which it is connected.

It is altogether different in the moral community and in every organism of a purely moral character. Here the whole does not have a unity that subsists in itself, but a simple unity of finality and of action. In the community, the individuals are only coworkers and instruments for carrying out the communal purpose.

What are the consequences for the physical organism? The master and the tenant f this organism, who possesses a subsisting unity, can do what he wants directly and immediately with the integral parts, the members, and the organs, within the framework of their natural finality; he can also intervene, as often and insofar as the good of the whole demands it, to paralyze, destroy, mutilate, or separate the members. But on the contrary, when the whole possesses only a unity of finality and of action, its head, in other words in the present case, the public authority, no doubt does have a direct authority and the right to make demands on the activity of the parts, but in no case can he make decisions directly about a person's physical being. And so any direct attack on his essence is an abuse of the authority's competence.

Now the medical interventions under discussion here immediately and directly affect the physical being, either of the whole human organism or of its particular organs. But by virtue of the above-cited principle, the public authority has no right in this domain; therefore it cannot pass it on to researchers and physicians. Nevertheless the physician must receive authorization from the State when he intervenes in the organism of an individual for "the interest of the community." For then he does not act as a private person, but as a representative of the public authority. The latter, however, cannot transmit a right that it does not possess itself, except in the case already mentioned earlier where it acts as a proxy, as a legal representative in place of a minor (as long as he is not capable of making his own decisions), or of person who is feeble-minded or insane.

Even when it executes a criminal who has been sentenced to death, the State does not preempt the individual's right to life. It is reserved then to the public authority to deprive the condemned person of the good of life, in expiation for his crime, after he has already been dispossessed of his right to life by his crime.

We cannot help elucidating once again the question discussed in this third part, in light of the principle to which an appeal is usually made in similar cases: We mean the principle of totality. It states that the part exists for the whole, and that consequently the good of the part remains subordinate to the good of the whole; that the whole is decisive for the part and can dispose of it in the interests of the whole. The principle follows from the essence of the concepts and of the things and hence must have absolute value.

The principle of totality in itself deserves respect! However, in order to be able to apply it correctly, it is still necessary to explain certain presuppositions first. The fundamental prerequisite is to shed light on the *quaestio facti*, the question of fact: are the objects to which the principle is applied in a relation of whole to part? A second prerequisite: shed light on the nature, extent, and closeness of this relation. Is it situated on the level of essence, or only on the level of action, or on both? Does it apply to the part in one given aspect, or in all connections? And in the field in

which it is applied, does the whole absorb the part entirely, or does it still leave it with a limited finality, a limited independence? The answer to these questions can never be inferred from the principle of totality itself: that would be like a vicious circle. It must be drawn from other facts and other knowledge. The principle of totality itself affirms only this: where the relation of whole to part is verified, and exactly insofar as it is verified, the part is subordinate to the whole, and the latter in its own interest can dispose of the part. Too often, unfortunately, when the principle of totality is invoked, these considerations are set aside: not only in the domain of theoretical studies and in the practical application of law, sociology, physics, biology, and medicine, but also in logic, psychology, and metaphysics.

Our plan was to draw your attention to several principles of deontology which define the boundaries and the limits in research into and experimentation with new medical methods that are applied directly to a living human being.

In the domain of your science, it is an obvious law that the application of new methods to living human beings must be preceded by research on cadavers or the case study model and by experimentation on animals. Sometimes, however, this procedure proves to be impossible, inadequate, or practically unfeasible. Then medical research will attempt to practice on its direct object, the living human being, in the interest of science, in the interest of the patient, in the interest of the community. This is not to be rejected without further ado, but it must stop at the limits set by the moral principles that We have explained.

No doubt, there can be no moral requirement that all danger and all risk be excluded before authorizing the use of new methods. That surpasses human potential, would paralyze all serious scientific research, and would very often be detrimental to the patient. The appraisal of the danger in these cases must be left to the judgment of an experienced, competent physician. As Our explanations have shown, however, there is a degree of danger that morality cannot permit. It may happen, in these doubtful cases, when already known methods fail, that a new, still insufficiently tested method offers appreciable chances of success along with very dangerous elements. If the patient gives his consent, the application of the procedure in question is licit. But this *modus operandi* cannot be set up as a course of action for the normal cases.

Someone might object that the ideas elaborated here are a serious obstacle to research and to scientific work. Nevertheless, the limits that We have drawn are not ultimately an obstacle to progress. In the field of medicine, the same is true as for the other fields of research, endeavors, and human activities: the great moral requirements force the impetuous stream of human thought and will to flow, like water from the mountains, in a given riverbed; they contain it so as to increase its efficacy and its usefulness; they dam it up so that it does not overflow its banks and cause devastation that could never be compensated by the specious good that is being pursued. Moral requirements appear to be a brake. In fact they make their contribution to the best and most beautiful things that man has produced for science, for the individual, for the community.

May Almighty God, in His benevolent Providence, grant you His blessing and His grace for this purpose.