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# Religion, Health, and Healing

## An Interdisciplinary Inquiry

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## 3. The Concept of Health

### A Remarkable Absentee in Catholic Doctrine

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#### Introduction

[1] Since the early emergence of Christianity, the provision of health care has been an important ministry for the Church; or more specifically, care of the ill and dying. Consistent with the instructions provided by Christ in his 'End Time Discourse' (Matthew 24-25), the ill and dying were to be visited, and they should be offered care and compassion. Not unlike Mother Theresa did in 20th century Calcutta, so the earliest Christians, and particularly the early religious orders, adopted the task of compassionately assisting the needy, especially those who were both sick and destitute, or otherwise abandoned by society.

[2] The First Council of Nicea in 325 A.D., known best for the adoption of the Nicene Creed, urged the Church to provide care for the sick (as well as for strangers, widows, and the indigent), and ordered the construction of a hospital in every cathedral town. However, these early hospitals, as the name reveals (Latin: hospes = stranger, guest), were almshouses that offered a roof to strangers and the estranged rather than providing medical or even health care in the modern sense of that term. And this remained their primary function for the next 1500 years.

[3] Hence, to suggest that the early Church was engaged in health care proper would be incorrect. Indeed, there are many indications that the Church did not consider medical care proper to be a primary ministry. Amundsen points out, "many early Christians and Church Fathers . . . insisted that God . . . either inflicts or permits disease and the practitioner of the secular healing arts thus works against divine purposes. Wide acceptance by Christians of the medical art as consonant with the sanctified life of faith took centuries" (27).

[4] Another indicator of the relative unimportance of medicine, at least in comparison to spiritual care, was the repeated attempt by the leadership of the Church, dating back to the Lateran Council of 1215, to prohibit the provision by a physician of medical care unless and until the patient's confession had been heard. In fact, such treatment would be a mortal sin on the part of the physician according to some medieval commentators (Amundsen: 30). O'Malley describes how in 1542-43 Saint Ignatius attempted to revive the three century old and by then neglected canon. The medical community revolted against Ignatius' attempt. However, Ignatius won and in 1543 Pope Paul III formally reinstated the rule – although observance appears not to have materialized, certainly not widely so.

[5] Whereas Pope Sixtus IV (1471-1484) and Clemens VII (1523-1534) both had favored the study of medicine and even recommended research and teaching through autopsies (Delmas: 868), St. Ignatius in his Constitutions for the Society of Jesus discouraged the involvement of Jesuit universities in medical education (or law), considering this discipline "too remote" from the core mission of the newly founded Society. Although in subsequent centuries several Jesuit university administrators refused to offer medical education in spite of persistent requests from the communities in which the universities were located, the ban was not absolute. Medical schools could be and were in fact added to several Jesuit universities, provided they be run by lay people (Welie). This mirrors a prohibition in the canon law dating back to the Council of Clermont in 1130 that banned the religious from practicing medicine. As late as the mid 19th century, the Church considered that practice "alien" to the role of a cleric (van der Lee: 129). The prohibition was only removed in the 1983 edition of the Codex.

[6] Notwithstanding these historical expressions of reservation towards medical practice, the Church appears to have increasingly embraced health care as an important ministry. Many hospitals in this country were established by orders of religious sisters. Even today, there are about 600 Catholic hospitals in the U.S. Worldwide, the Catholic Church supports 5,378 hospitals, 18,088 dispensaries and clinics, 521 leprosaria, and 15,448 homes for the aged, the chronically ill, or disabled people (Tomasi). In his 1987 address in Phoenix to leaders in Catholic Health Care, Pope John Paul II stated: "Your health care ministry, pioneered and developed by congregations of women religious and by congregations of brothers, is *one of*

*the most vital apostolates* of the ecclesial community and *one of the most significant services* which the Catholic Church offers to society in the name of Jesus Christ" (§1; italics in the original).

[7] The Church's contemporary interest in health care is further underscored by the number of Vatican entities that concern themselves with health care. There are only eight Pontifical Academies and two of these are in significant part concerned with health care and the biomedical sciences, that is, the Pontifical Academy for Life and the Pontifical Academy of Sciences (which has a separate section on Life Sciences).[1] There are eleven pastoral councils, and one of these is devoted specifically to health care, that is, the Pontifical Council for Health Pastoral Care.[2] This Council issued the Charter for Health Care Workers in 1995.

[8] Furthermore, the United States Conference of Catholic Bishops has a permanent Task Force on Health Care. But the most important American contribution to the Catholic understanding of health care is unquestionably the document entitled "Ethical and Religious Directives for Catholic Health Care Services," now in its 5th edition, which consists of 72 specific directives (with accompanying introductions and footnotes) covering issues as diverse as emergency baptism of a newborn, the patient's right to informed consent, artificial nutrition and hydration of patients in a persistent vegetative state, and mergers between hospitals (United States Conference of Catholic Bishops 2009).

[9] Given this significant engagement in health care, both at a practical and at an ethical level, one would expect that the Catholic Church has developed a comprehensive and analytically robust understanding of the concept of health. After all, this core concept in medicine and health care has been the subject of ferocious criticism and entrenched dissension among secular scholars (see, e.g., Nordenfelt 1995; Caplan et al.; Anath; Taboada et al.). In this paper, I intend to show that, remarkably, the Catholic Church has not done so.

[10] It is important to emphasize that this absence is quite unusual. Health is unlike other fundamental concepts. It differs not only from concepts that are essentially theological, such as the divine, evil, and sacrament, but also from concepts that are not essentially theological, such as humanness, social justice, nature, death, love. For all of these, definitions and explications exist that are informed and even determined by the Catholic faith. Not so for the concept of health.

[11] I will begin this paper by showing why the absence of a robust concept of health is problematic. Three sources for such a definition are cursorily reviewed next: (a) The New Testament, and specifically the image of Christ as the Great Physician; (b) theological

[1] The other Academies are concerned with theology, ecclesiology, martyrdom, Mary Immaculate, St. Thomas Aquinas, and the social sciences.

[2] With the Apostolic letter "Dolentium Hominum" of February 11, 1985, John Paul II instituted the Pontifical Commission for the Pastoral Assistance to Health Care Workers, which with "Pastor Bonus" in 1988 became the Pontifical Council for the Pastoral Assistance to Health Care Workers. The Council is also variously known as the Pontifical Council for Health Pastoral Care, as – in Italian – the Pontificio Consiglio Per La Pastorale Degli Operatori Sanitari, as – in French – the Conseil Pontifical pour les Services de Santé, and as – in Dutch – the Pauselijke Raad voor het Pastoraat in de Gezondheidszorg. The fact that these names are not exact translations on one another, suggests that the exact focus of the Council is not clear even to the Council itself. Does it, for example, focus on health care providers, providing them with pastoral advice, or does it focus instead on chaplains who happen to work in health care institutions?

scholarship on the concept of health, or rather the lack thereof; and finally (c) magisterial pronouncements. As part of that third review, a set of definitional aspects will be developed.

**Defining Catholic Health Care in the Absence of a Robust Concept of Health**

[12] Let us consider how the absence of a fully developed concept of health impacts debates about and the normative regulation of contemporary health care practices. Although the Magisterium has addressed a variety of health care practices, the largest amount of attention – or at least of public attention – has been devoted to two specific areas, that is, medical interventions in the areas of reproductive medicine and end-of-life-care. A good illustration of this focus is the *Ethical and Religious Directives for Catholic Health Care Services,* issued by the United States Conference of Catholic Bishops (2009). The Directives consist of six parts. The first and last are devoted to the social responsibility of Catholic health care institutions and hospital mergers respectively. Part II is devoted to the topic of pastoral and spiritual activities within the context of health care. That leaves three parts. Part III is the most general in nature since it is broadly devoted to "the professional-patient relationship," covering patient rights as well as several general bioethical principles. But only one of the fifteen directives included in this part addresses medical interventions that are specific to a particular disease, that is, transplantation medicine. In contrast, Part IV is fully devoted to "Issues in Care for the Beginning of Life" – although on closer inspection it turns out that except for a brief mention of the importance of perinatal care, all of the directives included in Part IV are concerned with the area of reproductive medicine and the *pre*natal phase of life only. Part V, finally, is entirely devoted to "Issues in Care for the Dying." The Directives do not address any other domains of clinical medicine. For example, the word "surgery" does not appear, neither pediatric nor geriatric disorders are addressed, and one looks in vain for guidance on the care of patients suffering from neurological disorders, mental conditions, or infectious diseases. This dearth of normative guidance on the panoply of medical practices is itself indicative of the absence of a robust philosophy of medicine and specifically a well-developed concept of health in the Catholic intellectual tradition.

[13] But let us return to the two medical practice areas for which normative guidelines have been issued, the first of which is reproductive medicine. Consider the example of in-vitro-fertilization (IVF). Whereas the 2010 Nobel Prize for medicine and physiology was awarded to Robert G. Edwards for the very development of IVF, the Magisterium has deemed the practice of IVF immoral in all circumstances. In its "Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation," also known as "Donum Vitae," the Vatican Congregation for the Doctrine of the Faith (CDF) rejects IVF, even if it is performed using the gametes of the social parents, without the production of spare embryos, without selective abortion, and without surrogates. The principal reason for the rejection is the fact that "IVF . . . dissociates from the conjugal act the actions which are directed to human fertilization." More specifically, IVF "is brought about outside the bodies of the couple through actions of third parties whose competence and technical activity determine the success of the procedure. Such fertilization entrusts the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person. Such a relationship of domination is in itself contrary to the dignity and equality that must be common to parents and children" (§B.5).

[14] As this explanation makes clear, the CDF's rejection is not based on a disagreement with Edwards and other IVF proponents about the purpose of IVF. The CDF acknowledges that infertility is a condition that causes suffering much like other illnesses and disabilities. The CDF also acknowledges that infertility is a condition that merits medical treatment. For example, the administration of hormones to boost ovulation is not prohibited. Even the use of technology to enable conception is not rejected. Indeed, the CDF explicitly grants "the use of certain artificial means destined solely either to the facilitating of the natural act or to ensuring that the natural act normally performed achieves its proper end" (§6.B). Rather, the fundamental reason appears to be one of control. Instead of conception "being the result and fruit of a conjugal act in which the spouses can become 'cooperators with God for giving life to a new person'," IVF, as already cited, "entrusts the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person."

[15] The question now arises whether the crux of this reason lies in the phenomenon of medical technology and control over human life in general or in the specific application of such technology and control to human procreation. If the former were the case, all forms of medical technology and dominion over human life would have to be rejected by the Church. But this is clearly not the case. Even in the area of reproduction, as we have seen, *Donum Vitae* allows and even encourages medical interventions. Moreover, in the area of end-of-life care, one cannot find *any* doctrinal injunction against any life-sustaining medical technology. In fact, the Church at times is even more insistent on the use of some of these life-sustaining technologies than prevailing medical opinion. It actually considers artificial nutrition and hydration administered through a surgically inserted feeding tube a *non*-medical form of caring for one's fellow man, akin to bottle feeding a baby.

[16] This would lead us to conclude that the rejection of IVF is principally grounded in the conviction that human procreation is unlike other domains of human life. Whereas the extension of human life may and even should be dominated by physicians and their technologies over and against God's apparent plan, the event of conception must be left exclusively in the joint control of the married couple and God. As the starting words of *Donum Vitae* underscore, life is a gift of God, and should not become the outcome of a technical production process. But once human life has come into existence, it becomes amenable to medical technology and control, thus the CDF. In other words, Christian philosophical-anthropology in rare cases provides a negative side-constraint for the practice of medicine, but in and of itself, medical practice is not positively and constructively regulated by Christian moral doctrine.

[17] As a result, when the question arises what makes the health care provided by a Catholic health practitioner or a Catholic health care institution specifically *Catholic*, the answer typically is a negative answer only: A Catholic physician is a physician who does *not* perform sterilizations; a Catholic nurse is a nurse who does *not* partake in abortions; a Catholic pharmacist is a pharmacist who does *not* fill prescriptions for contraceptive pills. These answers ultimately only tell us what a Catholic health professional is *not* or does *not* do; they do not tell us what a Catholic health professional *does* in the context of his or her Catholic faith.

[18] This lack of a positive answer renders it difficult to define the identity of a Catholic health professional whose area of practice does not involve any of the proscribed practices. For example, one cannot thus define a Catholic physical therapist, a Catholic podiatrist, a Catholic optometrist, or a Catholic respiratory therapist. But it also means that any breach of the list of "do-nots" automatically invalidates a practitioner's or institution's Catholic identity. Thus, the Bishop of the Oregon Diocese of Baker in early 2010 prohibited the St. Charles Medical Center from calling itself Catholic because it had performed tubal ligations (*Catholic Sentinel*). And the Bishop of Phoenix applied the same sanction to St. Joseph hospital because it had allegedly performed an abortion (Olmstead).[3] Apparently, to both bishops the Catholicity of the hospitals in their dioceses was primarily defined by what such institutions do *not* do; it mattered little or not at all what those institutions *did* do.

[19] The problems that arise from such a negative definition of Catholic health care can be illustrated with the following example. Consider a kid proudly telling his friend: "Look at this nice car I got from Santa Claus," to which his friend replies: "That's not a car, because you need to push it to go and it's made of wood; and my dad told me that a car is a vehicle that does *not* have 2 wheels, is *not* moved by human energy, does *not* run on rails, and is *not* made of wood." Then the latter kid shows his own gift, a remote controlled model airplane, and says: "Now this *is* a car."

**Biblical Passages Involving Health Care**

[20] The obvious place to begin our search for a specifically Catholic interpretation of the concept of health is the Bible. There are many instances recorded in the New Testament of healings performed by Jesus. Amundsen and Ferngren count 35 instances of healings narrated in the four gospels combined (144). Porterfield comes to 72 accounts, but she includes exorcisms; based on differences in literary forms, she concludes that 41 of these have independent origins and hence refer likely to separate events (21). Additional accounts of healings are found in Acts. The healings cover a broad variety of conditions, ranging from infectious diseases such as dysentery and leprosy, to disablements such as blindness and lameness, as well as various mental illnesses; in short, the full spectrum of conditions also treated by contemporary health professionals. However, the method of healing used by Christ evidently differed from that of modern therapists, such that most of Christ's healings have always been labeled as miracles rather than as medical interventions. Porterfield contends that even the earliest readers and scholars had difficulty believing the healings, and, more importantly, understanding their meaning (22), which underscores yet again that these were not seen as everyday medical interventions. Instead they were seen as signs that the messianic age had come (Amundsen and Ferngren: 45), revealing the transcendent reality of Christ (Porterfield: 23). In the words of the late pope John Paul II: "These cures…involved more than just healing sickness. They were also prophetic signs of his own identity and of the coming of the Kingdom of God, and they very often caused a new spiritual awakening in the one who had been healed" (1987: §2).

[3] The hospital, therein supported by a number of moral theologians and the Catholic Health Association, contends it did not actually perform a direct abortion since the unborn infant was certain to die and it only sought to rescue the mother's life by removing the placenta (St. Joseph Hospital and Medical Center; Filtau).

[21] Even if the gospel writers used the stories of Jesus' pseudo-medical healings primarily for rhetorical purposes, it seems reasonable to assume that at least some of these healings in fact happened and that Jesus realized them not solely to make a theological point. In any event, such healings had to be considered by Jesus and by the Gospel writers good venues for making such theological points and, hence, fully consistent with the broader gospel. Indeed, health care has been viewed throughout the ages as a proper way of operationalizing Christian charity. Christ not only performed healings; he also called on his audiences to care for the sick. Most explicitly, we find this admonition in the "End Time Discourse":

> Then the king will say to those on his right, "Come, you who are blessed by my Father. Inherit the kingdom prepared for you from the foundation of the world. For I was hungry and you gave me food, I was thirsty and you gave me drink, a stranger and you welcomed me, naked and you clothed me, *ill and you cared for me,* in prison and you visited me" (Matthew 25: 35-36; italics added).[4]

[22] This fragment raises the question whether "caring" for the ill is synonymous to providing medical treatment (as in the modern use of the word "health care"), or refers instead to basic human care. None of the other tasks listed in the fragment is a professional practice proper, that is, none appears to require special expertise. Indeed, Christ does not require his audience to grow food or prepare meals, as a farmer or cook respectively would do, but merely to give food; nor does he require his audience to tan leather or sew clothes, but simply to provide the needy with clothing. Hence one can reasonably assume that the care for the ill required is a lay task as well. Furthermore, the fragment goes on to say:

> Then the righteous will answer him and say, "Lord, when did we see you hungry and feed you, or thirsty and give you drink? When did we see you a stranger and welcome you, or naked and clothe you? When did we see you *ill or in prison, and visit you*?" And the king will say to them in reply, "Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me." Then he will say to those on his left, "Depart from me, you accursed, into the eternal fire prepared for the devil and his angels. For I was hungry and you gave me no food, I was thirsty and you gave me no drink, a stranger and you gave me no welcome, naked and you gave me no clothing, *ill and in prison, and you did not care for me*" (Matthew 25: 37-43; italics added).

[23] We note that twice those who are ill and those who are in prison are combined into one category. The first time, Christ requires both to be visited, so the care that patients are owed according to him is not that of the doctor's "visit" but rather that of lay people visiting the ill

[4] The translations are taken from the New American Bible edition. It appears to use the English verb "to care for" where the Vulgate uses "visitare," and the English verb "to visit" where we find the Latin verb "venire ad." Vulgatus (Latin): "infirmus et visitastis me in carcere eram et venistis ad me . . . infirmus et in carcere et non visitastis me." Other editions translate the two italicized fragments in slightly different ways: King James Version: "I was sick, and ye visited me. . . I was . . . sick, and in prison, and ye visited me not." New International Version: "I was sick and you looked after me . . . I was sick and in prison and you did not look after me." New American Standard: "I was sick, and you visited Me. . . I was . . . sick, and in prison, and you did not visit Me."

or imprisoned. The second time, the word "care" is used, but since it applies to patients and prisoners equally, again the act of charity required is one of lay care as opposed to professional health care.[5]

[24] So when Christoph Cardinal Schönborn, Archbishop of Vienna (Austria) entitled his book "The Divine Physician. Encountering Christ in the Gospel of Luke," this drawing of an analogy between Christ and physicians is problematic, not only if the comparison were with ancient physicians but also and even more so in comparison to modern-day physicians. Interestingly, the book itself contains only two mentions of the word "physician." The first occurrence is on page 62. Here Cardinal Schönborn cites Luke 4:21-30, where Jesus is trying to explain his sudden – at least for those who knew him – decision to embark on a public ministry:

> And he said to them, "Doubtless you will quote to me the proverb, 'Physician, heal yourself; what we have heard you did at Caparnaum, do here also in your own country.'" And he said, "Truly, I say to you, no prophet is acceptable in his own country . . ."

But as this first quote makes clear, the reference to physicians is purely accidental; if the proverb happened to have said, "Professor, teach yourself," or "Plumber fix your own leaks," Christ would have probably used that analogy.

[25] Schönborn's second mention (121) of the word physician is where the author paraphrases Luke 5:31-32: "It is the sick who need a physician; I have come for sinners – they need healing." But in this fragment, Christ actually denies being like a physician; sick people need physicians, not sinners; sinners need redemption. Note that Schönborn takes some liberty here with the Biblical text. The New American Bible provides the following translation:

> The Pharisees and their scribes complained to his disciples, saying "Why do you eat and drink with tax collectors and sinners?" Jesus said to them in reply, "Those who are healthy do not need a physician, but the sick do. I have not come to call the righteous to repentance but sinners."

Christ clearly draws an analogy between himself and physicians, but he does not claim that he is a physician. Rather he is to a physician what sin is to illness.

[26] We can thus conclude from this brief discussion of biblical references to health and health care that, first, Christians are most certainly called to visit the sick. But there is no biblical appeal to engage in medicine and health care proper. Second, physical and mental healings are consistent with Christ's gospel, since he did perform such healings himself. But Jesus did not perform them *qua* physician, and he did not perform them primarily to achieve greater health among his people, nor did the Gospel writers include them to underscore the importance of a basic human right to health care.

[5] As Dennis Hamm, S.J. (in a personal communication) has pointed out, the original Greek (in verse 36) uses the verb "epeskepsesthe" (ἐπεσκέψασθέ) which means "looked in on," which is why visiting the sick and imprisoned can be grouped together; the concept is essentially the same in both cases: simply being present in a positive way.

**Metaphors and Logical Circles**

[27] Notwithstanding the lack of biblical sources, the image of Christ as the Divine or Great Physician is quite popular. Cardinal Schönborn's book title is only one of many examples that could be provided. Possibly the earliest reference to Jesus as physician appears to be Ignatius of Antioch from the 1st century AD who in his Letter to the Ephesians calls Christ a physician (Greek: iatros).[6] The label remained popular among theologians ever since. Pope Benedict XVI himself used the same image in his March 2007 address to the Plenary Assembly of the Pontifical Council for Health Pastoral Care.

[28] One can also find references to Christ as the Divine Surgeon who created Eve out of Adam's rib (Middletown Bible Church), whose word exerts surgical power (Tautges), who cuts out sin (Mgr. Scicluna, quoted by Pentin), or implants grace (Griffin). Christ has also been called the Divine Pharmacist (Hein; van der Geest; Krafft) and the Divine Nurse (Seamands). But in most of these instances, the image is used not to explain what it means to be a physician, surgeon, pharmacist, or nurse, but rather to explain who Christ is. Authors can invoke these analogies precisely because and only when it is already patently clear what a physician, a pharmacist, or a nurse is. This also explains why Cardinal Schönborn chose to use the comparison in the very title of his book, both in the German original and the English translation, even though that comparison is nowhere explicated in the book, at least not in any significant detail. The Cardinal simply assumed that his readers would immediately grasp the explanatory power of this image. They exactly know what a physician does and are invited to understand Christ as a kind of physician. The same rhetorical considerations led theologians to call baptismal water "medicinal water"[7] and a "healing drug,"[8] or the church a hospital (Sigerist: 98).

[6] Rather than with Christ as healer, Ignatius appears primarily concerned with underscoring the dual nature of Christ as being both human *and* divine. The full text fragment reads: "There is one Physician who is possessed both of flesh and spirit; both made and not made; God existing in flesh; true life in death; both of Mary and of God; first passible and then impassible – even Jesus Christ our Lord. But some most worthless persons are in the habit of carrying about the name [of Jesus Christ] in wicked guile, while yet they practice things unworthy of God, and hold opinions contrary to the doctrine of Christ, to their own destruction, and that of those who give credit to them, whom you must avoid as ye would wild beasts. For 'the righteous man who avoids them is saved for ever; but the destruction of the ungodly is sudden, and a subject of rejoicing'. For 'they are dumb dogs, that cannot bark', raving mad, and biting secretly, against whom ye must be on your guard, since they labour under an incurable disease. But our Physician is the only true God, the unbegotten and unapproachable, the Lord of all, the Father and Begetter of the only-begotten Son. We have also as a Physician the Lord our God, Jesus the Christ, the only-begotten Son and Word, before time began, but who afterwards became also man, of Mary the virgin. For 'the Word was made flesh'. Being incorporeal, He was in the body; being impassible, He was in a passible body; being immortal, He was in a mortal body; being life, He became subject to corruption, that He might free our souls from death and corruption, and heal them, and might restore them to health, when they were diseased with ungodliness and wicked lusts" (Chapter VII).

[7] This characterization is commonly attributed to Tertullian. Many commentators quote him as describing baptismal water as "aqua medicinalis," supposedly in the first chapter of his "De Baptismo." However, I was unable to locate those exact words in said chapter. The closest reference appears to be Tertullian's explanation at the end of the fourth chapter that "after the waters have been in a manner *endued with medicinal virtue* through the intervention of the angel, the spirit is corporeally washed in the waters, and the flesh is in the same spiritually cleansed." (italics added; in Latin: "medicatis quodammodo aquis per angeli interventum").

[29] Not all theologians have adopted this kind of analogy between Christ and health professionals. At least one author considers the image theologically false, deeming it "wrong to look upon Jesus as a kind of divine nurse to whom we can go when sin has made us sick, and after He has helped us, to say, "Good-bye" – and go on our own way" (Tozer: Chap. 1). Tozer appears to be a minority among the theologians who have written about the image. But what matters here is only the fact that all of these authors use the analogy between Christ's work and that of health professionals to clarify the former, not the latter. They assume that the reader knows what health care is.

[30] Now problems arise when other authors try to explain what a good physician, a good nurse, a good health professional is in reference to Christ, that is, when they seek to illustrate the nature of good health care in reference to the healings performed by Christ. This is less commonly done by theologians, who are, after all, primarily concerned with seeking to understand and explain the nature of Christ. It is typically health professionals, hospitals, medical associations and the like that use the same analogy to explain the nature of health care, and particularly what it means to be a Christian health care provider. Here we encounter such images as the "Consultation" painted in 1977 by Harry Anderson and dedicated to the Loma Linda University School of Medicine by the class of 1950, in which Christ stands behind a physician (a man) sitting at the bedside of a sick girl. Or Nathan Greene's depictions of Christ guiding physicians (all men), the best known of which is called "The Chief of the Medical Staff" from 1990 in which we see Christ joining a surgeon in the operating room. Greene also painted one of Christ accompanying a woman in a soft pink uniform with a stethoscope around her neck, presumably a nurse, entitled "The Comforter."

[31] Very different in style is the iconic painting of Christ the Divine Physician that can be found on the website of the Worcester Guild of the Catholic Medical Association. The explanatory text by the painter, himself a physician, includes the following lines: "Christ the Divine Physician is the rightful Lord (Ruler, King) of medicine and of physicians. He calls us to be physicians in His image. Our response to His call is to profess an oath (i.e., Hippocratic Oath) to Him of obedience and obligation and responsibility to Him for the care of His people in the practice of medicine. I pray that all who contemplate this icon of Christ the Divine Physician will become more and more conformed to His image as Healer" (Worcester Guild of the Catholic Medical Association). This text is a good example of the analogy between Christ and Physician, used in the reverse. A first hint of the kinds of logical problems that arise as a result of this reverse use of the Christ-Physician analogy is the author's reference to the Hippocratic Oath. To profess to Christ an Oath that begins with the words "I swear by Apollo, the healer, Asclepius, Hygieia, and Panacea, and I take to witness all the gods, all the goddesses, . . . " borders on heresy, to say the least.

[32] In more formal terms, the problem at hand is this one: for an analogy to work, one has to use a known entity to clarify an unknown entity. So if the concept of "a great physician" is known, it can be used to clarify the nature of Christ. But if we next ask: what is "a great physician," and refer to Christ to answer the question, we thereby reveal that we do not

[8] This characterization is commonly attributed to Clement of Alexandria. In his Paedagogicus (The Instructor), Book I, VI, 29, he refers to παιωνιω φαρμακω.

actually know what the concept of "a great physician" is, and hence should have never used that image to explain the nature of Christ in the first place. The metaphor of Christ as the Great Physician can only have explanatory force in one direction; either it explains who Christ is, or it explains what a great physician is. It cannot do both at the same time.

[33] We have already seen that Christ himself, at least according to the evangelists, did draw comparisons to physicians to explicate his gospel and performed physical and mental healings to further underscore his messianic message. This suggests that it is licit to use the metaphor of the great physician to explain Christ. But then we cannot also use that metaphor to explain what a great physician is.

[34] Or to expand this conclusion somewhat: Common sense understandings of the concept of health and the practice of health care can properly be used to explain key theological concepts that we encounter in the New Testament, such as sin and redemption. But a logical circle arises if we next use the theological concepts thus clarified to achieve a deeper and specifically Christian understanding of the concept of health.

**The Concept of Health in Theological Scholarship**

[35] If there are no evident biblical sources that enable us to craft a robust concept of health, at least not directly so, we need to look in the post-biblical literature. Since I am mostly interested here in uncovering a concept of health that can regulate contemporary health care practices, I will conveniently – and somewhat perilously – overlook nearly 2 millennia of doctrinal texts, limiting myself to the second half of the 20th century.

[36] When perusing the literature from the past decades, we find that remarkably little has been written about the concept of health from a specifically Catholic perspective. While an admittedly unscientific survey, almost none of the volumes contained in my own collection of medical ethics textbooks written from an explicitly Catholic perspective discuss the concept of health. Examples of textbooks that do not are Coppens' 1897 *Moral Principles and Medical Practice*; McFaddden's 1951 *Medical Ethics*; Flood's *New Problems in Medical Ethics* and Healy's *Medical ethics,* both from 1956; O'Donnell's 1959 *Morals in Medicine*; May's 1977 *Human Existence and Medicine*; McCormick's 1984 *Health and Medicine in the Catholic Tradition*; and the 2010 Dutch language *Handbook Catholic Medical Ethics*, co-edited and largely written by Eijk, the current Archbishop of the Netherlands, who happens to be a physician-bioethicist as well.

[37] There are three exceptions among the volumes on my own bookshelf. The first is Ashley and O'Rourke's 1997 *Health Care Ethics. A Theological Analysis* (4th edition). Chapter two is entitled "Health and Disease." But the authors' review of the concept of health largely mirrors the ongoing discussion in the secular literature on the concept of health.

[38] The second exception is O'Rourke and Boyle's 1999 *Medical Ethics. Sources of Catholic Teachings* (3rd edition). The authors acknowledge that when the term is used "in the narrower sense, health refers only to the physiological and psychological functions. [But] in Sacred Scripture, health is used in the wider sense of the term. Jesus was the Divine Healer who came to the world to help us become fully human, to help us realize our human dignity as creatures made in the image of God (cf. Luke 11:33). From a Christian perspective, then,

health envisions optimal functioning of the human person to meet physiological, psychological, social, and spiritual needs in an integrated manner" (8). This definition mimics and even exceeds in scope the definition of the World Health Organization (WHO) from 1946: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

[39] The third exception is Häring's *Medical Ethics* from 1972. He actually devotes the full final chapter to the concept of health. Like O'Rourke and Boyle, Häring recognizes the narrower definition of health, but he rejects it outright: "Purely physiological health, viewed as exuberant vitality and freedom from pain, is too narrow and even too dangerous a concept; it would suitably describe the health of animals" (154). But where O'Rourke and Boyle exceeded the WHO by adding "spiritual needs" to the list, Häring takes the debate in a rather different direction. He insists, "we must consider the whole person in his vocation and final destiny" (154). According to Häring, "a comprehensive understanding of human health includes the greatest possible harmony of all of man's forces and energies, the greatest possible spiritualization of man's bodily aspects and the finest embodiment of the spiritual. True health is revealed in the self-actualization of the person who has attained that freedom which marshals all available energies for the fulfillment of his total human vocation" (154).

[40] As admitted, the selection of medical ethics books used as my basis for this literature review is eclectic at best. But three themes can be deduced that will turn out to be recurrent themes when we next discuss the Magisterium's teachings on the concept of health. First, most bioethicists who are writing from an explicitly Catholic perspective do not discuss the concept of health. In doing so, they adopt the prevailing secular understanding of the concept of health, which has continued to be predominantly somatic, vitalist, and quantitative, even if the World Health Organization many decades ago called for a more robust definition. Secondly, the few Catholic bioethicists who explicitly address the concept of health are united in their rejection of the aforementioned secular understanding of health. Like the WHO, they advocate for a more comprehensive understanding of the nature of health. Thirdly, these scholars disagree, however, on the exact expansion of the concept. Whereas some add spirituality to the WHO list of physical, mental, and social well-being, others abandon the idea of well-being altogether, linking health instead to the self-actualization or the person's divine calling.

## The Concept of Health in Magisterial Statements

[41] Having briefly discussed biblical references to the concept of health as well as the reflections of some Catholic bioethicists on this theme, let us then turn to the third source of insight, the Magisterium, i.e., the teaching authority of the Catholic Church, embodied by all of the bishops combined in union with the Pope. We will look at (i) the principal instructional document, that is, the Catechism; (ii) documents issued by the aforementioned magisterial entities that concern themselves with health care; (iii) statements by various bishops; and (iv) presentations by current and past popes on health care. Rather than discussing these documents in chronological order or by source, I will attempt a thematic review.

[42] As a preliminary note, it must be pointed out that virtually none of the aforementioned four sets of documents contains a systematic analysis of the concept of health from a Catholic perspective. There are only two documents that can lay some claim to comprehensiveness. First, there are the proceedings of the 11th Assembly of the Pontifical Academy for Life, held in Vatican City in 2005 on the topic of "Quality of Life and the Ethics of Health" (Sgreccia and Carrasco de Paula). In the subsequent part of this paper, several findings from that conference will be discussed. However, the focus of the conference and subsequent volume of proceedings appears to have been on the concept of qualify of life and its impact on health care practice and policy; the concept of health is addressed only sporadically.[9] The second document is a 2010 paper by Cardinal Lozano Barragán, immediate past president of the Pontifical Council for Health Pastoral Care, entitled simply "La Salute" (i.e., "Health").[10] Again, elements thereof will be discussed in the subsequent section of the paper. However, in spite of it being the most comprehensive discussion of the concept of health by a member of the Magisterium that I was able to find, it fails to yield a definition and clarification of the concept of health that is rooted in the Catholic intellectual tradition yet at the same time applicable to and indeed normative for the modern practice of health care.

*Single Concept or Family Resemblance Only?*

[43] The most logical place to begin our analysis of the magisterial understanding of the concept of health is the Catechism of the Catholic Church. Here, we can find a very brief discussion of matters of health, though no definition thereof. Article 2288 underscores that "life and physical health are precious gifts entrusted to us by God." Hence, "we must take reasonable care of them, taking into account the needs of others and the common good" (USCCB 2003: 2288).

[44] Two aspects stand out. First, the Catechism – as do many others who address the concept of health – talks about "physical health," thereby suggesting that there are different kinds of health. This in turn raises the question what these different kinds of health have in common. Does "physical" (and other, commonly used adjectives such as "mental," "social," or "spiritual") refer to a non-essential aspect of health, much like there are green, red, and blue cars but color has little or nothing to do with the essence of a car? If so, the question arises how one can define "health" *without* reference to each of these adjectives. Alternatively, health, much like "the good," is not a single concept, but a common denominator for a whole family of phenomena that only share "family resemblance" – to borrow a term from the philosopher Wittgenstein (2009). Whereas sports cars, SUVs, and trucks can properly all

[9] Out of a total of 20 chapters, the following four chapters include somewhat more extensive discussions of the concept of health: (1) Faggioni M. The quality of life and health in the light of Christian philosophical-anthropology, pp. 23-48. (2) Schooymans M. Reproductive health and demographic policies. *The case of WHO,* pp. 49-65 (note: The term "Reproductive Health" is a reference to the title of a 2004 WHO report). (3) Lütz M. The religion of health and the new view of the human being, pp. 128-44. (4) Bellver Capella V. The right to life and the right to health care: content and limits, pp. 145-69.

[10] The document is available in Italian only. It is not clear whether Cardinal Lozano Barragán wrote this document for a particular occasion or what the intended audience is.

be called "cars" because they share a set of characteristics that are essential to the concept of a car, members of a family do not share such a set. Some members belong because of bloodlines, some are adopted, some marry into a family, etc. For example, grandmother Mary may be linked genetically to grandson Anthony, who in turn is the foster son of Linda, whose niece Abigail has an in-law grandfather Sid. Consequently, Mary and Sid belong to the same family. But Sid has absolutely nothing in common with Mary. If indeed health is a family resemblance concept, this would significantly complicate our analysis, for we now have to examine multiple "healths" and ask for each what is the Catholic understanding thereof. However, we are concerned here only with the concept of health that functions within the domain of biomedical science, medicine, and other health care fields. This concept of health will minimally involve a physical and mental aspect, even if one or the other may be more pronounced depending on the type of ailment the patient is suffering from.

*Health as Gift or Sign of God*

[45] But let us return to the Catechism. The second aspect that merits further elaboration is the Catechism's emphasis on health being a gift from God, of which we must take good care. In a similar vein, Pope Benedict XVI has pointed out that "the health of the human being, of the whole human being, was the sign chosen by Christ to manifest God's closeness, his merciful love, which heals the mind, the soul and the body" (Benedict 2007a). The obvious problem here is that if health is a gift or a sign (which can and must be tended to once received), then health cannot be attained by human hands.

[46] This theological quagmire becomes even more urgent when we consider the analysis of Cardinal Barragán. He argues that health cannot properly be understood as a gift, that is, some 'thing' that God gives us. Rather, it is God who gives himself to us in Jesus. Christ presents himself as health, as the one who liberates us from all that undermines our health. Health is his reign (2010: §II). Evidently, the health Cardinal Barragán is referring to in these last sentences is not the kind of health that a physician achieves by administering antibiotics to a patient with pneumonia. At most, the latter kind of health is but an indication of ultimate health, that is, Health (with a capital), the salvation that we will find in Christ.

[47] If my interpretation of Pope Benedict and Cardinal Barragán is correct, then the word "health" is used by them either in a metaphorical sense, as discussed above in reference to Cardinal Schönborn; and in that case, the problem of a reverse analogy resurfaces. Or we are dealing with one particular version of health within a cluster of family resemblance versions. In the latter case, physical health may have as much in common with salvational health as Mary and Sid do from the example above.[11] In other words, while important for the development of a Christian theory of being human, salvational health will have little if any bearing on the development of a Christian philosophy of biomedical science and clinical health care. When we next continue our quest for a concept of health, it will be for the kind of concept that can guide the biomedical sciences and health care disciplines.

[11] A closer relationship was crafted by Pope Pius XII who considered health one of various *"necessary conditions* of the dignity and the total good of mankind, its corporeal and spiritual, temporal and eternal well-being" (§163, 114; italics added).

*Not Just a Negative Concept*

[48] One of the earliest magisterial statements about health stems from Pope Pius XII. Addressing the World Health Organization in 1949, one year after the WHO's novel and controversial definition of health had entered into force, the pope commented on that definition: "One point in particular attracted our attention as We glanced at your program and plan of work: the at once more extensive and more profound meaning which you give to the expression 'health'. It is not something purely negative in your eyes: as if health consisted merely in the exclusion of corporeal illness, or physical defects, or as if mental health, in particular, meant nothing more than the absence of an anomaly." (§162; p. 113). Half a century later, Pope John Paul II likewise insisted, "the concept of health cannot be limited to the mere absence of illness or of temporary organic dysfunctions" (1998: §4). Health must be defined positively if it is to provide real guidance to the practice of health care; without such a positive definition, it will also be exceedingly difficult to define Catholic health care itself in anything but negative terms.

*Variations on WHO List*

[49] While there appears to be magisterial consensus that health must be defined positively, as did the WHO in 1946, there is clearly no consensus on the first part of the WHO's definition of health as "a state of complete physical, mental and social well-being." For example, Pope Pius XII in the aforementioned 1949 address contended that health "implies positively the spiritual and social well-being of humanity" (§162; p. 113), thus leaving out both the physical and the mental aspects (though the remainder of his address makes clear that the pope probably did not intend a definition of health devoid of these two aspects).

[50] Pope John Paul II in 1998 proposed a different list, arguing that health "involves the well-being of the whole person, his biophysical, psychological and spiritual state"(§4).[12] The same list can be found in the Charter for Health Care Workers: "The term and concept of health embraces all that pertains to prevention, diagnosis, treatment and rehabilitation for greater equilibrium and the physical, psychic and spiritual well-being of the person" (Pontifical Council for Health Pastoral Care: §9). One year later, we find John Paul II use yet a different list, adding a fourth term: "this vision of health . . . strives to achieve a fuller harmony and healthy balance on the physical, psychological, spiritual and social level. In this

[12] Although John Paul II in the same 1998 address acknowledges that health also embraces a person's adaptation to the environment in which he lives and works, the "social" aspect was possibly left-out because of concerns about the politicization of health, turning it into an instrument of social policy – in any event, that is the concern expressed by Faggioni. Most assuredly, John Paul II was not consistent in this omission. For example, in an address one year later, he explicitly lists "the physical, psychic, spiritual and social levels" (1999b). Cardinal Barragán, in his own 2010 reconstruction of John Paul's understanding of the concept of health, explicitly mentions the social aspect but defines it very differently. Translated from the original Italian, the Cardinal suggests, "the harmony towards which one strives in achieving health is individual harmony but also social harmony. Social harmony is the complementary harmony with different people. It is the harmony of love" (§II; Italian original: "L'armonia verso la quale si tende nella salute, è l'armonia individuale, ma anche l'armonia sociale. L'armonia sociale è l'armonia di complemento con altre persone. E' l'armonia dell'amore").

perspective, the person himself is called to mobilize all his available energies to fulfill his own vocation and for the good of others" (1999a: §13).[13]

[51] In 2005, in what may well have been his last address about the concept of health, Pope John Paul II changed the list of constitutive aspects yet again. After acknowledging that "it is certainly not easy to define in logical or precise terms a concept as complex and anthropologically rich as that of health," he went on to say that "this word is intended to refer to all the dimensions of the person, in their harmony and reciprocal unity: the *physical*, the *psychological*, and the *spiritual* and *moral* dimensions. (2006: 11; italics in the original). This inclusion of a "moral" aspect is controversial if for no other reason than that the moral would seem to be categorically different from the physical and the mental and even the spiritual. Elsewhere John Paul II elaborates on this inclusion as follows: "This model of health requires that the Church and society create an ecology worthy of man. The environment, in fact, is connected with the health of the individual and of the population: it constitutes the human being's 'home' and the complex of resources entrusted to his care and stewardship, 'the garden to be tended and the field to be cultivated'. But the external ecology of the person must be combined with an interior, moral ecology, the only one which is fitting for a proper concept of health. Considered in its entirety, human health thus becomes an attribute of life, a resource for the service of one's neighbour and openness to salvation" (1999a: §14).

[52] Leaving out the moral aspect but adding back-in the social aspect, the United States Catholic Conference of Bishops in its 1981 "Pastoral Letter on Health Care" contended that "Health in the biblical perspective means wholeness – not only physical, but also spiritual and psychological wholeness; not only individual, but also social and institutional. Jesus was the divine healer who came to restore this health. He healed people's physical and psychological ills; he healed them to the depth of their being" (4). If we disregard the second sentence from this quote, which, after all, involves the reverse analogy dismissed earlier, we are left with the same expansive definition of health that we already encountered in the writings of O'Rourke and Boyle.

[53] Clearly, most commentators speaking from a Catholic stance seek to define health very comprehensively, even more so than the WHO. One of the ways in which this is problematic is because of the evident connection between the definition of health and the scope of the responsibilities of health professionals. The more encompassing the definition of health, the more awesome the responsibilities of health professionals. While one could circumvent this problem by insisting that health care providers share the responsibility of providing health care with other non-health-care providers, the question arises why some who provide health care are called "health care providers" and others are not. Battles about who is a "real" health care provider are actually widespread, and those who believe themselves to be the "real" health care providers tend to use labels such as "alternative," "unorthodox," "non-traditional," or "complementary," to refer to those believed to be on the outside or, at best, on the margins of health care proper. They may be willing to call the

[13] Note that this definition of health does not pass logical muster, for the Pope's definition of health includes the word "healthy."

alleged outsiders "healers," but rarely is the label "physician," "therapist," or "health professional" granted. Also, self-proclaimed insiders are unlikely to grant that any patient can be considered healed and healthy unless that person's condition at least meets the constitutive criteria of the concept of health employed by those on the inside, regardless how the outsiders characterize the patient. In other words, they would consider it logically possible that somebody is "healthy" from the perspective of western allopathic medicine, but maybe still diseased from the perspective of a complementary healer; but it is not possible to be truly "healthy" as long as the allopathic diagnosis suggests disease, even if the complementary healer considers the person healthy.

[54] Statements in the aforementioned Pastoral Letter evoke a similar problem. Quoting the 1972 Decree of the Sacred Congregation for Divine Worship on the Rite of Anointing and the Pastoral Care of the Sick, the U.S. bishops state: "This sacrament provides the sick person with the grace of the Holy Spirit by which the whole person is brought to health, trust in God is encouraged and strength is given . . . A return to physical health may even follow the reception of this sacrament if it will be beneficial to the sick person's salvation." This fragment not only makes clear that "health has to do with more than strictly medical concerns," as the Bishops emphasize several pages later in the same document and that, therefore, "the restoration of health and maintenance of good health are not solely the responsibility of doctors, nurses and other medical professionals" (6). But this reflection also suggests that "health" – in the Christian fullness of that term – need not include "physical health." Whatever its value within the domain of pastoral care, such a concept of health will not be of much use within a health care context.

*Complete Well-Being is Not Realistic*

[55] One last point should be made about the reception of the WHO's definition of health in Catholic circles. For there is one word in that definition that consistently meets rejection. This is the word "complete." Faggioni, one of contributors to aforementioned 2005 Vatican conference, criticizes the WHO definition because "the conception of health as a state of compete well-being offers, in fact, a secularized vision of salvation and an illusory promise that man can procure for himself by his own means the fullness of well-being in this life" (25). Likewise, Barragán argues that the WHO's assumption of perfection[14] makes health (virtually) unattainable in real life and hence is a recipe for failure on the part of those who try to attain it, whether they be patients or health professionals. Death then becomes the ultimate defeat of all efforts (2010: I.2; see also Barragán 2007).

[56] Conversely, as John Paul II has warned, such a notion of health entails the risk that health becomes "an idol to which every other value is subservient." In a similar vein, Lütz worries that the "techniques of health" are "misunderstood as leading to salvation," and warns that "salvation is not found primarily in so-called healthy states." (134). John Paul insists that the concept of health must be able to encompass some degree of human imperfection and even suffering: "The Christian vision of the human being opposes a notion

[14] As mentioned, the English text of the WHO definition actually uses the word "complete" rather than "perfect" well-being.

of health reduced to pure, exuberant vitality and satisfaction with one's own physical fitness, far removed from any real consideration of suffering. This view, ignoring the person's spiritual and social dimensions, ends by jeopardizing his true good. Precisely because health is not limited to biological perfection, life lived in suffering also offers room for growth and self-fulfillment, and opens the way to discovering new values" (1999a: §13). Cardinal Barragán captures this aspect when he insists – again in my translation from the original Italian – "that health, first and foremost, is not located in the organs of the human being, but involves the whole human person and induces the person to remain directed at what lies ahead. This 'ahead' is aligned with hope. One awaits something. Health is the capacity of awaiting, the capacity to hope. Anybody who does not hope for anything and remains locked in himself has lost his health" (2010: §II).[15]

*Balance, Harmony, and Vocation*

[57] Let us finally consider how the Magisterium has moved beyond the WHO definition. For the single biggest weakness of the WHO definition is the omission of any indication about the integration of the three positive aspects listed. This problem becomes particularly acute when *complete* physical, mental, and social well-being is not a realistic concept, for it would render all but a very small minority of people unhealthy.

[58] Alternative modes of integration have been proposed, such as a "greater equilibrium and the physical, psychic and spiritual well-being of the person" (Pontifical Council for Health Pastoral Care: §9).[16] In two addresses given in August and November of 1999, Pope John Paul II talks about "a fuller harmony and healthy balance on the physical, psychological, spiritual and social level" and "full harmony and a healthy equilibrium at the physical, psychic, spiritual and social levels" respectively. And Faggioni proposes "the harmonization and integration of all of a person's energies, physical, psychological, and spiritual" (32).

[59] Interestingly, Cardinal Barragán warns that even definitions that entail the more modest goal of harmony (instead of complete well-being) may still be unrealistic, because such harmony may not be attainable for most people, particularly in the face of inevitable illnesses and disabilities. If one tries, alternatively, to incorporate such conditions into the definition of health, along the lines of Cardinal Barragán's proposal that "health is a harmony between health and illness," a logical circle arises (2010: I.2). But it is indeed possible, as the Cardinal insists, *to strive for* balance, even if one can never attain a perfect balance, at least not in this life. Hence, a need arises to incorporate in the definition of health an element of tension, of hope, of openness to the future.[17]

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[15] Italian original: "La salute prima di tutto è qualcosa che risiede non soltanto negli organi dell'uomo, ma coinvolge tutto l'uomo e lo spinge a tendersi in avanti. Quell' "avanti" si colloca nella linea della speranza. Si attende qualcosa. La salute è la capacità di attendere, la capacità di sperare. Chi non spera niente e rimane chiuso in se stesso ha perso la salute . . ."

[16] Note that the text does not actually presume to give a definition: "The term and concept of health *embraces* all that pertains to prevention, diagnosis, treatment and rehabilitation for greater equilibrium and the physical, psychic and spiritual well-being of the person" (italics added).

[17] Interestingly, at this point in his paper, Barragán proposes a radically new definition of health: "Health, then, is a battle against everything that threatens a person's internal harmony" (2010: §II). It is not clear how this

[60] A different integrative formula is found in the same Charter for Health Care Workers where it suggests that "all therapy aimed at the integral well–being of the person is not content with clinical success, but views the rehabilitative action as a restoring of the individual *to his full self*, through the reactivation or re–appropriation of physical functions weakened by the illness" (§62; italics added). The Charter does not explain how its earlier mention of equilibrium and this fullness of self are conceptually connected.

[61] Neither does John Paul II when he suggests, as already quoted above, that "this vision of health . . . strives to achieve a fuller harmony and healthy balance on the physical, psychological, spiritual and social level. In this perspective, the person himself is called to mobilize all his available energies to fulfill his own vocation and for the good of others" (1999a: §13). John Paul II's definition is akin to Häring's, which we encountered earlier: "We must consider the whole person in his vocation and final destiny . . . True health is revealed in the self-actualization of the person who has attained that freedom which marshals all available energies for the fulfillment of his total human vocation" (154).

[62] Häring and John Paul's equation of health with the ability to fulfill one's own vocation echoes secular attempts at defining health as the ability to realize opportunities or goals. For example, Daniels has sought to capture the essence of health in reference to a "normal opportunity range" and Nordenfelt has argued that a person is only completely healthy if able to reach all his or her vital goals, where these goals are to be understood not in strictly subjectivist terms as a person's self-chosen goals, but rather in Aristotelian-teleological terms as a person's most essential goals in life (1995; 1998; 2007). But there is one evident difference between Häring and John Paul on the one hand, and secular theoreticians of the concept of health on the other. The latter hold that the health of any given person is relative to some natural, biological standard shared by all humans, or else to a population-based standard calculated statistically. But if a person's health is relative to his own vocation, health is at once subjective, for each person has a unique vocation, and objective, for that vocation is not determined by the person himself but by the ultimate foundation of all reality, that is, God. It is in this context that Cardinal Barragán's claim can be understood that "health always differs from one person to the next, as well as between different life stages in which a person finds himself" (2010: §II).

[63] The question now arises whether such a concept of health can be – or can be made to be – operative in and indeed normative for the biomedical sciences and clinical health care disciplines. Notwithstanding the ever greater call for the development of a "personalized medicine," considerations of vocation will probably suffer the same fate as notions like the patient as a "subject" or as a "person" previously advanced by philosophers of medicine concerned about the dehumanizing impact of the statistical paradigm adopted by the biomedical sciences in the 20th century. That is to say, this reference to a person's vocation is likely to be subsumed (even if mistakenly so) under the heading of respect for patient autonomy, giving the patient a right to refuse treatment while at the same time leaving the dominant scientific paradigm untouched.

definition meshes with earlier definitions, if for no other reason than that this concept of health does not reflect a state of being but rather an activity (i.e., a battle).

## Conclusion

[64] We began this article with the observation that the Catholic intellectual tradition, particularly as it applies to health care and bioethics, appears to lack a robust concept of health that is founded on, or at least shaped by, the Catholic faith. Having now reached the end of our survey – which is admittedly sweeping and hence prone to oversights – we cannot but conclude that the concept we have been searching for has so far eluded us.

[65] Granted, elements of a specifically Catholic understanding of health – and hence of health care – have surfaced. For example, all commentators surveyed appear united in their rejection of a concept of health that is defined merely negatively as the absence of disease. In that regard, they agree with the WHO.

[66] There is also consensus among said commentators that the WHO erred seriously when it made health dependent on achieving "complete well-being." Any Christian theory of being human will instead insist that such fulfillment can be achieved through salvation only and, hence, not in this earthly life, and certainly not by medical science and technology. Furthermore, to expect health care providers and institutions to procure such perfect happiness reflects an idolization of health and will inevitably lead to frustration, a sense of professional failure on the part of medical providers, and even a sense of human failure on the part of the diseased or disabled themselves. Hence, instead of complete well-being, we find Catholic writers proposing alternative goals such as integration, balance, and harmony between physical, mental, spiritual, social, and moral energies.

[67] But even these notions can easily slip into ideals that are incompatible with the real-life experiences of the vast majority of people. Instead, a Catholic concept of health must incorporate or at least be compatible with and complementary to the human reality of weakness, pain, suffering, and disability. In turn, this observation explains why such a Catholic concept of health will inevitably contain tension.

[68] A first list of definitional elements has thus surfaced. But this is a far cry from a concept of health that is defined in such a manner as to both be consistent with a faith-based theory of being human, and normative for the practice of contemporary biomedical science and clinical health care. Now one could ask whether this absence of a robust Catholic concept of health really matters. After all, despite the lack of such a concept, thousands of Catholic health care facilities and tens of thousands of Catholic health care professionals are operative around the world, have been operative for centuries, and are likely to continue operating for a long time to come. The question one has to raise, however, is what renders their health care Catholic.

[69] The Jesuit bioethicist Richard McCormick (1992) once wondered out loud whether health care professionals who run an imaginary Catholic hospital with all beds used to keep patients in a persistent vegetative state alive for months, even years by gastrostomy tubes and other life-sustaining interventions and technologies, actually believe in life after death. In a variation on that thought-experiment, one has to wonder whether we are providing people with a measure of health in a genuinely Catholic sense of that term, when so many people spend their last days, weeks, and even months in anonymous hospitals instead of at home among family and friends and in familiar surroundings, smells, and sounds; when we have no

hesitance invading patients' integrity with lines, tubes, and monitoring technologies and experience their withdrawal as tantamount to euthanasia; when time spent on medical check-ups, diagnostic tests, surgeries and therapeutic interventions, medications and high-tech care is considered time well-spent rather than precious time of life lost; in short, when we adopt a secular understanding of the concept of health.

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