

**ADDRESS OF HIS HOLINESS FATHER PIO XII  
TO THE PARTICIPANTS IN THE 1st INTERNATIONAL CONGRESS  
OF HISTOPATHOLOGY OF THE NERVOUS SYSTEM**

**The moral limits of medical methods**

*Sunday, September 14, 1952*

1. This I International Congress of Histopathology of the Nervous System has managed to master a truly vast subject. With a deep exposition and demonstration, it was necessary to place in an exact perspective the causes and the first beginnings of the diseases of the nervous system proper and of the diseases that are usually called psychic. A relationship has also been presented and an exchange of views has been organized on the basis of recent knowledge and discoveries about injuries to the brain and other organs; injuries that are the origin and cause of nervous diseases such as psychopathies. In fact, these were discoveries acquired partly by entirely new means and by new methods. The number and origin of the participants, and in particular of the speakers,

2. Do not expect us to deal with the medical issues that concern you. That is your domain. During these days you have acquired an overview of your vast field of research and work. We would like now - to respond to the desire you have expressed to us - to draw your attention to the limits of that field; not the limits of medical possibilities, of theoretical and practical medical knowledge, but the limits of rights and moral duties. We would also like to become an interpreter of the moral conscience of the researcher, of the wise and of the professional, of the moral conscience of man and of the Christian, who, moreover, follow the same path in this matter.

3. In your papers and your discussions you have interviewed many new paths; but it subtracts a number of questions that have not yet been resolved. The spirit of investigation, its determined audacity, incite to undertake the recently discovered ways, to make them advance, to create other itineraries, to renew the methods. The serious and competent doctor will often see with a kind of spontaneous intuition the moral legality of the action that is proposed and will work according to his conscience. But there are also possibilities of action in which this security does not exist, or maybe he sees or believes to see with certainty the opposite; or hesitates and oscillates between the "yes;" and the "no." The "man" in the "doctor", in what is more serious and deeper, is not content with examining from the medical point of view what he can try and achieve; He also wants to see clearly in the question of possibilities and moral obligations. We would like, in some features, to expose the "essential principles" that allow us to answer this question. The application to particular cases you will do for yourselves as doctors, because often only the doctor penetrates thoroughly medical data, both in itself and its effects, and because without an exact knowledge of medical facts it is impossible to determine what moral principle applies to the treatments in question. The doctor looks, then, at the medical aspect of the case; the moralist, the moral norms. Ordinarily, by explaining and completing these data with each other, a safe judgment on the moral legality of each case will be possible in its absolutely concrete situation.

4. Paca to justify in moral new procedures, new attempts and methods of medical research and treatment, are invoked, above all, three principles:

- 1) the interest of medical science;
- 2) the individual interest of the patient to be treated;
- 3) the interest of the community, the *bonum commune* .

And we raise the question: these three interests-each one seen by itself, or at least the three together-, have absolute value to motivate and justify medical treatment, or are they valid only within certain borders? In this last case, what are these borders? We are going to try to give everything a short answer.

### **I. THE INTEREST OF SCIENCE AS A JUSTIFICATION OF THE INVESTIGATION AND THE EMPELING OF NEW METHODS**

5. Scientific knowledge has its own value in the domain of medical science -no less than in other scientific domains, such as, for example, in physics, chemistry, cosmology, psychology-, a value that, certainly. it should not be minimized and imposed with absolute independence of the utility and the use of the acquired knowledge. Thus, knowledge as such and the fullness of knowledge of all truth do not raise any moral objection. By virtue of the same principle, research and the acquisition of the truth to arrive at a new and wider knowledge and understanding of this same truth, are in accordance with the mural order.

6. But this does not mean that any method, or even that a particular method of scientific and technical research, offers all moral guarantees, or even more, that any method is lawful by the very fact that it increases and deepens our knowledge. Sometimes it happens that a method can not be practiced without harming the right of another or without violating a moral rule of absolute value. In this case, even if the increase of knowledge is tried and rightly pursued, this method is not morally admissible. Why? Because science is not the highest value to which all other orders of values - or the same order of value, all particular values - are subject. Thus, science itself, as well as its research and acquisition, must be inserted in the order of values. Here well-defined borders rise, that not even medical science can transgress without violating the higher moral rules. The relations of trust between doctor and patient, the personal right of the patient to the physical and spiritual life, to his psychic or moral integrity, here, among many others, the values that dominate the scientific interest. This verification will be more evident by what follows.

7 Although an authentic value must be recognized in the "interest of science", that the moral law does not prohibit man from acquiring, increasing, deepening, it is not possible, however, to grant the following statement: "Provided that it is evidently assumed that the intervention of the doctor is determined by a scientific interest and as long as he observes the professional rules, there are no limits to the methods of growth and depth of medical science ». Even with this condition, this principle can not be simply granted.

### **II. THE PATIENT'S INTEREST AS A JUSTIFICATION OF NEW MEDICAL RESEARCH AND TREATMENT METHODS**

8. The basic considerations can be formulated as follows: "The medical treatment of the patient requires such a specific measure. Due to this very fact, its legality is proven ". Or: "Such a new method, hitherto neglected or little used, will give possible, probable or certain results. For this reason, all ethical considerations regarding the legality of this method are overcome and should be considered as having no object whatsoever ».

How can we not see that the true and the false are mixed here? The "patient interest" provides in many cases the moral justification for the doctor's behavior. The question also refers here to the absolute value of this principle; Does it prove itself and, consequently, does the intervention planned by the doctor conform to the moral law?

9. First, it must be assumed that the doctor, as a private person, can not take any action or attempt any intervention without the consent of the patient. The doctor does not have on the patient but the power and the rights that this one gives him, be it explicit, implicit and tacitly. The patient, for his part, can not confer more rights than he himself has. The decisive point in this debate is the moral legality of the right that the patient has to dispose of himself. Here stands the moral frontier of the action of the doctor, who works with the consent of his patient.

10. As far as the patient is concerned, he is not the absolute owner of himself, of his body, of his spirit. He can not, therefore, freely dispose of himself, as he pleases. The same reason why it works is not by itself neither sufficient nor determinant. The patient is linked to the immanent teleology set by Nature. He possesses the right of "use" limited by the natural purpose of the faculties and forces of his human nature. Because he is usufructuary and not an owner, he does not have an unlimited power to carry out acts of destruction or mutilation of character: anatomical or functional.

11. But by virtue of the principle of totality, of its right to use the services of the organism as a whole, it may dispose of individual parts to destroy or mutilate them when and in the request where necessary for the good of the whole being, for ensure its existence or to avoid and, of course, to repair serious and lasting damage, which could not be otherwise discarded or repaired.

12. The patient does not have, therefore, the right to compromise their physical and mental integrity in medical experiences or investigations when these interventions involve themselves, or as a consequence of them, destructions, mutilations, wounds or serious dangers.

13. In addition, in the practice of its right to dispose of itself, its faculties and its organs, the individual must observe the hierarchy of the orders of values, and within the same order of values, the hierarchy of private property, insofar as the rules of morality require it. Thus, for example, man can neither undertake on himself, nor allow medical acts -physical or somatic- that undoubtedly suppress heavy defects or physical or mental illnesses, but suppose at the same time a permanent abolition or a considerable and lasting decrease of freedom; that is, of the human personality in its typical and characteristic function. Thus man is degraded to the level of a purely sensitive being, of acquired reflexes or of a living automaton. Such a transposition of values is not supported by the moral law;

14. Here is another example: to get rid of repressions, inhibitions, psychological complexes, man is not free to awaken in himself, for therapeutic purposes, each and every one of these appetites of the sexual sphere that are agitated or agitated in its being and move its impure waters in your unconscious or your subconscious. He can not make them the object of his representations or of his fully conscious desires, with all the commotions and repercussions that such behavior entails. For the man and the Christian there is a law of integrity and personal purity, of self-esteem, which forbids so completely submerging in the world of representations and sexual tendencies. The "medical and psychotherapeutic interest of the patient" finds a moral limit here. It has not been tested, and it is inaccurate, that the pansexual method of certain schools of psychoanalysis is an indispensable integral part of all serious psychotherapy worthy of this name; that the fact of having forgotten this method in the past has caused serious psychic damage, errors in the doctrine and in the applications in education, in psychotherapy and not least in pastoral care; that it is urgent to fill this gap and initiate all those who deal with psychic issues in the guidelines and even, if necessary, in the practical management of this technique of sexuality. in psychotherapy and not less in the pastoral; that it is urgent to fill this gap and initiate all those who deal with psychic issues in the guidelines and even, if necessary, in the practical management of this technique of sexuality. in psychotherapy and not less in the pastoral; that it is urgent to fill this gap and initiate all those who deal with psychic issues in the guidelines and even, if necessary, in the practical management of this technique of sexuality.

15. We speak like this because these statements are presented too often with apodictic certainty. It would be worth more in the domain of intuitive life to pay more attention to indirect treatments and to the action of the conscious psyche on the whole of imaginative and affective activity. This technique avoids the deviations indicated. She tends to clarify, heal and direct; thus it exerts an influence on the dynamics of sexuality, on which so much is insisted, and which must be found, and even really is, in the unconscious or the subconscious.

16. Up to the present we have spoken directly of the patient, not of the doctor, and we have explained at what point the patient's personal right to dispose of himself, his spirit, his body, his faculties, organs and functions finds a limit moral. But at the same time we have answered the question where the moral frontier in research and the use of new methods and procedures in the "interest of the patient" lie for the doctor. The border is the same as for the patient, it is the one that is fixed 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 the beings and the scale of values expressed by the nature of things. The border is the same for the doctor and for the patient, because, as we have already said, the doctor,

17. What we say here should be extended to the "legal representative" of the one who is incapable of disposing of himself and his businesses: the children before the use of reason and, later, the weak in spirit, the alienated. These legal representatives, established by a private decision or by the public authority, do not have on the body and life of their subordinates any right other than themselves, if they were capable of doing so, and with the same extension. They can not, therefore, give the doctor permission to dispose of them outside these limits.

### **III. THE COMMUNITY INTEREST AS A JUSTIFICATION OF NEW MEDICAL RESEARCH AND TREATMENT METHODS**

18. A third interest is invoked to morally justify the right of medicine to new attempts and interventions, to new methods and procedures: the interest of the community, of human society, the *bonum commune*, the common good, as the philosopher says and the sociologist.

It is beyond doubt that such a common good exists; nor can it be argued that he demands and justifies further investigations. The two interests already mentioned, that of science and that of the patient, are closely linked to the general interest.

19. However, for the third time the question arises: is the "medical interest of the community" not in its content and its extent limited by any moral barrier? Are there "full powers" for every serious medical experience about the living man? Does it raise barriers that are still valid for the interest of science or the individual? Or with another formula: the public authority - which is precisely responsible for the common good - can give the doctor the power to try trials on the individual in the interest of science and the community to invent and experiment with new methods and procedures, when these trials exceed the right of individuals to dispose of themselves? Can the public authority really, in the interest of the community, limit and even suppress the right of the individual to his or her body and life,

To prevent an objection: it is always assumed that it is serious research, honest efforts to promote theoretical and practical medicine, not any maneuver that serves as a scientific pretext to cover other purposes and perform them with impunity.

20. With regard to the questions raised, many have still estimated and estimate today that it is necessary to answer affirmatively. To justify their conception they invoke the fact that the individual is subordinated to the community, that the good of the individual must give way to the common good and be sacrificed. They add that the sacrifice of an individual for the purposes of research and scientific exploration ultimately benefits the individual.

21. The great processes of the post-war period have placed in the light of day a dreadful amount of documents that attest to the sacrifice of the individual to the "medical interest of the community." There are testimonies and relationships in the records that show how, with the assent and sometimes by formal order of the public authority, certain research centers systematically demanded that they be supplied with men from the concentration camps for their medical experiences and how they were delivered to them. centers; so many men, so many women, so many for such an experience, so many for that other. There are relations on the development and the result of the experiences, on the objective and subjective symptoms observed in those interested in the course of the different phases of the experimentation. These notes can not be read without a profound compassion for these victims, many of which reached death, and without the fear of such an aberration of the human spirit and heart. But we can still add: those responsible for these atrocious events have done nothing but answer in the affirmative to the questions that we have proposed and draw the practical consequences of this statement.

Is the interest of the individual to this point subordinate to the common medical interest or are transgressed here, perhaps in good faith, the most elementary requirements of natural law, transgression that can not allow any medical research?

22. It would be necessary to close our eyes to reality in order to believe that at the present time there are no longer people in the world of medicine who sustain and defend the ideas that are at the origin of the events we have cited. It is enough to continue for some time the relations about the trials and the medical experiences to convince oneself of the opposite. One asks involuntarily what it is that has authorized such a doctor to dare to such an intervention and who could ever authorize it. With a calm objectivity, the experience is described in its development and in its defects, it shows what is verified and what is not verified. On the question of moral legality, not a word. This question exists, however, and it is not suppressed by the fact of passing it in silence.

23. Although in the mentioned cases the moral justification of the intervention is derived from the mandate of the public authority and, therefore, from the subordination of the individual to the community, from the individual good to the social good, it rests on an erroneous explanation of this principle.

24. It should be noted that man, in his personal being, is not subordinated, ultimately, to the utility of society, but, on the contrary, the community is for man. The community is the great means loved by nature and by God to regulate the changes in which reciprocal needs are completed to help each one to fully develop his personality according to his individual and social aptitudes. The community, considered as a whole, is not a physical unit that subsists in itself, in which the individual members were not but integral parts of it. The physical organism of living beings, of plants, of animals or of man possesses, insofar as it is a whole, a unit that subsists in itself; each of the members, for example the hand, the foot, the heart, the eye, it is an integral part destined with all its being to be inserted in the organism as a whole. Outside the organism there is no sense, no purpose, by its very nature; they are entirely absorbed by the whole organism, to which they are bound.

25. In a completely different way it occurs in the moral community and in every organism of a purely moral character. The whole has not here a unity that subsists in itself, but a simple unity of purpose and action. In the community, individuals are nothing but collaborators and instruments for the realization of the end of the community.

26. What follows from here for the physical organism? The owner and the usufructuary of this organism that has a subsisting unit can directly and immediately dispose of the integrating parts, the members and the organs, in the frame of their natural purpose; It can also intervene with frequency and to the extent that the good of the whole requires it to paralyze, destroy, mutilate, separate the members. But, on the contrary, when the whole possesses nothing but a unity of purpose and action, its leader, that is, in the present case the civil authority, has, without a doubt, a direct authority and the right to make demands on the activity of the parties, but in no case can directly dispose of their physical being. Thus, any direct attack on its existence constitutes an abuse of authority competence.

27. Now, medical interventions, of which we are dealing here, immediately and directly affect the physical being, either as a whole or in the particular organs of the human organism. But, by virtue of the aforementioned principle, public power has no right in this domain; he can not, therefore, communicate it to researchers and doctors. However, it is from the State that the physician must receive the authorization when it intervenes in the individual's body for the "interest of the community". Because he does not act then as a private man, but as the agent

of public power. However, he can not transmit the right that he himself does not possess, except the case, already mentioned before, that he acts as substitute, as legal representative instead of a minor, as long as he is not in a position to decide itself,

28. Even in the case of the execution of a death row inmate, the State does not have the individual's right to life. Then it is reserved to the public power to deprive the condemned person of the "good" of life, in expiation of his fault, after, by his crime, he has dispossessed of his "right" to life.

29. We can not fail to clarify, once again, the issue dealt with in this third part in the light of the principle that is generally appealed in similar cases; we mean the principle of totality. This affirms that the part exists for the whole and that, consequently, the good of the part is subordinated to the good of the whole; that the whole is decisive for the part and can dispose of it in its interest. The principle is derived from the essence of notions and things and must, therefore, have an absolute value.

30. Respect for the principle of totality itself! However, in order to apply it correctly, it is always necessary to explain certain assumptions first. The fundamental assumption is to make clear the *quaestio facti*, the matter of fact. The objects, to which the principle applies, do they have a relation of all to part? A second presupposition: to clarify the nature, the extension and the narrowness of these relationships. Does it take place in the plane of essence or only in that of action, or in both? Does it apply to the part under a certain aspect or under all aspects? And in the field in which it applies, does it absorb the part entirely or does it still leave it. a limited purpose, a limited independence? The answer to these questions can never be inferred from the principle of totality itself: this would represent a vicious circle. It must be drawn from other facts and other knowledge. The principle of totality, by itself, does not affirm anything but this: there where the relation of all to part is verified and in the exact measurement in which it is verified, the part is subordinate to the whole; he can, in his own interest, dispose of the part. Unfortunately, too often, when the principle of totality is invoked, these considerations are left aside, not only in the domain of theoretical study and the field of application of law, sociology, physics, biology and of medicine, but also in logic, psychology and metaphysics.

31. Our plan was to draw your attention to certain principles of deontology that define the boundaries and limits in the investigation and experimentation of new medical methods applied immediately to the living man.

In the domain of your science it is an evident law that the application of new methods to the living man must be preceded by research on the corpse or the model of study or experimentation on the animal. Sometimes, however, this procedure is impossible, insufficient or practically impossible. Then the medical research will try to be carried out on its immediate object, the living man, in the interest of science, in the interest of the patient, in the interest of the community. This is not to be rejected outright; But we must stop at the limits set by the moral principles that we have explained.

32. Undoubtedly, before authorizing the use of new methods in morality, it can not be required to exclude all danger, all risk. This goes beyond the human possibilities, it would paralyze all serious scientific research and would often have repercussions to the detriment of the patient. The assessment of the danger should be left in these cases to the judgment of the

experienced and competent doctor. There are, however, and our explanations have shown, a degree of danger that morality can not allow. It may happen that in doubtful cases, when the already known means fail, a new method still not sufficiently proven offers, together with very dangerous elements, appreciable probabilities of success. If the patient gives his assent, the application of the procedure in question is licit.

33. It may be objected that the ideas developed here constitute a serious obstacle to research and scientific work. However, the limits we have outlined are not, in short, an obstacle to progress. In the field of medicine it does not happen differently than in the other domains of research, of attempts and of human activities: the great moral demands force the impetuous tide of human thought and desire to slip, like water of the mountains, by a determined bed; they contain it to increase its effectiveness and its usefulness; they serve as a dam so that it does not overflow and cause havoc, that they could never be rewarded for the apparent good they pursue. Apparently, moral demands are a brake.

34. May Almighty God, with his benevolent Providence, grant you his blessing and his grace for this purpose.