

**ADDRESS OF THE HOLY FATHER PIO XII
ON THE RELIGIOUS AND
MORAL IMPLICATIONS OF THE ANALGESIA***

Sunday 24 February 1957

Three religious and moral issues related to analgesia

The IX National Congress of the Italian Society of Anesthesiology, which took place in Rome from October 15 to 17, 1956, through the president of the Organizing Committee, Professor Piero Mazzone, has asked us three questions that refer to religious implications and morals of analgesia in relation to the natural law and especially with the Christian doctrine contained in the Gospel and proposed by the Church.

These questions, of undeniable interest, do not fail to elicit intellectual and affective reactions in the men of today; Particularly among Christians there are very divergent tendencies in this regard. Some approve without reservation the practice of analgesia; others are inclined to reject it without distinction, because it contradicts the ideal of Christian heroism; others, finally, without sacrificing any of this ideal, are willing to take a compromise position. For these reasons we are asked to express Our thinking in relation to the following points:

1. Is there a general moral obligation to reject analgesia and accept physical pain as a spirit of faith?
2. Is the deprivation of conscience and the use of higher faculties, caused by narcotics, compatible with the spirit of the Gospel?
3. Is it permissible to use narcotics, if there is a clinical indication for it, in the dying or sick in danger of death? Can they be used, although the attenuation of pain carries with it a probable shortening of life?

Nature, origin and development of anesthesia

The advent of modern surgery was signaled, in the middle of the last century, by two decisive facts: the introduction of antisepsis by Lister, once Pasteur had proven the role of germs in the onset of infections, and the discovery of an effective method of anesthesia. Before Horacio Wells had thought about using nitrous oxide to numb the sick, the surgeons were forced to work, quickly and briefly, on a man who was struggling with atrocious sufferings. The practice of general anesthesia was going to revolutionize this state of things and allow long, delicate interventions and sometimes of an audacious audacity; assured, in effect, both the operator and the patient, primordial conditions of calm and tranquility and "muscular silence" indispensable for the precision and safety of any surgical intervention. But, at the same time, it required careful monitoring of the body's essential physiological activities. Anesthesia, in effect, invades cells and reduces their metabolism; It suppresses defense reflexes and slows

down the patient's life, already compromised more or less severely by the disease and by operative trauma. On the other hand, the surgeon, fully absorbed by his work, had to take into account, at every moment, the general conditions of his patient; It would be responsibility, especially in the case of particularly serious operations. In this way, after a few years, there was a new medical specialization, that of the anesthetist, called to exercise a growing role in the modern hospital organization.

Role of the anesthetist

Function frequently unnoticed, almost unknown to the general public, less brilliant than that of the surgeon, but equally essential. Since, indeed, the patient entrusts his life to him so that he crosses it with the greatest possible safety the painful moment of the surgical intervention. The anesthetist must, first of all, prepare the patient in the medical and psychological aspects. It is informed with care of the particularities of each case, in order to foresee possible difficulties that the weakness of one or another organ could originate; It inspires trust in the patient, asks for his help and provides him with a medication designed to calm him down and prepare his body. He is the one who, according to the nature and duration of the operation, chooses the most appropriate anesthetic and the means of administering it. But, above all, during the intervention, it is incumbent on him to carefully watch the patient's condition; it remains, so to speak, on the lookout for the slightest symptoms, to know exactly the degree to which anesthesia arrives and to follow the nervous reactions, the rhythm of respiration and the blood pressure, in order to prevent any possible complication, spasms laryngeal, convulsions, cardiac or respiratory disturbances.

When the operation is over, the most delicate part of his work begins: helping the patient to recover his senses, avoiding incidents, such as obstruction of the respiratory tract and the manifestations of shock, and administering the physiological fluids. The anesthetist must therefore unite to the perfect knowledge of the technique of his art great qualities of sympathy, of understanding, of self-denial, not only to favor all the psychological dispositions useful to the good state of the patient, but also for a feeling of truth and profound human and Christian charity.

Variety and development of anesthetics

To carry out his job, the anesthetist has a very rich range of products, some of which have been known for a long time, and which have successfully withstood the test of experience, while others, the result of recent research, contribute their particular contribution. to the solution of the arduous problem of suppressing pain without causing damage to the organism. The nitrous oxide, whose value could not be recognized by Horacio Wells when he experienced it at the Boston hospital in 1845, continues to hold an honorary position among the agents commonly used in general anesthesia. Together with the ether, already used by Crawford Long in 1842, Tomás Morton made his experiments in 1846, in that same hospital, but with a happier result than his colleague Wells. Two years later, the Scottish surgeon Jaime Simpson proved the efficacy of chloroform; but it would be the Londoner Juan Snow who would have the most to help spread his job. Once the initial period of enthusiasm had elapsed, the failures of those first three anesthetics were clearly revealed; but we had to wait until the end of the century for a new product to appear, ethyl chloride, which is also insufficient when prolonged narcosis is desired. In 1924, Luckhardt and Carter discovered ethylene, the first

anesthetic gas, resulting from systematic laboratory research; and five years later cyclopropane came into use, due to the works of Henderson, Lucas and Brown: its rapid and profound action requires from the user a perfect knowledge of the closed circuit method.

Although inhalation anesthesia has a well-established supremacy, it has been facing the increasing competition of intravenous narcosis for a quarter of a century. Many trials tried earlier with chloral hydrate, morphine, ether and ethyl alcohol gave little encouraging and sometimes even disastrous results. But, from 1925, the barbiturate compounds enter the clinical experience and are clearly stated once the evipan had demonstrated the indisputable advantages of this type of anesthetic. With these the inconveniences of the method by respiratory route, the unpleasant impression of drowning, the dangers of the initial period of induction, the nausea upon awakening and the organic lesions are avoided. Sodium pentothal, introduced in 1934 by Lundy, assured the ultimate success and wider dissemination of this method of anesthesia. Since then the barbiturates are used alone, for short-term interventions, already in "combined anesthesia" with ether and cyclopropane, whose induction period is shortened, and allowing to reduce its dose and its drawbacks; sometimes they are used as the main agent, and their pharmacological deficiencies are compensated using nitrogen protoxide and oxygen.

Cardiac surgery

Cardiac surgery, in which spectacular progress has been registered for some years, poses particularly difficult problems for the anesthetist, since it supposes as a general condition the possibility of interrupting blood circulation for a longer or shorter time. In addition, since it affects a highly sensitive organ and whose functional integrity is often seriously compromised, the anesthetist must avoid everything that could hinder the work of the heart. In cases of mitral stenosis, for example, you must prevent the psychic and neurovegetative reactions of the patient through previous sedative medication. It will have to avoid tachycardia by means of a pre-anesthesia, together with a slight parasympathetic block; at the time of the commissurotomy, using abundant oxygenation,

But other interventions require, for their successful realization, that the surgeon can work on a bloodless heart, interrupting the circulation for more than three minutes, which are normally needed for the irreversible lesions of the brain and cardiac fibers to appear. To remedy one of the most frequent congenital defects, the persistence of the Botal orifice, has been used since 1948 the surgical technique called "covered sky", which presented the obvious risks of any maneuver made blind. Two new methods, hypothermia and the use of the artificial heart, now allow to operate under direct vision, and thus open bright perspectives in this field. It has been proven, indeed, that hypothermia is accompanied by a decrease in oxygen consumption and in the production of carbon dioxide proportional to the decrease in body temperature. In practice, such a decrease must not exceed 25 degrees, so that the contractibility of the heart muscle is not altered and, above all, so that the excitability of the myocardial fibers does not increase and the danger of ventricular fibrillation being difficult to reverse. The hypothermic method allows to stop the circulation, which can last eight to ten minutes without destroying the brain nerve cells. This duration can still be prolonged using cardiopulmonary machines that remove venous blood, purify it, supply it with oxygen and return it to the body. The operation of these devices requires that there be carefully trained operators, and is accompanied by multiple and thorough controls. The anesthetist then performs a more serious, more complex task and such that his

perfect execution is an indispensable condition of success. But the results already achieved allow us to expect, in the future, a wide extension of these new methods.

Given the varied resources that modern medicine offers us to avoid pain, and taking into account the natural desire to get the most out of them, it is normal that issues of conscience arise. You have seen fit to propose some that particularly interest you. But before we give you Our answer, we want to briefly observe that other moral problems also demand the attention of the anesthetist; first of all, that of his responsibility with respect to the life and health of the patient, since both, sometimes, depend less on him than on the surgeon. In this regard, we have noticed several times, and with particularity in the speech of September 30, 1954, addressed to the VIII Assembly of the World Medical Association, that the man can not constitute for the doctor a simple object of experimentation, in which the new methods and practices of the medicine are tried [1]. We now turn to examine the proposed issues.

I.

About the general moral obligation to endure physical pain

You ask, first of all, if there is a general moral obligation to endure physical pain. To respond more accurately to this question, we will distinguish several aspects. In the first place, it is evident that in certain cases the acceptance of physical suffering carries with it a grave obligation. Thus, whenever a man finds himself in the unavoidable alternative of enduring suffering or transgressing a moral duty, whether by act or omission, there is an obligation in conscience to accept pain. The "martyrs" could not avoid torture and death itself without denying their faith or without getting rid of the grave obligation to confess it at a given moment. But it is not necessary to go to the "martyrs"; today there are magnificent examples of Christians who suffer pain and physical violence for weeks, months and years,

Your question, however, does not refer to this situation; goes beyond: to accept freely and even to seek the pain, precisely because of its own meaning and purpose. To cite a concrete example, remember the address we gave on January 8, 1956, about the new methods of painless delivery [2]. He asked himself whether, by virtue of the text of the Scripture, "with pain you will give birth to your children" (*Gen3,16*), the mother was obliged to accept all suffering and reject analgesia by natural or artificial means. We replied that there was no obligation in this regard. Man retains, even after the fall, the right to dominate the forces of nature and to use them for his service and, therefore, to contribute all the resources that she offers to prevent and even suppress physical pain .

However, we added that for a Christian pain is not a purely negative fact, because, on the contrary, it is associated with high religious and moral values and can be wanted or desired, even if there is no moral obligation in this or that special case. And we continued like this: "The life and suffering of the Lord, the sorrows that so many great men have endured and even sought, thanks to which they have matured and climbed to the heights of Christian heroism; the daily examples of resigned acceptance of the cross, which are offered to Our sight, all reveal the meaning of suffering, of patient acceptance of pain in the current economy of salvation, during the time of this earthly life "(*Ibid .*).

In addition, the Christian has an obligation to mortify his flesh and work to purify himself internally, because it is impossible in the long run to avoid sin and faithfully fulfill all duties if

this effort of purification and mortification is avoided. If self-control and disordered tendencies can not be acquired without the help of physical pain, it becomes a necessity that must be accepted; but if it is not required for this purpose, it can not be affirmed that at this point there is a strict duty. The Christian is never obliged to accept pain through pain; must consider it as a more or less suitable means, according to the circumstances, for the purpose that is intended.

Instead of considering the point of view of strict obligation, we can contemplate the demands of the Christian faith, the invitation to a higher perfection, which is not imposed under pain of sin. Should the Christian accept the physical pain so as not to contradict the ideal that his faith proposes to him? Reject the pain, do not you argue lack of spirit of faith? If it is out of the question that the Christian experiences the desire to accept and even procure the physical pain to better participate in the passion of Christ, to renounce the world and the sensible satisfactions and to mortify his flesh, it is nevertheless necessary to declare correctly the meaning of this trend. Those who manifest it externally do not necessarily possess authentic Christian heroism, as it would be wrong to say that those who do not give these manifestations do not possess it. This heroism, in fact, can manifest itself in a thousand ways. When a Christian, day after day, from morning to night, fulfills all the duties imposed by his state, his profession, the commandments of God and of men; when he prays with recollection, works with all his strength, resists bad passions, shows his neighbor the charity and affection due, suffers virile, without murmuring, everything that God sends him, his life is in harmony with the cross of Jesus Christ, whether physical pain is present or not, suffer it or avoid it by lawful means. Even considering only the obligations that concern him under pain of sin, a man can not live or fulfill his daily work without being constantly ready to sacrifice and, so to speak, without sacrificing himself continuously. The acceptance of physical pain is but one way, among many others, of meaning what constitutes the essential: the will to love God and to serve him in everything. In the perfection of this voluntary disposition consists, above all, the quality of the Christian life and its heroism.

What are the reasons that allow in such cases to avoid physical pain without opposing a grave obligation or the ideal of the Christian life? Many could be listed; but, in spite of their diversity, in the end they are reduced to the fact that in the long run pain prevents obtaining superior goods and interests. It may happen that pain is preferable for a particular person and in such specific circumstances; but, in general, the damage it causes forces men to defend themselves against it; certainly, it will never be achieved that it will disappear completely from the world; but its harmful effects can be reduced to more narrow limits. In this way, just as a natural force is mastered to take advantage of it, so the Christian uses suffering as a stimulant in his effort of spiritual ascension and purification, in order to better fulfill their duties and respond better to the call to a higher perfection; therefore, each one must adopt the solutions appropriate to his personal case, according to the above aptitudes or dispositions, insofar as - without impeding interests and superior goods- they are a means of progress in his inner life, of more perfect purification, of more faithful fulfillment of his duties, of following with greater promptness the divine impulses. To make sure that this is the case, you should consult the rules of Christian prudence and the advice of an experienced director of conscience.

Conclusions and answers to the first question

You will easily draw from these answers useful guidelines for your practical behavior.

1. The main foundations of anesthesiology, such as science and art, and the end pursued, offer no difficulty. It fights forces that, in many ways, produce harmful effects and prevent greater goods.

2. The doctor, who accepts his methods, does not contradict the natural moral order or the specifically Christian ideal. It deals, according to the order of the Creator (see Gen 1, 28), of subjecting pain to the power of man and for this uses the advances of science and technology according to the principles that We have enunciated and that will guide their decisions in the particular cases.

3. The patient, anxious to avoid or to calm the pain, can, without restlessness of conscience, use the means invented by science and that in themselves are not immoral. Particular circumstances may force another course of action; but the duty of renunciation and interior purification, which is incumbent on Christians, is not an obstacle to the use of anesthesia, because that duty can be fulfilled in another way. The same rule also applies to the supererogatory demands of the Christian ideal.

II.

On narcosis and total or partial deprivation of self-awareness

Your second question referred to the narcosis and the total or partial deprivation of self-consciousness, in relation to Christian morality. You put it like this: "The complete suppression of sensitivity in all its forms (general anesthesia) or the more or less great decrease in painful sensitivity (hiccups and analgesia) are always accompanied, respectively, by the disappearance or diminution of consciousness. and of the highest intellectual faculties (memory, association process, critical faculties, etc.); Are these phenomena, which enter into the usual picture of surgical narcosis and pre and post-operative analgesia, compatible with the spirit of the Gospel?"

The Gospel tells us that immediately before the crucifixion they offered the Lord wine mixed with gall, no doubt to attenuate their pains. After having liked it, he did not want to drink it (*Mt* 27, 34), because he wanted to suffer with full knowledge, fulfilling what he had said to Peter, when the arrest: «I am not going to drink the cup that my Father Have you prepared?» (*Jn* 18, 11). Chalice so bitter, that Jesus, in the anguish of his soul, made him beg for: "Father, take this cup away from me! But your will be done and not mine!" (*Mt* 26, 38. 39; *Lk* 22, 42-44). Christ's attitude towards his passion, as revealed this story and other passages of the Gospel (cf. *Lk* 12, 50), does it allow the Christian to accept total or partial narcosis?

Suppression of pain

Since you consider the question in two aspects, we will examine successively the suppression of pain and the reduction or total suppression of consciousness and the use of higher faculties.

The disappearance of pain depends, as you say, on the suppression of general sensitivity (general anesthesia), or on the more or less noticeable decrease in the capacity to suffer (hiccups and analgesia). We have already said the essentials about the moral aspect of the suppression of pain; from the religious and moral point of view, it matters little that it is caused

by narcosis or by other means; in the indicated limits it does not offer any difficulty and is compatible with the spirit of the Gospel. On the other hand, the fact that the voluntary acceptance (obligatory or not) of physical pain, even in connection with surgical interventions, can manifest a high heroism and often testify really a heroic imitation of passion should not be denied or disregarded. of Christ. However, this does not mean that she is an indispensable element; in important interventions, above all, it is not uncommon for anesthesia to be imposed for other reasons, and that the surgeon or the patient can not do without it without lacking in Christian prudence. The same can be said for pre and post-operative analgesia.

Suppression or diminution of consciousness and the use of higher faculties

Then you talk about the diminution or suppression of consciousness and the use of higher faculties, as well as phenomena that accompany the loss of sensibility. Ordinarily, what you want to obtain is precisely this loss of sensibility; but it is often impossible to obtain it without producing at the same time the loss of total or partial knowledge. Outside of surgery **Sunday**, this relationship is often reversed, not only in medicine, but also in psychology and criminal investigations. It is intended here to achieve a weakening of the conscience and, with it, of the higher faculties, so that the psychic mechanisms of control are paralyzed, which man constantly uses to dominate and guide himself; then he abandons himself without resistance to the game of associations of ideas, of volitional feelings and impulses. The dangers of such a situation are obvious; It may even happen that immoral instinctual tendencies are triggered in this way. These manifestations of the second stage of narcosis are well known, and currently it is a question of preventing them by previously administering narcotics. The suppression of control devices is particularly dangerous when it causes the revelation of the secrets of private, personal or family life and of social life. It is not enough that the surgeon and all his assistants are obliged not only to the natural secret (*secretum naturale*), but also to professional secrecy (*secretum officiale*, *secretum commissum*), regarding everything that happens in the operating room. There are certain secrets that should not be revealed to anyone, not even, as the technical formula says, "*uni viro prudenti et silentii tenaci*" [one wise and silent grip]. We have already underlined this in our [address of April 13, 1953](#) on clinical psychology and psychoanalysis [3]. Therefore, the use of narcotics in pre-operative medication can be approved in order to avoid these inconveniences.

Let us note, of course, that nature itself interrupts intellectual activity more or less completely in the dream. If, in a dream not very deep, the use of reason (*usus rationis*) is not entirely suppressed and the individual can still enjoy his superior faculties, which St. Thomas Aquinas had already noted [4], the dream excludes, without However, the *dominium rationis*, the power by virtue of which reason freely commands human activity. Hence it does not follow that, if man abandons himself to sleep, he works against the moral order by depriving himself of self-consciousness and self-control in the use of his superior faculties. But it is also true that there may be cases (and they occur frequently) in which man can not abandon himself to sleep, but must continue in possession of his superior faculties, in order to fulfill a moral duty incumbent on him. Sometimes, without being bound by a strict duty, the man renounces the dream to fulfill non-obligatory services or to impose a resignation with a view to higher moral interests. The suppression of consciousness by natural sleep thus offers no difficulty in itself; Nevertheless, It is unlawful to accept it when it prevents the fulfillment of a moral duty. The renunciation of the natural dream may also be in the moral order, expression and realization of a non-obligatory tendency towards moral perfection.

Hypnosis

But self-awareness can also be altered by artificial means. That this alteration is obtained through narcotics or hypnosis (which can be called a psychic analgesic) does not imply an essential difference in morals. Hypnosis, however, even considering it only in itself is subject to certain rules. Let us be allowed for this purpose to recall the brief allusion that we made at the beginning of the address of January 8, 1956 about natural childbirth without pain [5] .

In the question that now concerns us, it is a hypnosis practiced by the doctor, serving a clinical purpose, observing the precautions that medical science and ethics require, both from the doctor who uses it, and from the patient who submits to it. To this determined way of using hypnosis the moral judgment that we are going to formulate about the suppression of conscience is applied.

But we do not want to extend purely and simply to hypnosis in general what we tell Hypnosis at the service of the doctor. This, in fact, insofar as it is the subject of scientific research, can not be studied by anyone, but only by a serious scientist, within the admissible limits of all scientific activity. It is not the case of any circle of lay people or ecclesiastics who take this as an interesting topic, by way of mere experience or even by simple pastime.

On the legality of the suppression and the reduction of consciousness

In order to appreciate the lawfulness of suppression and the reduction of consciousness, it is necessary to consider that reasoned action and freely ordered to an end constitutes the characteristic of the human being. The individual can not, for example, perform his daily work if he remains constantly in a twilight state. In addition, it is obliged to conform all its actions with the demands of the moral order. Since natural forces and blind instincts are incapable of assuring an ordered activity by themselves, the use of reason and higher faculties becomes indispensable in order to perceive the precise norms of the obligation, as if to apply them to particular cases . Hence the moral obligation of not depriving himself of this self-consciousness without real need.

Therefore, one can not obscure the consciousness or suppress it for the sole purpose of procuring pleasurable sensations, surrendering to intoxication or ingesting poisons intended to procure this state, even if one seeks only a certain euphoria. Passing a certain dose, these poisons cause a more or less pronounced clouding of consciousness and even its complete darkening. The facts show that the abuse of narcotics leads to total oblivion of the most fundamental demands of personal and family life. So, not without reason, the public authorities intervene to regulate the sale and use of these drugs, in order to avoid serious physical and moral damages to society.

Is the surgery in the practical need to cause a decrease and even a total suppression of consciousness by the narcosis? From the technical point of view, the answer to this question corresponds to your competence. From the moral point of view, the principles formulated above, in response to your first question, are applied as far as the essential is the same to narcosis as to the suppression of pain. What, above all, interests the surgeon is the suppression of the painful sensation, not that of the conscience. When it is awake, violent painful sensations easily provoke reactions, often involuntary and reflex, capable of causing undesirable

complications and even ending in fatal heart failure. Maintain psychic and organic balance, avoid that it be violently altered, it constitutes for the surgeon as for the patient an important objective that only the narcosis allows to obtain. It is hardly necessary to note that the narcosis would cause serious difficulties, which should be avoided by taking appropriate measures, in the event that others intervene in an immoral manner while the patient is in a state of unconsciousness.

The teachings of the Gospel

Does the Gospel add to these rules of natural moral clarifications and complementary demands? If Jesus Christ on Calvary refused wine mixed with gall, because he wanted, with full conscience, to drain the chalice that the Father presented to him, let him know that man should accept and drink the cup of pain as often as God wishes. But one should not believe that God wants it all the times that some suffering has to be endured, whatever the causes and circumstances. The words of the Gospel and the conduct of Jesus do not indicate that God wants this of all men at all times, and the Church has not given them this interpretation in any way. But the deeds and attitudes of the Lord hold a profound significance for all men. There are innumerable in this world those who oppress suffering (diseases, accidents, wars, natural calamities), whose bitterness they can not sweeten. The example of Christ on Golgotha, his opposition to soften his pains, are for them a source of comfort and strength. In addition, the Lord has warned his people that this cup awaits all of us. The Apostles, and after them thousands of martyrs, have witnessed this and continue to give it gloriously to this day. Frequently, however, the acceptance of suffering without mitigation does not represent any obligation and does not respond to a norm of perfection. The case is presented ordinarily when there are serious reasons for it and if the circumstances do not impose the contrary. You can then avoid the pain,

Conclusion and answer to the second question

The conclusion of the preceding development can be formulated as follows: within the indicated limits, and if the required conditions are observed, the narcosis, which entails a diminution or suppression of the conscience, is allowed by the natural moral and compatible with the spirit of the Gospel.

III

Use of analgesics in the dying

We have yet to examine your third question: "Is the use of analgesics, whose use numbs the conscience, generally lawful, and particularly during the post-operative period, even with the dying and patients in danger of death, provided that in each case there is a clinical indication? Is it permissible, even in certain cases (inoperable cancers, incurable diseases), in which the mitigation of pain is probably carried out at the expense of the duration of life, which is abbreviated thereby? ».

This third question is not basically an application of the first two to the special case of the dying and the particular effect of abbreviating the duration of life.

That the dying have more than others the moral, natural or Christian obligation to accept pain or to reject its mitigation, this does not depend on the nature of things or the sources of revelation. But as, according to the spirit of the Gospel, suffering contributes to the expiation of personal sins and the acquisition of greater merits, those whose lives are in danger certainly have a special reason to accept it, because, with death already close, this possibility to obtain new merits runs the risk of disappearing soon. But this motive is of direct interest to the patient, not to the doctor, who practices analgesia, assuming that the patient consents to it or has even asked for it expressly. It would obviously be unlawful to practice anesthesia against the express will of the dying person (when he "*issui iuris*" [legal issues]).

It seems appropriate to specify something this matter, because this reason is rarely presented in an incorrect way. Sometimes we try to prove that the sick and dying are forced to endure physical pain to acquire more merit, based on the invitation to perfection that the Lord directs to all: "Estote ergo vos perfecti, sicut et Pater vester caelestis perfectus est" [Be perfect, as your heavenly Father is perfect] (Mt 5:48), or in the words of the Apostle: "Haec est voluntas Dei, sanctificatio vestra" [For this is the will of God for your sanctification] (1 Thes 4, 3). Sometimes a principle of reason is adduced, according to which no indifference with regard to the attainment (even gradual or progressive) of the ultimate aim towards which man tends to be licit is licit; or the precept of well-ordered love of oneself, which would impose the search for eternal goods to the extent that the circumstances of daily life allow to achieve them; or even the first and greatest of the commandments, that of loving God above all things, that would leave no room for any alternative in taking advantage of the concrete occasions offered by Providence. Now, growth in God's love and abandonment in his will does not come from the sufferings that are accepted, but from voluntary intention, sustained by grace; this intention, in many dying, can take hold and become more alive if their sufferings are lessened, because these aggravate the state of weakness and physical exhaustion, hinder the impulse of the soul and undermine the moral forces, instead of sustaining them. On the contrary, the suppression of pain seeks an organic and psychic relaxation, facilitates prayer and makes possible a more generous self-giving. When some dying people consent to suffer as a means of atonement and a source of merit to progress in the love of God and in abandonment to their will, anesthesia is not imposed on them; help them rather to follow their own path. Otherwise, it would not be opportune to suggest to the dying the ascetic considerations enunciated, and it will be convenient to remember that instead of contributing to atonement and merit, pain can also give rise to new faults.

Let's add some words about the suppression of knowledge in the dying not motivated by pain. Since the Lord wanted to suffer death with full consciousness, the Christian wishes to imitate him in this as well. The Church, on the other hand, gives priests and the faithful an « *Ordo commendationis animae* », A series of prayers to help the dying to leave this world and enter eternity. If these prayers retain their value and meaning, even when they are told to an unconscious patient, they usually provide light, consolation and strength to those who can take part in them. That is why the Church implies that, without grave reasons, the dying person should not be deprived of knowledge. When nature does, men must accept it; but they should not do it on their own initiative, unless there are serious reasons for doing so. Such is, on the other hand, the desire of the interested parties themselves, when they have faith: they long for the presence of their own, of a friend, of a priest, to help them to die well. They want to preserve the possibility of adopting their last dispositions, of saying a last sentence, One last word to the attendees. Preventing it disgusts the Christian and even simply human feeling. The anesthesia used to approach death, with the sole purpose of avoiding the patient a conscious end, would be no longer a remarkable conquest of modern therapy, but a truly deplorable practice.

Your question presupposed rather the hypothesis of a serious clinical indication (for example, violent pains, morbid states of depression and anguish). The dying person can not allow, let

alone ask the doctor, to procure unconsciousness if he thereby becomes incapable of fulfilling serious moral duties, for example, fixing important matters, making his will, confessing. We have already said that the reason for acquiring greater merits is not enough by itself to make illicit the use of narcotics. To judge this lawfulness, it will also be necessary to ask whether the narcosis will be relatively brief (for one night or for a few hours) or prolonged (with or without interruptions) and consider whether the use of higher faculties will return at certain times, for some minutes even or for a few hours, so that he gives the dying the possibility of doing what his duty imposes on him (for example, reconciling with God). For the rest, a conscientious doctor, even if he is not a Christian, will never yield to the pressure of whoever wishes, against the will of the dying person, to make him lose his lucidity so as to prevent him from making certain decisions.

When, in spite of the obligations that concern him, the dying man asks for narcosis, for which there are serious reasons, a doctor aware of his duty will not lend himself to it, especially if he is a Christian, without inviting him before, or by himself, or better yet, through another, to previously fulfill their obligations. If the patient stubbornly refuses to do so and persists in asking for the narcotic, the doctor can give it to him without becoming guilty of formal cooperation to the fault committed. This, in fact, does not depend on the narcosis, but on the immoral will of the patient; whether the analgesia is given or not, his behavior will be identical: he will not fulfill his duty. There remains, yes, the possibility of repentance, but there is no serious likelihood of it; and who knows if it will not harden even more in evil?

But if the dying man has fulfilled all his duties and received the last sacraments, if the clear medical indications suggest anesthesia, if in the fixation of the doses the amount allowed is not exceeded, if its intensity and duration are carefully measured and the patient he is satisfied, then there is nothing that opposes it: anesthesia is morally licit.

Should the narcotic be renounced, if its action shortened the duration of life? Of course, any form of direct euthanasia, that is, the administration of narcotics in order to provoke or accelerate death, is illicit, because then it is intended to directly dispose of life. One of the fundamental principles of natural and Christian morality is that man does not own and own his body and his existence, but only usufructuary. It arrogates a right of direct disposition how many times one intends to shorten life as an end or as a means. In the hypothesis to which you refer, it is only about avoiding the patient unbearable pain: for example, in cases of inoperable cancer or incurable diseases.

If between the narcosis and the shortening of life there is no direct causal link, put by the will of the interested parties or by the nature of things (as it would be the case, if the suppression of pain could not be obtained but by shortening of life), and if, on the contrary, the administration of narcotics produced by itself two distinct effects, on the one hand the relief of pains and on the other hand the abbreviation of life, then it is lawful; One would still have to see if between these two effects there is a reasonable proportion and if the advantages of one compensate the disadvantages of the other. It is also important, first of all, to ask whether the current state of science does not allow us to obtain the same result using other means, and then not to transfer the limits of what is practically necessary in the use of narcotics.

Conclusion and answer to the third question

In summary, you asked us: "The suppression of pain and knowledge by means of narcotics (when a medical indication demands it), is allowed by religion and morals to the doctor and the patient (even when approaching death and foreseeing that the use of narcotics will shorten life)? «. It has to be answered: "If there are no other means and if, given the circumstances, this does not prevent the fulfillment of other religious and moral duties, yes."

As we have already explained, the ideal of Christian heroism does not oblige, at least in a general way, to reject an otherwise justified narcosis, even at the approach of death; everything depends on the concrete circumstances. The most perfect and most heroic resolution can be given the same admitting that rejecting the narcosis.

Final exhortation

We dare to hope that these reflections on analgesia, considered from the moral and religious point of view, will help you fulfill your professional duties with a deeper sense of your responsibilities. You wish to remain fully faithful to the demands of your Christian faith and to fully conform your activity to it. For far from conceiving these demands as obstacles to your freedom and your initiative, see rather in them the call to a life infinitely higher and more beautiful, which can not be conquered without effort or renunciation, but whose fullness and joy are left and to feel down here for those who know how to enter into communion with the person of Christ, who lives in his Church, animating it with his spirit, spreading in all its members his redemptive love,

We implore that the Lord fill you with his gifts, you, your families and your collaborators, and with all our hearts we grant you our paternal Apostolic Blessing.

* AAS 49 (1957) 129-147.

[1] AAS 46 (1954) 587-598.

[2] AAS 48 (1956) 82-93.

[3] AAS 45 (1953) 278-288.

[4] *S. Th.* P.1, q.84 a. 8

[5] Cf. AAS 48 (1956) 82-93.

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