

SPEECH OF POPE PIUS XII
TO THE PARTICIPANTS IN THE 1th GENERAL ASSEMBLY
OF THE COLLEGIUM INTERNATIONAL NEURO-PSYCHO-PHARMACOLOGICUM

Tuesday 9th September 1958

You did not wish, gentlemen, that the "Collegium International Neuro-Psycho-Pharmacologicum", founded last year in Zurich, inaugurated its general meeting elsewhere than in Rome, where scientists of all specialties, attracted by the incomparable prestige of the Eternal City, like to hold their congresses. This first international meeting of neuro-psychopharmacology is intended, according to the aims of your "Collegium", to promote research and exchange of information, as well as collaboration between clinical and experimental psycho-pharmacological sciences. It also emphasizes the importance of medico-social problems, which involves the use of psychotropic medication in psychiatric therapy.

I. RECENT PROGRESS IN PSYCHOPHARMACOLOGY

For a long time, it has been possible to influence the nervous system and influence the psychic functions. Alcohol and opiates, for example, are universally known for the transient euphoria and relaxation that they provide, by moving the person away from the painful or demanding daily reality. The discovery of barbiturates has recently been added to a new weapon to the medical arsenal of products capable of exerting a depressing action on the central nervous system, and surgery, in particular, does not fail to make good use of it. But in recent years, we have seen the introduction to the laboratories and psychiatric clinics agents of a brand new type,

We can characterize them by their ability to influence the behavior of the individual, to tranquilize without causing the tendency to sleep. Psychopharmacology, which studies these new drugs, used in "psychomimetics", used for experimental purposes, to provoke behavioral disorders of mental patients, and "tranquillizers", which exert a sedative effect. These are of interest not only to the laboratory, but to the clinicians, to whom they bring a valuable contribution to the treatment of severe psychoses, and especially states of excitement.

The first of these, chlorpromazine, was used first in psychiatric therapy to strengthen the action of barbiturates in the cures of sleep, and to reduce both doses and dangers. But when psychotropic properties have been tested, it is expected to be unexpectedly effective in rapidly inducing deep depression of the central nervous system. Its application achieved notable successes up to 80% cure in acute psychoses accompanied by psychomotor excitement and, to a lesser extent, in acute confusional psychoses.

The most astonishing results, when used alone, were obtained in psychoses considered the most rebellious to treatment, paranoid schizophrenia, confusional and delusional schizophrenic seizures, and chronic hallucinatory delusions. The results are less clear in the endogenous depressive psychoses, and remain modest in the psychoneuroses, except when the anxiety phenomena are particularly marked. It has also found an extended field of action in neurological diseases, as well as in the therapy of pain, to enhance the action of analgesics and hypnotics, or to reduce the emotional component of physical pain. It also has effective antiemetic properties.

If chlorpromazine is the result of laboratory research, involving chemical structures, whose action was not psychotropic but antihistamine, the "Rauwolfia serpentina", which was extracted in 1952 the active ingredient, the reserpine, was known since ancient times in the Far East, where one used its root for the treatment of certain psychopathies. It was in 1582 that the doctor and naturalist

Léonard Rauwolf, returning from a trip to India, brought back specimens of this plant. But it was only in the contemporary period, from 1931, that its properties were the object, on the part of the Indian scientists, of a systematic study. It was not until the last few years before the reserpine entered the current psychiatric practice. Widely used to fight hypertension because of its relative safety and prolonged action, it provides remarkable services in the treatment of mental patients, especially schizophrenics, whose behavior disorders have led to hospitalization. Its therapeutic action manifests itself more strongly in acute attacks, phases of mental confusion, sudden emotional outbursts, whenever it is necessary to remedy strong emotional tension, anxiety, and psychomotor excitations. It has been found that the beneficial effect is immediately apparent in most cases, and causes a very particular deep sedation; the sickly phenomena soon lose their importance in the emotional life of the subject, the hallucinations disappear, the difficulties diminish. When psychosis has become established for some time in a subject, whose personality it has permanently deformed, ordinary therapy does not obtain definitive results, but by prolonging the use of the drug at reduced doses in most cases, however, a significant improvement is obtained.

To c O side of the two main drugs, yet note meprobamate, originally used to correct muscle spasms and tension, which is mainly used in psychiatry to calm anxiety in all its forms ambulatory.

The usefulness of these drugs, and many others of the same type, making their procession and which are due to the ingenuity to incessant labor researchers, manifested a mani èIt is spectacular in psychiatric clinics and hospitals, where patients are usually only sent to patients who have serious and sometimes dangerous health problems for those around them. **Those who suffer from hyperactivity or emotional excitement, see by these drugs their excessive mobility reduced to a normal measure; they cease to be a threat to themselves and to others, especially to the hospital staff, to whom they put an exhausting watch.** The use of restraints, electroshock and barbiturates becomes less necessary. It is the atmosphere of the whole institution that is completely

transformed, providing the patients with an infinitely more conducive environment, and allowing them to exercise

If they have renovated the methods of treatment of psychoses, new sedatives are not devoid of effect in the treatment of neuroses, especially in subjects who, to escape their anxiety, escape into action. Even in normal life, cases are not uncommon, where excessive tension, caused by professional or family difficulties, or by the fear of imminent danger, finds in psychotropic drugs a valuable adjuvant, which can be coped with. situation more firmly and more serenely. The side effects of these tranquilizers are usually minor and can be controlled by other medications. You point out, however, the danger to the public of having an unrestricted use of these drugs for the sole purpose of

It is difficult at the moment to predict what the future of psychotropic drugs will be. The first results seem to indicate that a serious step has been taken in the treatment of mental illnesses, schizophrenia in particular, whose prognosis was considered very dark. But authorized voices are heard, which invite caution and warn against unthinking enthusiasms. Indeed, several questions and fundamental questions still await a precise solution, in particular those concerning the mode of action of psychotropic drugs on the central nervous system. In going through the many works that have already addressed various aspects of this problem, we can only admire the tireless perseverance of the researchers, to extract the secrets of the functioning of these delicate biochemical mechanisms, to clarify the point of elective application of each drug, their affinities and their antagonisms. In this infinitely complex field, you are determined to light gradually, in order to lay safe pharmacological bases for practical applications, the therapeutics of which will reap all the benefits.

Even more difficult is the question of the relations of psychiatry and neuropsychopharmacology. Does psychotherapeutic medication really affect the cause of the disease, or does it merely modify, in a more or less transitory way, certain symptoms, leaving intact the root causes, which are at the origin of the disease? To what extent are certain alterations of the central nervous system the origin or the consequence of the emotional disorders they accompany? Some authors note that experimentation, which has been so extensive in recent years, has revealed previously ignored physical causes. Psychiatrists, for their part, emphasize the psychogenic nature of mental illnesses. They rejoice that the use of tranquillizing drugs facilitates the dialogue between the patient and his doctor, but recall that the improvement of the social behavior obtained thanks to them does not mean that the profound difficulties are solved. It is the whole personality that must be straightened out, to which the instinctive equilibrium must be rendered indispensable to the normal exercise of its freedom. It would be rather dangerous to hide from the patient his personal problems, by providing him with an all-out relief and a superficial adaptation to the social reality. instinctive balance essential to the normal exercise of his freedom. .

II. THE REQUIREMENTS OF THE MORAL ORDER

After briefly outlining the recent successes of neuropsychopharmacology, in this second part we consider the study of moral principles, which apply especially to the situations you encounter. While you consider man as an object of science, and you try to act on him by all means you have, in order to change his behavior and heal his physical or mental illnesses, We look at him here as a person a subject responsible for his actions, committed to a destiny that he must fulfill, remaining faithful to his conscience and to God. So we will have to look at the standards, which determine the responsibility of the neuropsychopharmacologist and whoever uses his inventions.

The conscientious physician instinctively feels the need to rely on medical ethics and not to be content with rules of thumb. In Our Address of April 10, 1958 at the Congress of the International Association of Applied Psychology, We reported that in America there had been published a Code of Medical Ethics: "Ethical Standards for Psychologists", which is based on the responses of 7,500 members of the American Psychological Association. (AAS, pp. 50, 1958, pp. 271-272). This code demonstrates the belief of physicians that there is a set of standards for psychologists, researchers, and practitioners that provide not only guidance, but imperative guidance. We are convinced that you share this point of view and that you recognize the existence of norms that meet an objective moral order; besides, the observation of this moral order does not constitute a hindrance or an obstacle to the exercise of your profession. We will have

It might seem superfluous, after what we said in the first part, to still talk to you about the dignity of human nature. It is because of this that we are not considering the sincere, devoted, generous interest you bring to the sick, but something deeper still. **This is the attitude of your inner "me" to the person of other men.** What bases the dignity of man in his existential value? What position to adopt towards her? **Should we respect it? take no notice of it? to despise it?** Whoever in the practice of his profession comes into contact with the personality of others will necessarily come to adopt one of these three attitudes.

But the moral order demands respect, respect and respect from others. The human person is indeed the most noble of all visible creatures; made to the "image and likeness of the Creator", she goes to him to know and love him. Moreover, by the Redemption, it is inserted into Christ as a member of his Mystical Body. All these titles underpin the dignity of man, whatever his age and condition, profession or culture. Even if he is so ill in his psyche, that he appears enslaved to instinct or even fallen below the animal life, he remains however a person created by God and destined to

enter one day in his immediate possession, infinitely therefore superior to the animal closest to the man.

This fact will dictate the attitude you will take towards it. And first you will consider that man has received right from his Creator rights, which the public authorities themselves have the obligation to respect. Many times already We have had the opportunity to recall it, especially in Our Address of September 14, 1952 at the First International Congress of Histopathology of the Nervous System (Speech and Messages-Radio, XIV, 14 September 1952, pp. 320-329). We then exposed and discussed the three grounds on which we rely to justify the methods of research and treatment of modern medicine: the interest of science, that of the individual and that of the community. We have reiterated that, while in general the current efforts of scientific research in this field deserve approval, it is still necessary to examine, in each particular case, whether the acts that are being carried out do not violate higher moral standards. The interest of science, that of the individual and that of the community, are not absolute values and do not necessarily guarantee respect for all rights. April 10, 1958 Here again, the question was whether certain research and treatment methods were compatible with the rights of the person concerned. **We answered to see if the procedure in question respected the rights of the person concerned, and if he could grant his consent.** In case of an affirmative answer, we must ask ourselves whether the consent was given in fact and in accordance with natural law, if there was no error, ignorance or fraud, if the person had jurisdiction to give it, and finally it does not violate the rights of a third party. **We have clearly emphasized that this consent does not always guarantee the moral lawfulness of an intervention,** despite the rule of law: "volenti non fit iniuria" (see AAS, pp. 50, 1958, pp. 276-277). We can only repeat the same thing,

In deciding questions of fact in which the theologian has no direct jurisdiction, since they depend on the particular cases and circumstances which it is for you to appreciate, you may remember that

man has the right to to serve his body and his superior faculties, but not to dispose of him as master and lord, since he has received from God his Creator, from whom he continues to depend. It can be done by exercising his usufructuary right, he mutilates or destroys a part of himself, because it is necessary for the good of the whole organism. In this, it does not encroach on the divine rights, since it acts only to safeguard a superior good, to preserve the life, for example. The good at all then justifies the sacrifice of the game.

But to the subordination of the particular organs to the organism and its own finality is added that of the organism to the spiritual end of the person himself. Physical or psychological medical experiments may, on the one hand, cause some damage to organs or functions, but on the other hand, they may be perfectly lawful because they are in conformity with the good of the body. no one and do not transgress the limits placed by the Creator on the right of man to self-determination. These principles obviously apply to psychopharmacology experiments. Thus we were able to read in the documents, which were transmitted to us, the report of an experiment of artificial delirium, to which thirty healthy people and twenty-four mental patients were subjected. Did these fifty-four people consent to this experience, and that in a manner sufficient and valid under natural law? Here, as in other cases, the question of fact must be seriously examined.

It is the observation of the moral order which confers value and dignity on human action, which preserves the person's profound rectitude and maintains it in his place, which belongs to him in the whole of creation. that is, with regard to material beings, other persons, and God. Everyone therefore has the duty to recognize and respect this moral order in himself and to others, in order to safeguard this rectitude in himself and in others. This is the obligation that we now consider in the field of the use of psychotropic drugs currently so widespread.

In Our Address of February 24, 1957 to the Italian Society of Anesthesiology (Speech and Messages-Radio, Vol XVIII, 793), We have already rejected an objection, which could be advanced on the basis of the Catholic doctrine of suffering. Some people invoke, in fact, the example of Christ refusing the mixed wine of myrrh offered to him, to pretend that the use of narcotics or sedatives does not conform to the ideal of perfection and Christian heroism. We replied then that, in principle, there was nothing against the use of remedies for calming or suppressing pain, but that renouncing their use could and often was a sign of Christian heroism. We added, however, that it would be wrong to pretend that pain is an indispensable condition of this heroism. With regard to narcotics, the same principles can be applied to their sedative action of pain; as for the effect of suppression of consciousness, it is necessary to examine the reasons and the consequences, intentional or not. If there is no religious or moral obligation, and there are serious reasons for using them, they can even be given to the dying if they consent. Euthanasia, that is to say, the will to cause death, is obviously condemned by morality. But if the dying person consents, it is permissible to use narcotics with moderation, which will soften his sufferings, but also lead to a more rapid death; in this case, in fact, death is not intended directly,

There is no reason to fear that respect for the laws of conscience or, if you will, for faith and morality, may hinder or render impossible the exercise of your profession. In the Address already quoted of April 10, 1958 , we have enumerated some norms, which facilitate the solution of questions of fact in certain cases of interest to psychologists, and similar to those which concern you (for example, the use of *lie detector*Psychotropic drugs for narco-analysis, hypnosis, etc.); We then divide the intrinsically immoral actions into three groups, either that their constituent elements are directly opposed to the moral order, that the person acting does not have the right to do so, or that they cause unjustified dangers. . Serious psychologists, whose moral conscience is well trained, must be able to discern quite easily whether the measures they propose to take belong to one of these categories.

You also know that the indiscriminate use of psychotropic or somatotropic drugs can lead to regrettable and morally inadmissible situations. In many regions, many of these drugs are available to the public without any medical control, and this is not enough, as experience shows, to prevent excesses. In addition, some states display a tolerance that is difficult to understand with respect to certain experiments, laboratories or clinical procedures. We do not wish to appeal here to the public authority, but to the physicians themselves, and especially to those who have a particular authority in their profession. **We are convinced, in fact, that there is a natural medical ethic,**

We have, Gentlemen, for your work, for the goals you are pursuing and for the results already acquired a sincere esteem. By examining the articles and works published on the subjects which interest you, it is easy to see that you render valuable services to science and to humanity; you have already been able, we have seen it, to effectively save many sufferings, before which medicine proved powerless, scarcely three or four years ago. **You now have the opportunity to restore mental health to the sick, who were once considered lost, and we sincerely share the joy that this insurance gives you.**

In the present state of scientific research, rapid progress can be achieved only through extensive international collaboration, collaboration, of which this Congress, incidentally, gives us striking evidence. It is desirable that it should extend not only to all specialists in psychopharmacology, but also to psychologists, psychiatrists and psychotherapists, to all those, in a word, who are concerned for some reason with mental illnesses.

If you adopt a positive attitude to moral values that We have evoked based on personal reflection and conviction, you will practice your profession with the seriousness, the firmness, the tranquil safety, that appeals to the gravity of your responsibilities. You will then be for your patients, as for your colleagues, the guide, the counselor, the support that has earned their trust and esteem.

We hope, Gentlemen, that the first meeting of the International Collegium Neuro-Psychopharmacologicum gives an increased impetus to the magnificent efforts of researchers and clinicians, and helps them to win new victories against these formidable scourges of humanity, which are mental disorders. May the Lord accompany your work with his graces! We hope for you and your colleagues, for your families and for your collaborators, Our Apostolic Blessing.

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