

CHRIST MEDICUS

CATHOLIC JOURNAL ON RELIGIOUS FREEDOM AND HEALTH CARE

Winter 2021-2022



WHAT'S INSIDE

An "Oath Unviolated": Realizing the Joy of Medicine through the Free Exercise of Conscience

Andrew S. Kubick, Ph.D., M.A.

Pages 1-6

The Love of Three Mothers

Anne O'Meara, HALO

Pages 7-8

Healing from the Heart

Mariah Buzza, Christ Medicus Foundation

Pages 9-10

Evangelization Through Catholic Social Teaching

Michael Arthur Vacca, Christ Medicus Foundation

Pages 11-12

The Need for Relationship in Evangelization

Jordan Buzza, Christ Medicus Foundation

Pages 13-16

The Christ Medicus Foundation is a 501(c)(3) Catholic nonprofit organization that defends religious freedom and builds Christ-centered Catholic health care. Our mission is to share Jesus Christ's healing love in health care, to build authentically Catholic care, to defend life and religious freedom, and to protect the poor and vulnerable. We work for a person-centered health care system.

For over 20 years CMF has educated religious and lay leaders on the intersection of healthcare, the exercise of faith and religious freedom, and the defense of the right to life. CMF has launched coalitions, campaigns and conferences to educate and form Catholic laity to make Christ-centered healthcare decisions.

AN “OATH UNVIOLATED”: REALIZING THE JOY OF MEDICINE THROUGH THE FREE EXERCISE OF CONSCIENCE

ANDREW S. KUBICK, PH.D., M.A.

Introduction

The moral imperative “*turn from evil and do good*” (Psalm 37:27) is the foundation of medical ethics. Physicians who, through a well-formed conscience, discern which acts are good and commit to them are sure to enjoy the fruits of their profession. Unfortunately, there is a pervasive assault on the rightful exercise of medical conscience that disturbs the joy of medicine and disrupts the plans of future physicians who refuse to forfeit their morals to attain their license. The following essay reaffirms the primacy of conscience in medicine and introduces a new initiative to assist medical students and physicians who are subjected to hostility because they wish to live out their faith in their profession.

1. Are Medical Conscience Rights Protected?

On April 8, 2021, Governor Michelle Lujan Grisham signed the Elizabeth Whitefield End-of-Life Options Act, making New Mexico the ninth state in the U.S. to enact a law that legalizes physician-assisted suicide.¹ The District of Columbia also legalized that same practice in 2016. Year after year, state legislators from across the country draft similar bills with the hope of becoming the next to legitimize this grave injustice perpetrated against people who are terminally ill. In fact, the Patients Rights Council identified eighteen new or expansion bills that were introduced just in 2021 alone.²

ON APRIL 8, 2021, GOVERNOR MICHELLE LUJAN GRISHAM SIGNED THE ELIZABETH WHITEFIELD END-OF-LIFE OPTIONS ACT, MAKING NEW MEXICO THE NINTH STATE IN THE U.S. TO ENACT A LAW THAT LEGALIZES PHYSICIAN-ASSISTED SUICIDE.

The number of states considering these bills is a clear reflection of the steady public support for physician-assisted suicide and euthanasia, which according to a 2018 Gallop poll, is 65% and 72% respectively.³ Those respondents who favor euthanasia may finally see it come to our shores as a result of a lawsuit that was recently filed in California.⁴ There, the plaintiff argues that the Americans with Disabilities

Act requires the provision of euthanasia as a reasonable accommodation for people with disabilities who otherwise qualify for physician-assisted suicide but are physically incapable of self-administering the lethal dose of sedatives. Proponents of so-called “*death with dignity*” are becoming increasingly effective at pervading our culture with what Pope St. John Paul II called “*false mercy*.”⁵

The principle of informed consent, when exercised properly, ensures the patient is “*informed enough to make a responsible decision, responsible enough to consent, and not under any coercion*,”⁶ according to medical ethicist Benjamin Freedman. Proponents of the nation’s physician-assisted suicide laws would point to the explicit language in each individual bill that protects the principle of informed consent. For example, New Mexico’s End-of-Life Options Act provides a form that states, in part:

*“I have been fully informed of my diagnosis and prognosis, the nature of the medical aid in dying medication to be prescribed and the potential associated risks, the expected result and feasible alternative, concurrent and or additional treatment opportunities... I request that my health care provider prescribe medication that will end my life in a peaceful manner if I choose to self-administer the medication... I make this request voluntarily and without reservation.”*⁷

Admittedly, the language of the principle of informed consent is found in New Mexico’s law. If it is upheld diligently, then the patient should be protected from coercion. They should never be forced to participate in a treatment that their conscience judges to be immoral, and rightly so. Whether or not that language expressing the principle is in fact a sufficient protection against coercion is arguable. Opponents of physician-assisted suicide claim the protections in those laws are insufficient and the Supreme Court’s majority opinion in *Washington v. Glucksberg* agrees with them. “*We have recognized... the real risk of subtle coercion and undue influence in end-of-life situations,*”⁸ Chief Justice William Rehnquist wrote.

Coercion is a problem that is not exclusive to patients. Physicians and other health care providers can also be

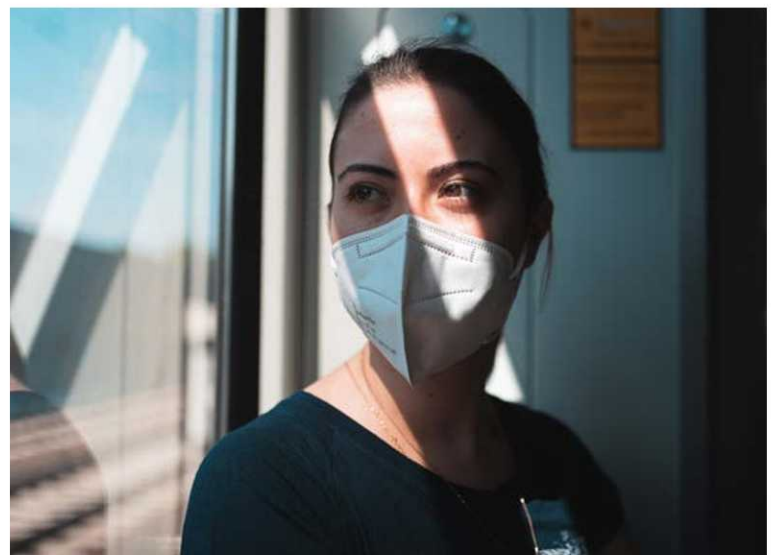
subjected to it. In this regard, New Mexico's law is again very concerning. The law protects health care providers who refuse to participate in physician-assisted suicide should they conscientiously object to its practice; yet, it requires objecting physicians to refer their patient to another provider who will then write the lethal script.⁹ This law rejects the full exercise of conscience and outright dismisses the gravity of cooperating with evil, especially for New Mexico's Catholic physicians. And it is not only Catholics who repudiate physician-assisted suicide. Members of the Catholic faith, along with those of Islam and Judaism, signed a joint paper that read, in part, *"Euthanasia and physician-assisted suicide are inherently and consequently morally and religiously wrong and should be forbidden with no exception... No health care provider should be coerced or pressured to either directly or indirectly assist in the deliberate and intentional death of a patient through assisted suicide or any form of euthanasia, especially when it is against the religious beliefs of the provider."*¹⁰

Notwithstanding a provider's specific religious affiliation, two surveys provide a glimpse into the relative size of provider cooperation with physician-assisted suicide and euthanasia. A 1996 survey, later published in the *New England Journal of Medicine*, found 11% of respondents would prescribe a lethal dose of sedatives to hasten a patient's death in spite of laws prohibiting it and 36% would do so if it was legalized. That same survey found 7% would administer a lethal injection even if prohibited by law and 24% would do so if it was permitted by law.¹¹ More recently, a 2018 survey of physicians revealed that even though 60% of respondents think physician-assisted suicide should be legal, only 13% of those who favor its legalization would be personally willing to prescribe the lethal dose.¹² The investigators who designed this survey concluded, *"[T]here is a discrepancy between belief and willingness to practice [physician-assisted suicide]. Although the majority of physicians agreed that it should be legalized, only a small portion of those would unequivocally perform the practice if it were legal."*¹³ Despite the disparities in data between those two surveys, they both reveal the majority of physicians would not assist their patients in committing suicide.

That majority may very well be protected by conscience provisions in state laws like New Mexico's End-of-Life Options Act, but again, coercion is not exclusive to patients. There are a number of ways that physicians can be softly coerced, to use the words of Chief Justice Rehnquist, for example, pressure from their colleagues, punitive shift scheduling, neglect from future promotions, or dismissal for consideration as co-investigator of future studies or co-author of scholarly

papers. There is also the referral requirement that demands objecting physicians cooperate with the evil of physician-assisted suicide by providing the referral to a doctor who is willing to write a prescription for a lethal dose of sedatives.

Physician-assisted suicide is not the only moral dilemma with inadequate conscience protections that health care providers face. Being compelled to participate in an abortion, disseminating the results of an amniocentesis when certain the fetal diagnosis will be used to justify an abortion, performing a non-therapeutic tubal ligation, fixing an intrauterine device in place, testing novel drugs with abortion-derived stem cells, filling a prescription for a lethal dose of sedatives, and yes, being required to take a novel vaccine that you conscientiously oppose, are just a few of the conflicts in conscience that health care providers face each and every day. That begs the questions: Who is protecting the conscience rights of health care providers? Who is demanding the principle of justice apply equally to them? Who is ensuring that they can live out their professional oath unviolated?



2. The Duty to Follow One's Conscience

The Oath attributed to the father of Western medicine - Hippocrates - dates back to ancient Greece nearly twenty-five hundred years ago. Despite its age, it is hardly a relic of antiquity. Medical schools across the Nation continue to recite the Oath either in whole, in part, or with a modern adaptation. And while other institutions choose to omit it entirely, or cut and paste the parts they wish, the spirit of the original Oath remains exceedingly relevant today. Consider here the safeguarding of conscience in the following lines of the Oath: *"I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them."*¹⁴ Notice how the

physician must treat the patient according to his great ability and his judgment in order to treat the patient and protect him from harm and injustice. That notion of judgment fits soundly with the Catholic teaching on conscience. The Catechism teaches, "*Conscience is a judgement of reason whereby the human person recognizes the moral quality of a concrete act... [It] is the law of the mind.*"¹⁵ To Joseph Cardinal Ratzinger, conscience is, "*the perceptible and demanding presence of the voice of truth in [man].*"¹⁶ And it is according to this law of the mind, this reflection of the divine law as mentioned in the Oath, that physicians carry out the art of medicine.



The gift of conscience is associated with two duties. The first is that it must be formed well. Again, the Catechism teaches, "*Conscience must be informed and moral judgments enlightened... A well-formed conscience is upright and truthful.*" Moreover, "*the education of conscience is indispensable for human beings that are subjected to negative influences and tempted by sin to prefer their own judgment and to reject authoritative teachings.*"¹⁷ Formation of conscience is a lifelong practice that requires deep reflection on the authoritative teachings of the Catholic Church, guidance from people who know those teachings, and fervent prayer and contemplation.¹⁸ The second duty is to follow one's conscience. On this subject, St. Thomas Aquinas wrote, "*Every judgment of conscience, be it right or wrong, be it about things evil in themselves or morally indifferent, is obligatory, in such wise that he who acts against his conscience always sins.*"¹⁹ Therefore, man is duty-bound to follow his conscience.²⁰ Conscience belongs to rational creatures alone because it

is an act of reason. Reason, along with volition, are directly inspired in man by God who makes the whole of mankind in His image and likeness. (Cf. Gen. 1:26-27) And it is precisely in the *Imago dei*, or image of God, where man realizes the depths of his dignity. To violate man's conscience, either by prohibiting him from committing good acts or coercing him to commit evil acts, is a direct assault on the very dignity of man and the God in whom that dignity reflects.

It is through the intellectual power of reason that the first principle of natural law is understood - good is to be done and evil avoided. Conscience applies that principle and the other principles and precepts of natural law in order to judge concrete situations. I ought to do this. I ought not to do that. In the mind of the conscientious objector, the oughts are sinful. If he were to willfully commit an act that he judged ought not to be done, then he has sinned. He has acted contrary to his conscience. In the case of coercion, the conscientious objector is faced with a reprehensible choice - reject your conscience and commit an act that you have judged to be evil or hold firmly to your conscience, reject the coercion to commit an act that you have judged to be evil, and suffer the consequences.

It may be argued that the conscience can err, and truly it can. Should people who attribute goodness to an objectively evil act be permitted to commit it all in the name of free exercise of conscience? Of course not. Should they be punished professionally, civilly, and even perhaps criminally if they do commit an objectively evil act? Yes, they should. That is why man is duty-bound to form his conscience well through deep reflection on the authoritative teachings of the Catholic Church, guidance from people who know those teachings, and fervent prayer and contemplation.²¹

Consider the following example. A doctor is treating his patient for a terminal disease with intractable pain that worsens with each passing day. The patient asks the doctor for a prescription to hasten his death. Moved with sympathy for his patient, the doctor deliberates whether to accede to the patient's request. Here, the physician is judging whether to attribute goodness to the evil act of physician-assisted suicide because the end he is seeking is the authentic good of alleviating pain. As the physician further reflects on the case before him, he seeks guidance from a theologian, perhaps his

parish priest or the hospital chaplain, with an expertise in Catholic moral teaching. The theologian directs the physician first to article 2277 of the Catechism, *“Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his creator.”*²² He would reaffirm the immorality of physician-assisted suicide by quoting the Pastoral Constitution of the Church *Guadium et spes* which condemns it as a *“crime against life,”*²³ or the Congregation for the Doctrine of the Faith’s Declaration on Euthanasia which equates the act to murder,²⁴ or even Pope St. John Paul II’s warning that physician-assisted suicide is an inexcusable injustice.²⁵ Having now duly informed his conscience, how then can the physician accede to the patient’s wish? He knows that in doing so he would be guilty of a grave sin. Even referring his patient to a physician who is willing to participate in the patient’s suicide, as it is now required in New Mexico, is an egregious act of cooperation with evil. For a colleague, hospital administrator, professional body, or state or federal government to force him to do so is an assault on his human dignity. It violates the Oath he swore, the law written on his heart by God (Cf. 2 Cor. 3:3), and the still, small voice that guides him along the way (Cf. 1 King 19:12).

3. Medical Conscience Rights Initiative

The example given is one of many that can be used to make this point. Coercion is not only found in the hospital or clinic, but also in the classroom. It can be subtle, as suggested by the Supreme Court, or it can be overt. Medical students have the right to learn and health care providers have the right to practice, both by the teachings of their faith and according to their well-formed conscience. Imagine the effects on health care if future medical students leave their field of study or current providers resign from their practice all to protect their conscience from being violated. In short, this would exacerbate the nationwide shortage of providers. The Health Resources and Services Administration projected a shortage of 20,340 surgical specialty physicians and 13,990 surgical specialty physician-assistants by 2025. In fact, 9 in 10 surgical specialties will experience a shortage.²⁶ Moreover, the Association of American Medical Colleges projected a shortage ranging from 21,100 to 55,200 primary care physicians and 22,500 to 51,200 non-surgical medical



specialists by 2032.²⁷ There is also a projected shortage of 510,394 registered nurses by 2030.²⁸ And that effect on health care will ultimately affect everyone.

So, what can be done to protect this fundamentally-human exercise of judgment and the freedom to act upon it? There are many groups who are working diligently to defend medical conscience rights. One such group is the Religious Freedom Institute (RFI) in Washington, DC. RFI is committed to achieving broad acceptance of religious liberty as a fundamental human right, a source of individual and social flourishing, the cornerstone of a successful society, and a driver of national and international security. RFI accomplishes this critical work through its action teams. One of those teams is the Center for Religious Freedom Education (CRFE). CRFE, in collaboration with Alliance Defending Freedom (ADF) and the Christ Medicus Foundation (CMF), has launched the Medical Conscience Rights Initiative to protect the free exercise of conscience of our Nation’s health care providers. The Initiative seeks to pass laws in each state supporting medical conscience rights, and uses educational resources, print and digital media, grassroots coalition building, and on-the-ground legal advocacy to advance its mission.



Based on the work of the Medical Conscience Rights Initiative and the leadership of ADF and CME, Arkansas and Ohio codified medical conscience rights protections into law during the 2021 legislative session. Other states will have that same opportunity in 2022. The Initiative proposes legislation that affirms the following, *“As the right of conscience is fundamental, no medical practitioner, health care institution, or healthcare payer should be compelled to participate in or pay for any medical procedure or prescribe or pay for any such medication to which he, she, or it objects on the basis of conscience...”* That is not a politically partisan statement, nor a statement exclusive to religious believers, nor a statement only relevant to the U.S. Rather, it is a statement on human dignity, on the recognition that medicine is intended to heal not harm, and that every man has the right to free exercise of conscience both privately and publicly. Health care providers do not forfeit that right when they put on their scrubs or white coat. Regardless of circumstances, it remains a human right!

Conclusion

We are at a critical time in our Nation’s history. One that tests the very conscience of man and, at times, demands that he act against it. While some people and institutions overlook the

inherent dignity of man and reject the rights inscribed in his humanity, others work tirelessly to lift up their brothers and sisters and protect the free exercise of their God-given rights. Physicians and other health care providers have a sacred duty, expressed in their Oath, to make difficult medical judgments according to their well-formed conscience, to cure, never to kill, to heal, never to harm. They must be permitted to do so, free of any coercion.

The Hippocratic Oath concludes, *“So long as I maintain this Oath faithfully and without corruption, may it be granted to me to partake of life fully and the practice of my art, gaining the respect of all men for all time. However, should I transgress this Oath and violate it, may the opposite be my fate.”*²⁹

May our Nation’s physicians be free to live their Oath unviolated and, in doing so, realize the joy of medicine.



Andrew Kubick is a Research Fellow for the Center for Religious Freedom Education at the Religious Freedom Institute in Washington, D.C. This essay was presented at the Catholic Medical Association’s 2021 Annual Educational Conference: The Joy of Medicine.

END NOTES

1. “Gov. Lujan Grisham Signs End-of-Life Options Act,” Office of the Governor: Press Release (April 8, 2021), web.
2. “2021 Prescribed Suicide Bills Proposed,” Patients Rights Council (last accessed Sept. 8, 2021), web.
3. Megan Brenan, “Americans’ Strong Support for Euthanasia Persists,” Gallup (May 31, 2018), web.
4. Shavelson, M.D., et al v. California Department of Health Care Services et al; 3:21-CV-06654 (filed August 27, 2021), web.
5. John Paul II, *On the Value and Inviolability of Human Life Evangelium vitae* (March 25, 1995), n. 66.
6. Benjamin Freedman, “A Moral Theory of Informed Consent,” *Hastings Center Report* 5 (1975), 32.
7. Elizabeth Whitefield, *End-of-Life Options Act*, NM H.B. 47, Section 3 (passed March 15, 2021).
8. William Rehnquist, *Majority Opinion: Washington, v. Glucksberg*, No. 96-110 (June 26, 1997), 732.
9. See *End-of-Life Options Act*, §7(c).
10. Pontifical Academy for Life et al, *Position Paper of the Abrahamic Monotheistic Religions on Matters concerning the End of Life* (Vatican City, 2019), 8-9.
11. See Diane E. Meier et al, “A National Survey of Physician-Assisted Suicide and Euthanasia in the United States,” *New England Journal of Medicine* 338, no. 17 (1998), 1195.
12. See Peter T. Hatlzer III et al, “A Report of Physicians’ Beliefs about Physician-Assisted Suicide,” *Yale Journal of Biology and Medicine* 92 (2019), 575.
13. *Ibid*, 584.
14. “Hippocratic Oath,” trans. Michael North, National Library of Medicine (2002), web.
15. *Catechism of the Catholic Church*, n. 1778.
16. Joseph Ratzinger, “Conscience and Truth,” *Communio* 37 (2010), 531.
17. CCC, n. 1783.
18. See *Ibid*, 1784-5.
19. Michael Novak, “Aquinas and the Heretics,” *First Things* (December 1995), web.
20. The *Catechism* teaches, “A human being must always obey the certain judgment of his conscience.” (n. 1800).
21. See *Catechism*, n. 1784-5.
22. *Ibid*, n. 2277.
23. *Pastoral Constitution on the Church in the Modern World Gaudium et spes* (7 December 1965), n. 27.
24. *Congregation for the Doctrine of the Faith, Declaration on Euthanasia* (5 May 1980), n. 3.
25. John Paul II, *On the Value and Inviolability of Human Life Evangelium vitae* (25 March 1995), n. 66.
26. See National Center for Health Workforce Analysis, “National and Regional Projections of Supply and Demand for Surgical Specialty Practitioners: 2013-2025,” Department of Health and Human Services: Health Resources and Services Administration (December 2016), 4.
27. See S. Heiser, “New Findings Confirm Predictions on Physician Shortage,” Association of American Medical Colleges, 23 April 2019, web.
28. See X. Zhang et al., “United States Registered Nurse Workforce Report Card and Shortage Forecast: A Revisit,” *American Journal of Medical Quality* 33, no. 3 (2018), 229-236.
29. “Hippocratic Oath,” trans. North, web.

THE LOVE OF THREE MOTHERS

BY ANNE O'MEARA



On most Saturday mornings you will find me at our local abortion clinic where I am a sidewalk counselor. Side-walk counseling involves standing on the sidewalk outside an abortion clinic, providing women and couples with prolife information and resources as they go inside. And if you have enough time before a woman or couple enters the clinic, you may also be able to do sidewalk evangelization.

On some mornings, my son Tommy, who we adopted from Guatemala and is now sixteen, accompanies me to the clinic. From an early age, Tommy understood the connection between adoption and abortion and, as a result, is passionately prolife.

Let Tommy Speak from the Heart

A couple of years ago on a Saturday morning after Tommy had gone to the clinic with me, he asked me if he could speak to our church youth group about abortion. Despite thinking it was great he wanted to get more involved with pro-life advocacy, I did not take any action. A few weeks later, on a Thursday, I received a call from a youth minister at another local church. I previously had conversations with this individual, and he had met Tommy. He knew Tommy was adopted and, incredibly, asked if Tommy would like to give a presentation on abortion to his church's youth group members and their parents. The only problem was that the presentation was to be on Mother's Day which was only three days away. However, when I asked Tommy if he wanted to do it, he immediately responded, "Sure."

I came home from work the Friday night before the talk, and asked Tommy what he had gotten done. He responded that

he had not worked on his talk yet and was waiting for me to get started. I did not see this as an auspicious beginning, but I sat down with him to work on it. Our conversation did not go well. I was already grumpy because he had not started preparing his talk. He then shared heart-breaking feelings that he had never shared before. Tommy told me that, when he was in elementary school, he had struggled with being adopted. He had been embarrassed that he had a different skin color than my husband and me. He had also felt bad when new friends would look at him, then look at my husband and me, and ask in confusion if we were his parents.

I was struggling to process Tommy's disclosure, and feared his talk would only be discouraging and not uplifting. I encouraged him to make his talk more inspiring which led to a contentious conversation between us. We both left the room in a huff.

I would like to tell you that we resolved our issues before his Sunday morning talk and that I felt Tommy was well prepared. Unfortunately, neither was the case. We tried to work on his talk again on Saturday and our conversation did not go any better than the previous one. My husband informed me that this was because Tommy and I are both stubborn and too much alike. He advised me to let Tommy speak from the heart and do his own thing.



On Sunday morning I drove to the church with Tommy so he could give his talk. I was not certain what he was going to say or how he was going to say it, but I felt he was completely unprepared. When it came time for Tommy to give his talk, I remember swallowing hard, looking down



at the floor and thinking, “Okay. This is going to be really embarrassing, but it will be a good life lesson for Tommy.”

A Life Lesson

However, it turned out that I was the one that got the life lesson that morning. Tommy did much better without my help than he ever would have done with it. He began by talking about his birth mom. He shared how much she must have loved him to carry him for nine months and give him up for adoption. He spoke about how grateful he was that she chose life for him. He mentioned that he prays the Rosary for her and hopes that she would be proud of him if she knew him.

After talking about his birth mom, he then moved on to me. I was shallowing, hoping that despite our contentious preparation for his talk, he would say something nice about me. I was not disappointed. He shared that he loved me very much. He also recalled how I went to the abortion clinic every Saturday morning no matter what the weather. This really resonated with him and made him, too, want to stand up for life.

While Tommy talked about his feelings on adoption when he was in elementary school, he also talked about how his feelings on adoption had evolved over the years and how beautiful adoption truly is. When Tommy got to the end of his presentation, he talked about how Jesus, from the Cross, had entrusted his mother to us, and how grateful he was to have the love of three mothers.

As Tommy finished his talk, there were many moms in the room, including me, who had tears in their eyes at Tommy’s beautiful words. That Sunday morning, Tommy taught me that we can evangelize by example— one of the most powerful ways for us to share our faith and our love for every human life created by God in His image.



Anne O'Meara and her husband Pat are the parents of two adopted children from Guatemala. Anne is also the Executive Director of the Healthcare Advocacy and Leadership Organization (HALO). Members of HALO recognize that every life comes from God, our Creator, and that we have a sacred duty to protect, care for, and support the well-being of our fellow humans as well as ourselves. In her role as HALO’s Executive Director, Anne hopes to inspire the “Prolife Generation” to battle life issues beyond abortion, including euthanasia, assisted suicide, etc.

HEALING FROM THE HEART

BY MARIAH BUZZA



“I will give you a new heart and place a new spirit within you” (Ezekiel 36:26).

The human person is a complex unity composed of soul, mind, and body. These three dimensions of the person, while distinct, are intimately united by the design of God. *“The deepest aspect of the person is sometimes called the soul, the spirit, the heart, or the mind (Titus C.S., et al., 2019).”* While the heart is indeed a physical organ it is intrinsically related to the deepest and most comprehensive aspect of the human person. As the physical heart pumps blood to the body, sustaining physical life, the heart of a person from a metaphysical or spiritual understanding is the connecting point or deepest will that a human person holds onto.

In His perfect wisdom and charity, God created the physical body of the human person to communicate His mysterious love and plan. The body not only reflects deep spiritual realities but interacts with the individual soul of whom it is united with. *“The whole law and the prophets depend on two commandments: to love God, 'with your whole heart, with all your soul, and with all your mind . . . and to love your neighbor as yourself' (Titus C.S., et al., 2019).”* The heart is sacred. It is the place in which, when touched by the Divine Physician, total healing occurs. Healing from the heart brings about integrated and unified change as it impacts the whole of the human person, body, mind, and soul. But how does healing from the heart actually take place considering the complexities of the human person?



In order to authentically heal, the human person must make space for the one whose touch restores him or her back to life. He desires to enter hearts so that those who receive Him may receive a new Spirit. But how exactly does Christ enter hearts? He enters the brokenness of the human heart if only He is allowed to enter. He always respects human free will and will not enter without permission or if the heart is consumed by objects offensive to His will.

In light of this, it follows that in order to truly heal from the heart, the human person must have awareness of the innate need for Christ and a desire to make space for Him. This awareness is first discerned using the faculties of the mind, and often, the body, which reflect the state of the heart, and thus communicate overall health. Therefore, even if a pathology exists only in one aspect of the human person, the aspect that is hurting must be addressed for the sake of accurately understanding the state of one's heart.

“Evidence that has emerged within the past several decades and that continues to accumulate strongly indicates that the state of the human mind...can directly and significantly influence human physiologic function and, in turn, health outcomes (Vitetta, L., et al., 2005).” If a human person is in mental or emotional turmoil it has the potential to manifest physically. Physical ailments can signal larger mental and spiritual problems if these problems are kept stored within oneself or dismissed. It should be no surprise that experiencing satisfaction with life is associated with better cardiovascular health. (Anisman, H., 2021).





However, it has also been found that in individuals who have or utilize an emotional outlet for their problems, stress is less likely to negatively affect physiological functioning (Vitetta, L., et al., 2005). Individuals that address pathology and release them tend to have better life outcomes.

From a Catholic-Christian perspective, it is known that ultimate satisfaction or flourishing is found in total communion with the Heart of Christ (Titus, C.S., et al, 2019) In order to gain total communion with Christ, one must totally give of themselves inclusive of pathology and woundedness, therefore making space for Christ.

Total healing is attainable if our pathologies are handed to Christ in exchange for a new heart promised by Him, recognizing that His Heart was pierced for love of those who are wounded.

SOURCES

Anisman, H. (2015). Stress and your health : from vulnerability to resilience (Ser. Online access with dda: askews (psychology). Wiley-Blackwell. Retrieved October 11, 2021.

Titus, C. S., Vitz, P. C., Nordling, W. J., & DMU Group. (2019). Theological, philosophical, and psychological premises for a Catholic Christian meta-model of the person. In P. C. Vitz, W. J. Nordling, and C. S. Titus (Eds.) A Catholic Christian meta-model of the person: Integration with psychology & mental health practice (p. 20-44). Divine Mercy University.

VITETTA, L., ANTON, B., CORTIZO, F., & SALLI, A. (2005). Mind-body medicine: stress and its impact on overall health and longevity. *Annals of the New York Academy of Sciences*, 1057(1), 492–505. <https://doi.org/10.1111/j.1749-6632.2005.tb06153.x>.



Mariah Buzza is the Assistant Manager of Membership Development for CMF CURO and a Policy Analyst for the Christ Medicus Foundation. She graduated from the University of California, Berkeley in 2018 with a Bachelor of Art degree in Political Science and is currently pursuing a Master of Science degree in Clinical Mental Health Counseling from Divine Mercy University. Her writing incorporates personal testimonies of the healing she has received from Christ and His Church.

EVANGELIZATION THROUGH CATHOLIC SOCIAL TEACHING

BY MICHAEL ARTHUR VACCA

Many times we think of evangelization as introducing people to Christ, but that is only the beginning of evangelization. After the initial encounter with the person of Christ, there is a need for a deeper union with Christ and with His Church. Father Quan Tran beautifully explains:

There is an order to God's work in sanctifying the soul, and this order is facilitated by graces called prevenient grace and subsequent grace. The order of the effects of these graces is as follows: first, God gives the grace to inspire us to conversion and to heal our soul. Next, He gives the grace to aspire to holiness. This is followed by His gift of grace to accomplish good deeds and grow in virtue. Finally, God gives us the grace to persevere in goodness and thereby attain eternal glory. At each stage, we are free to respond and cooperate with God's grace and advance in perfection or to reject and not cooperate with God's grace and not move forward in our spiritual journey.¹



Since our end is union with God, that is, theosis or deification,² evangelization requires that we help one another go all the way to the completion of our spiritual journey. To introduce someone to Christ is good, but not sufficient. We all need to be accompanied until we arrive at the height of Christian perfection, which is union with Heart of Christ. Of course, we must recognize that our role in evangelizing may only be introducing a particular individual to Christ or leading them closer to Christ in a particular way, since God may in His sovereignty reserve further development of the person's faith to another.³

Furthermore, evangelization is never a one-way street. We are called to evangelize, and we are evangelized by those we evangelize. If we then see that there is a reciprocity in evangelization, we can enter into this path with greater understanding and humility. *"In this proclamation [or evangelization] the Spirit is at work and establishes a communion between the missionary [or evangelist] and his hearers, a communion which is possible inasmuch as both enter into communion with God the Father through Christ."*⁴ Evangelization brings us into the very unity of the Holy Trinity, enabling us to give and receive Christ. We must then approach evangelization as an effort to attain union with the Heart of Christ.

An important aspect of the process of evangelization is teaching the social doctrine of Christ's Church. St. John Paul the Great reinforced this beautifully when he said, *"the Church's social teaching is itself a valid instrument of evangelization."*⁵ This social doctrine is *"aimed at helping everyone on the path of salvation."*⁶ This tells us clearly that the social doctrine of the Church⁷ is not merely an intellectual knowledge, but also a spiritual knowledge whose end is union with Christ.

How then can we concretely evangelize through Catholic social teaching? One way is through reading and sharing information from the Compendium of the Social Doctrine of the Church, which is a synthesis of Catholic social doctrine. Reading this book will help you to form the intellectual knowledge necessary to share the spiritual knowledge of Christ in evangelization.

Bearing in mind that evangelization through Catholic social teaching presupposes that one is open to the truth, I am going to present here an example of how one can evangelize through Holy Mother Church's teaching on contraception. In saying all of this, I am not suggesting that you have to get through these points or even that the focus of evangelization is what you communicate, but rather, that if a person is open to the truth, this is how Catholic social teaching can be used to evangelize them.

Suppose a Protestant married couple is struggling with whether to be open to children or to contracept and pursue other ends than children. Perhaps they have come to you



for counsel and wisdom, or you sense that the Holy Spirit is calling you to teach them about God's design for marriage. You could then explain that there are two ends of marital relations: the unitive which unites them as husband and wife and the procreative that opens them to the gift of children. You would further explain that God in His goodness and wisdom wills that both of these ends are always present in every single marital act. This means that the unitive can never be separated from the procreative as in contraception, and the procreative cannot be separated from the unitive as in various forms of assisted reproduction.⁸ You can then explain that love (shared in the unitive), and life (given in the procreative), are both gifts of God, and that God wants to give those gifts together so that all may know that all life comes from His sovereign love and that His love is the basis for all life.⁹ You would explain that although it is difficult at first, remaining open to children through each and every marital act and avoiding the sin of contraception will bring them step-by-step into the beauty of God, and their marriage and lives will be very much enriched by this experience. You may even give a personal testimony based on your own experience at this point.

You could then go further and explain that after Christ ascended into heaven, Christians were in agreement that contraception was morally wrong.¹⁰ Subsequently, beginning with the Anglican Lambeth Conference in 1930, many denominations morally approved of contraception. The Catholic Church, faithful to Christ, has stood up against the culture

and refused to condone contraception through the ordinary Magisterium of the Church. After all, Christ gave the keys of the Kingdom to St. Peter, made him the rock of His Church, and assured him that the gates of hell would never prevail against His Church.¹¹ You have now not only encouraged this married couple to draw close to Christ through Catholic social teaching, but you have also provided a compelling argument that the Catholic Church is the true Church of Christ and planted a seed of conversion.

May the Good Lord help you to evangelize through Catholic social teaching and lead the whole world to the Sacred Heart of Jesus!

END NOTES

1. Father Quan Tran, *The Imitation of Mary: Keys to Growth in Virtue and Grace*, 15 (Sophia Institute Press, 2020).
2. 2 Peter 3:4.
3. 1 Corinthians 3:6.
4. St. John Paul II, *Redemptoris Missio*, #44.3, available at *Redemptoris Missio* (7 December 1990) | John Paul II (vatican.va).
5. St. John Paul II, *Encyclical Letter Centesimus Annus*, #54.2, available at *Centesimus Annus* (1 May 1991) | John Paul II (vatican.va).
6. St. John Paul II, *Encyclical Letter, Centesimus Annus*, #54.1.
7. *Compendium of the Social Doctrine of the Church* (vatican.va).
8. Pope Paul VI, *Encyclical Letter Humanae Vitae*, #12, available at *Humanae Vitae* (July 25, 1968) | Paul VI (vatican.va).
9. Michael Vacca, *The Most Beautiful Teaching Torn Asunder*, *The Catholic Journal*, <https://www.catholicjournal.us/2018/03/28/the-most-beautiful-teaching-torn-asunder/>.
10. Catholic Answers, *Tract, What the Early Church Believed: Contraception and Sterilization*, available at <https://www.catholic.com/tract/contraception-and-sterilization>.
11. St. Matthew 16:13-20.



Michael Arthur Vacca is the Director of Ministry, Bioethics, and Member Experience for CMF CURO and the Christ Medicus Foundation. He is a devout Catholic with a passion for praying over others in the power of the Holy Spirit. He is an attorney and graduate of Hillsdale College and Ave Maria School of Law. He has worked for the Pontifical Council of the Family in Rome, where he advised the Church on pro-life and pro-family issues. Michael is the Managing Editor of the *International Center on Law, Life, Faith, and Family*. He is author and coauthor of various articles on bioethics, law, and faith.

THE NEED FOR RELATIONSHIP IN EVANGELIZATION

BY JORDAN BUZZA



How do we best evangelize? What helps us to reach others so that they may develop a relationship with Christ? At least one way is through what is called relational evangelization, which is sharing Christ by developing a personal relationship with the person you are evangelizing. But why is it effective?

As we seek to understand relational evangelization and why it is effective, we need to establish a few foundational points. In essence, these points are that to evangelize in any way, we each must be striving to love God with all of our heart, soul, and mind, and striving to love our neighbor as ourselves. Then, with these points established, we can understand what we need to do to effectively evangelize in relationships.

Loving God with All Our Hearts—The Importance of Personal Sanctity for Evangelization

The primary prerequisite to evangelizing others and bringing them to Christ is to belong to Christ ourselves. We must strive to love God with all of our heart, soul, and mind. We each are called to have a deep relationship with Christ, regardless of our evangelization efforts. We need to be praying daily, receiving Him in the Eucharist as much as possible, and putting Him at the center of our actions and decisions. We need to be living in imitation of Him, responding to His grace, and asking forgiveness when we fall. This is what a life of sanctity looks like.

This does not mean that you have to be perfect to evangelize. None of us are, and if we thought that, no evangelization would happen! But we cannot evangelize if we do not know Christ ourselves. We cannot share what we do not have. It is Christ in us that will attract the other person to the faith, so the more we align ourselves to Him, the better we will be able to evangelize. In being Christ-centered, we can take on Christ, allowing Him to live through us.

Loving our Neighbor and Willing the Good of the Other

As we seek to fulfill Jesus' teaching on how to live, we need to be loving our neighbors, too. What exactly does that mean? Our Catechism, in section 1766, cites St. Thomas Aquinas and tells us that "*to love is to will the good of the other.*" This means that we are called to desire what is authentically best for the other person that we are seeking to love, and that we put that person before ourselves.

But love is not only foundational in why we evangelize—it is also necessary for how we evangelize. Remember, when we evangelize, we seek to share the person of Christ Himself. We seek to bring others to Him who is love. For us to do that—to share Christ—we must be sharing and giving love.

If we are not loving, we will not be able to evangelize. One scriptural quote in particular encapsulates this truth – "*If I speak in human and angelic tongues but do not have love, I am a resounding gong or a clashing cymbal*" (1 Corinthians 13:1).

When we try to evangelize without love, we are seen as annoying as a clashing cymbal, and we are disregarded and avoided. That is not to say that bombastic and apocalyptic street preachers might not prick someone's mind, causing them to think and eventually convert. However, it is easy to see how they might not be effective evangelists, and instead more easily seen as resounding gongs!



Relationships of Filial Love: Christ, Trust, and Time

Knowing the role and importance of personal sanctity and love for our neighbor, we now need to understand how we share love (which is Christ Himself). We share love through relationships, and it will look different based upon the relationship it is shared in, despite it remaining a willing of the good of the other.

For example, the love that a woman has for her siblings will be different from the love she has for her parents, which will also be different from the love she has for her own family. In all of these relationships, her love will be expressed in unique ways.



This difference is why some languages use different words to signify the distinct “types” of love. The type of love that helps us to evangelize is *philia* in Greek— a love for our fellow human. If we truly love our fellow human, then we will seek to bring that person to Christ – we will seek to evangelize them. Having filial love for others is, therefore, a necessity for evangelization.

We can also recognize that if type of relationship determines the type of love that is shared, love and relationships are inextricably tied to one another, just as love and evangelization are. Therefore, if relationships require love, and if love is required for evangelization, then relationships are integral to evangelization.

So how do we build a relationship of filial love? There are three key components to do so. The first is that the relationships must be Christ-centered. The second is that they must be of trust, and the third is that we must give them time. Embracing each of these principles allows us to build relationships in which we can evangelize.

Christ-centered Relationships

So what is a Christ-centered relationship, and what does that look like? As mentioned above, before we can be in a Christ-centered relationship, we need to be Christ-centered ourselves. If we are living a Christ-centered life, we can't help but share Him with those around us. He will naturally enter into our relationships, because we are bringing Him to those relationships.

Exactly how He is brought in will vary from relationship to relationship. Determining how to bring Him into a relationship will require prudential judgment. At the beginning of a relationship, it might be appropriate to start at a level of a shared pursuit of transcendental truth, beauty, or goodness, or perhaps a pursuit of virtue, though it may start at a deeper, more explicit level of sharing faith. Regardless of where the relationship starts, it should consistently move forward towards a pursuit of Christ together.

This does not mean you can set a schedule for how a relationship should advance. Christ works on His time in accord with His will, and we want to be building up trust

and spending time in the relationship, too. While Christ-centeredness is truly our primary component, and the others flow from it, the others are still important. Time and trust in a relationship are also helpful in making the relationship explicitly Christ-centered.

The relationship also needs to stay Christ-centered. In relational evangelization, you share yourself with others, and they share themselves with you. You will encounter viewpoints antithetical to the Gospel. When others are suffering, it is normal to desire to alleviate their suffering. This is what can cause some to question their faith. Too many Catholics have left the faith because someone they are close to has decided to not pursue God, and the Catholics have been presented with an ultimatum and false choice between Christ and this other person.

We must remember that what we all need is Christ, whether we recognize it or not, and that He can bring healing to us all. Compromising on Church teaching out of a desire to affirm another is false compassion, and not bringing them to Christ and His healing. This false compassion is not an act of love. Being Christ-centered allows us to still love and evangelize without endangering our own soul.



Trust in Relationships

The second component to building a relationship of filial love is trust. When two people know each other well and care for one another, they trust one another. If someone trusts you, they know that you have their best interests in mind. They know you are willing their good.

How do we build trusting relationships? Again, it comes back to love—we must truly love the person we are evangelizing. We have to actually want what is best for that person, which we know is being fully alive in Christ, and we have to show the other person we genuinely care.

If we are simply reaching out to someone out of a sense of obligation or self-fulfillment, and we lack a discrete desire for that person's unique good, we will not effectively evangelize that person. Having a utilitarian mindset, instead of intentionally remembering each person's dignity and value, makes those we evangelize feel that they are being looked at as an object, and this can be fatal to a relationship. None of us are perfect—we will not always perfectly will the good of the other—but we need to strive to authentically see and care for the other person, and not evangelize out of obligation alone.

Giving the Relationship Time

Lastly, loving relationships inherently require that we spend time with the person being evangelized. We generally spend time with the people we love and love the people we spend time with. Of course, we are all practically limited by time and our other obligations. While recognizing this, we have to realize that if we want someone to know they are loved, if we want them to trust us, and if we want to evangelize them, we have to spend time with them.

Because of our human limitations, we need to be intentional in who we are reaching out to. Christ here provides the model. He primarily evangelized to his twelve apostles (who He then sent out into the world). However, He also invited three apostles (Saint Peter, Saint James, and Saint John), into a deeper relationship with Him. Most of us are busy, between our jobs, families, and other vocational obligations, and we likely will not be able to fully have twelve people that we see regularly, let alone three of which we are spending even more time with. But even with our limitations, we should strive to be intentionally evangelizing the few people that we can be close to.



If we intentionally bring Christ into the relationship, build trust, and spend time in them, we will build relationships of love that will help us to evangelize. We will be able to share the Lord!

The Next Steps for Relational Evangelization

Establishing the above components are not the teleological end of the relationship. That end is helping the person to fully embrace Christ. The relationship will not fundamentally change, but it will need to take on a new character. The above components will need to remain, but it will need to progress, just as a romantic relationship progresses from dating to engagement to marriage. The Christ-centeredness of the relationship will have to become explicit. The trust that has been built will have to be relied upon. Making time for the relationship will become ever more important.

Like any other type of evangelization, we will need to share the truths of our faith and be able to respond to common objections. Furthermore, you will want to understand how to teach others to pray. We have already established that we must “have” Christ to be able to share Him, but at this point we must also know how to share Him.

With prudence, you need to pray about where to begin when the relationship becomes explicitly Christ-centered. There are

lots of resources that can help here. A great place to start is the beauty of the faith. Bishop Robert Barron often says that we should explain our faith in the same way that we would explain baseball. Baseball has a romantic aspect to it, and that's where you would begin with explaining it. As he says, you wouldn't start your explanation with a nuanced, uninteresting aspect like the infield fly rule. You begin with its beauty and joy. As the beauty of baseball is attractive, so is the beauty of our faith!

That does not mean that you won't have to talk about some difficult truths. Sharing these truths is absolutely essential, and prayerful, prudential consideration of when and how to do so is important. The Christian life is a high and difficult call, but if we do not share truth, then those we are evangelizing will not know they need to conform themselves to Christ. We may also feel like we are doing a disservice by not immediately trying to correct sin (and there will be situations we need to). However, we must be prudent and recognize what can and cannot yet be received by someone, while never becoming complicit in or approving of sin.

These truths will challenge the person we are evangelizing and may require an amendment of life. They may require the person to shed a false identity. They will likely require the person to make a difficult decision. If we have put in the work to build a loving, filial relationship, then the person we are evangelizing will know that we love them. Most importantly, we will have given Christ room to operate. Sometimes, all we need to do is get out of the way, and let Him work.

In closing, we have to recognize that the above steps are not a foolproof instruction manual. We may heartily strive to reach someone, incorporating all of these components into a loving relationship, but not be successful. We may also evangelize someone without having a relationship of love! We must remember that Christ is the Savior, not us. He calls all to Him. We may be rejected, but He was rejected first.



All we can do is be good and faithful servants, seeking to help Our Lord in bringing lost sheep back into the fold. Perhaps the best way to do so is through relational evangelization.



Jordan Buzza is the Director of CMF CURO. He is a practicing Catholic and father to Joseph with his wife Mariah. Jordan has a BA in Political Science and a BA in Sociology from Duquesne University. He has a JD from the University of Southern California Gould School of Law, where he served as Editor-in-Chief of the *Review of Law and Social Justice*. After graduation from law school, he served for two years as a FOCUS missionary at the University of California, Berkeley and joined the CMF CURO team shortly thereafter.

CHRIST MEDICUS

For general information and to get involved, contact
the Christ Medicus Foundation:

**2150 Butterfield Drive
Suite 150
Troy, MI 48084**

**www.christmedicus.org
(888) 840-7471
info@christmedicus.org**
