Summer 2023

CHRIST MEDICUS

CATHOLIC JOURNAL ON RELIGIOUS FREEDOM AND HEALTH CARE

WHAT'S INSIDE

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.

A POST-ROE PRO-LIFE MOVEMENT: LOOKING AT THE HEART AND MATERNAL MORTALITY IN THE UNITED STATES

By Mariah Buzza, *Christ Medicus Foundation CURO*
Assistant Director of Health Policy and Member Community

The maternal mortality rate in the United States exceeds that of virtually every other developed nation in the world.[1] While some believe that the root of this problem lies in the fact that the U.S. does not provide Universal Health Care, even in light of the highly subsidized care provided by the Affordable Care Act, I believe that a profound cause of this high rate lies in our cultural outlook on pregnancy and motherhood, particularly in the field of Women's Health.

Recently, I discovered I am pregnant with my fourth child. I have two living children and lost a precious soul in an ectopic pregnancy almost 3 years ago. The experiences I have had in the treatment for all my pregnancies have each been unique. But at my first prenatal appointment for my most recent pregnancy, I was reminded of the discouraging common denominators between the medical care I've received in each, a lack of recognition for the mystery of motherhood as a product of spousal unity and the inseparable reality that every child is a gift. These discouraging realities in Women's Health are seen most starkly in the standards of care at work which I have experienced and observed.

According to the Guttmacher Institute, 65% of women of child-bearing age in the United States were using contraceptives in 2008.[2] If you are a woman in the U.S. and have visited an OB/Gyn in your child-bearing years, you know that you will be offered birth control. It is the standard of care for avoiding pregnancy, and many women are told it is necessary during the postpartum period[3] as doubts regarding the effectiveness of natural family planning abound in secular practices.[4]

> **65% OF WOMEN**
> **OF CHILD-BEARING AGE IN THE UNITED STATES WERE USING CONTRACEPTIVES IN 2008**

However, our Church teaches that even "legitimate intentions on the part of the spouses do not justify recourse to morally unacceptable means (for example, direct sterilization or contraception)."[5] This is because "the two meanings or values of marriage (fidelity and fecundity) cannot be separated without the altering the couple's spiritual life and compromising the goods of marriage."[6] To disassociate the unity of spouses from openness to life has grave affects as it is contrary to God's intention for marriage. Furthermore, in Mulieris Dignitatem, Pope St. John Paul II states, "motherhood involves a special communion with the mystery of life, as it develops in the woman's womb." [7]

Professionals in Women's Health know the processes and systems of the female body through years of observation and study. But do they know and remember the purpose of the body when considering standards of care and recommendations? Do they know the mystery of every human life as it unfolds in its mother's womb? As I remember the experience of seeking treatment for an ectopic pregnancy, I recall the bleak reality that the care offered lacked recognition for the communion occurring in my womb. I was offered a commonly used but gravely limited solution to eliminate the threat to my life at the expense of the child's dignity.

The widespread use of contraceptives to regulate one's fertility and medical interventions which fail to recognize the dignity of every child are not only contrary to the Church's teaching on

continues on next page

the family and marriage but also produce an illusion of certainty and control over a woman's overall health. So much more are we given and subjected to the advertisement of methods of avoiding pregnancy, thus neglecting the fleeting nature of female fertility. This nature reminds us that fertility is a gift, not to be suppressed, but responsibly cultivated. This nature reinforces the reality that children are gifts that stem from the unity of spouses.

As stated in a 2006 study on postpartum maternal health care in the United States, "currently, the major component of the routine 6-week postpartum checkup is limited to vaginal examinations and contraceptive education. In a national survey, about one third of mothers who received a postpartum checkup felt their health concerns were not addressed."[8] On top of feeling dismissed by health care providers in the postpartum period, many women in the U.S. feel immense financial and occupational pressures to return to work due to a lack of or inadequate paid maternity leave.[9] The inflexibility of many companies and industries combined with the illusion of complete control given by medical standards in women's health has created a culture in which motherhood and pregnancy are not prioritized as they should be. It has created a culture in which motherhood is feared as an isolating and medically dangerous experience if not sought within the parameters set by the contraceptive mindset and the workplace. As a woman in her childbearing years, I have felt this and know many others who have as well. To me it is no surprise that women across our country feel that abortion is necessary—we are being told it is by what society has done and fails to do.

> **1/3 OF MOTHERS WHO RECEIVED A POSTPARTUM CHECKUP FELT THEIR HEALTH CONCERNS WERE NOT ADDRESSED.**

What drove the sinner into believing sin was the way to joy or relief? Similarly, what drove the mother into believing abortion was the solution? We are called to be a people of mercy. Mercy stems from the heart of Christ and, thus, resides in those conformed to Him. Let us conform our hearts to Him so that abortion becomes not only less tempting, but unthinkable to any vulnerable woman to whom it is offered.

Endnotes

1. *https://www.commonwealthfund.org/blog/2022/us-maternal-mortality-crisis-continues-worsen-international-comparison#:~:text=New%20international%20data%20show%20the,most%20other%20high%2Dincome%20countries.*
2. *https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states.*
3. *https://www.acog.org/womens-health/faqs/postpartum-birth-control.*
4. *https://www.acog.org/womens-health/faqs/fertility-awareness-based-methods-of-family-planning*
5. *Catechism of the Catholic Church, 2399.*
6. *CCC, 2363.*
7. *https://www.vatican.va/content/john-paul-ii/en/apost_letters/1988/documents/hf_jp-ii_apl_19880815_mulieris-dignitatem.html.*
8. *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595301/.*
9. *https://www.washingtonpost.com/world/2021/11/11/global-paid-parental-leave-us/.*

***Mariah Buzza** is the Assistant Director of Health Policy and Member Community for CMF CURO. 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.*

PREGNANCY, A PRIVILEGED TIME TO EXPERIENCE THE INTEGRATION OF THE HUMAN PERSON

By Rebecca Wilson, *Christ Medicus Foundation CURO*
Assistant Director of Wellness, Healing, and Evangelization

The experience of pregnancy and motherhood has functioned in essentially the same manner for thousands of years. It is an incredible reality that has the power to unite people. Now, leaving space for medicinal improvements, cultural norms and traditions, pregnancy is something that spans across all nationalities, cultures, and time periods. All of humankind has been affected and knows the importance of these 9 months. In a world that is often seen as divisive and isolated, this common experience can act as a healing balm, a unifying truth.

Not only does pregnancy unite peoples across many nations and historical time periods, but pregnancy has a unique capacity to highlight the integral aspects of the person as well. As Boethius rightly observed, a human person is an "individual substance of a rational nature".[1] Humans are not simply a body alone, or a soul trapped inside of a body. Humans are rational, spiritual beings that are intrinsically connected and unified with their physical bodies. St. Catherine of Siena describes this great mystery of humanity saying, "What made you establish man in so great a dignity? Certainly the incalculable love by which you have looked on your creature in yourself! You are taken with love for her; for by love indeed you created her, by love you have given her a being capable of tasting your eternal Good."[2] This truth affects every aspect of our life and is a truth that must be both continually safeguarded and proclaimed.

So how does pregnancy, in a particular way, point to the integration of the person? At the moment of conception, the woman's body has been already preparing for this new life. From about two weeks prior to conception, a women's body begins this preparation, working to create favorable conditions for the implementation of a fertilized embryo. While one might be tempted to think this is just a physical preparation, this preparation is far more intricate. The wholeness of the mother in her spirit, mind, and body are actively participating in this process of bringing new life into the world.

For the purposes of this article, I will be speaking to what occurs to the female body during an ordinary experience of pregnancy. Sadly, as we well know, many women trying to conceive know the harsh reality that these conditions are not always possible or easily achieved. This article in no way wants to diminish the suffering or difficulty of those struggling with infertility.

> **"THE WOMAN, IN THE ENTIRETY OF HER PERSONHOOD, IS PREPARING FOR BRINGING THIS NEW LIFE INTO THE WORLD."**

During the two weeks prior to ovulation, a women's uterine lining increases to be able to welcome and support new life. Her oestrogen levels, a hormone related to development of female reproductive health and growth, rise, allowing her body to prepare for this new life. The rise in oestrogen impacts more than just the woman's physical body. Many studies have shown that the rise in oestrogen that women experience prior to ovulation has many positive effects on mood, temperament, and bodily appearance. One study showed that "women (not using make-up) with higher levels of late follicular oestrogen have more feminine, attractive and healthy-looking faces than those with lower levels."[3] According to the APA, "minuscule shifts in voice pitch, scent and skin tone" occur in women during this time.[4] The woman, in the entirety of her personhood, is preparing for bringing this new life into the world. Her demeanor,

continues on next page

attitude, mental state, and physical self are all working in sync to create favorable conditions for a pregnancy to occur.

Once the egg, released during ovulation, has been fertilized, conception has occurred. Amazingly, the female body is aware of this change almost immediately and begins prepping to support and nurture this new life for the next 9 months. While we often think of these changes in only a physical reality (analyzing blood work, embryo growth, glucose levels, etc.), the reality of pregnancy and its effects on the female person is so much greater.

> **PREGNANCY PROVIDES A UNIQUE OPPORTUNITY TO UNDERSTAND OUR BAPTISMAL CALL.**

Pregnancy profoundly influences a women's moods and emotions. Many factors including hormones, bodily appearance changes, and social support structures have been seen to allow for these emotional shifts. Sadly, one emotional change that can occur both during and after pregnancy can be depression and/or anxiety. Studies show that prenatal depression "is estimated to be between 7% and 20% in high-income countries."[5] There are many studies that seem to suggest the prevalence of depression decreases with duration of the pregnancy. In one study, percentages went from 11% during the first trimester to 8.5% in the second and third trimester.[6] There is still research to be done in this area. Negative emotional experiences during the first trimester can be due in part to the physical nausea and vomiting many women experience. The Mayo Clinic cites research suggesting morning sickness is due to the effects of the hormone human chorionic gonadotropin, or HCG. An increase in HCG, produced by the placenta, along with an increase in oestrogen, are seen to increase the severity of nausea or vomiting a woman experiences during this time.[7] Having this greater understanding of what is occurring within the female body, and the various emotional and physical changes occurring, can help women to not only name what they are experiencing, but also realize that their emotions are deeply and intimately connected to the hormonal and other biological shifts happening within their bodies. Without this understanding, women in pregnancy may feel as though there is something wrong with them,

only causing more isolation or anxiety. With this knowledge, woman can recognize that there are many factors involved and that these shifts and emotional experiences can be normal.

As Catholics, we know that we are made for relationship with God. In a special way, pregnancy provides a unique opportunity to understand our Baptismal call. While pregnant, the mother and father recognize the beautiful and irreplaceable gift of this new life. Their child, while being a genetic combination of both mother and father, is also a uniquely new life. At the moment of conception, the Lord infuses new life into this being, making him or her an entirely new creation. As St. John XXIII said, "From its very inception it reveals the creating hand of God."[8] Living and processing this truth while pregnant is a great mystery. The mother is given the unique responsibility to recognize that she is safeguarding an entirely new creation, aiding in his or her physical and emotional development, but also in his or her spiritual development. Recognizing this life as a gift, and willed by God for God, the mother's own spiritual life during pregnancy is greatly enhanced. In knowing the gift that is this life in her womb, she can recognize her own life is a gift, which God willed for Himself. As the first paragraph of the Catechism reminds us, "God, infinitely perfect and blessed in himself, in a plan of sheer goodness freely created man to make him share in his own blessed life. For this reason, at every time and in every place, God draws close to man."[9]

In a unique way, pregnancy is a privileged time for the mother to fully grasp the gift of her humanity. Pregnancy is not simply a physical biological reality that happens "to her," but a life-giving action that integrates her whole person. Realizing and speaking this truth can be a healing instrument in a world so greatly confused on the gift of our humanity.

Endnotes

1. *Philosophy, Volume 60 , Issue 232, April 1985, pp. 175 – 185.*
2. *St. Catherine of Siena, Dialogue IV, 13 "On Divine Providence": LH, Sunday, week 19, OR.*
3. *Smith, M. J., Perrett, D. I., Jones, B. C., Cornwell, R. E., Moore, F. R., Feinberg, D. R., Boothroyd, L. G., Durrani, S. J., Stirrat, M. R., Whiten, S., Pitman, R. M., & Hillier, S. G. (2006). Facial appearance is a cue to ooestrogen levels in women. Proceedings. Biological sciences, 273(1583), 135–140. https://doi.org/10.1098/rspb.2005.3296.*
4. *https://www.apa.org/monitor/2011/03/hormones.*
5. *Andersson L., Sundstrom-Poromaa I., Bixo M., Wulff M., Bondestam K., aStrom M. Point prevalence of psychiatric disorders during the second trimester of pregnancy: a population-based study. Am. J. Obstet. Gynecol. 2003;189:148–154.*
6. *Gavin N.I., Gaynes B.N., Lohr K.N., Meltzer-Brody S., Gartlehner G., Swinson T. Perinatal depression: a systematic review of prevalence and incidence. Obstet. Gynecol. 2005;106:1071–1083. [PubMed] [Google Scholar] [Ref list].*
7. *https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/expert-answers/nausea-during-pregnancy/faq-20057917#:~:text=Research%20suggests%20that%20nausea%20and,attaches%20to%20the%20uterine%20lining.*
8. *Pope John XXIII, Mater et Magistra: AAS 53 (1961), 447 [TPS VII, 331].*
9. *Catechism of the Catholic Church (2nd ed.), #1.*

***Rebecca Wilson, MMF** is the Assistant Director of Wellness, Healing, and Evangelization for CMF CURO. She holds a master's degree in Marriage and Family Theology from the International Theological Institute in Austria, with an undergraduate degree in Theology from Benedictine College in Kansas. Rebecca has a passion for Evangelization and bringing the beauty and truth of the Catholic faith to the level of the human person. She is a certified Health Coach through the American Council on Exercise, allowing her to accompany members along their healing journey integrating their whole health and wellness.*

PATIENTS AS RESEARCH SUBJECTS FOR COVID VACCINES: CATHOLIC MORAL CONSIDERATIONS

By Ralph A. Capone, MD, FACP

The original version of this article was published in Catholic Stand July 28, 2022, and is available here: https://catholicstand.com/patients-as-research-subjects-for-covid-vaccines-catholic-moral-considerations

Trust in American health care has ebbed over the past 50 years. From 1966 to 2012, those adults surveyed who expressed great confidence in the medical profession leadership dropped from 73% to 34%.[1] The recent coronavirus pandemic has created new threats to trust.[2] Specifically, the experimental mass COVID vaccination campaign has contributed to mistrust. Trust is built upon patients' belief that physicians steadfastly advocate for their best interests without interference from third parties including employers, insurance companies, pharmaceutical corporations, and the government. Trust grows from the initial encounter and increases over time between patients and physicians. On their part, physicians earn trust by practicing competent state-of-the-art medical care and by fulfilling their traditional mission of curing, relieving and comforting. To care well for patients is a supreme act of respect for the life, health, and well-being of human persons. It is a praxis that recognizes the sanctity of each and every person's life. Pope Saint John Paul II wrote that physicians and other health care professionals are *"guardians and servants of human life"* (Evangelium vitae, no. 89).

As trust wanes, patients' fears correspondingly increase causing some to refrain from seeking timely hospital care.[3] This is unprecedented in the history of American medicine. Deeply troubling, too, is the refusal of some physicians to treat or attend to unvaccinated patients.[4] (This is reminiscent of some physicians who were unwilling to attend to patients infected with the HIV virus during the AIDS epidemic.)

Most troubling of all is the undignified way in which patients and family were "handled" in many health care settings, introducing hands' off virtual visits and preventing dying patients from seeing loved ones.

During this pandemic the distinction between the roles and ethical obligations of practicing physicians versus those of medical researchers was lost. It is important to distinguish each of these respective roles because of what occurred during the Sars-CoV-2 pandemic. Physicians' primary mission and sole focus is to promote the good of individual patients. Simply put, the patient and the patient alone should be their fundamental concern. Researchers, on the other hand, advocate for the culture-at-large and promote the common good by their studies seeking new medical knowledge to treat various diseases and to improve public health. In clinical trials they encounter persons not as patients but as human subjects who volunteer to participate. Professional obligations, therefore, differ significantly between these two professional roles. Nevertheless, whether it is through ethical patient care or moral human research both must explicitly acknowledge the respect due all persons and the sanctity of each human life made in God's image.

The USCCB's Ethical and Religious Directives (ERDs) number 23 asserts:

"The inherent dignity of the human person must be respected and protected regardless of the nature of the person's health problem or social status."

> **"DURING THIS PANDEMIC THE DISTINCTION BETWEEN THE ROLES AND ETHICAL OBLIGATIONS OF PRACTICING PHYSICIANS VERSUS THOSE OF MEDICAL RESEARCHERS WAS LOST."**

During the COVID pandemic, a type of care emerged that established a perilous precedent. Clinics and offices became enrollment sites for experimental vaccine research. This was done without adequate disclosure to patients and lacking their informed consent. Historical vaccine development is often in the range of 10-15 years.[5] COVID vaccine development was severely foreshortened as these

continues on next page

vaccines were aggressively promoted and used "(t)hrough an emergency access mechanism known as Emergency Use Authorization (EUA), (and) the products being rolled out (are) still technically investigational."(author's stress).[6] "Under ordinary circumstances, clinical trial authorizations oblige sponsors to disclose all risks to volunteers in order to formulate an informed and knowledgeable decision. This however has been subject to exceptions during the pandemic."[7]

How many patients were informed of this or given thorough risk information concerning the vaccines? How many understood that in receiving this vaccine that they would automatically be enrolled in an ongoing safety and efficacy study? How many patients were given the information that "(t)here is no FDA approved vaccine to prevent COVID-19"[8] or were encouraged to read the accompanying Fact Sheet? In a study of the serious risk of ADE (antibody-dependent enhancement) associated with COVID vaccines, these authors wrote this about the vaccines potential for worsening clinical disease "(t)his risk is sufficiently obscured in clinical trials protocols and consent forms for ongoing COVID-19 vaccine trials (and) that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials."[9]

Some physicians, perhaps unknowingly, traded their traditional patient-centered role for that of a researcher by promoting these vaccines and by administering them. By prioritizing research goals and hoped-for public health benefits, they failed in their principal duty of advocating for their patients. In other cases, medical professionals undermined patient autonomy (self-governance) by discriminating against those individuals who refused vaccination for reasons of conscience, personal values, or concern about possible adverse effects. It is true some individuals (less than half) received vaccinations in pharmacies and clinics sponsored by large chain pharmacies and hospitals. These other healthcare professionals, like physicians, also work under similar ethical obligations. Highlighting this systemic and grave ethical failure to obtain informed consent in contemporary America should serve as a cautionary tale for future pandemics.

Simply stated, patients are not research subjects. Patients can only become research subjects by voluntarily consenting to participate in clinical trials with full knowledge and complete understanding of risks and benefits. Unedited disclosure of high-quality information must be given to patients before they are asked to volunteer to participate in any research. Respect for patients' rights to bodily integrity and autonomy only occurs when they are properly informed and capable of making voluntary and uncoerced decisions. For the most part, those who received COVID vaccines were not given voluntary informed consent since full disclosure of known pre-marketing data listing all potential side effects were withheld due to pandemic-related governmental and regulatory exemptions. "The duty of care (to disclose all known and anticipated risks to participants) cannot be diminished due to the emergency"[10]. This constitutes a serious ethical breach in human clinical research and patient care.

> **SIMPLY STATED, PATIENTS ARE NOT RESEARCH SUBJECTS.**

In addition to informed consent, other key ethical principles guiding research with human subjects include moral justification for the research and strict distributive justice. To demonstrate the moral justification of a study the knowledge gained by the research should address an essential public health need. The researcher fulfills distributive justice by designing the study in a way that no single group or class of subjects is overly burdened by the research (that is, racial group, gender, age, clinic patient, etc.). Finally, it is imperative that adequate animal studies have been already carried out and which demonstrate safety (and with reasonable risks) for human subjects.

By applying these guiding ethical principles of research to the large-scale post-marketing COVID vaccination trials involving large numbers of patients that we witnessed in the United States and elsewhere raises many serious questions. For example, was the mass experimental vaccination program

continues on next page

morally justifiable? Due to the nature of a viral pandemic, perhaps the initial pre-marketing studies of the COVID vaccines appeared justifiable but in only one subgroup of high-risk patients, the elderly and those with co-morbidities. However, the post-marketing trials of vaccines in all categories and ages of patients under the banner of an EUA appears highly unjustifiable. The widespread vaccine campaign added an undue burden to a large population of unsuspecting patients who entered their physicians' offices for individual care but exited those same offices enrolled as mostly uninformed subjects in a post-marketing drug trial. The risk of serious disease was so low in most patients that by exposing them to known and potentially unknown risks of these experimental vaccines violates, among other principles, distributive justice. The Vaccine Adverse Events Reporting System (VAERS) continues to report increasing numbers of adverse events and deaths correlated with the administration of COVID vaccines.[11]

The USCCB's ERD number 31 adds:

"No one should be the subject of medical or genetic experimentation, even if it is therapeutic, unless the person or surrogate first has given free and informed consent."

> **THE AUTONOMY AND DIGNITY OF RESEARCH SUBJECTS MUST BE RESPECTED AND RIGOROUSLY GUARDED.**

The Catechism of the Catholic Church, part 3, Respect for the Person and Scientific Research, number 2294 instructs:

"It is an illusion to claim moral neutrality in scientific research and its applications. On the other hand, guiding principles cannot be inferred from simple technical efficiency, or from usefulness accruing to some at the expense of others or, even worse, from prevailing ideologies. Science and technology by their very nature require unconditional respect for fundamental moral criteria. They must be at the service of the human person, of his inalienable rights, of his true and integral good, in conformity with the plan and the will of God."

International moral guidelines for clinical research have been well-established since the mid-20th century. These include the Nuremberg Code (1947, first articulation), the Declaration of Helsinki (World Health Organization, 1964), and the Belmont Report (USA, 1979). Sadly, there are notable examples of grossly unethical medical research done by American doctors and researchers. Vigilance is essential to prevent recurrent abuses. Awareness by both physicians and patients of past ethical failures is essential to prevent newer ones. History is easily repeated when past research exploitation of human subjects is either forgotten or unacknowledged. Researchers cannot ignore the grave obligation to obtain bona fide informed consent from patients prior to administering experimental vaccines or drugs. Further, any patient who chooses to participate in clinical research trials must be given complete details of the study's design including the duties and obligations of the researcher which, as noted above, are distinct from their personal physician's obligations. It is critically important for physicians who believe in and promote experimental treatments to obtain informed consent and to formally enroll their patients in ethical clinical research trials. The autonomy and dignity of research subjects must be respected and rigorously guarded. This entails the right to receive updated study information about ongoing health risks from the vaccines and access to appropriate medical care as needed.

An under appreciated problem that faces many doctors is the current employment model. Medical practices have transitioned over the past 30 years from the physician-owned private models to ownership by large third parties (e.g., hospital systems). Patients in a hospital-owned practice may be unaware of this dynamic in which their doctor works for

continues on next page

an entity such as a health care system. Pressures may emerge for physicians to place their loyalty to employers or other entities over and above their traditional role of working and advocating for patients. These pressures played an important but unfortunate part in the pandemic. Some physicians also encountered coercion from professional societies and licensing boards to conform their treatments to hospital or government mandated (and exclusive) protocols during the COVID pandemic. Repurposed drugs (off-label) that some clinicians used for early treatment of Sars-CoV-2 and found to be promising were excluded from most hospital and government COVID treatment algorithms.[12,13] This practice marked a significant change from past epidemics. Once, physicians were free to use drugs for such off-label therapies when patients would present with new or unusual diseases in which known treatments were lacking. Tragically, this resulted in many patients being denied potentially beneficial therapies during the pandemic.

If these promising re-purposed off-label drugs had been acknowledged as beneficial and utilized, then the experimental COVID vaccines could never have obtained EUA status from the FDA. The prohibition on using drugs like ivermectin and hydroxychloroquine led directly to the approval of the emergency use of these inadequately studied and risky novel vaccines. "*There is inadequate availability of COVID-19 vaccine trial documents and data…(which) will not be available for months, perhaps years, for most vaccines.*"[14] And these authors note, "*(w)idespread use of interventions without full data transparency raises concerns over the rational use of COVID-19 vaccines.*"[15] Premarketing vaccines studies should have been more thoroughly carried out while other promising off-label treatments were available for use. This would have diminished the exposure of many unsuspecting individuals and ordinary patients to potentially serious adverse effects and harm from experimental COVID vaccines.

In an article published in the New England Journal of Medicine in 1966 ("Ethics and Clinical Research"), physician-researcher Henry K. Beecher stated: "*...(O)rdinary patients will not knowingly risk their health or their life for the sake of 'science'*". The ethical approach to medical research, according to this author, includes several components but especially important are two: "*…the first being informed consent…it is absolutely essential to strive (sic) for it for moral, sociological, and legal reasons… (t)he statement that consent has been obtained has little meaning unless the subject or his guardian is capable of understanding and unless all hazards are made clear…the subject (must know) that he is to be a participant in an experiment. Secondly, there is the more reliable safeguard provided by the presence of an intelligent, conscientious, compassionate, responsible investigator.*" These are unassailable and trust-building virtues for physicians and medical researchers to possess if the medical profession and the public health field are to regain the confidence of the American people.

"PREMARKETING VACCINES STUDIES SHOULD HAVE BEEN MORE THOROUGHLY CARRIED OUT WHILE OTHER PROMISING OFF-LABEL TREATMENTS WERE AVAILABLE FOR USE."

Enlisting patients in research without their knowledge or consent and without ethical and medical safeguards is a gross injustice and an offense against human dignity. To restore the medical profession to that noblest tradition as guardian of patients, in his commencement speech to the Harvard Medical class of 1927, Francis Peabody stated it best:

"*The secret of the care of the patient is in caring for the patient.*" *Somehow this advice was forgotten, and many have suffered the tragic consequences.*"

Endnotes

1. *David W. Baker, "Trust in Health Care in the Time of Covid-19," JAMA 2020;324(23)(December 15, 2020):2373-2375.*
2. *Ibid.*
3. *"Where are All the Patients? Addressing COVID-19 Fear to Encourage Sick Patients to Seek Emergency Care," accessed June 4, 2022, http: Catalyst.nejm.org/doi/full/10.1056/CAT.20.0193.*
4. *"COVID-19: Can Doctors Refuse to see Unvaccinated Patients?," accessed June 4, 2022, https://www.mdedge.com/dermatology/article/247524/business-medicine/covid-19-can-doctors-refuse-see-unvaccinated-patients.*
5. *"Vaccine Development, Testing, and Regulation," accessed June 4, 2022, https://historyofvaccines.org/vaccines-101/how-are-vaccines-made/vaccine-development-testing-and-regulation.*
6. *Peter Doshi, "COVID-19 vaccines: In the Rush for Regulatory Approval, Do We Need More Data? BMJ 2021;373:n1244 (May 18, 2021).*
7. *"COVID-19 Vaccines and their Pitfalls in Informed Consent," https://repository.uchastings.edu/cgi/viewcontent.cgi?article=1104&context=hastings_science_technology_law_journal, accessed June 6, 2022.*
8. *Ibid.*
9. *Timothy Cardozo and Ronald Veazey, "Informed Consent disclosure to Vaccine Trial Subjects of Risk of COVID-19 Vaccines worsening Clinical Disease," Int. J Clin. Pract 2021 March; 75(3):e13795. (Published online 2020 December 4. Doi:10.1111/ijcp.13795, accessed June 4, 2022.*
10. *"COVID-19 Vaccines and their Pitfalls in Informed Consent," see vii above.*
11. *"VAERS COVID Vaccine Adverse Event Reports," https://openvaers.com/covid-data?utm_source=substack&utm-medium=email accessed February 18, 2023*
12. *"Ivermectin for COVID-19: Real-Time Metanalysis of 95 studies," https://c19ivm.org/meta.html accessed February 18, 2023.*
13. *"HCQ (hydroxychloroquine) for COVID-19, Metanalysis of 381 studies, https://c19hcq.org/ accessed February 18, 2023.*
14. *"Transparency of COVID-19 vaccine trials: decisions without data," http://dx.doi.org/10.1136/bmjebm-2021111735, accessed June 6, 2022.*
15. *Ibid.*

Ralph A Capone, MD, FACP is a retired physician who practiced Internal Medicine and Hospice and Palliative Care. He taught Catholic Bioethics for undergraduates at St Vincent College. His essays have been published in Ethics & Medics (National Catholic Bioethics Center), OnePeterFive, Ethika Politika and Catholic Stand.

THE NEGATIVE IMPACT OF LEGALISM AND POSITIVISM ON THE BODY OF CHRIST

By Michael Arthur Vacca, *Christ Medicus Foundation CURO*
Director of Ministry, Bioethics, and Membership Experience

The ideologies of legalism and positivism have not only harmed the culture in the West, but have significantly harmed the Church as the Body of Christ. The Church is one indivisible reality, both divine and human,[1] but I am referring to the mystical dimension of the Church as the communion of all the faithful in Christ. This union of the faithful in Christ is hindered by legalism and positivism.

By legalism, I mean the doctrine that the law itself is an end and not a means towards the flourishing of the human person in Christ. By positivism, I mean the doctrine that the law needs no moral justification, but that it justifies itself. I am using the law in an analogous sense because the Church, of course, never passes laws binding on the public. But the Church does have rules, norms, and precepts that have a similar affect as law upon the Catholic faithful, and furthermore, there is canon law which is binding upon the Catholic faithful. As is often the case, false philosophies bring tangible harm to those who embrace them, and that includes Christ's faithful.

So how specifically has legalism within the Church harmed the faithful? Legalism has harmed the faithful within the Church by displacing the attempt to arrive at union with Christ with mere conformity to the rules and authority of the institutional Church. For example, the Church requires the faithful to go to Mass on Holy Days and Sundays as a way of honoring the third Commandment to honor the Lord's day. When this precept is taught to Christ's faithful, it is often taught in a legalistic manner. I mean that people are told that they should go to Mass on Sundays and Holy Days of Obligation, as if this were the goal. What they should be told is that they should go to Mass as often as possible and seek union with the Heart of Christ in everything they do, but that at a minimum, they should never go less than once a week on Sundays and on Holy Days of Obligation. We can see that the very manner the precepts of the Church are communicated to the faithful can be legalistic and dissuade them from putting greater effort into their union with Christ, who desperately desires intimacy with them.

The false philosophy of positivism was particularly evident during the pandemic when many Bishops suspended the celebration of the Mass and the faithful were told to make an act

of spiritual communion at home, as if there was an equivalency between physically receiving the Body, Blood, Soul, and Divinity of Jesus Christ and spiritually uniting yourself to Him without physically receiving Him. Many faithful followed their Bishop and missed opportunities to receive Jesus in the Blessed Sacrament, which had a disastrous effect on their spiritual life. This was because they construed following their Bishop as the goal of their spiritual life, rather than uniting their hearts to Christ, or rather, their desire for union with Christ was subsumed by their obedience to their Bishop. Rather than seeing obedience to their Bishop as a means towards union with Christ, it became the end of their religious devotion.

> **"THEY CONSTRUED FOLLOWING THEIR BISHOP AS THE GOAL OF THEIR SPIRITUAL LIFE, RATHER THAN UNITING THEIR HEARTS TO CHRIST"**

Or how about the Church's requirement to fast on Good Friday? This fasting in the United States has been determined to be one meal, and two small snacks not equal to a full meal.[2] How many Catholics follow this guidance without discerning how

continues on next page

much fasting the Lord wants them to do? For example, it could well be the case that the Lord wants a healthy person to fast all day or only eat one meal, but instead, they eat one meal and two snacks merely because it is the least restrictive way of satisfying their obligation. Once again, intimacy with Christ has been displaced by a rigid clinging to norms, rules, laws, and precepts.

Or what about the manner in which Christ is received in the Holy Eucharist? How many Catholics have asked the Lord how He wants them to receive Himself in the Eucharist? While it is licit to receive our Lord on the hand in the United States due to the indult applicable to this country,[3] the ordinary way in Canon Law is to receive our Lord on the tongue. How many Catholics have discerned this based on a desire for union with Christ, rather than just following the custom of their Church without discerning based on their relationship with Christ?

The point of these examples is not that the norms, precepts, and rules of the Church are bad, but that they are meant to be integrated within one's pursuit of holiness in the Heart of Christ, and not isolated from one's relationship with Christ as rote obligations. Legalism places too much emphasis on the rules by making following them the end, rather than the means of union with Christ. And positivism makes the rules themselves stand apart from union with Christ, as if there was no need to ensure that the rule was truly helping the faithful to be united to the Heart of Christ. So what is the way forward?

We must avoid legalism by ensuring that intimacy with Christ remains the anchor and support for all rules, norms, precepts, and laws within the Church, and we must avoid positivism, which dissuades the faithful from going beyond the mere rules, norms, precepts, and laws of the Church, as if their obligation to obey them were not a means to greater union with the Lord.

HOW MANY CATHOLICS HAVE DISCERNED THIS BASED ON A DESIRE FOR UNION WITH CHRIST, RATHER THAN JUST FOLLOWING THE CUSTOM OF THEIR CHURCH WITHOUT DISCERNING BASED ON THEIR RELATIONSHIP WITH CHRIST?

Endnotes

1. *Second Vatican Ecumenical Council, Lumen Gentium, Dogmatic Constitution on the Church, Chapter 1, available at Lumen gentium (vatican.va). https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19641121_lumen-gentium_en.html*
2. *Fast & Abstinence | USCCB. https://www.usccb.org/prayer-and-worship/liturgical-year-and-calendar/lent/catholic-information-on-lenten-fast-and-abstinence*
3. *Is Communion in the Hand Allowed Everywhere? | Catholic Answers. https://www.catholic.com/qa/is-communion-in-the-hand-allowed-everywhere*

***Michael Arthur Vacca, JD, MA** is the Director of Ministry, Bioethics and Member Experience for CMF CURO and the Christ Medicus Foundation. He and his wife Sarah have a passion for praying over others in the power of the Holy Spirit. He holds a Masters in Theology with a concentration in bioethics through Holy Apostles College and Seminary, and is a 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.*

CHRIST MEDICUS

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

Christ Medicus Foundation
2250 Butterfield Drive, Suite 210
Troy, MI 48084

(800) 840-7471
info@christmedicus.org
christmedicus.org