

## ADDRESS OF HIS HOLINESS JOHN PAUL II TO PARTICIPANTS OF THE FIRST INTERNATIONAL CONGRESS OF THE SOCIETY FOR ORGAN SHARING

Thursday, 20 June 1991

Dear Friends,

1. The fact that the First International Congress of the *Society for Organ Sharing* is being held here in Rome gives me the opportunity to welcome you and to encourage you in promoting the goal which the theme of your Congress expresses: "World Co-operation in Transplantation". I thank Professor Raffaello Cortesini for his kind words of presentation, and I offer my good wishes for the success of the work in progress.

Among the many remarkable achievements of modern medicine, advances in the fields of immunology and of surgical technology have made possible the therapeutic use of organ and tissue transplants. It is surely a reason for satisfaction that many sick people, who until recently could only expect death or at best a painful and restricted existence, can now recover more or less fully through the replacement of a diseased organ with a healthy donated one. We should rejoice that *medicine, in its service to life, has found in organ transplantation a new way of serving the human family*, precisely by safeguarding that fundamental good of the person.

2. This splendid development is not of course without its dark side. There is still much to be learned through research and clinical experience, and there are *many questions of an ethical, legal and social nature which need to be more deeply and widely investigated.* There are even shameful abuses which call for determined action on the part of medical associations and donor societies, and especially of competent legislative bodies. Yet in spite of these difficulties we can recall the words of the fourth century Doctor of the Church, Saint Basil the Great: "As regards medicine, it would not be right to reject a gift of God (that is, medical science), just because of the bad use that some people make of it...; we should instead throw light on what they have corrupted"

(St. Basil the Great, Regola lunga, 55, 3: cf. Migne, PG 31:1048).

With the advent of organ transplantation, which began with blood transfusions, man has found a way to give of himself, of his blood and of his body, so that others may continue to live. Thanks to science, and to the professional training and commitment of doctors and health-care workers, whose collaboration is less obvious but no less indispensable for the outcome of complicated surgical operations, new and wonderful challenges are presented. We are challenged to love our neighbour in new ways; in evangelical terms, to love "to the end" (Cf. Jn. 13:1), yet within certain limits which cannot be exceeded, limits laid down by human nature itself.

3. Above all, this form of treatment is inseparable from a *human act of donation*. In effect, transplantation presupposes a prior, explicit, free and conscious decision on the part of the donor or of someone who legitimately represents the donor, generally the closest relatives. It is a decision to offer, without reward, a part of one's own body for the health and well-being of another person. In this sense, the medical action of transplantation makes possible the donor's act of self-giving, that sincere gift of self which expresses our constitutive calling to love and communion.

Love, communion, solidarity and absolute respect for the dignity of the human person constitute the only legitimate context of organ transplantation. It is essential not to ignore the moral and spiritual values which come into play when individuals, while observing the ethical norms which guarantee the dignity of the human person and bring it to perfection, freely and consciously decide to give a part of themselves, a part of their own body, in order to save the life of another human being.

4. In effect, the human body is always a personal body, the body of a person. The body cannot be treated as a merely physical or biological entity, nor can its organs and tissues ever be used as items for sale or exchange. Such a reductive materialist conception would lead to a merely instrumental use of the body, and therefore of the person. In such a perspective, organ transplantation and the grafting of tissue would no longer correspond to an act of donation but would amount to the dispossession or plundering of a body.

Furthermore, a person can only donate that of which he can deprive himself without serious danger or harm to his own life or personal identity, and for a just and proportionate reason. It is obvious that vital organs can only be donated *after death*. But to offer in life a part of one's body, an offering which will become effective only after death, is already in many cases an act of *great love*, the love which gives life to others. Thus the progress of the bio-medical sciences has made it possible for people to project beyond death their vocation to love. By analogy with Christ's Paschal Mystery, in dying death is somehow overcome and life.

To repeat the words of the restored.

Second Vatican Council: only in the mystery of the Incarnate Word does the mystery of man take on light (Cf. *Gaudium et Spes*, 22; John Paul II *Redemptor Hominis*, 8). The Death and Resurrection of the Lord constitute the supreme act of love which gives profound meaning to the donor's offering of an organ to save another person. For Christians, Jesus' offering of himself is the essential point of reference and inspiration of the love underlying the willingness to donate an organ, which is a manifestation of generous solidarity, all the more eloquent in a society which has become excessively utilitarian and less sensitive to unselfish giving.

5. Much more could be added, including a meditation on the doctors and their assistants who make possible this striking form of human solidarity. A transplant, and even a simple blood transfusion, is not like other operations. It must not be separated from the donor's act of self-giving, from the love that gives life. The physician should always be conscious of the particular nobility of this work; he becomes the mediator of something especially significant, the *gift of self* which one person has made even *after death* so that another might live. The difficulty of the operation, the need to act swiftly, the need for complete concentration on the task, should not make the physician lose sight of the *mystery of love involved in what he is doing*.

Nor should the recipients of organ transplants forget that they are receiving a unique gift from someone else: the gift of self made by the donor, a gift which is certainly to be considered an authentic form of human and Christian solidarity. At the approach of the Third Millennium, in a period of great historic promise, yet one in which threats against life are becoming ever more powerful and deadly, as in abortion and euthanasia, society needs these concrete gestures of solidarity and self-giving love.

6. In conclusion, let us remember those words of Jesus narrated by the Evangelist and physician Luke: "give, and it will be given to you; good measure, pressed down, shaken together, running over, will be put into your lap" (Lk. 6:38). We shall receive our supreme reward from God according to the genuine and effective love we have shown to our neighbour.

May the Lord of heaven and earth sustain you in your endeavours to defend and serve life through the wonderful means which medical science places at your disposal. May he bless you and your loved ones with peace and joy.

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