

## **Courage and the Physician**

28 April 2012

Dear Archbishop Prendergast, Ladies and Gentlemen:

### ***Introduction***

It is certainly an honour for me to address you – the Canadian Federation of Catholic Physicians Societies – at your 4th Annual Conference being held here in beautiful Vancouver. Indeed, I am very thankful for the work of the Catholic Physicians' Guild in the Lower Mainland and for the witness of similar societies across the country. More than ever before, it is imperative that Catholic health-care workers, above all physicians, seek the support, fellowship and learning opportunities which will help them practice their profession imbued by their faith and the richness of Catholic moral reflection. In all you do, I pray that the following of Christ, whom the Gospels present to us as the divine Physician, will always be at the heart of your practice of medicine.

As Catholic doctors you know well that there is a very close bond between the quality of your professional practice and the virtue of charity to which Christ calls you. It is precisely in doing your work well that you bear witness of God's love for the world. Charity manifests itself in a particularly meaningful way through your care of the sick and suffering.

But your charity must be complemented by another virtue – the

subject of this conference. I am referring to the moral virtue of courage or fortitude. For a Catholic physician today moral courage is a necessary if he or she is to practice medicine after the mind of Christ. The medical profession places you “squarely within the orbit of the moral order, to be governed in [your] their activity by its laws. Whether it be a question of teaching or giving advice or prescribing a cure or applying a remedy, the doctor may not step outside the frontier of morality dissociating himself [or herself] from the fundamental principles of ethics and religion.”<sup>1</sup>

I am neither an ethicist nor a moral theologian, and so will not attempt to resolve any particularly thorny questions still being debated by Catholic moralists and ethicists. Rather, I wish to situate your professional life as a Catholic physician within the wider context of contemporary society, where you daily face very thorny situations and decisions. Not the presentation of a professional in the field, mine is an exhortation aimed at confirming or stirring up your commitment to be courageous, to aspire to the virtue of fortitude in *being* a physician and in *practising* medicine.

Together with prudence, justice, and temperance, fortitude or courage is one of the four “cardinal” virtues first enumerated by Plato

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<sup>1</sup> Pius XII, Address to a Group of Physicians (30 January 1945).

and so named from the Latin word for “hinge.” All other virtues “hinge on” these four. They are the necessary foundation and precondition for practising every other virtue, even though they are not the only virtues or even the highest ones.

As for courage, we understand it to be the willingness freely to go beyond the call of duty, to make sacrifices, to choose the difficult thing to do despite any danger involved. Anyone who risks his life to save someone who is about to drown or who provides help in natural calamities, such as fire, floods and so on, offers us an example of courage. In recent years, the firefighters who attended to the victims of the tragedy of the collapsing twin towers on 9/11 are universally acclaimed as being courageous men and women.

Other examples, more relevant perhaps to your experience in health care, can be offered. Think, for example, of a woman, already the mother of a large family, who is advised by friends, counsellors and medical practitioners to suppress the new life she has conceived by terminating her pregnancy, and she replies firmly: “no.” While she is certainly aware of all the problems that this “no” brings with it, difficulty for herself, for her husband, for the whole family, yet she still replies: “no.” The new human life conceived in her is a value too great, too sacred, for her to give in to such pressure. Or think of a man who is promised his freedom and an easy career provided that he denies his

own principles or approves of something that is against his sense of justice to others. And he, too, replies “no,” even though he is faced by threats on the one side, and attraction on the other. In both cases we have individuals who are, by common understanding, truly “courageous.”<sup>2</sup>

As can be seen from all these examples, manifestations of the virtue of fortitude are numerous. Courage is not, however, to be confused with folly or recklessness. Nor is it merely physical strength or the ability to endure pain. Rather, courage is the willingness to act on one’s convictions, regardless of the cost.<sup>3</sup> Even so, sometimes, courage involves restraint: not acting in a given instance. The sign of a great mountain-climber is not someone who always reaches the summit, but the person who is able to turn back when faced with a threat or danger known to be clearly insurmountable.<sup>4</sup> Moreover, courage is not the same as fearlessness. It is not the absence of fear but the mastery of it.

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<sup>2</sup> Cf. Blessed John Paul II, General Audience (15 November 1978).

<sup>3</sup> Cf. Peter Kreeft, *Back to Virtue* (San Francisco: Ignatius Press, 1992), 59-61.

<sup>4</sup> Cf. Margaret Somerville, *The Ethical Imagination: Journeys of the Human Spirit* (Anansi Press: Toronto, 2006), 218.

C.S. Lewis sums up fortitude with a straightforward word. For him, to be courageous is to have “guts.”<sup>5</sup> The *Catechism of the Catholic Church* defines this virtue somewhat more elegantly, if more drily, in this way:

Fortitude is the moral virtue that ensures firmness in difficulties and constancy in the pursuit of the good. It strengthens the resolve to resist temptations and to overcome obstacles in the moral life. The virtue of fortitude enables one to conquer fear, even fear of death, and to face trials and persecutions. It disposes one even to renounce and sacrifice his life in defence of a just cause (n. 1808).

Now I would like to take up several areas in which I believe “doctorly fortitude” is necessary in the current Canadian climate. I begin with the most general and then become more specific. The exercise of moral courage, I believe, is required in each case: not to be afraid to see what is happening in our culture, and then to act effectively for the promotion of the common good in health care across the land, regardless of the cost.

### ***1. Relativism, Secularism and the Marginalization of Religion***

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<sup>5</sup> C.S. Lewis, *The Joyful Christian* (New York: Macmillan, 1977), 127.

We live at a time and in a country that can be broadly characterized by a “subliminal relativism that penetrates every area of life.”<sup>6</sup> Our Western world is held thrall to what the Holy Father once called, in a famous address given just before he entered the conclave which elected him Pope, the “dictatorship of relativism.”<sup>7</sup>

Besides this relativism as well as the widespread indifference to religion so evident in Canadian society today, we also face an increasingly aggressive secularism whose long-term objective is to prevent religion from having any influence on certain professions or institutions, including that of health care, and whose short-term objective is to discredit or restrain its influence. This secularism is lethal to society because it strives to confine the place of religious faith of all stripes to worship services and socially acceptable charitable works. Of course, obliging people of faith to keep their opinions to themselves is in itself, if you think about it, an undemocratic way of buying harmony among citizens of a free society. Such constraints on religious expression are, in fact, “a thinly veiled way of curtailing the freedom of expression of religious believers. While it may present practical

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<sup>6</sup> Benedict XVI, Address to the Catholic Lay Faithful, Freiburg im Breisgau (24 September 2011).

<sup>7</sup> Cardinal Joseph Ratzinger, Homily (18 April 2005).

advantages, it is unacceptable in principle.”<sup>8</sup>

As full-fledged citizens and practitioners in the area of health care, we must bravely resist all such attempts to marginalize our faith to going to Mass on Sunday, praying the rosary at home, or politically acceptable good works. Thinking, acting and speaking as a convinced Catholic in the medical profession should never exclude one from full participation in that profession.

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<sup>8</sup> Claude Ryan, Presentation at the Opening Session of the “Pluralism, Religion and Public Policy” Conference, McGill University (October 9, 2002), in *Recognizing Religion in a Secular Society*, edited by Douglas Farrow (McGill-Queen’s University Press, 2004).

Disciples of Christ who are physicians should not have to lead a double life: one in the privacy of the home and church, the other at work in the hospital, clinic or office. Religious believers have as much right as anyone else to function in their profession according to their beliefs; likewise, religious institutions have as much right as non-religious ones. As Pope Benedict affirmed before the United Nations General Assembly four years ago, “it is inconceivable that believers should have to suppress a part of themselves – their faith – in order to be active citizens. It should never be necessary to deny God in order to enjoy one’s rights.”<sup>9</sup>

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<sup>9</sup> Benedict XVI, Address to the General Assembly of the United Nations (18 April 2008).



Even at the risk of rocking the boat, Catholic physicians and health-care workers ought to respond vigorously, indeed courageously, to any attempt to remove or compromise the ethical values they treasure in the practice of their profession by renewing their determination to participate actively in public policy questions regarding health care and to make their views known where public opinion is being shaped. In this way, they can ensure that a faith-based perspective is accorded its legitimate and rightful place in our health-care system. In every area, and certainly in that of medicine, Canada needs Christians capable of assuming leadership roles in the profession. It is urgent to train men and women who, in keeping with their medical vocation, can influence health care and direct it to the common good. Canada needs engaged, articulate and well-formed Catholic physicians “endowed with a strong critical sense vis-à-vis the dominant culture and with courage to counter a reductive secularism which would delegitimize the Church’s participation in public debate about the issues which are determining the future.”<sup>10</sup>

## ***2. Natural Moral Law***

Besides asserting their right to full participation in public policy decisions in health care, Catholic physicians are also called to show their

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<sup>10</sup> Benedict XVI, *Ad Limina* Address to American Bishops (19 January 2012).

courage in upholding the importance of the natural moral law in dealing with increasingly complicated ethical questions. Today, many non-Catholics – indeed even a not insignificant number of Catholics – have trouble with the Church’s teaching on a number of controversial issues, such as abortion, *in vitro* fertilization, stem-cell research, cloning and euthanasia. Although these issues are very distinct, popes, bishops and theologians traditionally turn to the notion of natural law as a way of trying to discern right from wrong in these sensitive and complex issues. Admittedly, to appeal to the natural law is unfashionable in many circles, including health care, and hence it takes determination and fortitude to appeal to this law in discussion and decision-making.

What is the natural moral law? It is nothing other than the light of reason inscribed by the Creator in the heart of every person (cf. Rom 2:15). By means of the natural moral law, human beings can know what they must do and what they must avoid to be morally upright. The Church teaches that there exists an objective moral law, itself accessible to every rational creature and which everyone should respect – a law that serves as a standard that informs the moral life. Its first principle, which directs human action and on which all precepts of natural law are based, is to “do good and avoid evil.”<sup>11</sup> The *Catechism of the Catholic Church* states that the “natural law expresses the original moral sense which

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<sup>11</sup> St. Thomas Aquinas, *Summa Theologiae*, I-II, q. 94.

enables a person to discern by reason the good and the evil, the truth and the lie” (n. 1954). As such, the natural law tells us what we hold in common because we share the same humanity.<sup>12</sup> For this reason, obeying the natural law does not mean submitting to an external law imposed from the outside, but rather “welcoming the law of one’s own being.”<sup>13</sup> It expresses what is best for us, if we wish to act in an authentically human way.

In proposing her teaching on moral issues touching health care in the widest sense, the Catholic tradition does not primarily rely on arguments based on faith in what has been divinely revealed, but on the use of reason, which rests on the assurance that the world is governed by an inner logic accessible to human reasoning. “The Church’s defence of a moral reasoning based on the natural law is grounded on her conviction that this law is . . . a ‘language’ which enables us to

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<sup>12</sup> Cf. Episcopal Commission for Doctrine, Canadian Conference of Catholic Bishops, *Natural Law in the Moral Discourse and Teaching of the Church: A Background Reflection* (2011), 8. Manuscript not for publication.

<sup>13</sup> International Theological Commission, *The Search for Universal Ethics: A New Look at Natural Law*, 43.

understand ourselves and the truth of our being, and so to shape a more just and humane world.”<sup>14</sup>

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<sup>14</sup> Benedict XVI, *Ad Limina* Address to American Bishops (19 January 2012).

Unfortunately, however, the idea of natural law is now often viewed as if it were a specifically Catholic doctrine, not worth bringing into the discussion in a non-religious context – as, for example, in matters of public policy regarding health care. Pope Benedict has commented that many Catholics feel “almost ashamed even to mention the term”<sup>15</sup> when they are engaged in discussion with their colleagues. Moreover, ethicists often object to any talk about the natural law in health-care ethics because they confuse it with the laws of nature. But Catholics do not hold that the natural moral law is a resigned and passive submission to the physical laws of nature.<sup>16</sup>

Flying in the face of moral relativism, the precepts of the natural moral law are universal. Their authority extends to all mankind, and their negative precepts – do not kill innocent human life; do not lie; do not commit adultery and so on – “are universally valid,” obliging “always and under all circumstances.”<sup>17</sup>

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<sup>15</sup> Benedict XVI, Address tot the Bundestag, Berlin (22 September 2011).

<sup>16</sup> Cf. International Theological Commission, *The Search for Universal Ethics: A New Look at Natural Law*, 10.

<sup>17</sup> Blessed John Paul II, *Veritatis Splendor*, 52.

The natural law, “inasmuch as it is inscribed in the rational nature of the person, makes itself felt to all beings endowed with reason and living in history.”<sup>18</sup> For this reason, any fruitful dialogue with our contemporaries on moral issues in health care must be rooted in “the rational – and thus universally understandable and communicable – character of moral norms belonging to the sphere of the natural moral law.”<sup>19</sup> In the words of Blessed John Paul II, “there is a moral logic which is built into human life and which makes possible dialogue between individuals.”<sup>20</sup> The natural moral law, therefore, sets out guidelines which are not unique to Catholicism. Rather, it is “the commonsense understanding of morality that has been handed down in the West over the course of centuries and developed by many different minds, Catholic and non-Catholic alike.”<sup>21</sup>

If such a natural law did not exist, rational discourse, without an explicit appeal to faith, would be impossible. In the public health-care debates of our times, the voice of Catholic physicians deserves to be heard and, with good will, can be understood even by those who do not

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<sup>18</sup> Blessed John Paul II, *Veritatis Splendor*, 51.

<sup>19</sup> Blessed John Paul II, *Veritatis Splendor*, 36.

<sup>20</sup> Blessed John Paul II, Address to the United Nations (5 October 1995).

<sup>21</sup> Edward J. Furton, “The Natural Moral Law,” in *Catholic Health Care Ethics*, ed. by Edward J. Furton, with Peter J. Cataldo and Albert S. Moraczewski, 2<sup>nd</sup> ed. (Philadelphia: The National Bioethics Center, 2009), 38.

accept the authority of divine revelation. Natural law provides a common ethical language that allows everyone to participate in public debate on health-care issues with a language that all can understand and deploy, irrespective of religious belief.<sup>22</sup>

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<sup>22</sup> Cf. Episcopal Commission for Doctrine, Canadian Conference of Catholic Bishops, *Natural Law in the Moral Discourse and Teaching of the Church: A Background Reflection* (2011), 11. Manuscript not for publication.

In medical matters – and others as well – the Church draws attention to the natural capacity that people have of discovering, by use of reason, “the ethical message contained in being;”<sup>23</sup> that is, in human nature itself. To insist on the natural moral law as a guide to right action calls into question the ideas of those who assert that every individual is the source of his or her own values.

Undoubtedly, the Church, and Christians generally, have an added advantage when it comes to discerning what the natural moral law prescribes and proscribes. As St. Thomas Aquinas taught so clearly, revelation does not replace the use of reason, but rather completes and perfects it, just as grace does not destroy nature but perfects it.<sup>24</sup> Divine revelation tells us what it means to be fully human, something that natural law does only in an elementary way. We can say that divine

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<sup>23</sup> Benedict XVI, Address to the Participants in the International Congress on Natural Moral Law sponsored by the Pontifical Lateran University (12 February 2007): *AAS*, 99 (2007), 243.

<sup>24</sup> St. Thomas Aquinas, *Summa Theologiae*, I, q. 1, art. 8, ad. 2.



revelation is to natural law what the butterfly is to the caterpillar.<sup>25</sup>

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<sup>25</sup> Cf. Episcopal Commission for Doctrine, Canadian Conference of Catholic Bishops, *Natural Law in the Moral Discourse and Teaching of the Church: A Background Reflection* (2011), 17. Manuscript not for publication.

That the natural moral law *can* be known by reason does not, of course, mean that it is *in fact* known and embraced as a guide to action. We well know that the moral conscience of vast numbers of people can be darkened or obscured. A particularly telling case involves the debate surrounding abortion. Its acceptance in the mind of a majority of Canadians is a sign of a widespread crisis of the moral sense whose roots are cut off from any grounding in the natural moral law. People's moral sense is becoming increasingly incapable of distinguishing between good and evil, even when the fundamental right to life is at stake. Given such a grave situation, more than ever physicians now need to have the courage to look the truth in the eye and to call things by their proper name, without yielding to convenient compromises or to the temptation of calling evil good and good evil (cf. Is 5:20). In the discussion of abortion we can see a widespread use of ambiguous terminology, such as "interruption of pregnancy," which tends to hide its true nature and to attenuate its seriousness. Nonetheless, such changes in terminology do not have the power to change reality. Catholic medical personnel need courage to resist such commonplace linguistic shenanigans, a terminology which serves to undermine the dignity of unborn human life.<sup>26</sup>

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<sup>26</sup> Cf. Blessed John Paul II, *Evangelium Vitae*, 58.

Physicians in particular have a serious duty to combat the deception of those who believe that abortion is the solution to health, family, financial and social problems. In a health-care background frequently marked by the eclipse of the sense of the inherent dignity life, Pope Benedict reminds us that

special fortitude is demanded of doctors so that they may continue to assert that abortion resolves nothing but kills the child, destroys the woman and blinds the conscience of the child's father, all too often ruining family life. This duty, however, does not only concern the medical profession and health-care workers. The whole of society must defend the right to life of the child conceived and the true good of the woman who will never, in any circumstance, be able to find fulfilment in the decision of abortion.<sup>27</sup>

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<sup>27</sup> Benedict XVI, Address to the General Assembly of the Pontifical Academy for Life (26 February 2011).

Another instance where a fundamental precept of the natural moral law to safeguard human life is being questioned in Canada is that of euthanasia. Just as in the case of abortion forty years ago, proponents of assisted-suicide have embarked on an aggressive nationwide campaign of legislation, litigation and public advertising to reverse the long-standing Judeo-Christian moral tradition that rejects assisting in another's suicide. Catholic physicians know that assisting in another's suicide is to take part in "an injustice that can never be excused, even if it is requested."<sup>28</sup>

Before Catholic physicians in Canada is a stark choice: to be a profession marked by solidarity and compassion with the vulnerable – one that respects the dignity of citizens until natural death – or a profession moved by a false pity that eliminates those who think that their life is no longer worth living and that questions the right to life of certain patients because of the expense entailed in taking care of them.<sup>29</sup>

Last fall the Royal Society of Canada published a report entitled *End-of-Life Decision Making* in which personal autonomy and self-determination are extolled as the primary values to be considered in the discussion on physician-assisted suicide. This report maintains that the

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<sup>28</sup> Blessed John Paul II, *Evangelium Vitae*, 66.

<sup>29</sup> Cf. Catholic Organization for Life and Family, Press Release (21 November 2011).

“prophesied undesirable social consequences [of physician-assisted suicide] are not sufficient to negate the right to choose assisted suicide and voluntary euthanasia.” Disregarding the respect due to human life, this high-level document emphasizes the challenges and costs associated with our aging population. “Reading between the lines, it is clear that assisted death – a phrase coined to hide the deadly nature of euthanasia and assisted suicide – may be a solution to the problem.”<sup>30</sup>

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<sup>30</sup> Catholic Organization for Life and Family, Press Release (21 November 2011).

Advocates of physician-assisted suicide and voluntary euthanasia know these facts, so, just like those who hide what abortion is by a kind of terminological coverup, they avoid words such as “assisted suicide” and instead use euphemisms such as “aid in dying.” Plain and courageous speaking is needed to strip away this veneer and uncover what is at stake: a devaluing of human life.<sup>31</sup> It will take the virtue of fortitude for a physician to stand up before his or her colleagues and say that allowing doctors to prescribe the means for their patients to kill themselves is a corruption of the healing art.

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<sup>31</sup> Cf. United States Conference of Catholic Bishops, “To Live Each Day With Dignity: Statement on Physician-Assisted Suicide,” *Origins*, 41:8 (30 June 2011).

If Catholic doctors are to survive and flourish in a health-care world increasingly influenced by values contrary to their faith, it is absolutely essential for them to grasp the concept and importance of the natural moral law. It guarantees the Catholic Church the right to follow this law in its health-care institutions, and likewise guarantees to individual physicians and other health-care workers the right to act according to the precepts of the natural law in carrying out their professional responsibilities in whatever institution they practise. Whenever threatened, they must insist on the freedom of health-care institutions and professionals to follow the wisdom of this commonsense ethics, based on human nature itself.<sup>32</sup>

As you deal with increasingly complex moral-medical questions, I pray that you will always be guided in your actions by the judgment of your moral conscience to do what is good in truth; that is, consonant with the natural law. To reach this judgment you must take every possible step to attend to your continuing formation, nourishing it with values keeping with the dignity of the human person, the sacred value of human life, with justice and with the common good. The formation of a true conscience, one which is founded on the truth and in conformity with the natural moral law, and is further enlightened by God's revealed

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<sup>32</sup> Cf. International Theological Commission, *The Search for Universal Ethics: A New Look at Natural Law*, 35.

law, must be your goal, a conscience which is upright and acts without compromise. To do this is a difficult and delicate undertaking, but indispensable for being an authentic follower of Jesus Christ.<sup>33</sup>

### ***3. Acting in Accordance with Conscience and Natural Law***

At times, physicians and health-care workers are legally compelled to exercise their profession without reference to their religious or moral convictions, and even in opposition to them. This occurs wherever laws which deal with issues linked to the dignity of human life and the family are promulgated that limit the right to conscientious objection by health-care professionals and others.

Unfortunately, in certain areas, steps have been taken to deny the right of conscientious objection on the part of Catholic – or other – health-care workers and institutions with regard to cooperation in intrinsically evil practices. This attack on the freedom of conscience goes hand-in-hand with the worrying tendency, advocated by certain secularists, to reduce religious freedom to mere freedom of worship, a point made earlier in this presentation.

Undoubtedly an area very much in need of moral courage on the

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<sup>33</sup> Cf. Benedict XVI, Address to Participants in the 13<sup>th</sup> General Assembly of the Pontifical Academy of Life (24 February 2007): *L'Osservatore Romano* English-language edition (7 March 2007), p. 3.



part of the medical profession involves publicly and vigorously confronting the increasing number of Canadians who believe that a person's right to medical care supercedes respect for the conscience of the professional from whom the care is expected. None of us, with physicians at the top of the list, can afford to ignore the blatant assaults on the freedom of conscience being experienced by some Canadian health-care providers. One college of physicians, namely in Quebec, now requires that members who refuse to perform abortions refer patients to another physician willing to do so. Elsewhere pharmacists must fight not to have to fill prescriptions for contraceptives or the morning after pill. Undoubtedly you know many more examples than I do.

In the years ahead it will take steadfast courage to defend the freedom of conscience and the right to conscientious objection by health-care professionals in medical-moral matters. It is helpful to recall that the Church teaches – and teaches authoritatively, forcefully and unequivocally – that a person “is not to be forced to act in a manner contrary to his or her conscience.”<sup>34</sup>

While we wish that situations would never arise where moral force or threat to one's employment status is applied to physicians and other

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<sup>34</sup> Second Vatican Ecumenical Council, Declaration on Religious Freedom *Dignitatis Humanae*, 3.

health-care professionals, it is in fact happening. And there is certainly reason to think that similar pressures will mount in the future. What does a faithful Catholic do when confronted with policies, regulations, laws that violate his or her conscience?

First of all, it is necessary to remember, as St. Augustine wrote long ago, that “an unjust law is no law at all.”<sup>35</sup> Or, to put it in the terms of St. Thomas Aquinas, an unjust law is a human law that is not rooted in the natural law. Therefore, no civil law binds in conscience if it contradicts the natural moral law. It is sobering to think that any government in our country would enact an unjust law. But if it does, it cannot be obeyed. Whenever we face unjust laws that affect the medical profession, then Catholic physicians and health-care workers must have the courage not to obey them. Certainly no one welcomes this. But if the situation should arise, a Catholic is obliged to disobey an unjust law, that is, one which contradicts the natural moral law.<sup>36</sup>

Indeed, we can affirm that it is “a grave duty of conscience not to cooperate, not even formally, in practices which, although permitted by civil legislation, are contrary to the law of God.”<sup>37</sup> Moreover, it is, in

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<sup>35</sup> St. Augustine, *On Free Choice Of The Will*, Book 1, § 5.

<sup>36</sup> Cf. USCCB, Ad Hoc Committee for Religious Liberty, “Our First, Most Cherished Liberty,” *Origins*, 41:46 (26 April 2012), 749.

<sup>37</sup> Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of*

fact, “legitimate to resist authority should it violate in a serious or repeated manner the essential principles of natural law.”<sup>38</sup> To refuse to cooperate in evil actions is not only a duty, but also a fundamental human right that should be protected by the laws of a country or other jurisdiction.<sup>39</sup>

In a word, when faced with coercive laws and regulations, we need to recognize and reinforce with courage the right of doctors and all health-care professionals to “conscientious objection.” What do I mean by this? Quite simply, that no person, hospital or institution should be forced, held liable or discriminated against in any way because of a refusal to perform, accommodate, or assist in any act which violates his or her well-formed conscience. To claim a right to conscientious objection is not to insist on changing the behaviour of others, but rather the right to opt out of having to perform an action that goes against the objector’s own deeply held beliefs.

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*the Church*, n. 399.

<sup>38</sup> Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church*, n. 400.

<sup>39</sup> Cf. Blessed John Paul II, *Evangelium Vitae*, 73.

#### ***4. Call to Martyrdom***

Conscientious objection is not an easy path. The faithful Catholic physician who disagrees with an unjust law or practice and is not accorded the right to conscientious objection must be prepared to pay the price that results from fidelity to Christ and the Church.

I can say – and I do so with some trepidation, but relying on the long witness of the Church’s tradition, especially as embodied in the example of the Saints – that those who wish to remain consistent with their faith are sometimes called to resist in a heroic manner the dictates of the State, a court or an employer that tries to force a person to act against his or her beliefs. In order to maintain fidelity to the moral order, they must be sustained by the virtue of fortitude.

If Catholic physicians are truly to be the leaven, light and salt of the medical profession (cf. Mt 5:13-15), they must be ready to become the object of persecution, as was Jesus. Like him they are called to be “a sign of contradiction,” “a sign to be opposed” (Lk 2:34).

When we read the lives of the martyrs we are amazed at their calmness and courage in confronting extraordinarily trying situations, suffering and even death. “Martyrdom, accepted as an affirmation of the inviolability of the moral order,” wrote Blessed John Paul, “bears splendid witness both to the holiness of God’s law and to the inviolability of the personal dignity of man, created in God’s image and

likeness.”<sup>40</sup> Any inconvenience or suffering that we endure for the cause of truth, real though it may be, seems to fade in comparison.

The courage lived by the martyrs is ultimately always a gift of grace, but one freely accepted. Indeed, a courageous physician is exceedingly free, free from the tyranny of power, and free from the judgement of the world.

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<sup>40</sup> Blessed John Paul II, *Veritatis Splendor*, 92.

You are probably not being called to the martyrdom of blood, but you are all being called to holiness, and this entails taking up your daily cross.<sup>41</sup> Courageous men and women do not consider their own advantage, their own well-being, their own survival as greater values than their fidelity to the Gospel. Despite all evident weakness, they vigorously resist evil. In their fragility, the power of faith and of God's grace shines forth.<sup>42</sup>

### ***Conclusion***

The virtue of fortitude always calls for a certain overcoming of human weakness and particularly of fear. By nature, we spontaneously fear danger, suffering, ridicule, exclusion, censure from our colleagues. We resist being frowned upon, laying ourselves open to unpleasant consequences, insults, material losses, perhaps even imprisonment or persecution. In a word, we do not much like the ninth and forgotten beatitude: "Blessed are you when people revile you and persecute you and utter all kinds of evil against you falsely on my account. Rejoice and be glad, for your reward is great in heaven" (Mt 5:11-12).

Catholic physicians are now being called more and more to live the virtue of courage by bearing witness to truth, justice and life. Fortitude goes hand in hand with the willingness to sacrifice oneself in the

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<sup>41</sup> Cf. Benedict XVI, General Audience (11 August 2010).

<sup>42</sup> Cf. Blessed John Paul II, Homily (7 May 2000), 5.

imitation of Christ.<sup>43</sup> The age of martyrdom has not passed.

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<sup>43</sup> Blessed John Paul II, General Audience (15 November 1978).

The famous “Be not afraid!” of Blessed John Paul II continues to ring out and spur us on. Let’s not be afraid, therefore, for fear paralyzes, and it prevents us from answering the call of the Holy Spirit to be faithful in our professional lives. Indeed, fear concentrates on what can go wrong and in so doing interferes with one’s confidence in carrying out what is right. When Martin Luther King, Jr., spoke of the need to build “dykes of courage to hold back the flood of fear,”<sup>44</sup> he could well have been addressing this conference.

In this post-Easter season, like all bishops, I celebrate the Sacrament of Confirmation in many parishes and hear proclaimed those readings from the Acts of the Apostles which narrate how the Holy Spirit renewed the Apostles from within, filling them with a power that gave them courage boldly to proclaim that “Christ has died and is risen!” Freed from all fear, these once fearful fisherman began to speak openly and with self-confidence (cf. Acts 2:29; 4:13; 4:29,31), becoming courageous heralds of the Gospel. Even their enemies could not understand how “uneducated and ordinary men” (cf. Acts 4:13) could show such courage and endure such difficulties and persecution with joy. Nothing could hold them back. To those who tried to silence them

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<sup>44</sup> Cited in Donald DiMarco, *The Heart of Virtue* (San Francisco: Ignatius Press), 45.



they replied: “We cannot keep from speaking about what we have seen and heard” (Acts 4:20).

The same can happen in Canada today. In whatever circumstance you find ourselves – both personally and professionally – you will be strengthened, not by your own power, which you know to be all too feeble, but by the gifts of the Holy Spirit which have been given to us.

In a very recent address, Pope Benedict, reflecting on the persecutions suffered by the very early Christians, noted that when confronted by dangers, difficulties and threats, they did not seek strategies about how to defend themselves or about what measures to adopt. Rather, in the face of trials, they prayed; they got in touch with God as a community and were deeply united in prayer, calling on the name of the Lord (cf. Acts 4:24-31). Catholic physicians, then, ought not to fear any persecutions that they may have to undergo but trust always, as Jesus did at Gethsemane, in the presence, help and power of the Holy Spirit, invoked in prayer. What the first community of believers asked of God in times of trial was neither protection nor vengeance. Rather, they asked for the gift of being able to “proclaim in all boldness” – to proclaim courageously – the Word of God (cf. Acts 4:29).<sup>45</sup>

Canada’s Catholic physicians can ask the Lord for nothing less: the

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<sup>45</sup> Cf. Benedict XVI, General Audience (18 April 2012).

moral courage to act always with an upright conscience, to stand up for the truth of the moral order regardless of the cost, in the service of life and of its Author.

Dear friends: you are doing the good work mandated by the Gospel. It may be that one day you are forced to choose between the good works you do that are inspired by your faith and your fidelity to that faith itself. I encourage you to hold firm, to stand fast, not to be afraid and to be courageous in carrying out your noble vocation as Catholic physicians and disciples of Christ.<sup>46</sup>

Thank you very much.

✦ J. Michael Miller, CSB  
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<sup>46</sup> Cf. USCCB, Ad Hoc Committee for Religious Liberty, “Our First, Most Cherished Liberty,” *Origins*, 41:46 (26 April 2012), 750.