1. The deep interest which the Church has always demonstrated for the world of the suffering is well known. In this for that matter, she has done nothing more than follow the very eloquent example of her Founder and Master. In the Apostolic Letter Salvifici Doloris of 11 February 1984, I emphasized that "in his messianic activity in the midst of Israel, Christ drew increasingly closer to the world of human suffering. He went about doing good", and his actions concerned primarily those who were suffering and seeking help" (no. 16).

In fact, over the course of the centuries the Church has felt strongly that service to the sick and suffering is an integral part of her mission, and not only has she encouraged among Christians the blossoming of various works of mercy, but she has also established many religious institutions within her with the specific aim to fostering, organizing, improving and increasing help to the sick Missionaries, on their part, in carrying out the work of evangelization have constantly combined the preaching of the Good News with the help and care of the sick.

2. In her approach to the sick and to the mystery of suffering, the Church is guided a precise concept of the human person and of his destiny in God's plan. She holds that medicine and therapeutic cures be directed not only to the good and the health of the body, but to the person as such who, in his body, is stricken by evil. In fact, illness and suffering are not experiences which concern only man's physical substance, but man in his entirety and in his somatic-spiritual unity. For that matter, it is known how often the illness which is manifested in the body has its origins and its true cause in the recesses of the human psyche.
Illness and suffering are phenomena which, if examined in depth, always pose questions which go beyond medicine itself to touch the essence of the human condition in this world (cf *Gaudium et Spes*, no. 10). Therefore, it is easy to understand the importance, in the social-health care services of the presence not only of pastors of souls, but also of workers who are led by an integrally human view of illness and who as a result are able to effect a fully human approach to the sick parson who is suffering. For the Christian, Christ's redemption and his salvific grace reach the whole man in his human condition and therefore reach also illness, suffering and death.

3. In civil society the social-health care services sector has undergone an important and significant evolution in recent years. On the one hand, access to assistance and health care, recognized as a right of the citizen, has become generalized, consequently determining the broadening of the structures and of the various health care services. On the other hand, in order to meet these requirements, nations have established appropriate ministries, passed *ad hoc* legislation and adopted policies with specific health care aims. The United Nations, for its part, has initiated the World Health Organization.

This vast and complex sector directly concerns the good of the human person and of society. Precisely for this reason it also poses delicate and inevitable questions which involve not only the social and organizational aspect, but also the exquisitely ethical and religious one, since basic "human" events, such as suffering, illness and death, are involved, with the related questions about the role of medicine and the mission of the doctor with regard to the sick person. The new frontiers, then, opened by the progress of science and its possible technical and therapeutic applications, touch the most delicate spheres of life at its very sources and in its most profound meaning.

4. For the Church's part, important above all seems to be the work of the more organic investigation of the increasingly complex problems which the health care workers must face in the context of a greater commitment to collaboration among groups and corresponding activities. Today there are many organisms which directly engage Christians in the health care sector: over and above the religious congregations and institutions, with their social health care structures, there are organizations of Catholic doctors, associations of paramedics, nurses, pharmacists, volunteer workers, diocesan and interdiocesan, national and international organisms which have sprung up to pursue the problems of medicine and health. A better coordination of all these organisms is required. In my discourse to Catholic doctors on 3 October 1982, I emphasized this need: "In order to do this, individual action is not sufficient. Collective, intelligent, well-planned, constant and generous work is required, and not only within the individual countries, but also on an international scale. Coordination on a world-wide level would, in fact, allow a better proclamation and a more effective defense of your faith, of your culture, of your Christian commitment in scientific research and in your profession" (*Insegnamenti di Giovanni Paolo 11*, V, 3 [1982] p. 674; L'Osservatore Romano in English, 25 October).
5. In the first place, this coordination must be understood to promote and spread an ever better ethical-religious formation of Christian health care workers in the world, keeping in mind the different situations and specific problems which they must face in carrying out their profession. It will be addressed, then, to better sustain, promote and intensify the necessary activities of study, investigation and proposals in relation to the aforementioned specific problems of health care service in the context of the Christian view of man's true good.

In this field today there have arisen delicate and grave problems of an ethical nature, concerning which the Church and Christians must courageously and lucidly intervene to safeguard essential values and rights connected with the dignity and the supreme destiny of the human person.

6. In the light of these considerations, and supported by the opinion of experts, priests, religious and laity, I have arranged to constitute a Pontifical Commission for the Apostolate of Health Care Workers, which will serve as the coordinating organism for all theca Catholic institutions, religious and lay, committed to the apostolate of the sick. It will be connected with the Pontifical Council for the Laity, of which it will be an organic part, although maintaining its own organizational and operational individuality.

The duties of the Commission will be the following:

—to stimulate and foster the work of formation, study and action carried out by theca various intentional Catholic organizations, as well as by other groups, associations and organizations which, on various levels and in various ways, operate in this sector;

—to coordinate the activities carried out by the various departments of the Roman Curia in relation to the health care world and its problems;

—to spread, explain and defend the Church's teachings on the subject of health care, and to encourage their penetration into health care practices;

—to maintain contacts with theca local Churches and, in particular, with the Episcopal commissions for the health care world;

—to follow carefully and to study organizational orientations and concrete initiatives of health care policies on both the international and the national levels, with the purpose of discerning their relevance and implications for the Church's apostolate.

The Pontifical Commission will be presided over by the Cardinal President of the Pontifical Council for the Laity and will be managed by a coordination group headed by a Pro-President (Archbishop) and a Secretary (not a bishop).
It is the President's task to direct the Plenary Assemblies of the Members and Consultors. In addition, the President will be informed in advance of decisions of major importance and will be kept up to date on the ordinary activity of the Commission.

It will be the Pro-President's task to promote, manage, preside over and coordinate the organizational and operational activities of the Pontifical Commission.

The Members and Consultors, appointed by me, will represent:

a) some departments and organisms of the Roman Curia (Secretariat of State; Congregations for the Doctrine of the Faith, for the Eastern Churches, for Religious and the Secular Institutes, for the Evangelization of Peoples, and for Catholic Education; the Pontifical Council Cor Unum, the Pontifical Council for the Family the Pontifical Academy of Sciences);

b) the Episcopate (Episcopal Commissions for the health care world);

c) religious orders engaged in hospital work;

d) the laity (representatives of the international Catholic organizations and other groups and associations which operate in the health care field and in the world of suffering) .

In fulfilling its mission, the Pontifical Commission may seek the collaboration of experts and establish *ad hoc* working groups on specific questions.

*Given at Rome, at St. Peter's on February 11, 1985, the seventh year of our Pontificate.*

**JOHN PAUL II**