

The Role of the Physician in Certifying Miracles in the Canonization Process of the Catholic Church III

John Collins Harvey, MD, PhD

Abstract: Physicians play a very important role in the theological processes known as beatification canonization in the Catholic Church. In the first millennium of the Christian era, martyrs and other individuals who lived exemplary lives of Christian perfection in the opinion of the faithful in their locale were venerated as holy persons who had already obtained heaven upon their deaths. Thus, “saints” and their cults were created by action of local Christian communities. Bishops gradually recognized that such action was neither in the best interests of the local community of faithful Christians nor of its Church and Bishop. The creation of “saints” by local acclamatory action often leads to error, scandal, and heresy. In the beginning of the second millennium of the Christian era, the Popes gradually centralized this theological process under their direction. In the process which was developed, physicians were an essential group in certifying to the ecclesiastical authorities that a physical cure produced by a miracle was inexplicable by current medical knowledge. This paper subsequently describes this process of development as well as the special role of physicians in it.

The canonization process of the Catholic Church is a theological activity in which physicians play a very important role. To understand this role, however, one must know the history of the development of the beatification and canonization processes and the evolution of the physicians’ role therein.

In the first three centuries of the Christian era, the Church was beset with persecutions which were instituted by various Roman emperors. Death was the penalty for any citizen or slave in the empire who did not sacrifice to the emperor as a God. Christians refused to do this. Such action would be a public denial of their belief in the one true God. Many suffered martyrdom in these persecutions.

In the fourth and fifth centuries, repeated invasions into the northern territories of the empire by Germanic tribes from Eastern Europe (Visigoths, Vandals, and Franks) occurred. Later, in the fifth century, Slavic tribes from the east invaded

the eastern territory of the empire. The chiefs of these various tribes ordered the killing of Christians who proselytized tribal members.

These slaughtered Christian heroes were known as martyrs for the Faith. Often at the grave site of such a martyr, the faithful would leave tokens of reverence in honor of their heroic action in choosing death over apostasy. The faithful universally believed that by dying a martyr’s death, the individual went straight to heaven, seeing God directly “face to face.” Thus a martyr was a “saint.” Gradually the belief developed that such “saints” could beseech God to give help to a living individual. The faithful living near a martyr’s grave might pray to the martyr for an intervention to God to grant some favor, eg, a cure of an illness, provision of fruitful harvests, safe deliverance of a child, etc. Expressions of devotion to a particular “saint” gave rise to the expression “a saint’s *cult*” (*cultus*—the Latin term for honor), which came to define that group of the faithful who venerated a particular “saint.” This veneration often spread to more distant churches whose congregation would also become cult members, often requesting in prayer the “saint’s” intervention to God for a favor.

Throughout Christendom, in the first millennium of the Christian era, deceased persons were initially declared “saints” by local communities rather than by central church authorities. Bishops realized that this process of creating “saints” by local acclamation and the development of local cults could lead to error, scandal, and heresy. At the Council of Carthage in 419 A.D., the bishops of northern Africa attempted to regulate this process. A martyr whom the peoples’ cult called “saint,” they argued, should first be recognized and investigated to some degree by the bishop of that territory where the grave or tomb was located to prove sanctity of person and truth of the divine intervention through the testimony of living witnesses.¹ Only then should the faithful venerate the individual as a “saint” and seek interventions for a favor from God. The bishops thus became involved in the process of naming martyrs “saints” by investigating and accepting as valid claimed interventions (*miracula*—Latin for “splendid wonders”) by one or another member of that bishop’s flock. The “saint” could then be venerated in that diocese. That bishop, however, could not ask the faithful of the universal Church to recognize that martyr as a “saint.” Only a Pope has this authority.

The Church’s process of recognizing a saint is called beatification and canonization. The Church does not create saints. The Church simply applies the standard of holiness of life to certain individuals who lived exemplary Christian lives and through this lengthy process of prayer and study have declared that the individual is in heaven. One way for God to affirm the presence of an individual in heaven with Him is through the performance of miracles through the intercession of that person.

From Georgetown University and the Center for Clinical Bioethics, Georgetown University Medical Center, Washington, DC.

Reprint requests to Dr. John Collins Harvey.

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There was no set formula in the Church for these processes until Pope Gregory IX (1227–1241) in 1234 regularized for the universal Church (ie, not just local dioceses) the procedures for investigating the life of a candidate for sainthood as well as authenticating any miracles attributed to that individual's intervention with God.² He insisted there be eye-witnesses to any claimed miracle of a physical nature. By the time of Pope Gregory IX many bishops had begun to request physicians to authenticate cures attributed to a given "saint's" intervention. Such a practice was not defined by canon law and thus it was not universally applied. This situation continued to exist up to the end of the 16th century.

In 1588 Pope Sixtus V (1585–1590) created the Roman Curia with five Congregations to assist him in the governance of the universal Church.³ He assigned the task of overseeing the process of beatification and canonization to the Sacred Congregation of Rites. On the part of the theologians there was lack of a clear universal vision of what was really required for the ascertainment of a miraculous cure. It was also recognized that medical science was not so highly developed to enable physicians to always recognize a supposed "miracle." A famous Roman physician, Paolo Zacchia, attempted to deal with this problem in his monumental treatise *Quaestiones medico-legales* first published in 1621.⁴ His conclusions were so highly considered by the theologians of the Sacred Congregation of Rites that they adopted them for assessment of miracles. From this time on by initiative of the Sacred Roma Rota (the second highest ecclesial court in the Church) under the direction of Pope Urban VIII (1623–1644) it became obligatory to have medical experts in the examinations of miracles.^{5,6} As a consequence of Urban VII's reforms, Pope Innocent XI (1676–1689) prepared and issued his famous decrees of 15 October 1678, which set the fees for all ministers involved in the proceedings and made the examinations of alleged miraculous cures strictly scientific in nature.⁷

At the beginning of the 17th century the requirements of a miraculous cure and its recognition were explicitly taken into consideration by the Sacred Congregation of Rites. Benedict XIV (1740–1750), as Cardinal Prospero Lambertini, Promoter General of the Faith in the Congregation of Rites before his election to the papacy, wrote in 1740 exact directions for all the steps in the beatification and canonization process.⁸ Included in these instructions were the exact procedures to be followed by the medical experts called upon to assist in the evaluation of the so-called miraculous cures.

The Popes of the 20th century insisted that physicians have a greater and more definitive role in the beatification and canonization process. Firstly, the norms of the process set forth by Benedict XIV were incorporated into the code of Canon Law of the Church in 1917 by Benedict XV (1914–1922).⁹ He added a new and important requirement, ie, that a medical expert must always be included among the members of any tribunal in charge of gathering information on a "presumed" miracle at the diocesan level. Such physicians need

not be Roman Catholics. Any physician of any faith or of no faith may give medical evidence at this level of investigation. Pius XI (1922–1929) created a historical section within the Congregation of Rites to study "historical" causes in accordance with the dictates of the then new techniques of historical form criticism in his Apostolic Letter *Gia da qualche tempo* issued *motu proprio* 6 February 1930.¹⁰ In 1939 he abandoned the process called "apostolic authority" and ordered a single process to be conducted with ordinary authority in these "historical" causes.¹¹ Pius XII (1939–1958) created a Medical Commission (Consulta Medica) on 22 October, 1948 to advise theologians of the Congregation of Rites when they were evaluating medical miracles.^{12,13} Its work was modeled after the Medical Commission established in 1884 at the Marian Shrine at Lourdes, France. He made mandatory that the theologians of the Congregation always seek and abide by the opinion of the physicians of the Commission, whether an alleged medical miracle is unequivocally inexplicable by current medical science. John XXIII (1958–1963) made some minor changes in rules governing the activities of the Medical Commission on 10 July 1959.¹⁴

Paul VI (1963–1978) in 1969 divided the Congregation of Rites to create two new dicasteries (ie, official Vatican bureaus). He named one the Congregation of the Causes of Saints with three distinct offices—the judiciary, the Promoter General of the Faith and the historical-judicial, a continuation of the historical section created by Pius XI.¹⁵ In 1983 John Paul II (1978–2005) promulgated canon norms for exact procedures to be followed for causes of saints from the initiation of the process by a local bishop to the actual rite of canonization by the Pope. He also added a College of Relators to prepare cases of those declared Servants of God, the first step in the canonization process.¹⁶ In section I describing the activities of local bishops, norm 22 directs that inquiry into alleged miracles must be conducted separately from the inquiry into virtues or martyrdom.¹⁷ In section II, describing the norms for the Congregation, norm 8 directs that one of the Relators shall be especially selected to prepare the positions on miracles. He is to take part in the meetings of the physicians and of the theologians.

The physician-consultants of the Medical Commission are appointed by the Prefect of the Congregation for the Causes of Saints. There are some 60 who are selected mostly from among the outstanding professors, department chiefs, or chief medical directors in the various university hospitals in Rome or other cities of Italy. Occasionally a medical consultant of another nationality is asked to serve as a special consultant and expert witness for the Medical Commission to deal with special cases. All must be Roman Catholics. They represent many different specialties. Their duty is to determine whether any alleged medical miracle (most all claimed miracles are of this sort) is inexplicable by current medical science. Biweekly for nine months of the year, different panels consisting of five members of the Commission meet in the

offices of the Congregation and examine the alleged miracles claimed in two cases. For each case studied, the member is paid a fee of about \$500. All medical and hospital records obtained in the process are made available to the examining physicians. Submitted medical testimony is accepted at face value from all legitimately licensed medical personnel of any race or religious persuasion, including atheists. All x-rays, reports of laboratory tests and pathologic studies collected are made available, as are written testimonies of the alleged miracle from the subject, from eyewitnesses, and from the individual who invoked the intercession of the involved "blessed" person. The physician's preparation for the panel meeting is very time consuming. The records are extensive and x-rays and laboratory reports numerous. Done in isolation, the preparatory work of the consultant requires at least twenty-five or thirty hours per case.

Each individual case that the theologians have passed on to the Medical Commission is assigned to two members of a five member panel for study and reporting (Figure). Reports are prepared individually and submitted by their authors to the three other members. If both reports are negative, the case is dropped. If one or both reports are positive, the case is submitted to the two other members of the panel and the president of the Commission. At an appropriate time, the five member panel reviews the three additional reports and votes after extensive consultation with one another. Forty to fifty cases are examined each year. Only about a third of the cases

of the alleged miracles are determined by the Commission to be medically inexplicable. Usually the vote of the panel when it finds the cure inexplicable is unanimous.

The physicians of the Medical Commission work only from written records. They work in isolation and do not discuss their work with anyone, even each other, until panel meetings. They are by papal direction advisors to the theologian members of the Congregation. Clearly they do not "make saints." They merely pass specific advice on to the theologians who consider it seriously in conjunction all the other information, which has been received from the sources called for in the norms. The theologians then make a judgment about the claimed miracle and the author of the intervention from which it resulted. In addition to the recommendation from the Medical Commission, the theologians consider all other information which has come to the Congregation and is related to the alleged miracle. They recommend to the Cardinal members of the Congregation to accept or reject the action as a true miracle. If the Cardinal members conclude that all the evidence indicates an intervention by God, they will recommend to the Pope that he canonize the Blessed who interceded for the supplicant. By the procedure of canonization, the performance of which is reserved for the Pope alone, the Church proclaims its recognition that a certain individual has demonstrated actions proving infallibly that individual's blessed existence in heaven with direct knowledge of God. The faithful justifiably call such an individual a Saint!

The importance of physicians in the work of the Congregation For the Causes of Saints was emphasized in the recent letter of Pope Benedict XVI (2005-) issued 24 April 2006.¹⁸ In this letter he thanks all the participants taking part in the Plenary Session of the Congregation, and makes particular mention of the medical experts. The second theme of the Plenary Assembly was the miracle in the Causes of Saints. He states that he hopes the participants: "will be able to examine this subject in greater depth in the light of the tradition of the Church, of the present-day theology and of the most reliable scientific discoveries." He continues: "It should not be forgotten that in the examination of events claimed to be miraculous the competence of scholars and theologians converges, although the last word is given to theology, the only discipline that can give a miracle an interpretation of faith. This is why the process of Saints' Causes moves from the scientific evaluation of the Medical Council or technical experts to a theological examination by the Consultors and later by the Cardinals and Bishops." Later on in the letter he quotes John Paul II,⁷ who said: "Most recent experience, finally, has shown us the appropriateness of revising further the manner of instructing causes and of so structuring the Congregation for the Causes of Saints that We might meet the needs of experts and the desires of Our Brother Bishops, who

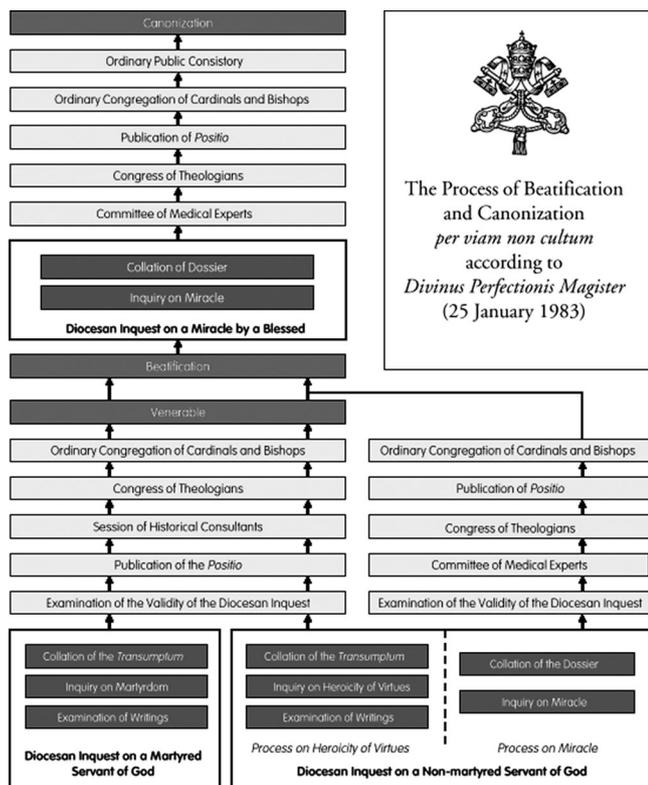


Fig. The process of beatification and canonization.

have often called for a simpler process while maintaining the soundness of the investigation in matters of such great import.”

Indeed, the input of physicians in the work of the Congregation for the Causes of Saints is essential and pivotal, for it is they alone who determine if an alleged physical miracle has actually occurred. Without a positive finding on their part the process of beatification and canonization cannot go forward.

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| *The greatest obstacle to discovery is not ignorance - it is the illusion of knowledge.*

—Daniel J. Boorstin