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

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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. 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.
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. He insisted there be eyewitnesses 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. He assigned the task of overseeing the Curia with five Congregations to assist him in the governance and thus it was not universally applied. This situation continued to exist up to the end of the 16th century.

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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 inter-vention 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. 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 Consultants and later by the Cardinals and Bishops.” Later on in the letter he quotes John Paul II, 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

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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.

General References

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The greatest obstacle to discovery is not ignorance - it is the illusion of knowledge.
—Daniel J. Boorstin

References
2. Gregory IX. Nova compilation decretalium, 1234.