ILLNESS AND HEALING IN THE HOLY SCRIPTURE. CHURCH SERVING THE ELDERLY AND SICK: BIOETHICS FOR CARE OF PEOPLE SUFFERING FROM NEURO-DEGENERATIVE DISEASES, PRIMARY AND METASTATIC BRAIN TUMORS

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Abstract
On November 23, 2013, the Pontifical Council for Health Care Ministry organized the 28th International Conference on the topic: The Church in the service of the elderly and sick, the care for those suffering from neurodegenerative diseases. Those 700 participants from 57 countries, physicians, researchers, volunteers and religious personalities were received in audience by the Holy Father Pope Francis. In his words of encouragement, Pope Francis insisted on the imperative to act only in favor of life, until those who are considered “unproductive” in economic terms will not be marginalized or even eliminated, as the large number of abortions and the spread of the practice of euthanasia shows. The disease, with its variety of afflictions, raised questions for people of all ages. Their answer came off of the concept that they had about the world in which they lived and of the observations made on the powers that govern the world. The spring occurred in the Greek sense of observation and medicine developed independently, as a positive science. That being so, the biblical revelation set aside the scientific aspect of the problem and dealt exclusively with the religious meaning of illness and healing at the level of salvation. In this paper we track: understanding religious binomial healing disease in the light of The Holy Scripture, and we will explain how this position is based on the latest research in the field of bioethics care of people suffering from neuro-degenerative diseases and primary metastatic brain tumors.

Keywords: illness, healing, aging, Holy Scripture, bioethics, dynamic, ministry.

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Disease in the Old Testament [1]

The disease was regarded as a weakness (My heart is struggling, powers have left me and I have not even the light of my eyes, Ps 38.11), the medical observations being, at that time, concise: skin disorders, fractures, fever and agitation (remember Psalms of the patients: Ps 6, 32, 38, 39, 88, 102). Natural causes are of no interest except the track: injuries, falls (Jonathan son of Saul, had a lame son [...] fell and remained lame. His name was Mephibosheth, 2Sam 4.4). Aging, described by Qohelet in a deep sadness, had a special place (Remember the one who created you in the days of your youth, before the evil days come and be touched by the years during which you say: “I have no pleasure in them” until the sun becomes darken, the light, the moon and the stars and the clouds return after the rain, until the day when the keepers of the house shall tremble, and the strong men are bent, those who grind cease, for they are few, and those concerning the windows will darken. [...] For any man goes to his eternal home and those who mourn will spin the street until the silver cord will break and it will break the golden bowl. Qoh 12.1 to 6; Gen 27.1, 1 Pr 1:1-4;) and, in contrast, (Moses was an hundred and twenty years old when he died, the eyesight did not weaken and the powers did not let him down, Dt 34.7). We must remember that for the religious man in the Old Testament the essential meaning was in the disease. In the world in which everything depended on divine causality, the disease was no exception; you could see in it only the correction that God was applying to the man (Lord said, “Take your hand into your bosom.” He put his hand in his bosom, and drew it, and, behold, his hand was [white] as snow from leprosy, Ex4.6, I was quiet and I was broke, he grabbed me by the neck and crushed me, raised me to be his target, Job 16.12 ss.). The actions of some superior beings were recognized and in total dependence on God being called the angel of death (The Lord sent a pestilence upon Israel from the morning until the appointed time, and many people died from Dan to Beersheba, ss 2 Sam 24:15, 2 Pr 19.35, [...] , the Lord will pass near the entrance and He will not let the destroyer to come into your houses to smite, Ex 12.23). Hence the question: Why the presence of evil on earth, if God, the Absolute Master “established the Good”? (Gen1:10). Simply spontaneous the religious sense of man has established causality between disease and sin. Biblical revelation does not contradict it, but it only made the terms in which this causality must be understood. God created man for happiness, as we read in the first book of the Holy Scriptures, and the disease, with all other suffering, is contrary to this profound intention. The disease entered the world only after sin (He told the woman, “I will multiply your suffering when you are pregnant and you bear children in pain. You will feel attracted to your husband, and he will rule.” And He said to Adam “Because you listened to your wife and ate from the tree that I commanded you not to eat, cursed is the ground because of you! In your sweat you will eat bread until you return to the earth from which you were taken. For that you are dust and to dust you shall return”, Gen 3.16 to
The experience of the disease had thus resulted in waking the consciousness of sin. That is happening in the psalms of supplication, where the demand for healing is always accompanied by the confession of mistakes (Lord, do not rebuke me in your anger and do not punish me in your anger! [...] For transgressions covered my head and like a heavy burden put me down. My wounds rotted and they were poisoned because of my foolishness, Ps 38.2 to 6, 39.9 to 12 Ps Ps 107,17).

Healing in the Old Testament

In the OT the use of medical practices is not prohibited: Isaiah uses them to heal Hezekiah 1 (2RG 20.7) and Rafael to take care of Tobit (Lie the gall of the fish on his eye; the drug will shrink and remove white eyes and your father will look and see the light. [...] Tobiah went to him with gall of the fish in hand. He breathed his eyes, grabbed him and said, “Trust, Dad. ‘He put the medicine and held there, Tob 11,8.11 s). Simple remedies were commonly used and the Siracid even praises the medical profession (Honor the doctor with the honor due to him for his own interests, for the Lord created him! Healing is from the Most High, and he will receive gifts from the king! The doctor’s knowledge will raise his head and before great men he shall be admired. Jehovah created remedies from the earth and the handyman does not despise them [...] Make room for the doctor - for the Lord created him - not to stay away from you, for you need him, Sir 38,1-8.12 s). But magic regarding the idol worship is condemned (Is not God in Israel that you go to see Baal-Zebub, the god of Ekron? Therefore thus the Lord says: You shall come down from the bed where you sat, because you die. Then Ely departed, 2 Pr 1:1-4), which often contaminates the medicine itself (in the thirty-ninth year of his reign Asa was diseased in his feet and his illness became very heavy. Yet even during his illness, he did not seek the Lord, but the healers, 2Chronicles 16:12). God was eminently the man’s doctor who, confessing his sins, he humbly implored healing as a gift. The Book of Psalms is enlightening in this respect (Psalm 6, 38, 41, 88, 102). God bent on suffering mankind to relieve pain, because the disease, even if it has a meaning, it is still an evil. Thus saving promises of the prophets abolishing her future world in which there will be crippled (Is 35.5 s), no suffering, no tears (Is 25.8; 65.19). The world freed from sin, the disease disappears as a result, tragically weighing upon the human race and the right who suffers will be taken upon our diseases and we have been healed by His wounds (And He bore our sufferings and our sorrows took on him. We felt him hit, beaten and humiliated by God, Isaiah 53, ss).

Jesus and the Condition of Suffering Mankind

Jesus encountered many patients throughout his public life. He saw the evil disease that makes people suffer as a sign of sin, of Satan’s power over people (And this daughter of Abraham, who was bound by Satan for eighteen years, be loosed on Saturday?” Lk 13:16). The mission of the Savior was a great challenge not that in the sense that he will do in such a way that the disease will disappear from the world, but to teach us that
divine power that is already working on the earth, will ultimately defeat it. All patients who trust in Him are required one thing: to believe, all things are possible for those who believe (But Jesus not taking into account the saying word, said to the synagogue leader: “Fear not, only believe”, Mc 5.36). Faith in Christ involves belief in God’s kingdom, and it is this faith that heals the people (Then Jesus said, “Go, your faith has saved you.” Immediately he received his sight and followed him on the way, Mc 10.52). According to the prophets, miraculous healings anticipated the state of perfection that we find in God’s kingdom. But in the spiritual perfection of creation, Jesus Christ’s healings are also a symbolic significance to the present. The disease is a symbol of the state in which the sinner is, from a spiritual point of view he is blind, deaf, paralyzed. Healing the sick is spiritual healing of people brought by Jesus. He forgives the sins of the paralytic and shows that He has this power of healing (But if you want to know that the Son of Man has authority to forgive sins on earth - told the paralyzed: get up, get your stretcher and go to your house. “He stood up and immediately taking the stretcher came out in front of everyone, so that all were amazed and glorified God, saying, “I’ve never seen anything like it “Mark 2:1-12). Jesus Christ’s care to the sick is for all mankind the prelude of the Christian sacraments. His mission on earth, as doctor, was for the sinners (When he heard Jesus say: “The healthy do not need the doctor, but the sick ones. I did not come to call the righteous, but the sinners” Mk 2:17) to remove the infirmities and diseases. He took upon himself all the sin of mankind (This was to fulfill what it was spoken through the prophet Isaiah: He took upon him our infirmities and bore our sicknesses, Mt 8,17). And only then can we understand the meaning of His Passion: Jesus participates in the condition of suffering mankind, to be finally victorious over its misfortunes. The Son does not only take just the human nature, but also its destiny with a precise human life. Thus, the man is not only deified in an abstract meaning, but he is actually made as an “adopted son”. As for us, we are obliged to follow the Word [2].

The Patient in the Christian World

The miraculous healings as a sign of God’s kingdom on earth were sent to the Apostles by Jesus Christ since their first mission (Calling his twelve disciples, He gave them power over unclean spirits, to their chase and to heal every disease and every infirmity, Mt 10,1). The continuous achievement of this sign will accredit the Apostles the proclamation of The Gospel, for in the book The Deeds of Apostles healings are recorded repeatedly (But Peter said, “I do not have silver and gold, but what I have, that I give thee: In the name of Jesus Christ of Nazareth, rise up and walk!” Deeds 3, 1-6, for the many who were possessed, the evil spirits came out crying with a loud voice, and many paralyzed and lame were healed, Acts 8.7, and it happened that the father of Publius was lying in bed with fever and dysentery. Paul came to him, prayed, and laid hands on him and healed. Following this the rest of the island came and sick were healed, Acts 28.8
to 10). The Apostle Paul mentions among the charisma of the Holy Spirit that of healing ([...]) then the charism of healing, of helping, of leadership, of different languages, [...] Do they have all the charisma of healing? Do all speak in tongues? Do all interpret? ICor 12, 9.28.30). By virtue of a permanent sign that deontic authority continued accreditation of the Church of Jesus, pointing to the Holy Spirit as a guarantee of the intrinsic unity will act in it until the end of time [3]. The gesture of the Apostles (And drew many demons, anointed with oil many that were sick and healed them, Mark 6:13), was taken over by the Church, which applies to the sick anointing with oil in the name Lord. They confess their sins and pray this prayer with faith and save them, because they are forgiven their sins and hope, if God’s will, in healing (Is anyone sick among you? Let’s call the elders of the church and they pray over him, anointing him with oil in the name of God. And the prayer of faith will save the sick, and the Lord shall raise him up and if he committed sins, he will be forgiven, James 5:14-15). Only then we can understand why today the Code of Canon Law of the Roman Catholic Church canon 978-1 states: “In hearing the confessions the priest always bear in mind that he acts as judge and doctor, and he was ordained God as a minister of justice and divine mercy, to take care of divine honor and the salvation of the souls” [4]. But healing does not always produce the faith of the Church stating that it is not a magical effect of prayer or ritual. The mankind will have to accept the consequences of sin, believing that Jesus Christ took upon himself our diseases during his passions, He harnessed them and from then on, any suffering becomes a deeming value. These being said, it does not mean that suffering is easily accepted. The disease remains a trial and it is an act of love to help the sick to bear, visiting them and relieving them. Serving the patients means to serve Jesus Christ Himself, for that is how He will tell during the day of judgment (I was naked and you clothed me, sick and you visited me, I was in prison and you came to me, Mt 25,36). In the Christian world, the patient was not a damn to dodge (Those who love me and my friends are [far] because of my wound, and the relatives sit back, Ps 38, 12), but it has been the face and likeness of Jesus Christ. “As works of charity and mercy provide a wonderful testimony of the Christian life, the apostolic formation should lead and pursue because since childhood the believers learn to take part in the sufferings of their brethren to generously come to their aid when in need” [5]. And in the context of social responsibility the Roman Catholic Church has an unequivocal position: “By their decisions, those responsible for public institutions can guide the development of biotechnology for purposes more promising as the fight against the disease is concerned, the fight against hunger and safeguarding the ecosystem, the common heritage of all” [6].

Church serving the Elderly and Sick

In the face of suffering, the best attitude is that of silence. “The silence does nothing to highlight than the unutterable of such feelings, which remain personal and subjective. Suffering is that of the one
who is experiencing and before it, it is
difficult not to find words to express
the triviality”. [7] Precisely this
attitude of the unutterable made Jesus
Christ to take the attitude of man’s
suffering, not so much by the effort to
express the ineffable, but by taking
suffering of the mankind. Lord’s
Apostles and later the Church support
the belief that every suffering Christian
is a member of the mystical
body, being made as a part of the
mystery of Christ’s suffering were all
involved with pastoral commitment to
bring relief and hope to wake up and
entrusted the grip merciful love, which
focuses all the good to those who love
God. It is necessary to distinguish
between *pain* and *suffering* for so we
can understand the concern of the
Church to be with the suffering
Christians. The term *pain* designates
the physical discomfort due to faulty
multifunction of an organ of the body,
and we express this situation by
saying: my head, my liver or my leg
hurts. The term expresses the reality of
the metaphysical *suffering* that goes
beyond the sensorial limit of the
life. Suffering is experienced and
understood only by the man who has
full sense of reason. We can say that
the only person who suffers is clearly
aware of the danger and the
threatening represented by aging and
the disease. For people who do not
enjoy the full sense of the reason, it is
quite difficult to talk about suffering
rather than to talk about pain. What
produces to the man a great
discomfort, which wants to be free; it
is not the pain, but mainly the
suffering. The disease and the old age
reveal to the man both the fragility of
life and the inability to avoid death as
the end point of its biological existence
today. The experience of life shows
that older people often live in the
depths of their being a state of anxiety,
of disorder and frustration due to the
perspective of the implacable end of
death. The suffering of the Christian
can be a *compacted* suffering, made of
a plurality of sufferings. The *compactness* of suffering,
becoming a true abyss of suffering in
hand, mysterious and unfathomable,
that intrinsically and inextricably
appears linked to the human existence,
can have multiple causes. The primary
cause of the human suffering can be
identifies in the *tension to complete the*
self-realization [8] to achieve its
transcendent, becoming the adopted
son of God. This trend was
propagating by God in profound
human being, which effectively made
aware and became a real *suffering* due
to the constant effort required to
accomplish it. This “suffering comes in
the definition and the genesis of the
man’s interiority” [9]. Other causes
that can generate the Christian’s
suffering include: the inability to avoid
the aging process and the erosion of
the physical and mental state, the
closing in himself not to disturb those
around him, and the refusal to share
their status to others, the lack of
empathy for family members or the
close ones; the indifference of the
relatives or the impossible downright
to offer their sufficiently competent
help to him; the insensitivity to local
communities to give them the
necessary help in case of need is
located at the suffering; the insecurity
of acquiring the eternal happiness, as
well as the fear of the righteous
judgment of God at the end of the life
and the rebellion against God [10]. The
devil disturbs the Christian’s soul,
trying to determine him to rebel
against God, then to despair and finally
to destruction. Jesus Christ who came
to destroy the negative works of the
devil, knowing the danger that
suffering can mean for the salvation of
man, after taking upon Himself the
human suffering and has changed it,
“through His passions and His death
on the Cross gave a new meaning to
the suffering: for now, it makes us as
His appearance and He can unite us
with His redemptive Passion” [11].
The lower reality and the suffering turn
through a mysterious change into a
better specie” [12] in their gift to suffer
with Christ and in Christ. As the divine
power of Christ turned the water into
wine in the Cana of Galilee wedding,
and as the pain of the woman who
gives birth turns you into the joy of
coming into the world of a new man,
the same transformation process is
supported by the human suffering,
becoming the sacrament of
salvation. One of the miracles
performed by the Lord is to make
profitable the most useless thing like
suffering. He glorified it by listening
and love [13]. Thus transformed, the
Christian’s suffering becomes from the
threatening of an eternal damnation a
tool for personal salvation and
sanctification, from a meaningless
existential reality a means of
collaboration with Christ in suffering. At the pastoral level, through
the Anointing of the Sick the divine
wisdom is revealed manifested through
God’s love displaying His care for the
people. Visiting the old and sick
people, the prayers made with them
and for them by the priest and the
Christian community as well as the
administration of the Sacrament of
Anointing of the Sick obviously show
the pastoral care of the Church for all
those who are suffering and the wise
way to value suffering.

Caring for People with Brain
Tumors and Neuro-degenerative
Diseases

The treatment of brain tumors is a
challenge for neurosurgeons, neuro-
oncologists and palliative doctors. The
therapeutic decision is made based on
brain tumor histology and the patient’s
prognosis. The therapeutic decision is
focused so as to ensure the quality of
the post-operator patients’ live, not
only his survival. The prevalence of
brain tumors requires is 50:100.000 / year and the incidence is 9:100.000 / year [14]. The most common primary
brain tumors are glioblastoma
representing 20-25% of the total
primary brain tumors and are
unfortunately the primary brain tumors
with the highest degree of
malignancy. The survival rate of
primary brain tumors is shown in
Table 1.

<table>
<thead>
<tr>
<th>Degree of malignancy</th>
<th>Prognosis after “total” removal</th>
<th>Extracerebral</th>
<th>Intracerebral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree I benign</td>
<td>&gt; 5 years</td>
<td>Meningioma,</td>
<td>Pilocytic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Craniopharyngioma,</td>
<td>astrocytoma,</td>
</tr>
<tr>
<td>Degree</td>
<td>Benign / Malignant</td>
<td>Tumor Type</td>
<td>Survival Rate</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------</td>
<td>------------</td>
<td>---------------</td>
</tr>
<tr>
<td>II</td>
<td>Semi benign</td>
<td>pituitary adenoma, choroid plexus papilloma, hemangioblastoma</td>
<td>3-5 years</td>
</tr>
<tr>
<td>III</td>
<td>Malignant</td>
<td>Anaplastic meningioma, Oligodendrogliaoma</td>
<td>2 - 3 years</td>
</tr>
<tr>
<td>IV</td>
<td>High malignancy</td>
<td>Sarcoma, Glioblastoma, medulloblastoma</td>
<td>6-15 months</td>
</tr>
</tbody>
</table>

Table 1. Survival rate of brain tumors [15]

Surgical indication depends on its location, tumors sizes and the rate of tumor growth, patient’s age and last but not least the Karnofsky score (see Table 2) that influences both surgical indication and quality of post-operator patient live. The limit of Karnofsky score for the patient to benefit from surgical indication and to ensure the quality of post-operator live is 70. The surgical outcomes may be improved by using high performance appliances: the operator microscope, the neuro-navigation, stereotaxis, intra-operative imaging, intra-operator electrophysiological monitoring, brain mapping and the association to such technical possibilities of neurosurgical intervention with awaken patient for the patients with tumor lesions located in eloquent areas.

<table>
<thead>
<tr>
<th>Karnofsky Score</th>
<th>Clinical status</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Normal, no complaints, no evidence of disease</td>
</tr>
<tr>
<td>90</td>
<td>Can conduct a normal activity, minimal signs of disease</td>
</tr>
<tr>
<td>80</td>
<td>Performs a normal activity with effort, shows signs of disease</td>
</tr>
<tr>
<td>70</td>
<td>Can take care for himself, cannot conduct a normal activity</td>
</tr>
<tr>
<td>60</td>
<td>Needs occasional help, cares only</td>
</tr>
<tr>
<td>50</td>
<td>Permanent needs help, frequent medical care</td>
</tr>
<tr>
<td>40</td>
<td>Significant disability, require specialized care</td>
</tr>
<tr>
<td>30</td>
<td>Severe disability, require hospitalization</td>
</tr>
<tr>
<td>20</td>
<td>Compulsory hospitalization</td>
</tr>
</tbody>
</table>
Table No. 2. Karnofsky functional status

<table>
<thead>
<tr>
<th>10</th>
<th>Dying</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Death</td>
</tr>
</tbody>
</table>

A special class of brain tumors is represented by their frequent brain metastases is higher than their brain gliomas. In adults, tumors with the highest potential of brain metastases are represented in descending order by the: pulmonary (minimum 50%), breast (15-20%), skin (melanoma) (5-20%), colon - the rectum and kidneys. The most important prognostic factors are represented by the multifunctional status level, single brain metastasis, and absence of systemic metastases, primary controlled tumor and the age under 65. Surgery is indicated when the patient can have up to three brain metastases, no systemic metastases and Karnofsky score is >70. Stereotaxic surgery is indicated when the primary tumor is not known. Stereotaxic radio surgery is indicated when metastases are less than 3 cm. Global brain radiotherapy is indicated as single therapy for the treatment of brain metastasis of the single or multiple brain metastases of non surgical approach. Whatever type of brain tumor is, primary or metastatic, the evolution and postoperative care plan depend on the pre-operator neurological status. The new imaging techniques come in their help (MRI multifunctional, tractography) to get additional information on the involvement of the nerve structures in the development of tumor process and the possibility of brain resection so that the post-operative neurological deficits not to install or to worsen the disease. Unfortunately, primary or secondary brain tumor diagnosis is made late in most cases after the neurological manifestations occur (intracranial hypertension syndrome, deficits in motor speech disorders, behavioral disorders, changes in the state of knowledge, epilepsy, etc.). In most cases the patient’s family is not psychologically prepared to accept the situation and the patient who needs moral support is dropped. Recently there has been a growing recognition of the effectiveness of palliative care offered to these patients, in order to alleviate symptoms and enhance quality of life. Palliative care is defined by the World Health Organization as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening disease patients through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment pain and other problems, both physically, psychologically and spiritually” [16]. The maintenance treatment of patients with brain tumors include good communication, social and psychological support and rehabilitation services. In these patients there is a need of particularly communication skills, dialogue with sick people, family members and people involved in assisting and caring for one in distress, including the aspects of diagnosis, prognosis, treatment options, relapse and palliative care will be analyzed. Often, the patients with brain tumors seek
complementary therapies. Some of the studies show that between 32% and 41% of the patients use complementary and alternative medicine. Most used complementary therapies were homeopathy (39%), vitamin supplements (31%), psychological methods (29%), meditation (32%), herbal extracts (22%) and faith healing (22%). Among patients who resorted to alternative and complementary medicine, 88% found that this was helpful and that it has led to decrease tumor score, increased performance and welfare. Palliative care teams bring complementary expertise in nursing the patient’s communication skills and physically and psychologically practical support inside or outside the hospital environment [17]. If brain tumors are included in the acute category and the diagnosis is difficult to accept not only for the patient but especially for the family, the neurodegenerative diseases are diseases with insidious onset and long duration in evolution. Diseases such as Parkinson’s disease, progressive palsy, amyotrophic lateral sclerosis, Alzheimer’s disease, multiple sclerosis are also included here. The evolution of these diseases is slowly progressive together with the destruction of nerve substance, and loss of motor function and of cognitive functions. As the motor deficits especially those cognitive are installed the patients require a constant observation. As well as in the brain tumors the family is the main element in the care process. What makes the difference between the two types of disorders, the brain tumors and their neuro-degenerative disease is the time spent for care. In the case of the brain tumors this time is limited to months towards the neurodegenerative diseases, this time spans over the years.

Conclusions

This article “Illness and healing in The Holy Scripture. Church serving the elderly and sick: Bioethics for care of people suffering from neurodegenerative diseases, primary and metastatic brain tumors” provides an analysis of information on illness and healing useful both for people with faith in the Holy Scriptures and those without having this foundation. I followed the Church’s position in the service of the elderly and sick, as we have seen the power of death by disease in humans, and we explained how this position is based on the latest research in the field of bioethics care of people suffering from neurodegenerative diseases and of their primary and metastatic brain tumors. The patients with primary or secondary brain tumors are those patients different from those who have localized tumors to other apparatuses and systems. These patients have a high interest in their lives by affecting the quality of awareness, of the cognitive functions, of the primary instincts, of the motor functions and sensory-sensitive ones. The possibility of communication is interested from the beginning in case of these patients, the patient being unfit to be informed about the sickness and to make decisions on that. Between the medical staff and the patient, the family interposes that in some situations it may hinder the care [18]. Besides the described surgical therapeutic possibilities, a better understanding of a patient’s needs and the professional palliative care can improve their lives and provide support for the family /
assisted of the sick one. In the context of social responsibilities the Roman-Catholic Church has an unequivocal position: those responsible for public institutions can guide the development of biotechnology for more promising purposes such as the fight disease, fight against hunger and safeguarding the ecosystem, the common heritage of all.

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