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The Challenges of Healthcare in Today's World
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We are living through the change of an era, as Pope Francis has said. The globality of every human experience, the hard-to-fathom, irresistible and invasive development of innovative technologies, with their harmful ecological consequences, are radically and rapidly changing the human condition, with outcomes that are, at the same time, both encouraging and troublesome. Today, humanity is being put to the test.

The Covid-19 pandemic has made our times drastically more difficult, forcing on us a situation that is unprecedented, dramatic, and world-wide. Every day produces further destabilization of our plans and projects. This omnipresent threat calls into question what we have long taken for granted. The paradox that we are living is one we could never have imagined: to survive the disease we must isolate ourselves from each other, but in living isolated from each other, we soon realize that sharing our lives is essential to life itself. Lost in our technological euphoria, we found ourselves unprepared for the spread of the disease: we struggled to understand its impact and how to deal with it. And even now, even as we see the first fruits of exceptional and unimaginable scientific breakthroughs, we are still struggling to halt its spread.

The medical profession that every day you represent with pride and courage is radically challenged by these new situations and by our understanding of them. Today, I thank you sincerely for giving me the opportunity to share with you my reflections on these challenges. There are four aspects of the situations that I consider crucial.

1. A GLOBAL VISION

The pandemic has definitively shown how the global interconnectedness that is part of every human experience is particularly visible in the healthcare sector. It is clear to everyone that alone we

cannot stay healthy, and that the health of the wealthy and hyper-technological West is subject to planet-wide influences. The current debate on the appropriateness (or necessity) of anti-Covid vaccination in Africa shows how an understanding of globalized health phenomena calls for acceptance of different points of view and different priorities. We all know that the most pressing health emergency in Africa today is not Covid. It is the great number of other diseases that affect the continent.

Understanding global health issues requires each of us to know how to integrate our treatment of an individual patient within a broader and more complex framework. If that is initially frightening, in reality it offers broader and more useful solutions. We must understand that from the moment we learn of a phenomenon and decide how to address it and relate it to a larger context, we take on a responsibility that is not limited to our particular and individual circumstances. This broadening of horizons implies that, even in medicine, the principle of the whole being greater than the sum of its parts, so dear to Pope Francis, has a role to play (cf. *Evangelii Gaudium* nn. 234-237). This principle calls for a careful consideration of what emerges from examining the connection between the whole and its parts, as well as among the several parts themselves.

During the pandemic we have become aware of the interdependence between the life of each individual and the lives of all; an interdependence that also applies to the relationship between personal health and public health. Talking about phenomena in terms of public health and in a global framework means placing oneself at the intersection of the search for causes and clinical definitions on the one hand, and, on the other, the economic and political dynamics that have influenced their onset, spread and management. We are at the convergence between two practices that take place in society: one concerns how we present phenomena conceptually and scientifically, and the other results from operational choices, power relationships, balance of forces, and value systems.

In this sense, the challenge of global healthcare is the challenge of inequality. Two years ago, Pope Francis wrote: "Progressively more sophisticated and expensive treatments are accessible to increasingly restricted and privileged groups of people and populations. This raises serious questions about the sustainability of healthcare services, and about a systemic tendency to increased therapeutic inequality. It is clearly visible at the global level, especially when different continents are compared. But it is also present inside the richest countries, where access to care risks depending more on peoples' economic resources than on their actual healthcare needs." (Francis, Message to the President of the Pontifical Academy for Life, November 16, 2017).

Health, in a global context, offers privileged visibility to the thesis (repeated several times in the United Nations 2030 Agenda) concerning the interconnection and indivisibility of the 17 Goals related to the three dimensions of sustainable development—economic, social, and environmental.

Protecting people's health means working for a more just and therefore sustainable society. Poverty, illiteracy, pollution in cities and in the environment, exploitation in the workplace, international conflicts—all make it harder to get proper assistance, measured by needs and not by the ability to pay. They reduce life expectancy and degrade its quality. There is much work to be done, and meetings like this make it possible to continue that work with greater understanding and boldness.

2. A PLANETARY GOVERNANCE

The second challenge flows logically from what is said above. I would describe it as the need for planetary *governance* of healthcare.

The global epidemic requires, as an exercise of responsibility, the creation of global coordination of healthcare systems. We must be aware that the level of disease containment is dependent on the weakest link in the containment chain—rapid diagnosis, rapid response with proportionate containment measures, adequate facilities, and a system for recording and exchanging information and data. It is also necessary that an authoritative agency be able to take a global view of emergencies, make necessary decisions and communicate effectively; that it be recognized as a central point of reference in order to avoid the disorientation produced by communication overload (infodemics) that results from the uncertainty of data and the fragmentation of news.

I won't go into detail on this point, but I do want to say that Pope Francis has spoken about it as well. Addressing the Members of the Pontifical Academy for Life a few days ago he said, "We affirm that life and health are both fundamental values for all and are based on the inalienable dignity of the human person. If, however, this affirmation is not followed by a proper commitment to overcome inequalities, we must accept the painful reality that not all lives are the same and health is not protected for everyone in the same way. Therefore, we need to support international initiatives– I am thinking, for example, of those recently promoted by the G20 – aimed at creating a global *governance* for the health of all the inhabitants of the planet, which is to say a set of clear and coordinated international rules that are respectful of human dignity."

3. NEW TECHNOLOGIES

The third challenge, which I believe will affect your daily practice the most, concerns the unbelievable progress of modern technologies which, in the medical field, have experienced particularly significant growth

These almost miraculous results must be understood within a broad framework that can also present the costs, limits, and risks of such developments, certainly not to disavow them, but to use the best resources we have available—the result of human genius—in the best and most conscious way possible. In this context as well, I would like to make four points that I believe to be very important.

I will illustrate the first with my own personal experience. Two years ago, I visited Microsoft's headquarters in Redmond, Washington. It was in their auditorium that I performed my first gastroscopy, as a pretend doctor. They gave me hyper-technological glasses, and two small joysticks, and connected me to a 3D simulator. Suddenly I was navigating the esophagus of a real person, whose biometric data and earlier analyses had been uploaded to the system. The ease with which they reassured me about the total safety of what I was doing (I saw a real body but did not touch any real body), made me think. The hyper-technologization of medical practice always runs the risk of marginalizing the body, avoiding physical contact, reducing the person, the patient, to a series of data and medical practices. This was confirmed for me at the MD Anderson Cancer Center in Houston where Professor Bruera, one of the world's leading palliative care specialists, proudly showed me his most important scientific discovery—a wooden stool. It was built to put the face of the doctor at the same level as the patient's face during the examination. Bruera says that, when we think about life and death, what really matters is seeing a face up close. It is a human, warm, physical contact.

The second I will simply mention because I imagine that what really fills your days is not so much the hours spent with patients, but rather endless bureaucratic budget meetings. Thanks to the development of a more interventionist idea of medicine that speaks of conservation and enhancement of efficiency, the theme of health will in fact be one of the cornerstones of future economic systems. We will have very expensive medicine, intended for only the few, functional in a society of performance and economic competitiveness, marginalizing populations that cannot access basic health services. It is unthinkable, in fact, as Hans Jonas reminds us, that in a world of limited resources, in which scenarios of ecosystem collapse are already current, such a system could really include everyone living on earth.

More deeply, we must reflect carefully on the fact that we will be able to manage the variables related to human generation that until now were left to nature, considered to be "chance" or, from a religious perspective, as "the will of God." So now the question is obvious: if such conditions (economic and technological) exist, why leave reproduction to the randomness of events and why not leave it instead to individuals? Or else—don't the development of robotics and the integration of man with machine (just think of issues such as artificial intelligence, new neuroscience projects, and all those initiatives on which billions are being invested on the assumption that a more evolved human

being can result from a human who is simply technically more advanced) raise a question about the terms on which today we can talk about the nature of humankind? And to follow on that: does it make sense to continuing to speak of "nature" in a public square dominated by faith in the power of technology, or to even mention it in a way that is not simply defensive?

We must not forget the debate, identified by the French philosopher Luc Ferry, between "bioconservatives" and "bioprogressives," developed in the face of a science that is ready to make a huge qualitative leap by means of direct interference into the lives of individuals and of future generations. Why reject technology's claim that it can overcome all limits? Is it completely unreasonable and risky to aspire to a technological improvement of human life, just because doing so would be undermined at the root by an illusory search for perfection (as the bioconservatives claim), or is such a search for improvement to be understood as no more than one of the stages of human development (as the bioprogressives claim)? Thierry Magnin, who draws inspiration from the Christian tradition, shows the complexity of the issues and the risks that must be avoided. Within an increasingly competitive society that hopes for increasingly empowered individuals who are able to live up to the "perfection" of the technological machines that it is manufacturing, it is impossible not to hear the booming echo of a deeply-rooted social Darwinism, where no place can be held open for new generations—for those "*neoi*" who bring the novelty of life to a world overpopulated by "immortals" who pretend to be gods.

Finally, let me just mention the many questions posed by the introduction of artificial intelligence systems into medicine. These systems, increasingly complex and effective, offer brilliant solutions, but they also present numerous questions—based on the criteria for judgment and diagnosis—related to medical choices and to the use and custody of sensitive personal data. I must say that I was very impressed when I was able to see the operations of the Babylon Health online healthcare portal available in Great Britain and in some African countries. It offers basic healthcare consultation and referrals on a private subscription or pay-as-you-go basis or as part of a government program. In this same area, I point out that last year the Pontifical Academy for Life launched an appeal, the "Rome Call for AI Ethics," for human-centric artificial intelligence systems. The first signatories of the Call were Microsoft President Brad Smith, IBM Senior Vice President John Kelly III (one of the inventors of Watson, the natural language computer system, which I imagine many of you know about) and Director-General QU Dongyu of the United Nations Food and Agricultural Organization. I invite you to get to know about this document that we presented to the Pope, and I invite you to sign it as well—why not?

4. A MULTIDISCIPLINARY APPROACH

We still have to ask ourselves whether we can really understand the challenges that are facing us while remaining within the linguistic and cultural horizon of techno-sciences, or whether instead we need the "conversion" of our minds and our language that will come from opening ourselves to broader horizons, capable of putting in their proper place all the factors that form humankind. In this situation "we have all set sail," as Blaise Pascal said, and we are called to a new sense of responsibility for building ever wider alliances among peoples, cultures, religions, and ethical perspectives.

If we want to respond to what for too long we have called "challenges," we cannot think primarily about a "battle"; we must think about "construction," indeed about a "re-construction" of what is common to humanity. In this task, the first thing to do is not to find enemies, but rather to find companions with whom to share a journey.

This means directing technology towards development, and not simply seeking progress for its own sake—which in any case is not workable. Although it is not possible to think about technology or to implement it without thinking in specific ways (i.e., technical and scientific thought), technical-scientific thought is not in itself able to put integral human development at the center of our concerns. We need approaches that are different but complementary. We need different disciplines. We must strive together toward an integral human development. The hyper specialization that characterizes all scientific research today is clearly showing its limits. It must be counterbalanced by a wise, comprehensive, and holistic vision. Only in this way will we protect people and not just heal bodies. And not only our patients, but ourselves as well.

The question we are facing is not only the development of so-called *humanities for sciences*. It is something deeper. The anthropological challenge symbolically involved in every disease is beyond the reach of healthcare science and technology. It would be unfair—and wrong—to burden scientists and technicians with this responsibility. At the same time, it is certainly indisputable that, in addition to the search for therapies and vaccines, it is equally urgent to gain greater depth of vision, as well as greater concern for a thoughtful contribution to the meaning and values of humanism. And that's not all. This depth of vision and greater concern creates a symbolic context for cohesion and unity, for alliance and fraternity, by reason of our common humanity, which, far from diminishing the contribution of men and women from science and government, greatly supports their task.

In the end, we need a spiritual vision to deal with every aspect of everyday reality. A clear presentation of this need is found in the magnificent novel of the French writer Maylis de Kerangal,

The Heart, which recounts what happened during the twenty-four hours surrounding the donation and transplant of the heart of a young man killed in an automobile accident.

Conclusion

Deliberately, I have not spoken of an ethical challenge in healthcare because I believe that this issue runs through the four challenges that I have discussed.

The men and women who, from time immemorial, we feel committed to caring for, are mortal creatures. And there is no cure for mortality. Yet, nothing is more universally human and emotional than our daily struggle against the painful signs of the frailty that betrays our mortality. We struggle against death in order that it not become what gives meaning to our lives. We fight disease, so that it is not disease that determines the usefulness of our lives, the value of our persons, the truth of our affections. We accept our mortal condition. We resist the delusion that we might be able to erase the mystery of this final passage, with its painful contradictions. The healthcare we provide is our commitment to humanizing our acceptance of mortality, while not becoming mortality's accomplices. We won't do death's dirty work. The care we provide will evidence our acceptance of –and will help other accept—humanity's insurmountable limitations—with all the delicacy of love, with all respect for the person, with all the strength of dedication we can muster.

Dear friends, this is the challenge – very difficult and very human – that must unite us. The goal of that "responsible closeness" to which we are called by being human is accompanying others, and ourselves, in the acceptance of the necessity of living a truly human life, even in illness and death, without losing the love that fights against life's loss of dignity. The whole community must be involved. Love for that life during which we have loved and been loved is no longer ours alone. It belongs to all those with whom it has been shared. And so it must be, to the end. No one should feel guilty about the burden that his mortal condition imposes on our community. We are human, and the human idea of healthcare is totally opposite to the idea of illness as exclusion from the community and unforgivable guilt. It is true, however, that we believers have at times forgotten that Jesus presented himself as a doctor and that he gave us his own power to heal "all sorts of sicknesses and infirmities in the people." (Mt 4:25). Pope Francis, since the beginning of his pontificate, has presented the Church as a field hospital. I would like to read in this image the singular covenant that sees believing doctors – together with the whole Church – becoming close to all men and women wounded by life and often put at the margins of attention and care, if not excluded entirely. Today, the healthcare profession has expanded to the whole world and thus the urgency for us to widen our listening to hear the cries of the Spirit and to retrace today the ancient story of the Samaritan who bends over a half-dead stranger, takes care of him and provides him shelter – which we can imagine

to be the field hospital that Pope Francis speaks of – where many of us support each other in order to hasten that kingdom of love that Jesus came to create, with our help, here on earth.

Thank you very much.