

**DOCTRINAL NOTE ON THE MORAL LIMITS TO
TECHNOLOGICAL MANIPULATION OF THE HUMAN BODY**

*Committee on Doctrine
United States Conference of Catholic Bishops*

1. Modern technology offers an ever-increasing range of means—chemical, surgical, genetic—for intervening in the functioning of the human body, as well as for modifying its appearance. These technological developments have provided the ability to cure many human maladies and promise to cure many more. This has been a great boon to humanity. Modern technology, however, produces possibilities not only for helpful interventions, but also for interventions that are injurious to the true flourishing of the human person. Careful moral discernment is needed to determine which possibilities should be realized and which should not, in order to promote the good of the human person. To do this discernment, it is necessary to employ criteria that respect the created order inscribed in our human nature.

THE NATURAL ORDER

2. A fundamental tenet of the Christian faith is that there is an order in the natural world that was designed by its Creator and that this created order is good (Gen 1:31; Ps 19:1ff.). The Church has always affirmed the essential goodness of the natural order and called on us to respect it. The Second Vatican Council taught: “From the fact of being created, every thing possesses its own stability, truth and goodness, and its own laws and order, which should be respected by us in recognizing the methods which are appropriate to the various sciences and arts.”¹ Pope Benedict XVI explained that the natural world has an “inbuilt order,” a “grammar” that “sets forth ends and

¹ Second Vatican Council, Pastoral Constitution *Gaudium et Spes*, no. 36; in *Decrees of the Ecumenical Councils*, ed. Norman P. Tanner, S.J. (Washington, D.C.: Georgetown University Press, 1990).

criteria for its wise use, not its reckless exploitation.”² Pope Francis has warned against a “technological paradigm” that treats the natural world as “something formless, completely open to manipulation.”³ He observes that human beings have always been intervening in nature,

but for a long time this meant being in tune with and respecting the possibilities offered by the things themselves. It was a matter of receiving what nature itself allowed, as if from its own hand. Now, by contrast, we are the ones to lay our hands on things, attempting to extract everything possible from them while frequently ignoring or forgetting the reality in front of us.⁴

3. What is true of creation as a whole is true of human nature in particular: there is an order in human nature that we are called to respect. In fact, human nature deserves utmost respect since humanity occupies a singular place in the created order, being created in the image of God (Gen. 1:27). To find fulfillment as human persons, to find true happiness, we must respect that order. We did not create human nature; it is a gift from a loving Creator. Nor do we “own” our human nature, as if it were something that we are free to make use of in any way we please. Thus, genuine respect for human dignity requires that decisions about the use of technology be guided by genuine respect for this created order.

4. A crucial aspect of the order of nature created by God is the body-soul unity of each human person. Throughout her history, the Church has opposed dualistic conceptions of the human person that do not regard the body as an intrinsic part of the human person, as if the soul were essentially complete in itself and the body were merely an instrument used by the soul.⁵ In opposition to dualisms both ancient and modern, the Church has always maintained that, while

² Pope Benedict XVI, Encyclical Letter *Caritas in Veritate* (2009), no. 48 (https://www.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate.html).

³ Pope Francis, Encyclical Letter *Laudato Si'* (2015), no. 106 (https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.html).

⁴ Pope Francis, *Laudato Si'*, no. 106.

⁵ While in ancient and medieval thought dualism was typically expressed in terms of soul and body, in modern thought it is often expressed in terms of mind and body.

there is a distinction between the soul and the body, *both* are constitutive of what it means to be human, since spirit and matter, in human beings, “are not two natures united, but rather their union forms a single nature.”⁶ The soul does not come into existence on its own and somehow happen to be in this body, as if it could just as well be in a different body. A soul can never be in another body, much less be in the wrong body. *This* soul only comes into existence together with *this* body. What it means to be a human person necessarily includes bodiliness. “Human beings are physical beings sharing a world with other physical beings.”⁷

5. Human bodiliness is, in turn, intrinsically connected with human sexual differentiation. Just as every human person necessarily has a body, so also human bodies, like those of other mammals, are sexually differentiated as male or female: “Male and female he created them” (Gen 1:27).⁸ Saint John Paul II reminded us that, in the Book of Genesis, we learn that “Man is created ‘from the very beginning’ as male and female: the life of all humanity—whether of small communities or of society as a whole—is marked by this primordial duality.”⁹ The *Catechism of the Catholic Church* affirms: “Man and woman have been *created*, which is to say, *willed* by God: on the one hand, in perfect equality as human persons; on the other, in their respective beings as man and woman. ‘Being man’ or ‘being woman’ is a reality which is good and willed by God.”¹⁰

⁶ *Catechism of the Catholic Church*, no. 365 (https://www.vatican.va/archive/ENG0015/_P1B.HTM): “The unity of soul and body is so profound that one has to consider the soul to be the ‘form’ of the body: i.e., it is because of its spiritual soul that the body made of matter becomes a living, human body; spirit and matter, in man, are not two natures united, but rather their union forms a single nature.”

⁷ International Theological Commission, *Communion and Stewardship: Human Persons Created in the Image of God* (2002), no. 26 (https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_communion-stewardship_en.html).

⁸ Persons affected by Disorders of Sexual Development do not fall outside the two categories of male and female, but they do exhibit ambiguous or abnormal indicators of sexual difference, so that the sex of their bodies is difficult to determine, though not impossible for modern medical and genetic techniques.

⁹ Saint Pope John Paul II, *Letter to Families* (1994), no. 6 (https://www.vatican.va/content/john-paul-ii/en/letters/1994/documents/hf_jp-ii LET_02021994_families.html). Cf. *Catechism of the Catholic Church*, no. 2333.

¹⁰ *Catechism of the Catholic Church*, no. 369.

Just as bodiliness is a fundamental aspect of human existence, so is either “being a man” or “being a woman” a fundamental aspect of existence as a human being, expressing a person’s unitive and procreative finality. The Congregation for the Doctrine of the Faith insists that

the importance and the meaning of sexual difference, as a reality deeply inscribed in man and woman, needs to be noted. “Sexuality characterizes man and woman not only on the physical level, but also on the psychological and spiritual, making its mark on each of their expressions.” It cannot be reduced to a pure and insignificant biological fact, but rather “is a fundamental component of personality, one of its modes of being, of manifestation, of communicating with others, of feeling, of expressing and of living human love.” This capacity to love – reflection and image of God who is Love – is disclosed in the spousal character of the body, in which the masculinity or femininity of the person is expressed.¹¹

6. In our contemporary society there are those who do not share this conception of the human person. Pope Francis has spoken about an ideology that promotes “a personal identity and emotional intimacy radically separated from the biological difference between male and female,” in which “human identity becomes the choice of the individual, one which can also change over time.”¹² In response to this, Pope Francis affirmed:

It needs to be emphasized that “biological sex and the socio-cultural role of sex (gender) can be distinguished but not separated.” ... It is one thing to be understanding of human weakness and the complexities of life, and another to accept ideologies that attempt to sunder what are inseparable aspects of reality. Let us not fall into the sin of trying to replace the Creator. We are creatures, and not omnipotent. Creation is prior to us and must be received as a gift. At the same time, we are called to protect our humanity, and this means, in the first place, accepting it and respecting it as it was created.¹³

¹¹ Congregation for the Doctrine of the Faith, *Letter on the Collaboration of Men and Woman in the Church and in the World* (2004), no. 8 (https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20040731_collaboration_en.html); quotations from Congregation for Catholic Education, *Educational Guidance in Human Love: Outlines for Sex Education* (1983), no. 5 and no. 4, respectively.

¹² Pope Francis, Post-Synodal Apostolic Exhortation *Amoris Laetitia* (2016), no. 56; quoting the *Relatio Finalis* of the Synod on the Family (2015), no. 8 (https://www.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20160319_amoris-laetitia.html).

¹³ Pope Francis, *Amoris Laetitia*, no. 56; quoting the *Relatio Finalis*, no. 58.

TECHNOLOGICAL INTERVENTIONS

7. The human person, body and soul, man or woman, has a fundamental order and finality whose integrity must be respected. Because of this order and finality, neither patients nor physicians nor researchers nor any other persons have unlimited rights over the body; they must respect the order and finality inscribed in the embodied person. Pope Pius XII taught that the patient “is not the absolute master of himself, of his body, of his mind. He cannot dispose of himself just as he pleases.”¹⁴ The Pope went on to affirm that, with regard to the faculties and powers of one’s human nature, a patient “is the user and not the owner” and thus “does not have an unlimited power to effect acts of destruction or of mutilation of a kind that is anatomical or functional.”¹⁵ The body is not an object, a mere tool at the disposal of the soul, one that each person may dispose of according to his or her own will, but it is a constitutive part of the human subject, a gift to be received, respected, and cared for as something intrinsic to the person. As Pope Francis affirmed: “The acceptance of our bodies as God’s gift is vital for welcoming and accepting the entire world as a gift from the Father and our common home, whereas thinking that we enjoy absolute power over our own bodies turns, often subtly, into thinking that we enjoy absolute power over creation.”¹⁶

8. There are essentially two scenarios recognized by the Church’s moral tradition in which technological interventions on the human body may be morally justified: 1) when such

¹⁴ Pope Pius XII, “Discours aux participants au Congrès International d’Histopathologie du Système Nerveux,” 14 September 1952 (https://www.vatican.va/content/pius-xii/fr/speeches/1952/documents/hf_p-xii_spe_19520914_istopatologia.html). See also his “Discours à la VIII^e Assemblée de l’Association Médicale Mondiale,” 30 September 1954 (https://www.vatican.va/content/pius-xii/fr/speeches/1954/documents/hf_p-xii_spe_19540930_viii-assemblea-medica.html).

¹⁵ Pope Pius XII, “Discours,” 14 September 1952.

¹⁶ Pope Francis, *Laudato Si’*, no. 155. In the same paragraph, Pope Francis quotes Pope Benedict XVI, who asserted: “Man too has a nature that he must respect and that he cannot manipulate at will” (Address to the Bundestag, 22 September 2011 (https://www.vatican.va/content/benedict-xvi/en/speeches/2011/september/documents/hf_ben-xvi_spe_20110922_reichstag-berlin.html)).

interventions aim to repair a defect in the body; 2) when the sacrifice of a part of the body is necessary for the welfare of the whole body. These kinds of technological interventions respect the fundamental order and finality inherent in the human person. However, there are other technological interventions that aim neither to repair some defect in the body nor to sacrifice a part for the sake of the whole but, rather, aim to alter the fundamental order of the body. Such interventions do not respect the order and finality inscribed in the human person.

REPAIRING A DEFECT IN THE BODY

9. Much of the practice of medicine involves using the available technology to repair defects in the body, usually when it has been affected by some injury or ailment.¹⁷ The intention to repair defects in the body shows respect for the fundamental order of the body, which is commendable. In fact, each of us has a duty to care for our bodies. The *Ethical and Religious Directives for Catholic Health Care Services* affirm that “every person is obliged to use ordinary means¹⁸ to preserve his or her health.”¹⁹ This obligation no longer holds, however, when the benefits of the intervention are no longer proportionate to the burdens involved.²⁰ Thus, judging whether or not

¹⁷ Sometimes the technology is used not to return the body to a previous state but to compensate for some lack of normal development in the body.

¹⁸ Use of extraordinary means is never morally obligatory. Cf. Pope Pius XII, “Discours du Pape Pie XII en réponse à trois questions de morale médicale sur la réanimation,” 24 November 1957 (https://www.vatican.va/content/pius-xii/fr/speeches/1957/documents/hf_p-xii_spe_19571124_rianimazione.html); Congregation for the Doctrine of the Faith, “Commentary on the Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration,” 1 August 2007 (https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20070801_nota-commento_en.html).

¹⁹ United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Sixth Edition (2018), no. 32 (<https://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf>); cf. no. 56. See also Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980), Pt. IV (https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html).

²⁰ USCCB, *Ethical and Religious Directives*, no. 32: “...no person should be obliged to submit to a health care procedure that the person has judged, with a free and informed conscience, not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or community”.

a reparative medical intervention is morally licit requires a consideration not only of the object of the act and of the intention in undertaking it, but also of the consequences of the action, which would include an evaluation of the likelihood of discernible benefit to the person and a comparison of expected benefits with expected burdens. Sometimes the expected benefits (such as improved health or function) will outweigh the expected burdens (such as cost or physical pain involved in the procedure), but sometimes they will not.

10. A similar analysis is involved in considering the morality of interventions undertaken to improve the body not in terms of its functioning but rather in terms of its appearance, which can involve either restoring appearance or improving it. In this regard, Pope Pius XII acknowledged that the physical beauty of a person “is in itself a good, though subordinated to others that are much higher, and consequently precious and desirable.”²¹ He goes on to point out that physical beauty “does not stand at the summit of the scale of values, for it is a good that is neither spiritual nor essential”; indeed, it is “a good, but a corporal one ... As a good and a gift from God, it must be esteemed and cared for, without, however, requiring recourse to extraordinary means as a duty.”²² Since the moral analysis requires that the expected benefits of a procedure be proportionate to the expected burdens and risks, a higher level of burden and risk can be justified in the case of someone who seeks to repair defects in order to achieve a normal appearance than in the case of someone who already has a normal appearance and who, as Pope Pius XII put it, seeks “the perfection of

²¹ Pope Pius XII, “Discorso ai partecipanti al X Congresso Nazionale della Società Italiana di chirurgia plastica,” 4 Oct. 1958, III (https://www.vatican.va/content/pius-xii/it/speeches/1958/documents/hf_p-xii_spe_1958_1004_chirurgia-plastica.html).

²² Pope Pius XII, “Discorso,” 4 October 1958, III.

his or her features.”²³ Still, both of these could be morally licit, if undertaken with the correct intention and in the correct circumstances.²⁴

THE SACRIFICE OF A PART FOR THE SAKE OF THE WHOLE

11. Pope Pius XII’s predecessor, Pope Pius XI, also stressed the need to respect the fundamental order of the body, affirming that, as a rule, one is not allowed “to destroy or mutilate” members of one’s body. At the same time, however, he affirmed that there can be exceptions when the welfare of the body as a whole is at stake.

Christian doctrine establishes, and the light of human reason makes it most clear, that private individuals have no other power over the members of their bodies than that which pertains to their natural ends; and they are not free to destroy or mutilate their members, or in any other way render themselves unfit for their natural functions, *except when no other provision can be made for the good of the whole body.*²⁵

This teaching was further developed by Pope Pius XII, who explained that

each particular organ is subordinated to the body as a whole and must yield to it in case of conflict. Therefore, the one who has been given the use of the whole organism has the right to sacrifice a particular organ, if its retention or its functioning causes significant harm to the whole, harm that cannot possibly be avoided any other way.²⁶

12. Pope Pius XII stipulated three conditions that must be fulfilled for a medical intervention “that involves anatomical or functional mutilation” to be morally permissible:

First, the retention or functioning of a particular organ in the organism as a whole causes serious damage to it or constitutes a threat.

²³ Pope Pius XII, “Discorso,” 4 October 1958, III.

²⁴ Pope Pius XII provides some examples of incorrect intentions, such as increasing one’s power of seduction or protecting a guilty party from justice. He also gives as an example of an illicit cosmetic intervention one “that causes damage to the regular functions of the physical organs” (“Discorso,” 4 October 1958, III).

²⁵ Pope Pius XI, Encyclical Letter *Casti Connubii* (1930), no. 71 (https://www.vatican.va/content/pius-xi/en/encyclicals/documents/hf_p-xi_enc_19301231_casti-connubii.html). Emphasis added.

²⁶ Pope Pius XII, “Discours aux Participants au XXVIe Congrès Organisé par la Société Italienne d’Urologie,” 8 October 1953, I (https://www.vatican.va/content/pius-xii/fr/speeches/1953/documents/hf_p-xii_spe_19531008_congresso-urologia.html). Cf. St. Thomas Aquinas, *Summa theologiae* II-II, q. 65, a. 1; I-II, q. 90, a. 2.

Second, this damage cannot be avoided, or at least appreciably diminished, otherwise than by the mutilation in question and the effectiveness of the mutilation is well assured.

Finally, it can reasonably be expected that the negative effect, i.e., the mutilation and its consequences, will be compensated for by the positive effect: removal of the danger for the whole organism, lessening of suffering, etc.²⁷

These conditions ensure proper respect for the fundamental order of the human person in that they establish that the sacrifice of the part of the body is not itself what is sought, that this is truly a last resort that is necessary for the welfare of the body, there being no other options for securing the welfare of the body as a whole.

ATTEMPTS TO ALTER THE FUNDAMENTAL ORDER OF THE HUMAN BODY

13. While the foregoing two types of technological interventions take the basic order of the human person as a given and do not intend to alter it, there is another type of intervention that regards this order as unsatisfactory in some way and proposes a more desirable order, a redesigned order. Some proposals for genetic engineering fit into this category: not those that aim to repair some defect, but those that are non-therapeutic manipulations of human genetic material. The Congregation for the Doctrine of the Faith has explained that “procedures used on somatic cells for strictly therapeutic purposes are in principle morally licit” since these procedures “seek to restore the normal genetic configuration of the patient or to counter damage caused by genetic anomalies or those related to other pathologies.”²⁸ By contrast, genetic engineering “for purposes other than medical treatment” is not morally permissible.²⁹ Here the intention is to replace the

²⁷ Pope Pius XII, “Discours,” 8 October 1953, I.

²⁸ Congregation for the Doctrine of the Faith, *Instruction on Certain Bioethical Questions (Dignitas Personae)* (2008), no. 26 (https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html). The Congregation adds the qualifications that the patient must not be “exposed to risks to his health or physical integrity which are excessive or disproportionate to the gravity of the pathology for which a cure is sought” and that the patient or his legitimate representative must give informed consent.

²⁹ Congregation for the Doctrine of the Faith, *Instruction on Certain Bioethical Questions (Dignitas Personae)*, no. 27.

natural order with what is imagined to be a new and better order. The Congregation warns that “in the attempt to create *a new type of human being* one can recognize *an ideological element* in which man tries to take the place of his Creator.”³⁰ In a similar way, some proposals for “cybernetic enhancement” also aim to redesign the fundamental order of the human being and to produce a new type of human being by replacing some or all³¹ bodily organs with artificial devices. These kinds of technological interventions are, in most cases, currently in the developmental stage or are under theoretical consideration.

14. What is widely in practice today, however, and what is of great concern, is the range of technological interventions advocated by many in our society as treatments for what is termed “gender dysphoria” or “gender incongruence.”³² These interventions involve the use of surgical or chemical techniques that aim to exchange the sex characteristics of a patient’s body for those of the opposite sex or for simulations thereof. In the case of children, the exchange of sex characteristics is prepared by the administration of chemical puberty blockers, which arrest the natural course of puberty and prevent the development of some sex characteristics in the first place.

15. These technological interventions are not morally justified either as attempts to repair a defect in the body or as attempts to sacrifice a part of the body for the sake of the whole. First, they do not repair a defect in the body: there is no disorder in the body that needs to be addressed; the bodily organs are normal and healthy. Second, the interventions do not sacrifice one part of

³⁰ Congregation for the Doctrine of the Faith, *Instruction on Certain Bioethical Questions (Dignitas Personae)*, no. 27

³¹ Some even envision transferring what they imagine to be the essence of the human person from the brain into a computer, thereby leaving bodily existence behind altogether.

³² The term “gender dysphoria” was introduced in 2013 in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (Arlington, VA: American Psychiatric Association, 2013), 452-53. The term “gender incongruence” was introduced in 2022 in the eleventh revision of the *International Classification of Diseases* published by the World Health Organization (<https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fid%2fentity%2f411470068>).

the body for the good of the whole. When a part of the body is legitimately sacrificed for the sake of the whole body, whether by the entire removal or substantial reconfiguration of a bodily organ, the removal or reconfiguring of the bodily organ is reluctantly tolerated as the only way to address a serious threat to the body. Here, by contrast, the removal or reconfiguring is itself the desired result.³³

16. Instead, rather than to repair some defect in the body or to sacrifice a part for the sake of the whole, these interventions are intended to transform the body so as to make it take on as much as possible the form of the opposite sex, contrary to the natural form of the body. They are attempts to alter the fundamental order and finality of the body and to replace it with something else.

17. There is a wide range of interventions used for this purpose, corresponding to the variety of ways in which sexual differentiation affects various parts of the body. Currently, not all persons who seek this kind of treatment undergo all the interventions available, either because they are unable to do so, or they choose not to do so for some reason; instead, they typically undergo some limited selection of the available interventions. These interventions differ in the magnitude of the changes brought about in the body. They are alike, however, in that they all have the same basic purpose: that of transforming sex characteristics of the body into those of the opposite sex.

18. Such interventions, thus, do not respect the fundamental order of the human person as an intrinsic unity of body and soul, with a body that is sexually differentiated. Bodiliness is a fundamental aspect of human existence, and so is the sexual differentiation of the body. Catholic health care services must not perform interventions, whether surgical or chemical, that aim to

³³ With some procedures of this category, the removal of the organ is directly intended in order to allow for its replacement with a simulation of the corresponding organ of the opposite sex; in other procedures, the removal of the organ is directly intended because the absence of the organ is a characteristic of the opposite sex; in still others, the reconfiguring of the organ is directly intended in order to make the organ resemble as much as possible the corresponding organ of the opposite sex.

transform the sexual characteristics of a human body into those of the opposite sex or take part in the development of such procedures. They must employ all appropriate resources to mitigate the suffering of those who struggle with gender incongruence, but the means used must respect the fundamental order of the human body. Only by using morally appropriate means do healthcare providers show full respect for the dignity of each human person.

CONCLUSION: MORAL LIMITS TO THE TECHNOLOGICAL MANIPULATION OF THE HUMAN BODY

19. The use of technology in order to manipulate the natural world has a history that goes back to the earliest use of tools. What is different in our day is the greatly expanded capabilities that modern technology offers and the rapid development of ever-new possibilities. As the boundaries of what is technologically possible continue to expand, it is imperative to identify moral criteria to guide our use of technology. As the range of what we *can* do expands, we must ask what we *should* or *should not* do. An indispensable criterion in making such determinations is the fundamental order of the created world. Our use of technology must respect that order.

20. To be sure, many people are sincerely looking for ways to respond to real problems and real suffering.³⁴ Certain approaches that do not respect the fundamental order appear to offer solutions. To rely on such approaches for solutions, however, is a mistake. An approach that does not respect the fundamental order will never truly solve the problem in view; in the end, it will only create further problems. The Hippocratic tradition in medicine calls upon all healthcare providers first and foremost to “do no harm.” Any technological intervention that does not accord with the fundamental order of the human person as a unity of body and soul, including the sexual difference inscribed in the body, ultimately does not help but, rather, harms the human person.

³⁴ With regard to those who identify as transgender or non-binary, there is a range of pastoral issues that need to be addressed, but that cannot be addressed in this document.

21. Particular care should be taken to protect children and adolescents, who are still maturing and who are not capable of providing informed consent. As Pope Francis has taught, young people in particular

need to be helped to accept their own body as it was created, for “thinking that we enjoy absolute power over our own bodies turns, often subtly, into thinking that we enjoy absolute power over creation... An appreciation of our body as male or female is also necessary for our own self-awareness in an encounter with others different from ourselves. In this way we can joyfully accept the specific gifts of another man or woman, the work of God the Creator, and find mutual enrichment.”³⁵

22. The search for solutions to problems of human suffering must continue, but it should be directed toward solutions that truly promote the flourishing of the human person in his or her bodily integrity. As new treatments are developed, they too should be evaluated according to sound moral principles grounded in the good of the human person as a subject with his or her own integrity. Catholic health care services are called to provide a model of promoting the authentic good of the human person. To fulfill this duty, all who collaborate in Catholic health care ministry must make every effort, using all appropriate means at their disposal, to provide the best medical care, as well as Christ’s compassionate accompaniment, to all patients, no matter who they may be or from what condition they may be suffering. The mission of Catholic health care services is nothing less than to carry on the healing ministry of Jesus, to provide healing at every level, physical, mental, and spiritual.³⁶

³⁵ Pope Francis, Encyclical Letter *Amoris Laetitia*, no. 285; quotation from his Encyclical Letter *Laudato Si’*, no. 155.

³⁶ See USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, General Introduction.

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Rev. Michael J. K. Fuller
General Secretary, USCCB