It is not without reason that John Paul II is frequently named the “Pope of life.” Concern about each human life since conception until its natural end was one of the main features of his pontificate. He used such expressions as: “civilisation of life,” “culture of life,” “gospel of life,” “civilisation of love”. They all bear the idea of building a society based on respect towards every living human being. No other pope left so many documents on bioethical issues as John Paul II, among which the distinguishing one is his longest encyclical Evangelium vitae of 1995. “Respect, defend, love life and serve life – serve each human life! Only on this way will you find justice, development, genuine freedom, peace and happiness!” – he wrote in its introduction (EV 5). He not only wrote but also took action to put them into practice. That is why he instituted among others the Pontifical Academy for Life “Pro Vita” and the Pontifical Council for the Pastoral Care of Health Care Workers. He repeatedly met the sick himself, talked to them, hugged them and wrote letters to them every year.

The interests of John Paul II in bioethical theme is understandable in light of two facts. Firstly, his pontificate came at the period of an incredibly dynamic development of medical and biological sciences. The first in vitro child (Louise Brown) was born in the same year when John Paul II was elected Head of the Holy See, and the very first Encyclopaedia of Bioethics came out in the USA (Encyclopaedia of Bioethics, edited by W.T. Reich). In subsequent years the possibilities of interfering in human procreation were broadened by means of mastering techniques of artificial insemination (e.g. ICSI method), introducing possibilities of diagnosing human embryos before implantation, so-called early embryo splitting, by implantation in wombs of surrogate mothers, etc. Simultaneously, techniques of prenatal diagnostics were being developed. The first operations...
in utero on a child in a foetal stage were performed. Incubators to save the lives of premature babies were used increasingly more commonly. In the field of genet-
ics, research on a human genome were initiated, which resulted in the mapping of a complete human genome in 2000; gene therapy was also initiated which aimed at treating genetic diseases at their molecular level. These are just several of the thousands of new phenomena and techniques in biomedicine which appeared at the end of 20th and beginning of the 21st century. Every month and every day brought new discoveries, new possibilities and new challenges, but simultaneously new problems and questions of an ethical nature. This continues until today...

Secondly, the interests of John Paul II in biological and medical issues were the results of his numerous contacts with doctors and the medical environment, which were initiated during his pastoral services in the Kraków church. Karol Wojtyła maintained close, even friendly relations with such figures as: Antoni Kępiński, Hanna Chrzanowska, Wanda Półtawska, Karol Meissner, Zbigniew Chłap, Zd- zisław Ryn, Jerzy Umistowski, Gabriel Turowski and many others. Subsequently, the pope invited some of them to cofound the Pontifical Academy for Life “Pro Vita”; he also considerably expanded his contacts with remarkable figures from the medical environment outside Poland (Jérôme Lejeune, Roberto Colombo and others). Bioethical issues were known to him at least for these two reasons. They were present in his numerous statements and documents, whether directly or not. The Apostolic Exhortation Reconciliatio et paenitentia of 1984 belongs to them also.

ReP and some Violations in the Bioethical Field

Considering it very precisely, we may state that the Exhortation Reconciliatio et paenitentia does not deal with specific categorial sins; it is not something based on old penitentials, providing a response to how a confessor should deal with each predictable case. It also shows that a sin does not constitute the essence of the proclamation of the Good News; it is only a kind of “deficit,” “accident at work.” God has not created a man to avoid sin (it would be a very minimalist vision!); he created him to exist and positively develop his talents, to reach his plenitude, perfect happiness and unity with the Holy Trinity. Simultaneously, sin appears as something real in the life of every human being; something which may inhibit this heading for God, happiness and plenitude, and even completely defeat it; something which may lead to the destruction of man and society. Under no circumstances can it be neglected. John Paul II enumerates several violations in this document which occurred particularly within recent decades. We find some deeds, among them, within the bioethical field in a broad sense.
Different Forms of Biasing the Right to Live

The pope states that in the contemporary world we deal with different forms of “treading on the basic rights of a human being, mostly on the right to live and for the dignified existence of man” (ReP 2). Here he does not directly specify which misdeeds are meant; however, it is not difficult to surmise that by means of this expression he depreciates any ways of destroying human life in its critical situations. Undoubtedly, the direct killing of innocent people, e.g. during armed conflicts is what is meant here first and foremost. In addition, he means the destruction of human life in a foetal stage as a result of abortion practices. He repeatedly took the floor on this issue, previously and subsequently. His pontificate came in the years when many countries had already passed a law legalising abortion (e.g. Eastern Bloc countries in 1950s, England in 1967, France and the USA in 1974) or they were ready to pass it (e.g. Belgium in 1990). In the document analysed by us, the pope adds that “it is even more outrageous if it is accompanied by, unprecedented so far, the purely rhetorical defence of such rights” – obviously human rights are meant here. During the pontificate of John Paul II, the Universal Declaration of Human Rights was supposed to be supplemented with a provision about the right to so-called “reproductive health” and the common right to abortion; eventually these wordings were not incorporated in the UN Declaration as a result of a veto of countries belonging to the so-called Charter 77 (mainly of Third World countries) as well as of the Holy See during the WHO conference in New York in 2000. While writing about biasing the right to live, John Paul II possibly also meant the destruction of human embryos as a result of conducting various experiments on them as

¹ The right to abortion was not the only right postulated at this conference. Other rights, which were supposed to be incorporated in The Universal Declaration of Human Rights are: in the perspective of “gender equality”: the difference in the roles of men and women in society are not natural, but cultural; in sexual orientation: each person is free in the selection of their sex or the possibility of its change; homosexuals should have the right to abortion; there are different family models: natural – monogamous and heterosexual; mono-parental or the relationship of two people of the same sex. The right to divorce and separation is guaranteed; within the field of health services for women: legalised and free access of women to contraception in each form; obligatory sexual education of youth in an equality perspective and free sexual orientation, excluded from parental domination and control; free and discreet access of youth to contraception, abortion and medical aid ad hoc in school (these rights would appertain since the age of 10); rights for “sex workers” — access to pornography, legalised prostitution. The full list of the postulates of Women 2000 Conference can be found in: General Assembly of United Nations, Women 2000: Gender Equity, Development and Peace for the Twenty-first Century, Further Actions and Initiatives to Implement the Beijing Declaration and the Platform for Action (in:) www.un.org/ womenwatch/daw/followup/beijing+5.htm — February 2012.
well as freezing them during the *in vitro* procedure, though these techniques were in the initial stages then; three years later (in 1987) the Church referred to these issues in the Instruction Book of the Congregation for the Doctrine of the Faith *Donum vitae*. Similarly, we may suspect that the pope referred to the phenomenon of euthanasia in the afore-mentioned provision. Although the first law in this respect was passed only in 1990 (the Netherlands), however, the practices of killing some terminally ill patients in the name of inappropriately perceived compassion were already noted.

That is why the Congregation for the Doctrine of the Faith published the Instruction Book on euthanasia *Liber et bona* four years before the edition of the Exhortation *Reconciliatio et paenitentia*. Generally speaking, the pope in his laconic expression about “basing the right to live” warned against any forms of destroying human life, particularly life endangered by irresponsible actions of the representatives of medical and biological professions.

**Violence and Terrorism**

The second category of sin within the broadly defined field of bioethics, which John Paul II enumerates in the exhortation, is violence and terrorism (ReP 2). Most generally, what is denoted is ideologically motivated, planned and organised action with the use of violence, rape and cruelty or threat of their use towards representatives of a state authority or other political, social, ethnic or religious group or innocent, random civilians, conducted by entities or organised groups, which by spreading anxiety and fear intend to shake the existing conditions of social life and the currently existing legal order and to implement social-political disorder and the creation of the atmosphere of general danger and fear in social order^2^. Terrorist activity has actually been observed over the course of the whole of modern history, however, it has multiplied since 1970s; it is enough to enumerate military dictatorships in Argentina, Chile and Greece, and since half of 1980s the governments in the Republic of El Salvador, Guatemala, Colombia and Peru, as well as the activity of such organisations as the *Palestine Liberation Organisation* (PLO), *Quebec Liberation Front*, the Basque organisation *Basque Homeland and Liberty* (ETA), *Irish Republican Army* (IRA), the Greek *Revolutionary People’s Struggle* (ELA), the Italian *Red Brigades* (BR) or the *Red Army Faction* (RAF). The most renowned terrorist attacks in the 1970s involved the kidnapping of a group of athletes from Israel during the Olympic Games.

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in Munich by the Palestinian *Black September Organisation*, which ended in the unsuccessful attempt to rescue hostages and an attack on the Italian Prime Minister Aldo Moro. The subsequent years were supposed to bring new waves and ways of terrorist attacks, such as narcoterrorism or cyberterrorism. John Paul II was repeatedly appealing – particularly in his proclamations for The World Day of Peace – to cease this type of action, whose result is the death of innocent people. Meanwhile, as if in irony of fate, the last years of his pontificate coincided with the bloodiest acts of terror and violence (attacks on the *World Trade Centre* and *Pentagon* on 11th September 2001, on the theatre in Moscow on 13th September 2003, the attack on the Moscow subway on 6th February 2004 and on a school in Beslan in South Ossetia on 1st September 2004 and an attack on a crowded passenger train in Madrid on 11th March 2004). Three years after the Exhortation *Reconciliatio et paenitentia* the pope returned to this issue in his encyclical *Solicitude rei socialis*: “Even when some ideology or pursuit to create a better world are given as motivation for this inhuman practice, acts of terrorism will never be justified. The words I used several years ago seem to have preserved their significance regarding terror and the enormity of suffering: “Christianity forbids (…) resorting to hatred, murdering homeless people, to methods of terrorism” (SRS 24).

**Using Torture and Unjust and Illegitimate Forms of Repression**

The third misdeed specified by John Paul II, affecting human life and health is the use of tortures as well as unjust and illegitimate forms of repression (ReP 2). What is meant here is “deliberate, systematic and ruthless infliction of corporal and mental sufferings by one person or more people acting individually or by order of some authority, aiming at the extortion from a tortured person the transfer of information, testimony, revealing a secret, a specific action or done due to different reasons (used, for example as a form of punishment or revenge)”3. Unfortunately, we need to emphasise that in the history of Western Christianity, particularly in the period of Middle Ages, there were cases when church authorities allowed the use of torture (e.g. medieval inquisitorial trials approved by the pope Innocent IV in the 13th century), however, in subsequent times such affirmation of these forms of enforcing testimony, which were disparaging for human dignity, were waived; in recent decades the Catholic Church became a proponent of a decisive withdrawal from them; this standpoint was also included in the Universal Declaration of Human Rights (1948): “Nobody can be

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subject to tortures or cruel, inhuman or humiliating treatment or punishment”
(Art. 5). The issue of the use of tortures did not become extinct, however, but it
was revived in recent years with renewed vigour as a result of warfare (in former
Yugoslavia, in Chechnya, Iraq or Afghanistan), while their arsenal was broadened to moral and mental torture. In 1981, in the Proclamation for the World Day of Peace, John Paul II claimed that torture, being the enforcement of testimony, constitutes a serious violation of human freedom and it is, in consequence, an infringement of human dignity (The World Day of Peace 1981, 2). Subsequently, he condemned torture in a post-synodal Exhortation Christo deles laici of 1988 as disparaging for human dignity (ChL 38)⁴. In the encyclical Veritatis Splendor he classified tortures as internally evil deeds, regardless of the intentions of the performer and the circumstances of such action, always being a huge misdeed (VS 80). The negative evaluation of torture was also placed in the Catechism of the Catholic Church (no. 2297 and 2298)
⁵.

War and Armaments

John Paul II regards fighting any kind of war as particularly inhuman (ReP 25) and the “accumulation of conventional or atomic weapons, arms race, at a considerable expense of funds, which would serve for relieving non-culpable poverty of people of a lower social and economic level” (ReP 2). This statement may reflect the echo of the personal experiences of the pope who faced the drama of war in his younger years. As a student he was forced to start working as a factory worker in Solvay factory in Kraków, to a conspiratorial academic and tutorial formation. During that time – on 29th February 1944 – he came close to death, having a serious accident while coming back after two working days, he was hit by a truck. A young woman who jumped out of a train to stop the traffic saved the unconscious Karol Wojtyła from being hit by other cars.

⁴ He repeated this stance in the encyclical Evangelium vitae (EV 3).
⁵ “Using tortures, based on physical or moral violence to obtain testimony, punish the guilty, terrorize the opponents, satisfy hatred, is inconsistent with respect of a person and human dignity.” KKK 2297. “In the past times these cruel practices were commonly used by legal governments to preserve law and order, often without objection on the part of shepherds of the Church who in their judiciary accepted the regulations of Roman law related to tortures. Despite these unfortunate facts, the Church always preached about the obligation of leniency and mercy; prohibited priests to sched blood. In recent times it became certain that these cruel practices were neither necessary for public order nor consistent with the justifiable rights of human beings. On the contrary – these practices lead to even greater humiliations. They should be abolished. We need to pray for their victims and for their executioners.” KKK 2298.
A German officer ordered for him to be taken to hospital at Kopernik Street where the patient was treated for concussion and a serious shoulder injury. The experience of war left a mark on the future pope which is observable at least in his numerous appeals for peace in the world, in his twofold invitation of representatives of all religions for the World Day of Prayer for Peace in Assisi (1986 and 2002), and his personal involvement in a truce between Great Britain and Argentina during the Falklands War when he visited both countries calling for reconciliation and negotiations between the government in 1982. Eleven years later, after the publication of the exhortation *Reconciliatio et paenitentia* he wrote in the encyclical *Evangelium vitae*: “The signs of hopes should also comprise the fact that in many sections of public opinion there is an increasing new sensitivity against war as a method of solving conflicts between and among nations and we are more actively searching for efficient ways of preventing (despite the use of violence) its armed aggressors” (EV 27).

As can be seen from the above, John Paul II was concentrating, in the exhortation discussed by us, mainly on misdeeds against life having a social nature, even human nature. This theme was developed by him three years later in the encyclical *Sollicitudo rei socialis*, invoking the exhortation on reconciliation and penance: “Since the current situation should be assigned to multiple difficulties, talking about “structures of sin” is justified which as I stated in the Apostolic Exhortation *Reconciliatio et paenitentia*, are rooted in personal sin and hence they are related to the specific deeds of people who implement them, consolidate and hinder their removal” (SRS 36). While in the encyclical *Evangelium vitae* he again referred to the issue of human life: “Here we face a more vast reality which may be regarded as the genuine structure of sin: its characteristic feature is the expansion of an anti-solidaristic (accepting a form of authentic) culture of death” (EV 12) in many cases. We may then state that in *Reconciliatio et paenitentia* John Paul II outlined the first idea of a category of a “structure of sin,” which subsequently became one of the most significant and the most characteristic features of the teaching of his pontificate. Mention of “structures of sin” has not gone out of date; it is also mentioned by Pope Francis in the apostolic exhortation *Evangelii gaudium* (cf. EG 59).

**Sacrament of Penance as a Form of Spiritual Therapy**

While considering the exhortation *Reconciliatio et paenitentia* in bioethical terms we should pay attention to another aspect. The pope focuses our attention on the sacrament of penance not only in a quasi-judiciary way (as “a tribunal
of mercy,” which assumes some form of the judgment on the committed deed, forgiveness and paying for these sins – cf. ReP 31, II), but also a therapeutic perspective. The passage below is particularly significant:

“While analysing the functioning of this Sacrament, the awareness of the Church notices in it, however, also a therapeutic part, or remedial part, besides the judiciary characteristics presented in the meaning above. It is related to the fact that the Gospel often presents Christ as a doctor, and His salvation work is often called ‘medicina salutis’ since the times of Christian antiquity. ‘I want to treat, but not to judge,’ says Saint Augustine of Hippo, referring to the practice of penitential ministry, and it is thanks to the medicine of confession that the experience of sin does not transform into despair. The ceremonies of penance refer to this remedial aspect of the Sacrament, to which contemporary man is perhaps more sensitive, seeing in sin what a mistake is, indeed, but more still weakness and human powerlessness.” (ReP 31, III)

I regard this extract as incredibly significant. It depicts the entire salvific work of Christ in light of not only redeeming guilt and punishment for committing a sin (“negative” aspect of salvific work of Christ), but as a remedial process – recovering again to a primary state, full health of soul, and by means of that to a rebirth of the whole man (“positive” aspect of salvific work of Christ). This dimension, developed in antiquity, became, unfortunately, marginalised particularly in the circles of Western Christianity. For many centuries there was a common attitude in theology on the redemptory character of the mission of Jesus Christ: the Son of God “paid” his Father a price for original sin and the faults of all people. Within such an understanding, the image of a strictly just God is consciously created by man, of God demanding compensation almost in the Old Testament spirit of revenge: “an eye for an eye and a tooth for a tooth”; only Son, being equal to God could pay a relevant price by his ordeal and death and “appease” Him somehow in this way. In the common awareness of many worshippers such an image of the salvation work undertaken (and simultaneously an image of the grim God the Father) is still present, which has little in common with the truth of the Gospel – Good News. Jesus is most of all a doctor of souls, the first Good Samaritan, who cares about wounded humanity, wraps it in his arms and brings it to the home of the Father⁶. His work – as John Paul II reminds us – “medicina salutis” has a therapeutic character. The recollection of this aspect in the context of the sacrament of penance is highly significant! A confessional is not (only) a tribunal it is a genuine and always

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⁶ Cf. Origen, Homilie o Ewangelii św. Lukasza, 34, 3.
effective infirmary. John Paul II refers here to the initial, ancient perception of the salvific work of Christ portrayed by the fathers of the Church. Gregory of Nyssa claimed that Christ accepted a human body to cure it and bring it to an appropriate state which is its release from the effects of a sinful fall and a divinization and participation in real life⁷. He could do it because – as Saint Augustine of Hippo emphasised – was an intermediary, God-man⁸. Macarius the Egyptian spoke more explicitly about the therapeutic dimension of the mission of Christ: “He himself gave us the healing medicines and dressed the wounded, turning to be one of us”⁹. Jesus first prepared a patient for appropriate therapy, applying to him a preliminary treatment for a longer time by means of His word and the style of his own life, and subsequently he performed the most significant “procedure” on the tree of the cross¹⁰; its effect was the “new creation,” incomparable to the primary creation because it did not only cure the entire human species but divinized it and enabled it to participate in the life of God. In any case, do we have to refer to the teaching of the fathers of the Church? Jesus himself said about himself: “The healthy do not need a doctor, but these, who do not feel well” (Luke, /five.fitted:/three.fitted/one.fitted). Elsewhere he defined his mission, referring to Is, /six.fitted/one.fitted, /one.fitted/n: “Holy Spirit is resting upon Me, because he appointed Me and sent Me, so that I could preach good news for the poor, freedom for the prisoners, sight for the blind, and to send the oppressed as free” (Luke /four.fitted:/one.fitted/eight.fitted). Curing the ill was one of the manifestations of preaching the Gospel, while the power of curing was within a wider scope of the entire salvific work of Christ. His miracles showed that He is God (Kyrios) who descended on earth with full power; the Kingdom of God came around people with His arrival.

This old-new look on the salvific work of Christ in a clinical-therapeutic light implies relevant attitudes of the minister of the sacrament of penance; John Paul II tells us about them, and we will specify them now.

**Adequate Catechesis**

Taking preventive decisions in the first place belongs to the essence of medicine. Analogically, a confessor before he sits in a confessional should first attempt an adequate catechesis of his penitents in relation to appropriate moral life in accordance with the requirements of the Gospel and the appropriate application

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of a salvific source of forgiveness which is undertaken in the sacrament of penance. The entire point 26 of the exhortation was devoted to this issue: “The first means, which should be applied, is catechesis then,” writes the pope. Catechesis is supposed to concern reconciliation first of all:

“Shepherds of the Church are expected to preach *catechesis about reconciliation*. It cannot be based on the biblical teaching, particularly the Old Testament one, referring to the necessity of rebuilding an alliance with God in Christ the Redeemer and Originator of Reconciliation.” (ReP 26)

Catechesis about reconciliation should demonstrate, which conditions should “the patient with ill soul” comply with to obtain “the medicine of the sacrament” – it is, most of all, reconciliation with brothers, also with enemies. John Paul II encourages to make use of “psychology, sociology and other human sciences, which may serve for the explanation of the situations, for the proper presentation of problems, the conviction of listeners or readers to make specific decisions” (ReP 26).

Secondly, it should be a catechesis about reconciliation.

“Shepherds of the Church are expected to preach *catechesis about reconciliation*. The richness of the biblical proclamation should be a source for it here as well. Most of all, it emphasises the value of *conversion* in penance, the term of which is a translation of a Greek word *metanoia*, literally meaning authority for *transition* of spirit, which should be *directed* to God. […] Reconciliation is not possible without the acceptance of attitudes essential for conversion, and catechesis should explain to them by means of notions and terms adjusted to the age and different cultural, moral and social conditions.” (ReP 26)

Penance also denotes remorse, which – at the medical level – is the equivalent of accepting a diagnosis by a patient. Just as the assimilation of information about a disease by a patient is (and following the activities of a doctor) the condition for an effective therapy, at the spiritual level the approval of one’s own guilt is the condition for a spiritual cure.

*The approval of one’s own sin*, what is more – after a more profound analysis of one’s own personality – *acknowledging oneself as a sinner*, and able to commit a sin and prone to sin, is a necessary principle of a return to God. David’s experience is an example, who “having done what was wrong before God’s eyes,” exhorted by prophet Nathan, calls: “I acknowledge my illegitimacy, and my sin is always ahead of me. I sinned only against You and I did what was wrong before You.” Jesus, in any case, puts these significant words in the mouth and heart of a prodigal son: “Father, I sinned against God and against You.” (ReP 13)

Thirdly, catechesis should concern specific deeds which a penitent should undertake to obtain divine forgiveness; in other words – in what way he/she
should do penance. “To do penance means, most of all, to restore balance and harmony shattered by a sin, to change the direction of behaviour also at the expense of a victim” (ReP 26). The pope emphasises that the genuine sense of penance is because it results from love, and not only from fear, that it is based on a tremendous effort of crucifying “an old man,” so that “a new one” could be borne by means of Christ. This “new birth” may be compared to the effect of appropriate treatment, which repeatedly “gives a man the second life”; sometimes it does not do without being subject to a painful treatment.

Eventually, genuine catechesis should refer to the demonstration of the role of conscience and its appropriate formation. Conscience – in accordance with the words of John Paul II – constitutes “a kind of a moral sense, which guides us to recognise what is good and what is evil; as if it was an internal eye, a spiritual ability to see, which guides our steps on the way of good; […] a sacred place, where God reveals a true good to us” (ReP 26). A good familiarity with the rights of a healthy and hygienic lifestyle is its equivalent at the clinical level, which allows to avoid many diseases.

Competence of the Minister of the Sacrament of Penance

After these “preventive” remarks, John Paul II proceeds to the demonstrations of the qualities of a confessor which in many points are very similar to the qualities of a good doctor. At first, he should be competent. This means that he should have “serious and accurate preparation, not fragmentary, but integral and harmonious one in many different fields of theology, pedagogy and psychology, methodology of dialogue, and mostly in a lively and communicative awareness of the Word of God.” (ReP 29) This remark is incredibly significant, as it depicts a moral obligation to have the relevant knowledge of a confessor in many different branches of human life and its continuous development.

“These amenities in human attributes, in Christian virtues and pastoral skills must not be improvised or achieved effortlessly. Every priest should prepare to become a minister of sacramental penance from their tutorial years by studying dogmatic, moral, ascetic and pastoral theology (which is always one theology) as well as by studying sciences about man, methodology of dialogue, and particularly a priestly conversation. […] He must always care about their own perfection and regeneration by permanent schooling. What treasures of mercy, true life and spiritual beaming would flow on the Church, if each priest turned out to be diligent, if each of them made every endeavour so that never as a result of inattention or because of different reasons he could be absent on his meeting with believers in a confessional, and particularly if none went there
unprepared or deprived of essential human virtues and spiritual and pastoral
dispositions!” (ReP 29)

The practice to acquire a specialisation is known in the world of medicine,
a participation in continual training which are mandatory if a doctor wants
to think not only about his promotion but even to maintain his right to exercise the
profession. There is a provision in Medical Code of Ethics, which, among others,
is as follows: “Each doctor is obliged to permanently improve and perfect their
knowledge and professional skills, as well as transfer them to their co-workers
(Medical Code of Ethics, art. 56), while in a solemn oath at the end of the studies
a young practitioner of medical sciences swears “to permanently improve their
medical knowledge and inform the medical world about anything they will be
able to discover and perfect.” Lack of knowledge of many confessors related
to the basic fields of life, particularly sexual and marital, and bioethical issues
is disconcerting in this light. Priests repeatedly hearing the confessions of the
faithful do not feel the need to improve their knowledge in cases related to arti-
ficial insemination, contraceptives, prenatal diagnostics, care over terminally ill
persons, transplantations and many others, which are everyday occurrences for
secular people. A penitent should be convinced that he is listened to by a competent
priest, who knows a problem, knows how to help and what solutions to take to deal
with difficult aporia (e.g. what should be done with “excessive” embryos resulting
from in vitro fertilisation; if and in what conditions a man who was subject
to sterilisation should be granted an absolution; how to settle a married life with
reference to sex; if and when a patient could be disconnected from a respirator;
how to recognize a victim of paedophilia, etc.). Different forms of “schools for con-
fessors” appear as incredibly important in this respect, which were found a short
time ago; it would be advisable to wish all ministers of the sacrament of penance
to make use of them, and so that subsequently they could care about continual
self-education to improve their knowledge, so essential to solving difficult prob-
lems in a confessional and to help people who were in critical life situations.

Patience, Kindness and Indulgence of the Minister
of the Sacrament of Penance

An appropriate approach to a penitent in the spirit of humility and kindness
should be the next virtue of a confessor, remembering that he acts not on his
behalf but in persona Christi.

“Christ, who through a confessor is personified and absolves his sins, is the
one who turns out to be a brother of man, gracious, faithful and compassionate
high priest, a shepherd ready to look for a lost sheep, a doctor who treats and
consoles, the only teacher who is truthful and teaches God’s way, “a judge of the dead and the living” who judges truly, and not in accordance with pretence. […] To effectively fulfil this service, a confessor should necessarily possess human virtues: prudence, discretion, the skill of understanding, assertiveness tempered with mildness and goodness.” (ReP, 29)

The appropriate attitude to a penitent is opposed to any forms of authoritative, authoritarian treatment, sometimes expressed with a raised voice, and sometimes even with a basic lack of culture. A confessor should still remember that he acts as a doctor whose obligation is to patiently listen to and understand the drama of his patient, check his health condition, prescribe relevant medicine and therapy. Christ himself is a role model here, who “did not break the bruised reed,” but always upraised and put a sinner on his feet, which is particularly noticeable in the history of curing the paralytic and in saving the sinful woman from being stoned to death.

That which constitutes a peculiar novum of Reconciliatio et paenitentia is the postulate on the use of dialogue also in relation to the confessor-penitent relation. John Paul II devoted no. 25 of his exhortation to this problem. We read in it, among others,

“The Church […] uses a method of a dialogue to better lead people – who by baptism and confession of faith consider themselves members of the Christian community and those who are out of it – to conversion and penance on the way of a profound renewal of conscience and life in the light of the mystery of redemption and salvation, undertaken by Christ and entrusted with service of the Church. Authentic dialogue directed mostly at the rebirth of each person by an internal conversion and by penance, always, however, with the maintenance of a profound respect for conscience, with patience and gradually, is indispensable in conditions in which contemporary people live.” (ReP 25)

We observe a great sensitivity of the pope in this provision; he somehow wants to recommend it to all priests. Since metanoia at the spiritual level is an equivalent of therapy at the corporeal level, it should take place with the use of similar methods and ways of communication, as it happens in a hospital. There a doctor is required to continually listen to a patient’s report, make a diagnosis, communicate it in a tactful and comprehensible way, to cooperate with a patient during the entire treatment procedure. A confessional is “a clinic of the spirit” and confessors would benefit a great deal if they remembered about this.

11 Cf. Francis, Evangelii gaudium, 44: “That is why, not diminishing the value of evangelical ideal, we need to accompany with mercy and patience the potential stage of the people forming
“In order to lead others on the way of Christian perfection, a minister of penance must go through it as the first person and, more through deeds than long education, give evidence of real experience of serviced prayer, practice of evangelical, theological and moral virtues, faithful obedience of God’s will, love for the Church and subordination of his Magisterium.” (ReP 29)

John Paul II himself gives here the most beautiful example. Being a pope, he did not lose a sense that he is simultaneously a man, weak and prone to fall, as Peter during the night when he disowned his Master. Therefore he led a very profound spiritual life; he started each day with an hourly prayer in silence; conducted the Eucharist; and regularly confessed (every two weeks). The more a minister of the sacrament proceeds in a similar way, the easier it will be for him to maintain all the afore-mentioned postulates which John Paul II put so fervently in our hearts, the pope of life and smiling. After all, each doctor is also – sooner or later – a patient. At the one hand he may perform an operation, on the other, he is operated on himself…

themselves day by day. I remind priests that a confessional should be a torture room, but a place of God’s mercy, encouraging us to do potential good.”