Ethics, Medicine and Public Health 32 (2024) 101000

Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en

HUMANITIES IN HEALTH

Priest-physicians in 18th-century Milan: Norms, exceptions, and reflections

R. Fusco

Department of Biotechnology and Life Sciences, University of Insubria, Varese, Italy

Reçu le 13 février 2024 ; accepté le 22 juillet 2024

KEYWORDS
Medical practice ;
Priest-physicians ;
Religion and medicine

Summary This study explores the controversy over priests practicing medicine in 18th-century Milan. The analysis of existing norms, exceptions, and contemporary reflections highlights the tensions between ecclesiastical directives, civil laws, and the practical and social needs of the period. Among the issues addressed are the role of the state in regulating the professions, the relationship between religion and medicine, and the challenges associated with reconciling spiritual ideals with human and social needs.

During the 18th century, Milan was the site of heated debate over the issue of priests engaging in the medical profession. This controversy is documented in a letter addressed to the Duke of Milan dated November 25th, 1767, and preserved in the State Archive of Milan. This correspondence raises important questions about professional practices and ethics within the Catholic Church [1]. To practice medicine, priests were required to obtain a medical degree and an Apostolic Brief from the Holy See. These briefs were then subject to the Regio Exequatur, a royal decree that granted or denied the publication and implementation of papal provisions. To obtain the Regio Exequatur, it was necessary to assess the suitability of the subjects involved and consider their need or usefulness. Following the scrutiny of their briefs, the priests were admitted to the College of Holy Physicians of Milan.

However, the complaint revealed that many priests appointed by communities as their trusted physicians were practicing medicine without the necessary favorable opinion of the Economate, thereby violating the civil regulations of the time.

Documentation listing the medical priest indicates that only 10 were in the city of Milan and 8 in the province, contrary to initial assumptions [1].

Adresse e-mail : roberta.fusco@uninsubria.it

https://doi.org/10.1016/j.jemep.2024.101000

In the letter, an official of the Economato office refuted the claim that the briefs were presented to their office, casting doubt on their existence. This reflects widespread suspicion surrounding the employment of priests in the medical field. Although the Catholic Church did not explicitly prohibit clerics from practicing medicine, concerns were raised about the compatibility of the medical profession with the priesthood. The official emphasized that serving the Church required complete dedication, and practicing medicine could compromise the sacred nature of the priesthood because of the physicality of the profession. He criticizes the police for not taking decisive action to prevent the proliferation of priest-physicians and calls for banning clerics and priests from practicing medicine. However, he shows leniency toward senior priests who have been practicing medicine for a long time, acknowledging that they are unlikely to engage in other activities. This suggests that civil and political norms can be flexibly applied to specific individuals. Nevertheless, the official reiterates several times that the medical profession is incompatible with the priesthood, citing the statutes of the University of Paris to support his theory [1].

Ecclesiastical legislation and medical practice

The Paris Statutes, which applied to the whole clergy, including those who lived communally and followed a rule, such as monks and canons regular, as well as deacons, priors, and generally all those who enjoyed the benefits, did not constitute an absolute prohibition of medical practices. Rather, they prohibited clergy from leaving their religious places and duties to practice medicine [2]. This fact underscores how medical practice was traditionally associated with religious institutions such as monasteries, where the care of bodies was considered an integral part of the spiritual mission [3]. However, in this secular context, the need for a more nuanced reflection on the rules and exceptions regarding the practice of medicine by clergy emerges. To fully understand the Catholic Church's position on this issue, it is necessary to examine ecclesiastical legislation related to the practice of medicine and surgery.

Canons issued at regional councils like those of Clermont and Reims in the 12th century showed concern about clergy pursuing profit through medical practice rather than an absolute prohibition of the activity itself. Furthermore, this canon was not directed at all clergy, but only at a small portion, namely monks and canons regular, and was not against the practice of medicine per se, but only against the practice for profit [4].

A more profound impact than the earlier ones was produced by the canons of the regional councils of Montpellier (1162) and Tours (1163) [4]. However, even in these cases, the canons referred only to those parts of the clergy that lived in common and followed a rule. Again, it was not a prohibition on medical practice per se, but only a prohibition for regulars to leave their religious places and duties to practice medicine.

Pope Honorius III's *Super Speculam Bull*, issued in 1219, extended the prohibition of practicing medicine to deacons, priors, and those who enjoyed ecclesiastical benefits. The main purpose of this prohibition was to prevent religious from neglecting their spiritual duties to pursue worldly interests. In 1298, Pope Boniface VIII, in *Liber Sextus* further extended the prohibition to include any kind of study. The aim of these documents was not to prohibit the study of medicine altogether but rather to ensure that religion did not stray from its primary duties. Regulars could engage in such studies in such studies if they were conducted within the boundaries of the religious institutions to which they belonged [5].

Medical practice carried a considerable risk, as the death of a patient can directly result from the physician's action. Surgery was the practice that most often led to the death of the patient due to the direct action of the physician. Being responsible for someone's death could hinder the complete pursuit of the cleric's spiritual functions. In this regard, the text of Pope Clement III is often cited, which has been interpreted as a ban for all clerics to practice surgery [6]. However, it is important to note that this prohibition was explicitly directed only at priests, deacons, and subdeacons, that is, the major orders of the clergy. A significant portion of the clergy was not subject to this prohibition. Moreover, this prohibition was not a law against medicine itself but rather a prohibition of an activity deemed unsuitable for the reasons stated above.

Another significant source is the Theoretical Practical Dictionary of Moral Casuistry, which clarified what types of arts or crafts clerics could practice. Chapter X specifies that both major and minor orders had to request permission to practice medical art, which permission was granted by the bishop. This permission was granted after an examination of the character of the person in question and was given only if there was a lack of physicians in the place where the cleric resided. Additionally, priests cannot receive money in exchange for medical services [7].

Canon Law did not explicitly prohibit priests from practicing medicine, but rather applied strict regulations governing when such practice was permitted. While the Economato's officer suggested that only senior priests and those approved by the Economato were exempt from this prohibition, this raises questions regarding the adaptability of political-civil norms and their consideration of individual situations. The granting of this exemption to elderly priests could be considered a recognition of their experience and expertise accumulated over time. Given the absence of alternative means of support and employment for elderly priests, permission to practice medicine might have been seen as a practical solution to guarantee their income and useful role within society.

Economato's approval of some priests may have been influenced by both practical and local considerations. In regions with limited access to qualified physicians, the contribution of a medically experienced priest could be considered an asset to the community. These concessions raise questions about the balance between strict application of political-civil norms and consideration of individual and community needs and challenges. Practical reality often required flexibility and adaptation to the local circumstances and community requirements. The Austrian government's attempt to regulate the presence of priest-physicians, excluding those who are not duly approved, can

be viewed through various lenses, including economic motivations. One possible motivation for this regulation was to ensure the quality and safety of medical practice in society. Government authorities may have considered it essential to monitor and regulate medicine to protect public health and prevent potential harm from incompetent or unethical medical practices. In this context, formal approval of priest-physicians ensured that only those with the necessary skills and knowledge could practice the medical profession.

The regulation of priest-physicians may have been motivated in part by economic considerations. By restricting the practice of medicine to those who were not approved, the government may have acted to protect the interests of lay medical professionals. The entry of priests into the medical field, if not properly regulated, could have threatened the job market and earnings of lay physicians, leading to resistance from professional corporations and medical institutions. These professional groups may have seen the entry of priests into medicine as unfair competition, as religious figures may enjoy certain social prestige and automatic trust from the community, without necessarily having to compete based on their medical expertise. The political and social context of the time must also be considered. During Austrian rule in the Duchy of Milan, the Habsburg government was known for implementing administrative reforms aimed at centralizing power and directly subordinating offices. This reflects the concept of enlightened absolutism, according to which state control should be exercised in a centralized and meticulous manner. The policy of centralization of power aimed to counteract particularisms and local autonomy by ensuring tighter control over territory and institutions. After the War of the Austrian Succession, the government focused on maintaining its conquests and fighting against the elements that undermined the unity of the state. The regulation of priest-physicians can be considered as part of a broader effort to establish state control over various spheres of social and economic life. The Austrian government authorities may have sought to centralize power and extend their control over professions and activities that affected the welfare and stability of society.

Thus, the formal approval of the priest-physicians could reflect a number of considerations. These factors may have included the quality and safety of medical care, the economic interests of existing medical professionals, and the desire to establish greater state control over various aspects of social, economic, and religious life.

In summary, the investigation of the priest-physician controversy in eighteenth-century Milan uncovers a multitude of intricate issues that go beyond the mere regulation of medical practices by the clergy. This controversy highlights the conflict between ecclesiastical norms, civil laws, and the practical and social needs of the time.

By delving into this examination, we gain a deeper comprehension of the historical context and the social and economic dynamics that influenced the regulation of priest-physicians in the Duchy of Milan during the eighteenth century. This analysis raises fundamental questions that remain pertinent in the current landscape of medical practice and public health.

Assessing the ethical dilemmas faced by priest-physicians in balancing their religious responsibilities with medical practice offers crucial lessons for modern medical professionals in a context where technological advancements and patient expectations can create intricate ethical challenges. Additionally, the discussion on the regulation of medical practice in the historical context of priest-physicians raises significant issues regarding governance and professional responsibility. Reflection on the compatibility between religion and medicine leads to a broader discussion on the role of spiritual values in contemporary medical practice and how to incorporate religious ethics into medical care. In an increasingly heterogeneous world, where religious beliefs and cultural perspectives of patients must be considered, understanding how to incorporate religious ethics into medical care is essential for healthcare providers.

In addition, the analysis conducted in this article is of particular importance for priests who still practice medicine today. Understanding historical precedents and the challenges faced by priest-physicians in the past can offer valuable insights to guide and inform contemporary practice, promoting deeper ethical reflection and better integration between religious faith and the medical profession.

Human and animal rights

The author declares that the work described has not involved experimentation on humans or animals.

Informed consent and patient details

The author declares that the work described does not involve patients or volunteers.

Funding

This work did not receive any grant from funding agencies in the public, commercial, or not-for-profit sectors.

Disclosure of interest

The author declares that she has no competing interest.

Références

[1] State Archives of Milan, Government Acts Fund, Sanità Parte Antica, Folder 243, row 2 ''Exclusion of priests from the practice of the medical art and exemptions in favor of others''.
[2] Ullman W, Garnett G. Law and Jurisdiction in the Middle Ages. 1st ed. London: Longman; 1988.
[3] Cosmacini G. L'arte lunga. Storia della medicina dall'antichità a oggi. Roma-Bari: Laterza; 2011.

[4] Mansi JD. Sacrorum Conciliorum nova et amplissima collectio. Vol. 21. Graz: Akademische Druck u. Verlagsanstalt; 1961.
[5] Darrel W. Amundsen, medieval canon law on medical and surgical practice by the clergy. Bull Hist Med 1978;52:22—44.
[6] Decretalium Compilatio, Liber I, titulus XIV, caput VII.
[7] Montan L. Dizionario teorico-pratico di casistica morale: che comprende tutte le dottrine positive ed i casi pratici della teologia morale, compilato da una società di teologi. Venezia: Giuseppe Antonelli ed; 1841.