

The Pope and the condom: is it a fair discussion?

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The interaction between science and faith is a never-ending issue, causing endless disputes and contrasts. While its natural environment is philosophy and theology, the relevance of such a dispute overflows into many fields of human research, including medicine and health sciences. Therefore, the question is whether there is a consistency between these two apparently unrelated categories, scientific findings on the one side, and faith-related beliefs on the other.

In the scientific field, we are required to use the categories of science to judge and define the elements of our thoughts and discoveries. This, in theory, should displace faith and, with that, all those criteria based on beliefs which cannot be scientifically demonstrated.

Is this contraposition really true? By looking at some of the disputes currently ongoing in medicine, including the control of the spread of HIV in Africa, the answer seems to be yes; science-based medicine should take the lead in making public-health decisions with substantial impact on the daily life of millions of people. By contrast, faith-based statements should have a natural constraint only within those people who freely want and think to believe in what faith proposes. As a consequence, if this statement is true, the decision whether or not to use the condom as the main (if not the only) barrier to HIV spread needs to be taken based on publicly and scientifically available data, not on faith-based concerns.

The next step is then to identify the scientifically available data supporting public-health decisions about control of HIV spread. Here, surprisingly, the situation gets complicated. The search for evidence supporting the condom as the most relevant barrier against AIDS spread falls apart. Indeed, the condom has the potential capacity to decrease the transmission of HIV through sexual intercourse; nevertheless, the population-based evidence showing that HIV diffusion can be controlled by implementing a massive distribution and use of condoms is surprisingly (and resoundingly) lacking. By contrast, and as a paradox, the only population-based evidence of a notable control of HIV replication comes from the studies conducted in Uganda, whereby the use of condoms is proposed together with other socially driven factors, such as delay of sexual debut and fidelity. A more thorough analysis of these data shows that the most relevant factor within this triad in decreasing HIV spread is the reduction in a casual, multipartner approach to sex. The articles published in this issue of *Journal of Medicine and Person* revise this evidence, and extend observations supporting the existence of a different point of view in the field of AIDS prevention.

So, even without being sustained by faith, there is scientifically driven evidence supporting something which is in contrast to common beliefs about the use of condoms as a key solution of AIDS. The questions then arise: is the distribution of millions of condoms the best option for controlling the spread of HIV? There is (so far) no scientifically driven evidence clearly supporting this working hypothesis.

This paradoxical situation should, in a sane and open-minded environment, drive doubts about the current public health options about HIV control in Africa, and let decision-making officials take into account the possibility that

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the solution might be different than that currently thought. This is not what is happening. If at all, the battle becomes more cruel and aggressive against those proposing different working hypotheses, based upon facts and not theories.

Why is this so? It is difficult to say, yet the fact that scientifically driven evidence is supported by the Pope (or, and even better, that the Pope's statements are supported by scientifically driven evidence) may lead some to think that the prejudice about Catholics and faith is put forward by many: in other words, the possibility that Catholics may support something which is science-oriented is excluded by principle. The reality must be somewhere else, but not within Catholic thoughts and teachings.

So, we have another paradox. Science-driven scientists (as well as politicians following the same mental approach) exclude in principle that scientific evidence can drive conclusions other than those dogmatically sustained as true. Under these conditions, the postulates of Galilee (often used against the Catholic Church) which require that a working hypothesis be empirically demonstrated true or false is systematically disowned by those

scientists. Whether the Catholic Church and the Pope be true in science and medicine is excluded in principle, without demonstration.

In conclusion, the contraposition of the Catholic Church and science is far from being demonstrated. The issue of control of HIV spread in Africa, as with many other scientific disputes such as fertility, end-of-life issues, etc., requires good sense, clear judgement and, most importantly, an open mind. The capacity of the Catholic Church to always assist, and to interpret their own deep desire of truth, provides the background of its natural ability to read scientific evidence often better than some approaches driven mostly by dogmatic anti-catholic prejudices.

Paying attention to discordant voices may help in finding solutions driven by science, good sense, and most importantly, attention to human beings. The latter has to be the only real medical target: pursuing the health of each human on Earth, including the weakest and the poorest, by finding solutions which take into account the multidimensional aspects of human beings.