

VIRTUAL MAGAZINE



July - September | Year 2026 | No. 012

WE NEED TO TALK ABOUT

VICES

Articles

Biblical Perspective on Addictions

Abner Morillas

Bets among evangelicals

I bet that will scare you!

Dr. Glauco Franco Santana

A bioethical and Christian approach to the recreational use of marijuana

Dr. Hélio Angotti Neto

Commented article:

Association of electronic cigarette use and risk of COPD: a systematic review and meta-analysis.

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Why are we donating less?

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XVIII ICMDA International Congress

National Congress MDC

It happened at MDC.

**Front Page: Médicos de Cristo Magazine, Volume 12,
Number 3 of 2026**

Virtual Magazine Médicos de Cristo

Support: Médicos de Cristo Association

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Design: Nycole Soares (Marketing) Technical Description:

The cover was designed with the visual concept of
demonstrating the prison that addictions bring to the
lives of those who have them. The typography was
chosen to represent the prevalence of addictions to
technology. The background image was taken from the
"Cosmos" image bank.

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Ficha Catalográfica

Elaborada pelo Bibliotecário: Agenor de Carvalho Silva - CRB8 – 7018

R454 Revista Médicos de Cristo [recurso eletrônico]: sonhos de
Deus implantados em nós. – v.11, n.2 (2026). – Curitiba, PR: Associação
Médicos de Cristo, 2026.

48 f.; il.

Publicação Trimestral.
Sigla da publicação: MDC

1. Bioética. 2. Espiritualidade e Saúde. 3. Medicina I. Autor.

CDD 266

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Editorial



Hello, sisters and brothers,

This edition of the MDC Virtual Magazine features several articles addressing an issue that perversely affects humanity: addictions.

Some of the forms of drug use and their consequences for the individual's overall health are discussed, such as online gambling, electronic cigarettes, and recreational marijuana use. Pediatrician Dr. João Paulo Becker Lotufo – a physician active in combating alcohol, tobacco, and drugs, and creator of the Dr. Bartô and the Doctors of Health Project for drug prevention in elementary and high school – granted us an interview where the issue of drugs was addressed with great expertise.

This edition also addresses the biblical perspective, as well as the insights from behavioral sciences and neuroscience on the topic, with an article written by pastor and psychologist Abner Morillas. It's worth checking out!

The theme of generosity was richly addressed in the March–April 2026 issue of Ultimato Magazine. Taking advantage of our fraternal partnership with the aforementioned publisher, we are republishing one of the articles, which reflects on the crisis of solidarity – why are we giving less? Yes, even Christians, who should act generously towards their neighbors, are often living selfish lives and have not been good stewards of what they have received from the Father. We need to rethink our attitudes!

Finally, we bring you what happened at MDC and especially what the ICMDA International Congress in Jeju, South Korea, was like.

Enjoy your reading!

Glauco Franco Santana

President of the Médicos
de Cristo Association

MDC Magazine

Biblical perspective on

VICES

The displacement of desire and the reordering of the heart.

All addiction begins long before the first dose, the first bet, or the first access. It begins when desire loses its true center.

This question has been with me for many years, both in my office and in my pastoral ministry: why does someone keep returning to exactly what they know is destroying them? I remember a patient who, after two months without inappropriately using anxiolytics, came back saying only: "I prayed. I wanted to stop. I knew what I was doing. Even so, when the anxiety came, it seemed like there was something stronger than me." Her story could be that of someone addicted to alcohol, pornography, gambling, food, or work. It's clear that the object changes, but the human drama remains.

Psychiatry, psychology, and neuroscience have demonstrated that addictions involve alterations in circuits linked to reward, memory, inhibitory control, and learning, in addition to the influence of genetic, environmental, and traumatic factors.

These findings have significantly broadened our understanding of the problem. Still, they leave some questions unanswered, among them: why does humankind transform what initially offers relief into something that later comes to dominate it?

The biblical response begins before the first relapse. It begins with the fall. If the clinic describes how addiction takes hold, The Holy Scriptures seek to explain why the human heart becomes so vulnerable to the enslavement of its own desires. Genesis 3 describes much more than the entry of sin into history. It describes the rupture of the human condition. Communion with God was broken; fear and shame began to mark inner life; accusation fragmented relationships; creation itself began to reflect this rupture. Desire, created to find its direction and rest in God, became vulnerable to displacement. Addiction does not inaugurate this condition; it reveals one of its most dramatic expressions.

It is in this context that biblical anthropology broadens our understanding of dependence. In the language of Scripture, the heart is not merely the organ that keeps the body alive, nor a simple metaphor for emotions. It is the center of the person, where desires, beliefs, affections, thoughts, and decisions are integrated. When this center becomes disorganized, the whole of life begins to reorganize itself around new masters.

Therefore, a large part of addictions does not stem from the unbridled pursuit of pleasure, but it stems from an attempt to alleviate pain. Anxiety, shame, trauma, loneliness, and existential emptiness often precede compulsive behavior. The need is legitimate; the path chosen to satisfy it becomes destructive. Addiction doesn't arise because the human being desires too much. It arises because, after the fall, they began to desire in a disordered way.

Clinical practice confirms this dynamic. It is not uncommon for a compulsion to simply change of object. Alcohol can give way to compulsive work; drugs to gambling; pornography to compulsive eating. I often explain this phenomenon to patients through an image: the brain seems to deal better with substitutions than with voids. In simple terms, it usually exchanges one for one, sometimes one for two, rarely one for zero. This is not a law of neuroscience, but a clinical metaphor. When the void left by abstinence does not find psychological, relational, and spiritual processing, the compulsion tends to shift to another object without losing its logic. The problem is no longer just the substance or the behavior, but the persistence of a desire that continues to seek, in the wrong place, what only God can offer.

This movement reveals something even deeper than a simple change of behavior. It reveals a misplaced desire. Gradually, that which should serve begins to govern. Scripture calls this movement idolatry. It is not just about worshipping false gods, but about attributing to created realities what only God can offer. Work ceases to be a vocation and becomes identity; money ceases to be a resource and begins to promise security; a substance ceases to offer only relief and assumes the function of sustaining hope.

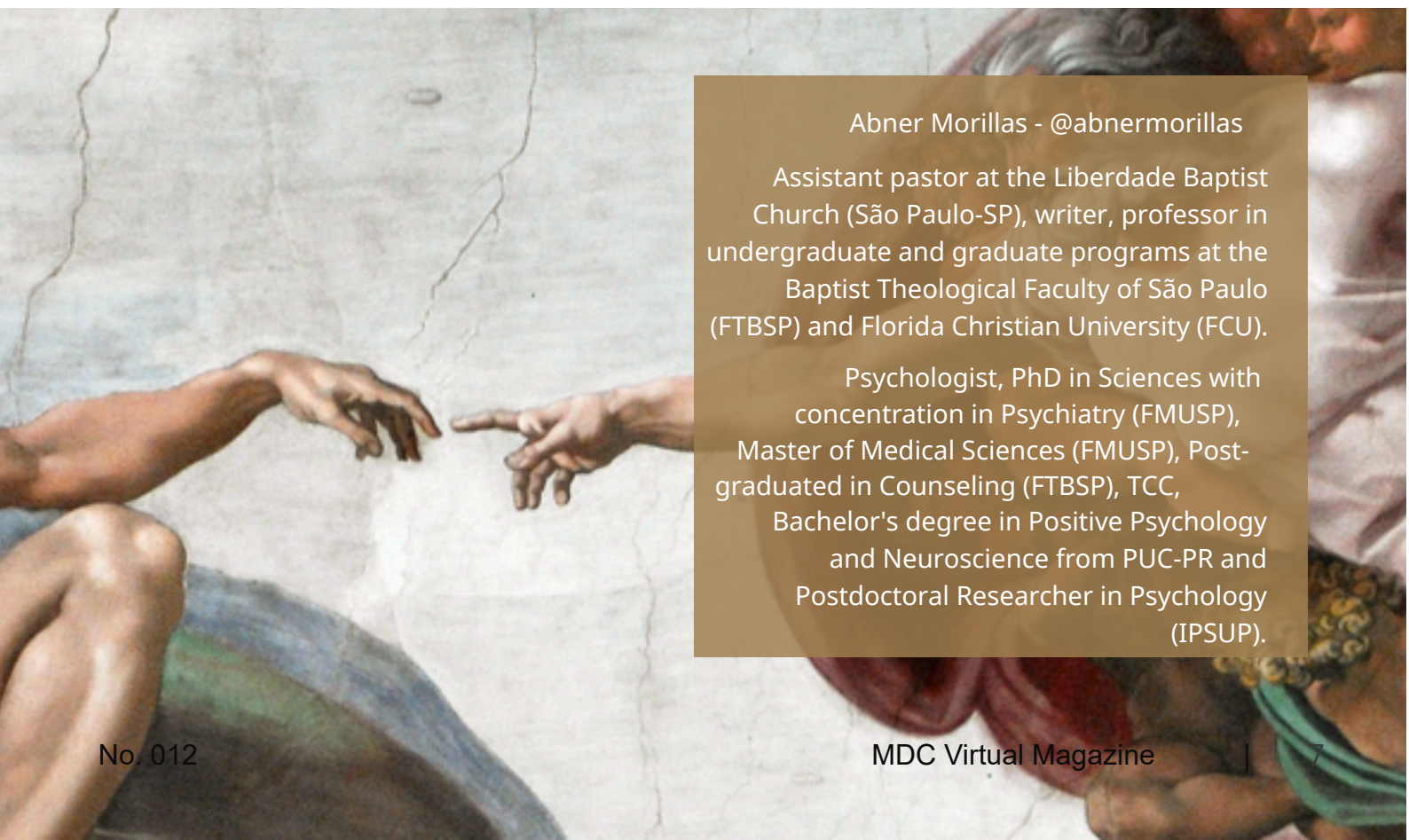
The narrative of Cain illustrates this reality in a striking way. Even before the murder, God warns him: "Sin is crouching at your door; its desire is for you, but you must rule over it" (Genesis 4:7). Sin appears as a force vying for control of desires. Centuries later, Paul describes this same experience in Romans 7, revealing the conflict between the sincere desire to obey and the inability to break free.

That which enslaves. The problem is not merely moral nor merely biological; it is profoundly anthropological.

Romans 8, however, shifts the focus from slavery to hope. The gospel promises not only to stop compulsive behavior; it promises to restore the person. Christian liberation is rarely instantaneous and never magical. In Christ, through the power of the Holy Spirit, God reorders affections, strengthens the will, and leads our desires back to their true center, often using the Christian community, counseling, psychotherapy, and medicine as instruments of his grace.

When I met that patient again, anxiety was still part of her story. What had changed was her understanding of the problem. For the first time, she realized that her greatest battle was not just against a medication, but against the expectation of finding in it something it could never offer.

Perhaps the greatest misconception about addictions is imagining that they only reveal what a person is dependent on. Most often, they reveal what that person desperately seeks to find. Science helps us understand how this enslavement takes hold; Scripture reveals why it finds such fertile ground in the human heart. The gospel proclaims that desire need not remain misplaced. In Christ, it can be redeemed, reordered, and led back to the One for whom it was always created.



Abner Morillas - @abnermorillas

Assistant pastor at the Liberdade Baptist Church (São Paulo-SP), writer, professor in undergraduate and graduate programs at the Baptist Theological Faculty of São Paulo (FTBSP) and Florida Christian University (FCU).

Psychologist, PhD in Sciences with concentration in Psychiatry (FMUSP), Master of Medical Sciences (FMUSP), Post-graduated in Counseling (FTBSP), TCC, Bachelor's degree in Positive Psychology and Neuroscience from PUC-PR and Postdoctoral Researcher in Psychology (IPSUP).

JOHN PAUL BECKER LOTUFO



In this edition of MDC Magazine, the pediatrician João Paulo Becker Lotufo is interviewed. He has been prominent in the fight against drug addiction and promotes prevention through lectures, scientific articles, and books. Currently, he is a representative of the Brazilian Society of Pediatrics (SBP) in actions to combat alcohol, tobacco, and drugs, and a member of the Tobacco Control Commission of the Brazilian Medical Association (AMB). He is also responsible for the Anti-Smoking Project at the University Hospital of the University of São Paulo (USP) and for "Dr. Bartô and the Doctors of Health," a Drug Prevention Project in Elementary and High School.

MDC MAGAZINE – Despite your background in pediatrics, you became involved in issues related to smoking. How did that begin?

JOÃO PAULO LOTUFO – I am a pulmonologist and I started a smoking cessation clinic for the smoking parents of my asthmatic patients. I advised the state commission for smoke-free indoor environments. My first book was: **SMOKING, A PEDIATRIC DISEASE**. Later I treated some cases of alcohol-induced coma in adolescents, then psychotic episodes due to marijuana use, and my latest book was **ALCOHOL, TOBACCO, MARIJUANA AND ELECTRONIC CIGARETTES ARE PEDIATRIC DRUGS**.

MDC MAGAZINE – You are the author of the book "Alcohol, Tobacco and Marijuana: Pediatric Drugs". Tell us a little about how children have been affected by these drugs.

JOÃO PAULO LOTUFO – Drug use begins very early, which is why it's a pediatric issue. As a pediatrician, I have an obligation to work on prevention, because the brain develops until the age of 21, and any drug started during brain formation leads to greater dependence. We must at least delay the initiation of legal drugs, if we cannot prevent them altogether. Without the use of legal drugs, there will be less use of illegal drugs.

MDC MAGAZINE – Could passive smoking, to which children and adolescents are exposed, be considered a form of domestic violence?

JOÃO PAULO LOTUFO – My first job was to measure nicotine levels in the urine of children who came to the emergency room. 24% of children aged zero to five years had nicotine in their urine. This is passive smoking. A child's brain already knows the drug and they can become addicted quickly, apart from the numerous

diseases, mainly respiratory.

MDC MAGAZINE – How should a healthcare professional approach a patient seeking help to reduce or stop alcohol or nicotine use?

JOÃO PAULO LOTUFO – I like to consult with young people to dissuade them from drug use. When they ask me what age we should start prevention, I answer: IN UTERO, because if the parents smoke, drink, use marijuana or other drugs, the fetus may already have significant abnormalities. We work with brief counseling, that is, spending one to five minutes of your consultation focusing on prevention of what you consider most important: if the parents smoke, cigarettes; if they drink excessively, alcohol, and so on. Distribute a booklet from Dr. Bartô's series, which is our prevention program, tailored to what you discuss with your family. If you discussed passive smoking, a booklet on passive smoking, etc. (booklets/drbaroto.com.br). Brief counseling must be continuous and persistent. Isolated actions have little or no result.

MDC MAGAZINE – How should the approach be in the doctor's office for a pregnant woman who uses alcohol, nicotine, or another drug?

JOÃO PAULO LOTUFO – To show what

can happen to the developing fetus, and we should discuss drug withdrawal syndrome in newborns. Pregnancy is an excellent time to dissuade the mother or father from using drugs. However, not much time is spent on this, and as soon as the baby is born, the mother craves cigarettes and relapses because not a minute was spent guiding her on how to activate nicotine receptor centers in the brain, leading to a return to consuming everything she used to. Drug withdrawal syndrome in the nursery is very frequent. The child becomes agitated, cries intensely, doesn't breastfeed properly, loses weight, and increases the length of hospital stay and risk of infection.

MDC MAGAZINE – Which protocols or medications are safe for smoking cessation during pregnancy?

JOÃO PAULO LOTUFO – During pregnancy everything is more complicated, but if the mother, for example, smokes 20 cigarettes a day, she receives 20 mg of nicotine per day. Using nicotine patches to reduce or stop smoking is important. The less medication, the better. Techniques such as avoiding cigarettes or alcohol, not having them at home, recognizing triggers, relaxation methods, plenty of fluids, etc., also come into play.

MDC MAGAZINE – When a patient has concomitant use of alcohol and nicotine, should we treat them simultaneously or

should we prioritize one substance over another? What criteria do we use to make that decision?

JOÃO PAULO LOTUFO – Nicotine addiction is more prevalent than alcohol addiction. I have many former alcoholics in my clinic, but each case is different. It's possible to work on both and achieve cessation in stages.

MDC MAGAZINE – Other drugs have emerged as potential public health problems, such as electronic cigarettes, opioids, amphetamines, and synthetic drugs. What is the current situation in Brazil regarding these drugs?

JOÃO PAULO LOTUFO – Electronic cigarettes arrived with strong indirect marketing, claiming they are less harmful to health: FAKE NEWS. Diseases have been appearing more rapidly, and pulmonary inflammation (EVALI) caused by electronic cigarettes has been more prevalent among young people. The lack of information about new drugs generates this behavior among young people. And the policies to curb it are very weak.

When young people are asked which drug is least harmful, they say alcohol and marijuana; and these are the two that can cause irreversible brain damage. There's no going back. Opioids haven't arrived here in force, but they've already caused 82,000 deaths in the US in one year. Synthetic drugs sold as ecstasy are usually other drugs, often unknown, as was the case with that young man who died in the Olympic rowing course at USP (University of São Paulo).

MDC MAGAZINE – Has the Brazilian state been effective in combating drugs?

JOÃO PAULO LOTUFO – We are an example in the fight against tobacco, but with a lot of effort from NGOs and the medical field and little political effort in this fight. When a drug is legalized, the fear of it disappears and consumption doubles, doubling the diseases it causes. We are not examples in curbing the use of vapes or other drugs. Regulating alcohol use is interesting, with increasing the price being the quickest way to reduce consumption. Political will is needed for this.

MDC MAGAZINE – You coordinate “Dr. Bartô and the Doctors of Health,” tell us a little about this project.

JOÃO PAULO LOTUFO – We specialize in training teachers to provide brief

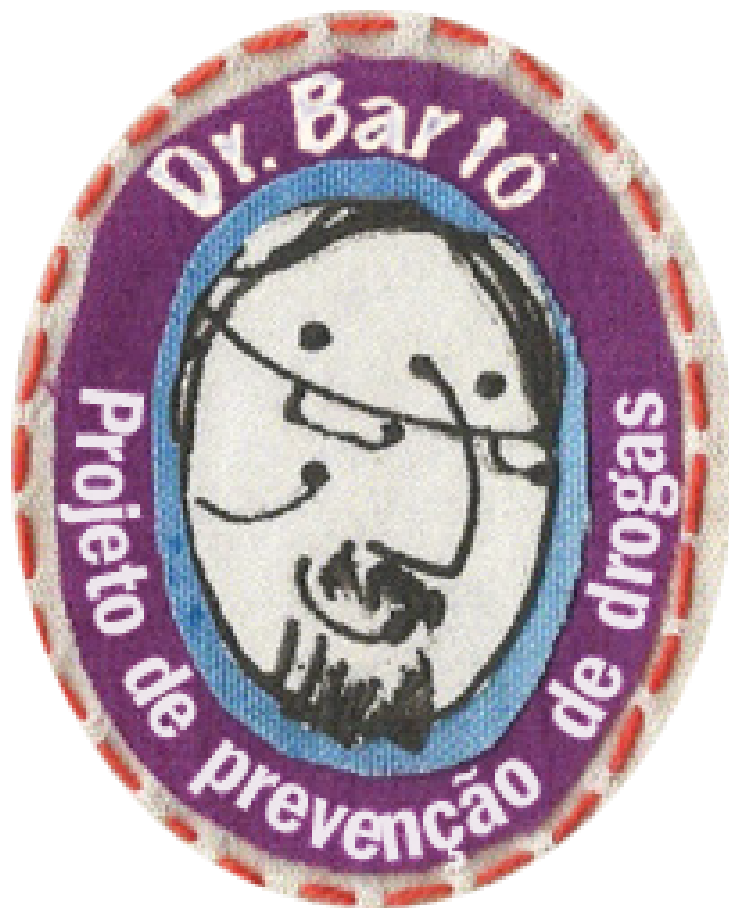
Interview

counseling (BC) in the classroom throughout the year. The municipality of Pompeia, SP is an example and a pilot project in this area. For four years, all public and private schools in the city have been conducting discussions, reading Dr. Bartô's materials (booklets), using videos for the AB program, and this year we will be gathering data on the decrease in experimentation with legal and illegal drugs in the city to compare with official Brazilian statistics.

The University of Erechim (RS), URI, is also an example in prevention, as we planted the seed there and it germinated through the physiotherapist Fernanda with excellent prevention work. We started with public schools in Santa Cruz do Rio Pardo, and private schools joined the project. And so we continue moving forward while there is no STATE prevention program. See the website www.drbarto.com.br and welcome to prevention. If I had to choose one essential item as the most important, it would be THE FAMILY. Rules and conversations are very important.

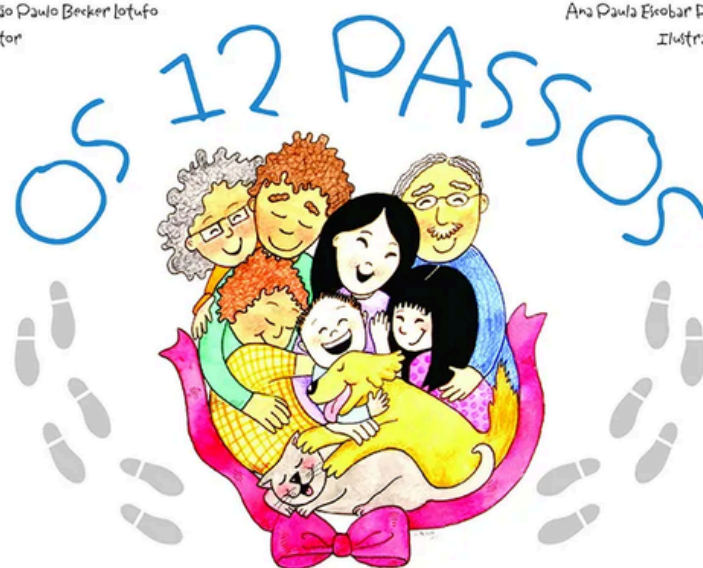
MDC MAGAZINE – Has the Brazilian evangelical church been playing its role in preventing and treating this enormous problem?

JOÃO PAULO LOTUFO – I think we're still spinning our wheels. A single event about drug prevention helps very little. We need routine activities. Spirituality is part of the 12 steps I chose in the book 12 STEPS



João Paulo Becker Lotufo
Autor

Ana Paula Eisobar Freddi
Ilustradora



PARA EVITAR A ARMADILHA DOS VÍCIOS.



TO AVOID THE TRAP OD ADDICTIONS. I learned that schools and churches are the second family, and families are very important. The example of parents is fundamental, but I see parents drinking excessively, introducing alcohol and marijuana into the family to be friendly parents, etc. Parents have to set the rules and be examples. A patient told me that everyone uses, which is not true. I asked: Is there anyone on your street who doesn't use? And she replied: I THINK THE PEOPLE AT CHURCH. And I added: HOW ABOUT YOU ATTEND THAT CHURCH WHERE YOU SAY PEOPLE DON'T USE? Because if you keep attending the group that uses, it's very difficult for you not to use. See the book 12 steps: <https://drive.google.com/file/d/1YREXAmdePRbZ5DkUPDVWPVOnB2eu18C7/view>

MDC MAGAZINE – How can we, as Christian healthcare professionals, influence our patients and society in the fight against addiction?

JOÃO PAULO LOTUFO – Working with the focus on the fact that prevention is much cheaper than treatment. Delaying initiation, opting not to use, and doing what we call Brief Counseling. How: see www.drbarato.com.br.

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among evangelicals

I bet that will scare you!

Online betting, also known as Bets, refers to virtual platforms that allow individuals to bet money on various sporting events, games of chance, e-sports, and other forms of entertainment.

The monthly volume of bets in Brazil is around 20 to 30 billion reais. The financial impact of online gambling is most evident in social classes C, D, and E, where spending leads to a drop in income and consequently worsens poverty in families already with limited resources. The harm associated with online gambling can lead to job loss, homelessness, and even imprisonment.

But the impacts of gambling are not only financial and social. There are also health risks associated with gambling, such as depression, loss of quality of life, health issues, and even suicide. Individuals who engage in gambling may develop "gambling disorder," an addiction to betting that has roots similar to other addictions, such as those related to substance abuse like alcohol or nicotine, as well as behavioral addictions like sex or eating.

Given this scenario, one would expect Christians not to get involved with this type of thing. In practice, vices such as alcoholism and sexual immorality are condemned by Scripture (Proverbs 23:21; Galatians 5:20-21). The love of money is the root of all evil, and through this covetousness for wealth, some people cause themselves much suffering (1 Timothy 6:10). The attempt to become rich easily without the effort of work is seen in the Bible as something dishonest, which does not bring prosperity and ends easily (Proverbs 13:11). The principles of Christianity are strongly opposed to gambling!

However, to the surprise of many, a study revealed a problem that we often overlook: the habit of online gambling among evangelical Christians. Between September 27th and 29th, 2025, PoderData interviewed 2,500 people across Brazil, gathering data on online gambling among Brazilians. The margin of error was 2 percentage points, plus or minus (<https://www.poder360.com.br/poderdata/41-dos-evangelicos-apostam-nas-bets-catolicos-34/>).

Researchers found that 41% of evangelicals say they have placed bets and 35% have

incurred debt due to gambling. This shows that it's not just innocent fun, but reflects both the consolidation of compulsive behavior and the pursuit of financial prosperity and quick enrichment, putting the financial and emotional health of families at risk. I bet that surprised you!

Based on the Christian principle that God's grace is sufficient for his children, it would be rational to assume that these numbers would be different. We should be alarmed by this reality. We must bring this issue to our groups, cells, Sunday schools, and sermons. And as healthcare professionals, we need to understand the magnitude of the problem and guide our patients and the general population on how serious the epidemic of online gambling we are experiencing today is, sold as something good by celebrities, encouraged by the media, and often omitted in religious circles.



Glauco Franco Santana, Cardiologist, Member of the First
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A bioethical and Christian approach to the **MARIJUANA** recreational use

We inhabit a world full of vices and opportunities to numb ourselves and escape from reality. In the unbridled and irresponsible pursuit of pleasure and the satisfaction of desires that ultimately lead to the avoidance of pain and abstinence, humankind has for millennia often chosen to flee from reality and immerse itself in the illusion of artificial sensuality. Nothing very new under the sun, except for the power and technical and scientific refinement of ancient threats. Faced with this ancient and ever-present reality of surrendering to the irrationality and artificiality of a stimulus that amputates reality and deceives our senses, Christian and bioethical reflection remains increasingly necessary.

The threats currently being mobilized target physical integrity, mental health, and the moral and spiritual aspects of human beings have reached a level of variety and power rarely witnessed in recorded history. Within easy reach are screens and social networks, triggering stimuli and flooding the brain with neurotransmitters like dopamine, while also alienating multitudes from healthy social interaction. The gambling industry enters the scene through apps, television, and even family environments, destroying economies and families, throwing its victims into a downward spiral of despair and false hope of victory in a game designed for material and mental defeat.

And, increasingly accepted and widespread in contemporary society, chemical drugs are made available, deceiving our senses, robbing us of our lucidity, imprisoning us in a cage without bars, and destroying our health.

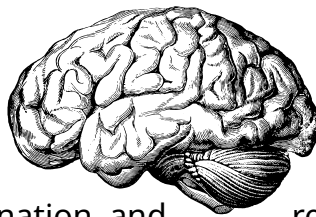
One of those drugs that are being promoted and pushed onto the population these days is, without a doubt, marijuana. Taking advantage of the relaxation of control brought about by some specific medicinal applications through the use of very well-controlled and indicated chemical compounds, certain groups are mobilizing to expand access and spread its use in a completely irresponsible manner.

The legalization of recreational marijuana use is problematic for several reasons: social, health, and even theological issues. And bioethics at its best will encompass all

these multidisciplinary meanings.

First, the recreational expression itself has attractive power and hides the reality through a simplistic euphemism that diverts attention from the real effects of various chemical substances. When discussing recreational use, the specific and well-indicated medical use of very well-controlled substances is not mentioned, and this has nothing to do with the sporadic and clinically unindicated use of the substance in its non-pharmaceutical form. It also affects the imagination of young people who may believe that it's just another simple entertainment option to access precisely at a stage where many new experiences and challenges arise. But little is said about the adverse effects of marijuana use.

Recreational marijuana should be analyzed as a psychoactive substance with acute effects on consciousness, judgment, memory, motor coordination, and perception, and chronic risks that increase with age of onset, frequency of use, potency of its chemical compounds, route of administration, combined use with alcohol or other drugs, and psychiatric vulnerability. It is not correct to say that all use inevitably leads to dependence or psychosis; but neither is it correct to treat it as a harmless substance.



In terms of risks to physical integrity, marijuana can alter the perception of time and impair attention, short-term memory, judgment, motor coordination, and reaction time. This directly impairs driving, operating machinery, working at heights, participating in high-risk sports, and making decisions requiring prudence. The Center for Disease Control (CDC) describes reduced reaction time, poorer decision-making, impaired coordination, and perceptual distortion. A clear example is the association between marijuana use and an increased risk of car accidents. A meta-analysis published in the British Medical Journal also found an increased risk of traffic accidents after acute cannabis use, especially in serious or fatal collisions.

When inhaled, marijuana also causes lung damage by harming lung tissue and blood vessels, increasing cases of chronic bronchitis. In the cardiovascular system, marijuana can increase heart rate, alter blood pressure, and have sympathomimetic effects, with a possible increase in harmful health events. During pregnancy, the drug crosses the placenta and is associated with low birth weight, gestational complications, and possible impacts on the neurodevelopment of the unborn child. In young people, whose neural circuits are related to reward, impulsivity, memory, decision-making and executive control are still maturing,

and marijuana use can also lead to psychiatric disorders, including anxiety, panic, paranoia, and acute psychotic symptoms. People who use marijuana are more likely to develop psychosis and persistent mental disorders, including schizophrenia, with the strongest association being early onset and frequent use. The relationship with depression, anxiety, and suicidal behavior has also been evidenced.

Besides compromising health, marijuana use can compromise the entire academic and professional development and performance, with impacts on the individual's cognition, memory, and attention.

The use of marijuana itself generates an epidemiological relationship with the use of other substances, including alcohol, tobacco, and illicit drugs, even if it is not inevitably a gateway drug. This may indicate a predisposing factor in the user themselves, a high-risk social situation that includes the use of marijuana among other substances, or a multifactorial causal network encompassing both possibilities.

In terms of addictive potential — which immediately impairs the exercise of autonomy and, consequently, compromises the user's integrity — marijuana carries a real risk, albeit one that is lower than that of substances such as nicotine, opioids, or cocaine.

The signs and symptoms of addiction do not differ from those found in analogous situations and include cravings, loss of control, unsuccessful attempts to reduce use, tolerance, withdrawal, abandonment of activities, academic, professional, or social impairment, use despite physical or psychological harm, and significant time spent obtaining, using, or recovering from the substance. Withdrawal symptoms may include irritability, anxiety, aggression, sleep disturbances, depressed mood, and reduced appetite.

Beyond the issue of health and physical and mental well-being, there is an important discussion about social risks, which include those arising from purchases on the black market and the political and criminal risks linked to legalization.

The recreational use of marijuana, when supplied by the illicit market, is not a socially neutral act because it fuels a criminal economy associated with trafficking, weapons, territorial control, corruption, receiving stolen goods, and violence. Even with the legalization of illicit substances, what is often observed is the persistence of the illegal market.

The report "Public Security and Organized Crime in Brazil" states that, in the country, criminal factions consider drug and arms trafficking their most strategic and profitable operations, and that organized crime linked to trafficking and weapons stands out for its

armed control of entire territories, with drug trafficking leading the way in activity.

This does not prove that every marijuana user is directly responsible for violence, but this leads us to understand that in environments where supply is controlled by factions, the demand for illicit drugs contributes economically to networks that also operate with weapons, corruption, territorial dominance, and lethal violence.

Even when the user does not engage in violence, recreational use in an illegal environment that can increase indirect social risks by exposing the user to traffickers and crime networks, with a greater chance of contact with other drugs, debts, threats, extortion, receiving stolen goods, and weapons.

The legalization advocated by some, if only the social aspect is considered, has not proven to be effective in reversing the risk. In California, for example, official reports estimate that the illicit market supplied more than half of all consumption even after legalization. Other countries like Canada have shown more positive experiences with legalization in terms of the risk of illegality, but considering Brazil's socioeconomic context, the scenario does not suggest it would be very favorable if legalization were to occur.

From a theological and spiritual perspective—which is also encompassed by reflections of a social and bioethical perspective, the Holy Scriptures may not address modern addictions with an updated clinical and technical vocabulary, but they offer clear and very strong principles that can provide wisdom in the face of the reality of drug use and the possibility of acquiring an addiction. The guidance for Christians is very direct and addresses perspectives on the importance of sobriety, lucidity, self-control, spiritual vigilance, and the rejection of all forms of inner bondage.

In the first letter of Peter, there is a clear and direct command: “Be sober and vigilant” (1 Peter 5:8). Sobriety is not merely abstinence from drunkenness, but a fullness of attention and rational and moral readiness in the face of evil. Any drug that reduces the



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power of discernment and the ability to resist evil responsibly directly challenge this principle. Other recommended reading for practical guidance includes:

1 Thessalonians 5:6-8. "Therefore let us not sleep, as others do, but let us watch and be sober. For those who sleep, sleep at night, and those who get drunk, get drunk at night. But we, who belong to the day, let us be sober, putting on the breastplate of faith and love, and the helmet of the hope of salvation." Christian life requires readiness and does not combine with moral numbness, escapism, or voluntary loss of self-control.

Luke 21:34. "Take heed to yourselves, lest at any time your hearts be troubled burdened with the consequences of revelry, drunkenness, and the worries of this life, so that that day does not suddenly come upon you like a snare." Jesus warns against weighing down the heart with dissipation, drunkenness, and the worries of life. The central point is that certain practices make the soul heavy, scattered, and unable to perceive the gravity of the moment before God.

Galatians 5:22-23. "But the fruit of the Spirit is love, joy, peace, forbearance, kindness, gentleness and self-control. Against such things there is no law." Self-control appears as a fruit of the Spirit. This is crucial: a practice that progressively compromises a person's moral freedom and makes them a hostage to impulses, compulsions, or dependence opposes the ordinary work of the Spirit in the formation of Christian character.

2 Timothy 1:7. "For God has not given us a spirit of fear, but of power, love and self-control." The word translated as moderation or balance points to a disciplined, healthy, and governed mind. The voluntary loss of critical awareness is not presented as a spiritual ideal.

Titus 2:11-12. For the grace of God has appeared that offers salvation to all people. "So that, having renounced ungodliness and worldly passions, we may live self-controlled, upright and godly lives in this present age." God's grace educates the Christian to renounce worldly passions and live sensibly, justly, and godly. Sobriety is a consequence of grace, not mere moralism.

1 Corinthians 6:12. "All things are lawful for me, but not all things are helpful. All things are lawful for me but I will not be mastered by them." This is perhaps the most applicable text to the theme of addiction. Even when something is not intrinsically forbidden, it becomes spiritually dangerous when it begins to dominate the will, hijack freedom, produce compulsion, or reorganize life around itself.

Romans 6:16. "Do you not know that the one to whom you present yourselves as slaves to obey, of him who is of the righteousness of God, will himself give you what you need." That which promised pleasure, relief, or autonomy can become something that makes the Christian a slave.

2 Peter 2:19. "Promising them freedom, while they themselves are slaves of corruption, for he who is defeated becomes a slave to the victor." The text describes a false freedom that ends in slavery. It is a very strong warning about dealing with practices that promise expanded consciousness, pleasure, or emancipation, but produce inner servitude.

Ephesians 5:18. "Do not get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit." Paul not only forbids drunkenness; he contrasts two ways of fulfilling life: being governed by a substance or being governed by the Spirit. The text offers a broad principle: the Christian conscience should not seek its fullness in means that dissolve moral judgment.

Proverbs 20:1. Wine is described as a mocker, and strong drink as a brawler; whoever be led astray by them is unwise. The wisdom emphasizes the danger of illusion: that which seems recreational can mock the user and lead to recklessness.

Proverbs 23:29-35. It is one of the most vivid biblical descriptions of alcohol addiction: Suffering, confusion, wounds, loss of perception, and a compulsive return to drinking. "Your eyes will see strange things, and your heart will speak perverse things." The text shows that drunkenness is not just an isolated act, but can form a cycle of self-destruction.

Leviticus 10:8-11. The priests are forbidden to drink wine or strong drink when they enter to ministering so that they may distinguish between the holy and the profane, the pure and the impure. The principle is clear: certain responsibilities demand sound discernment, and altered conscience compromises service before God.

Proverbs 31:4-5. It is not fitting for kings to give themselves over to drink, lest they forget the law or they pervert the rights of the afflicted. The text applies especially to leaders, educators, pastors, doctors, judges, parents, and all who have responsibility for others: lucidity is a moral condition for justice.

Isaiah 5:11-12, 22-23. The prophet denounces those who seek drink early in the morning and the "valiant ones for drinking," associating this behavior with a loss of perception of God's works and the corruption of justice. Drunkenness appears linked to spiritual and social decay.

1 Corinthians 6:19-20. The body is the temple of the Holy Spirit and should glorify God. Although the context while the immediate issue may not be sexual immorality, the principle is broader: the body is not merely an instrument of pleasure or experimentation; it belongs to the Lord.

Romans 12:1-2. Paul calls Christians to offer their bodies as a living sacrifice and to be transformed through the renewal of the mind. The Christian life involves a consecrated body and mind. Practices that degrade the body, cloud the mind, or hinder the renewal of understanding are contrary to this calling.

1 Corinthians 10:31. "So whether you eat or drink or whatever you do, do it all for the glory of God." This is a broad criterion: the question is not just "is it permitted?", but "does this glorify God, edify my life, and preserve my spiritual freedom?"

Romans 14:13-21. Paul advises against putting a stumbling block in the way of a brother. He even says that it is good to avoid meat or wine if it causes a brother to stumble. The principle is important: even a legitimate freedom in social terms can be renounced out of love for one's neighbor.

1 Corinthians 8:9-13. Christian freedom should not become an occasion for the downfall of the weak while addressing addictions, a public attitude of normalizing potentially enslaving practices can affect people vulnerable to dependency.

Colossians 3:5. "Put to death, therefore, whatever belongs to your earthly nature: sexual immorality, impurity, lust, evil desire, and greed, which is idolatry." Paul associates disordered desires with idolatry. The point is not just the external object, but the place it occupies in the heart.

Galatians 5:20. The word often translated as "sorcery" or "witchcraft" is pharmakeia. Caution is needed: the text should not be used simplistically against medications or treatments. In the biblical context, it refers to magical-religious and idolatrous practices. Even so, it can be prudently applied to practices that seek altered consciousness, spiritual power, or escape from reality through means incompatible with biblical faith.

The biblical texts point to some main criteria:

- 1 - The Christian life demands sobriety: not only the absence of drunkenness, but moral and spiritual lucidity.
- 2 - A Christian should not be dominated by any practice, substance, pleasure, or habit.
- 3 - The body and mind belong to the Lord and, therefore, should not be surrendered to others forms of self-destruction, numbing, or enslavement.
- 4 - Christian freedom must be governed by love, avoiding scandal and stumbling blocks to the vulnerable
- 5 - The pursuit of altered states of consciousness as an escape, ultimate pleasure, as an artificial transcendence or substitute for God can take on an idolatrous character.

In conclusion, from a bioethical point of view, including spheres that address human health, social health, and the spiritual perspective, the use of drugs such as marijuana proves to be risky and even negligent in the face of the need to protect human integrity and dignity, as well as fair and healthy coexistence in society. All four bioethical principles (beneficence, non-maleficence, autonomy, and justice) are directly violated by the legalization of recreational marijuana use.

The recommendation for anyone, and especially for the Christian people, is not to simply avoid contact with such practices, but also to act positively in favor of political measures that protect physical, mental, and spiritual health and promote safety, avoiding maneuvers such as the legalization of marijuana and other chemical substances capable of generating addiction and dulling our conscience. We are temples of the Holy Spirit, and within the best integrative health practices, one cannot fall into reductionism and dissociate biological, mental, social, and spiritual aspects when speaking of caring for human beings. May we know how to remain sober, vigilant, and healthy, and may we be strengthened and able to say no to this and so many other drugs and temptations offered to us in society, which are nothing more than new forms of an old attempt to destroy or reduce the dignity of the human being.

Hélio Angotti Neto, Ophthalmologist, Elder of the Third
Presbyterian Church of Colatina - ES

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ASSOCIATION OF THE USE OF ELECTRONIC CIGARETTE AND RISK OF COPD:

a systematic review and meta-analysis

Prim Care Respir Med. 2025 Jul 7;35(1):31.

The use of electronic cigarettes has increased worldwide, accompanied by debates about their safety and effects on respiratory health. Although often considered a less harmful alternative to conventional cigarettes, recent evidence suggests an association with chronic lung diseases, including Chronic Obstructive Pulmonary Disease (COPD). This article critically comments on a systematic review and meta-analysis on this association, highlighting its main results, methodological limitations, and implications for clinical practice and public health.

The review searched observational studies in the Web of Science, Embase, and PubMed databases, comparing users and non-users of electronic cigarettes. Seventeen studies were included, and the meta-analysis used a random-effects model, with assessment of heterogeneity, sensitivity analyses, and publication bias.

The results showed a higher risk of COPD among e-cigarette users. Pooled odds ratios were 1.48 (95% CI: 1.36–1.61) for current users, 1.84 (95% CI: 1.51–2.23) for former users, and 1.79 (95% CI: 1.42–2.25) for users overall. Sensitivity analyses confirmed the consistency of the findings.

The data suggests that the use of e-cigarettes is associated with a higher risk of COPD, reinforcing the importance of awareness, prevention, and surveillance strategies regarding their potential respiratory effects.

INTRODUCTION

Chronic Obstructive Pulmonary Disease (COPD) is a chronic respiratory disease characterized by persistent inflammation and progressive airflow limitation, affecting approximately 392 million people worldwide. Although smoking is its main risk factor, advanced age, exposure to biomass smoke, occupational pollutants, previous pulmonary tuberculosis, and unfavorable socioeconomic conditions also contribute to its development.

In recent decades, electronic cigarettes have become widely used as an alternative to conventional cigarettes and as an aid to smoking cessation. Although they do not involve combustion, their aerosols contain nicotine, ultrafine particles, and other potentially toxic substances capable of causing inflammation, oxidative stress, and lung damage.

The increased use of these devices, especially among young adults, has raised concerns about their long-term respiratory effects. Studies suggest an association between vaping and adverse respiratory outcomes, including COPD, although the results are still conflicting.

Given these uncertainties, this systematic review and meta-analysis aimed to synthesize the available evidence and assess the association between e-cigarette use and the risk of developing COPD.

METHODS

A systematic review with meta-analysis was conducted, following PRISMA recommendations, to assess the association between e-cigarette use and the risk of Chronic Obstructive Pulmonary Disease (COPD).

The searches were conducted in the PubMed, Embase, and Web of Science databases up to February 15, 2024, without language or date restrictions, using descriptors related to electronic cigarettes and COPD.

Observational studies involving adults (≥ 18 years) that compared users and non-users of e-cigarettes and presented effect estimates (OR, RR, or HR) were included. Current users, former users, and users in general were considered. Studies on COPD exacerbation, reviews, case reports, editorials, and works without specific data on the disease were excluded.

The selection of studies, data extraction, and assessment of methodological quality (Newcastle–Ottawa Scale) were performed by two independent reviewers. Statistical analyses were conducted using R software (version 4.4), employing a random-effects model to calculate odds ratios (OR) with 95% confidence intervals. Heterogeneity was assessed using the I^2 statistic, and the robustness of the results was verified by sensitivity analyses and by subgrouping studies with higher methodological quality and objective diagnosis of COPD. A p-value < 0.05 was considered significant.

RESULTS

The search identified 1,087 records. After removing duplicates and applying the eligibility criteria, 17 studies were included in the systematic review and meta-analysis.

Of the included studies, 15 were conducted in the United States, one in China, and one in South Korea. Twelve had a cross-sectional design and five were cohort studies. The diagnosis of COPD was based on self-report in most studies, and confirmed by spirometry in only two. The methodological quality was considered moderate to high.

The meta-analysis demonstrated an association between e-cigarette use and a higher risk of COPD. Current users had an OR of 1.47 (95% CI: 1.26–1.72), former users an OR of 1.77 (95% CI: 1.42–2.20), and users in general an OR of 1.39 (95% CI: 1.07–2.46). Heterogeneity was low for current and general users, and moderate among former users.

In the subgroup analysis, the association was significant only in cross-sectional studies. Sensitivity analyses confirmed the robustness of the results, although the analysis restricted to studies with spirometric diagnosis did not demonstrate a significant association. Among the studies with higher methodological quality (NOS ≥ 7), the association remained consistent.

The assessment of publication bias did not reveal significant asymmetry in the funnel plot, and Egger's test did not indicate publication bias ($p = 0.145$).

DISCUSSION

This systematic review and meta-analysis demonstrated an association between e-cigarette use and a higher risk of COPD in current users, former users, and users in general. The results reinforce the hypothesis that exposure to aerosols from these devices may contribute to airway inflammation, oxidative stress, and lung remodeling, mechanisms involved in the pathophysiology of COPD.

Although the observed risk was lower than that associated with conventional smoking, electronic cigarettes cannot be considered free from respiratory harm. This aspect is relevant in harm reduction strategies, especially to avoid a perception of safety among non-smokers and young people.

Sensitivity analyses confirmed the robustness of the results. However, the absence of a significant association in studies with spirometric diagnosis and in cohort studies highlights the need for prospective research with objective diagnosis and better characterization of exposure. The observed heterogeneity likely reflects differences in usage patterns, smoking history, and diagnostic criteria.

Among the limitations, the following stand out: the predominance of cross-sectional studies, the frequent use of self-reported diagnosis, and the difficulty in differentiating exclusive e-cigarette users from dual users.

Conversely, the broad search strategy, the high number of participants, the assessment of methodological quality, and the absence of relevant evidence of publication bias strengthen the reliability of the findings.

CONCLUSION

This systematic review and meta-analysis demonstrated that the use of electronic cigarettes is associated with a higher risk of COPD. Although this association is less strong than that observed for conventional smoking, the results indicate that these devices are not without respiratory risks. Prospective studies with objective measures of exposure and diagnosis are needed to confirm these findings and support clinical recommendations and public health policies.

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Why Are We

DONATING LESS?

Money, inequality and the crisis of solidarity¹

(Article published in Ultimato Magazine MAR-APR 2026 and republished with permission)
(by the editors and author)

In 2025, The Economist magazine published a report that drew attention to a disturbing phenomenon: the number of people donating to social causes in the United States has fallen for the fifth consecutive year. The decline affects not only the middle class, but also high-income families, traditionally seen as pillars of philanthropy in the country.

This data is disturbing because it emerges in an increasingly wealthy, productive, and echnologically advanced world. Never before has so much been produced, never before has there been so much money circulating – and yet, there is a growing feeling that solidarity is shrinking.

It's not just about analyzing numbers or economic systems, but about questioning values, moral choices, and the kind of society we are building. In this sense, the crisis of giving is not just economic or institutional – it is also spiritual, ethical, and cultural.

Political and ideological polarization

Any contemporary discussion about inequality inevitably runs up against, sooner or later, a dispute that has gained even more strength in recent years of political and ideological polarization, because it touches on something essential: how a society should deal with wealth, poverty, and collective responsibility.

According to Oxfam data, 1% of the world's population concentrates more wealth than the other 99% added together. ²

Where economic systems show their limitations, the discussion about donation,

generosity and solidarity become crucial.

Data presented by The Economist shows that, in 2025, the number of donors in the United States fell by about 3% in just the first nine months of the year. Even among families with assets exceeding one million dollars, the proportion of donors fell from 91% in 2015 to 81% in 2024. Factors such as inflation, rising cost of living, and declining institutional religiosity help explain part of the phenomenon. According to the publication, there are also political elements: certain causes have been labeled "unpatriotic" in recent years, which has intimidated civil society organizations. Still, the weakening of the culture of giving predates these disputes, indicating deeper causes.

In Brazil, the numbers tell a different, but equally worrying story. According to the Brazil Giving Report 2023, from the Institute for the Development of Social Investment (IDIS), only 37% of Brazilians donated money in 2022, although about 70% made some type of material donation.

The 2023 Brazil Donations Monitor, from the Brazilian Association of Fundraising Professionals, shows that more than 50% of donations were made via Pix. Technology facilitates the act of donating, but it does not, by itself, solve the lack of a solid culture of recurring and conscious giving.

The moral failure of abundance

Inequality becomes even more scandalous when confronted with hunger. Estimates from the United Nations (UN) indicate that approximately 828 million people go hungry every day, while roughly 1.3 billion tons of food is wasted annually.³

According to the UN itself, just over 10% of this waste would be enough to eradicate global hunger. The problem, therefore, is not the lack of resources, but the absence of clear ethical criteria for dealing with them.

From a Christian perspective, this scenario reveals a moral failure of abundance:

we produce a lot, we accumulate a lot, but we share little.

Generosity: A Biblical Response to a Structural Problem

The Bible treats generosity not as occasional charity, but as a responsibility before God and neighbor. In 1 Timothy 6, the apostle Paul associates true wealth with contentment, reminding us that nothing is brought into the world and nothing is taken out of it.

Proverbs states that whoever cares for the poor lends to God (Proverbs 19:17) shifting the concept of giving from the realm of optional kindness to that of justice. In 2 Corinthians 9, Paul insists that giving should be voluntary and joyful – not forced or motivated by guilt.

This biblical perspective proposes a path that political systems cannot follow. Offering alone: the ethical correction of inequality through conscious generosity.

Looking to the future: practical proposals

Given the urgent need for change, here are some practical proposals to strengthen the culture of giving:

- 1. Education for generosity, promoting, from childhood, a vision of social and spiritual responsibility related to the use of money, especially in our churches.**
- 2. Investing in social projects managed by reputable organizations that achieve the greatest impact at the lowest possible cost, with transparent accountability.**
- 3. Strategic use of digital tools to encourage recurring donations, not just emergency donations.**
- 4. An effective fight against corruption is essential; without it, any redistribution loses impact and legitimacy.**
- 5. Improving tax incentives, especially in Brazil, to make individual donations simpler and more accessible.**
- 6. Greater responsibility is needed from public authorities and the "super-rich," encouraging continuous investment in fundamental areas such as education, health, and food security.**

Conclusion

We live in a world of material abundance and moral scarcity. The crisis of giving reveals the limitations of economic systems, but also points to a solution that none of them can impose: the voluntary choice of generosity.

From a Christian worldview, giving is not a heroic act, but a coherent response to a world marked simultaneously by excesses and deficiencies. As the words of the Lord Jesus himself remind us, "it is more blessed to give than to receive" (Acts 20:35).

Perhaps the future of social justice depends less on new systems – and more on hearts willing to share.

Notes

1. This article adopts a biblical-Christian worldview as an ethical and analytical reference, articulated with the author's practical experience in raising funds to serve vulnerable populations, focusing on efficiency, responsibility, and transparency.

2.OXFAM, 2023.

3.UN, 2022.

Cassiano Luz is the executive director of SEPAL and the Brazilian Evangelical Alliance, where he has dedicated himself to the development of the Alliance for Life, a program for disaster and human emergency response. A theologian and anthropologist, he is a member of the Calvary Campo church, married to Eugênia Rosa, and father of Rebeca, Linda, Isaac, and Clara Luz.





The 18th ICMDA World Congress on Jeju Island, South Korea

June 30 to July 5, 2026

Médicos de Cristo has been associated with the ICMDA (International Christian Medical and Dental Association) since 2006.

It took place between June 30th and July 5th of this year on Jeju Island - South Korea - the 18th Congress of the International Christian Medical and Dental Association (ICMDA).

The main theme was "Building the Kingdom of God Among the Broken," based on Isaiah 58:12, which says, "Your people will rebuild the ancient ruins and will raise up the age-old foundations; you will be called Repairer of Broken Walls, Restorer of Streets with Dwellings."

The goal of the congress was to provide participants with inspiring teachings about Christ-centered healthcare, leadership training to strengthen national Christian movements, networking and fellowship with professionals from around the world, and prayer and worship to unite in mission. And certainly, these objectives were fulfilled with excellence, divine blessings were poured out, and hearts were transformed.

Brazil was represented by a delegation of 21 people, professionals and students in the health field, who were able to spend time together and with 1200 other participants from 130 countries. With hearts full of joy, they returned more motivated to carry out their activities as a praise to God.

What's next? Stay tuned, in 2030 the city of Surabaya - Indonesia will be the destination for another blessed ICMDA congress.





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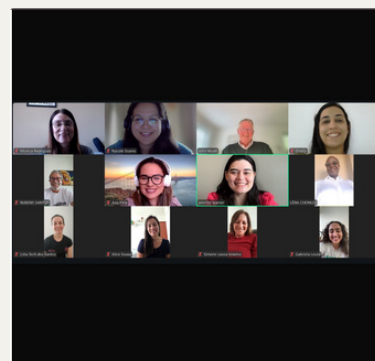
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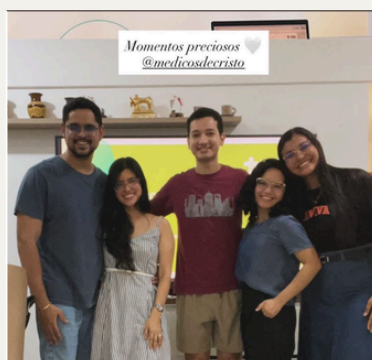
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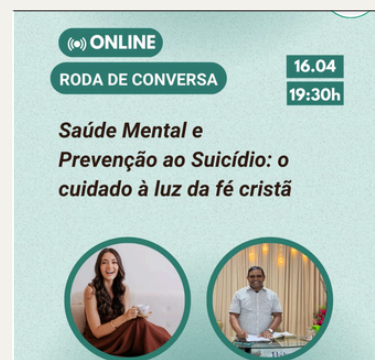
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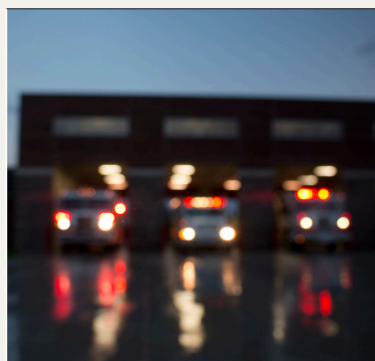
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MDC Meeting Patos - MG

Theme: Reflections on Matthew 5:13-16



12/05/2026

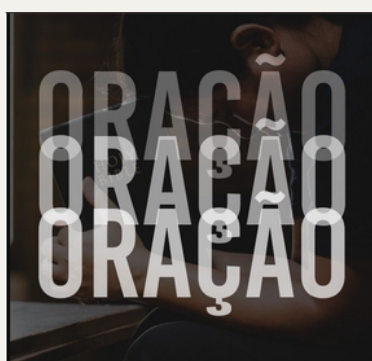
Joint action between MDC Campo Mourão and the Paraná Military Fire Department and the Paraná Military Police.

It happened at MDC.



16/05/2026

MDC Meeting São José dos Campos - SP



18/05/2026

GT Prayer Meeting "Burnout: restoring body, mind and spirit"



21/05/2026

MDC Meeting Campo Mourão - PR



23/05/2026

SALINE PROCESS Training Santos - SP



26/05/2026

**MDC Colloquium
Health and Religiosity/Spirituality**



13/06/2026

SALINE PROCESS Training Tubarão - SC



18/06/2026

MDC Meeting Manaus - AM



19/06/2026

MDC Meeting Belém - PA



20/06/2026

SALINE PROCESS Training Maceió - AL

It happened at MDC.



21/06/2026

MDC Meeting, Campinas, SP



22/06/2026

GT 60+ MDC Meeting: And what happens when the caregiver is also elderly?



26/06/2026

Prayer Working Group Meeting "Anxiety and Rest in God"

it happened
AT MDC



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It happened at MDC.

*This is MDC
happening!*

JOIN US!

WEBINAR PRÓ-VIDA:

Princípios éticos e cosmovisão cristã a respeito do aborto

Bioética

ONLINE

Dr Hélio Mergotti Neto

Médico pela UNIFESP, Oftalmologista pelo Conselho Brasileiro de Oftalmologia e pela USP, Mestre em Administração Pública pela FGV, Doutor em Ciências Médicas pela USP, Especialista pela UNB. Atua no Grupo de Trabalho de Bioética do Conselho Federal de Medicina do Brasil.

Isabela Mazoni Pentagna Guimarães Arges Correia

Diretora e Fundadora do Projeto Blyss - Núcleo de Apoio a Gestantes em Vulnerabilidade Social. Especialista em Bioética. Pós-graduada em Bioética e Bioética. Pesquisadora e palestrante em temas relacionados à dignidade humana, gravidez em contextos de vulnerabilidade e direitos do nascituro.



20 de Março de 2026 - 19H00 - ONLINE



médicos
deCristo

Institutional

Médicos de Cristo (MDC) is an association formed by evangelical Christian professionals and students in the health field, whose main objective is the promotion of holistic health, considering the individual in their physical, mental, spiritual, and social dimensions.

In seeking to fulfill these objectives, Médicos de Cristo relies on 4 pillars:

Called



To awaken the understanding that medicine is a divine calling to serve God with love and integrity in the field of health.

Communion



To promote friendship, mutual support, and prayer among Christians in the healthcare field.

Training



To equip Christian students and healthcare professionals to be witnesses for Christ with technical and spiritual excellence.

Service



Serving society and supporting missions by using healthcare professions as tools of love and justice, especially for the vulnerable.

Médicos de Cristo is affiliated with ICMDA (International Christian Medical & Dental Association), HCFI (Healthcare Christian Fellowship International), and RENAS (National Evangelical Network for Social Action).

WWW.MEDICOSDECRISTO.COM.BR

Institutional

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THROUGH THE QR CODE OR
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BY BECOMING A MEMBER

1

Contributes to the association's projects and challenges.

2

Get discounts on MDC's online and in-person events.

3

Answer the call to be salt and light through your profession!

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