

February '08

Physician As Disciple

Introduction

In this talk I would like to deal with the topic:

Physician As Disciple

My main source for the first three parts of this conference will be a talk given by Cardinal Javier Lozano Barragan, president of the Pontifical Council for Health Care Ministry, entitled *Profile of the Catholic Teacher of Medicine*, delivered at the Vatican on April 15th, 2007, I would like to cover the following headings in this presentation...

I A Physician's Vocation... A Call From God

II What is Health?... Bio-technical Reductionism

III Humanizing Medicine...Patients as Persons

(Drs. As Persons, Drs. As Disciples)

IV Dispelling Myths... The Gospel of Medical Progress

I A Physician's Vocation... A Call From God

Jesus came among us sinners to bring us God's compassion and healing, and to teach us God's way of living.

In John 10:10 Jesus says:

I came that they might have life and have it to the full.

How many times do we read about Jesus' healing men and women who came to him? Lepers, crippled, dying... Jesus' compassion reached out to so many people, and his fame spread.

After sunset, as evening drew on, they brought him all who were ill, and those possessed by demons. Before long the whole town was gathered outside the door. Those whom he cured, who were variously afflicted, were many. (Mk 1:32-34)

Jesus' fame drew the envy and ire of some of the Jewish leaders. But he continued to bring God's love and healing to the people, and he taught them God's way of living.

I came that they might have life and have it to the full. (Jn 10:10)

Our Church is called to follow in Jesus' footsteps. We disciples of Jesus are to continue Jesus' mission of reconciliation and healing, and to bring Jesus' message of God's way to our world.

Doctors, do you see yourselves as "called to follow in Jesus' footsteps"?

In a recent letter Bishop Zubig wrote to the priests of the Pittsburgh diocese he says:

As you are well aware, one of the major challenges which we face in the Church today is a renewed sense of vocation. God's call... is an important extension of the trust which Jesus placed in His disciples immediately before His ascension when He said: "Go and make disciples of all the nations... That work continues today.

(Jan 17, 2008)

A vocation is a call from God

As Catholics God calls us to be disciples of Jesus.

Remember Jesus' call to his first disciples:

He then went up the mountain and summoned the men he himself had decided on, who came and joined him. (Mk3:13)

We disciples of Jesus have been chosen by Him.

We need to spend time with Jesus to find out what this means.

We need to be people of prayer...

How else do we spend time with Jesus?

How else do we get to know Jesus?

What is your favorite story about Jesus?

What are your favorite words of Jesus?

How else do we fall in love with Jesus and desire to fulfill his call to us, except thru prayer – thru spending time with Jesus?

Blessed Mother Theresa says that prayer is “making room for God in our hearts.”

Prayer helps us to make room for Jesus in our busy, worried, anxious, harried hearts.

Why did God call us? This is God's plan for us. This is God's mysterious, marvelous will.

*I like the **Message** translation of Romans 8:29 when it says:*

God knew what he was doing from the very beginning. He decided from the outset to shape the lives of those who love him along the same lines as the life of his Son.

In Mathew's Sermon on the Mt Jesus simply states what He wants us to be:

You are the salt of the earth... You are the light of the world. (Mt. 13,14)

We as Jesus' disciples are to carry on His mission.

Doctors, do you hear the call to practice medicine as a vocation?

Doctors, do you embrace discipleship and Jesus' mission?

Story... The Hands of Christ

During the Second World War after the D Day invasion of France the American soldiers liberated a small French village on their way through France. After the fighting the villagers came out into the village square to discover that the fighting had scarred their beautiful life sized statue of Jesus. It was covered with dirt, and had several bullet holes, along with other scratches. Worst of all, both of the hands of Christ had been blown off.

Some of the villagers suggested that they get a new statue.

Others suggested that they clean up the statue, but leave the bullet holes and the scars as a reminder of their blessed liberation. But they wanted to get a sculptor to make two new hands for the statue.

A third group suggested they clean up the statue and keep it as a reminder, but that they put no new hands on the statue.

To this day the life sized, scarred statue of Jesus stands in the village square, with no hands. Below it is a plaque, which reads, "We are the hands of Christ."

Who else can bring Jesus to our world,
his teaching, his compassion, his care and love,
his reaching out to those in need...
who else but us, his disciples?

At the end of the Sermon on the Mount in Mathew's Gospel Jesus challenges his disciples:

Anyone who hears my words and puts them into practice is like the wise man who built his house on rock...

Anyone who hears my words but does not put them into practice is like the foolish man who built his house on sandy ground. (Mt 7:24,26)

St. Paul repeatedly tells us to "put on Christ."

In Phil 2:5 Paul says:

Your attitude must be that of Christ.

Let me now apply this to the vocation, the call, of a Catholic physician. Catholics think of *vocation* as a call to the priesthood, the religious life, married life, or the single life.

But *vocation* can also be applied analogously to a physician.

Cardinal Javier Lozano Barragan, in the talk referred to above, sums up the *vocation* of a Catholic physician in these words:

Being a Catholic physician is a ministry that arises from a vocation in the Church. It is a therapeutic ministry.

It is closely linked to God the Father,

revealed in Christ the physician,

full of the Love that is the Holy Spirit.

Being a physician is a path to achieve the plenitude of the human being, to initiate the resurrection already.

It involves proximity and a special intimacy with God, and at the same time represents an opening-up and a complete gift to others.

This is the Catholic identity of the physician, to reveal Christ the healer.
(p. 18)

Let's look into this a little further...

Jesus' story of the Good Samaritan beautifully describes not only how we are to act towards suffering humanity, but how Jesus himself acted as he walked among us.

How did the Good Samaritan look upon the wounded man at the side of the road?

The others who passed him by saw an obstacle to completing their agenda – they had places to go, people to see. And... they might become ritually impure... Who knew?... This man could have been a beggar, a street person, an outcast?

What does the Good Samaritan see?

He sees a fellow human being, a wounded member of our human family, someone needing help.

A Catholic physician is called to act as a Good Samaritan, as Jesus acted.

The Catholic physician is a witness to Jesus' healing ministry still alive in the world today.

Doctors, are you a witness to Jesus' healing ministry?

The Vatican's Charter for Health Care Workers (1995) simply states:

The Catholic physician's profession requires them to be a custodian and server of human life. (Quoted in Cardinal Baragan's talk, p.5)

Doctors, are you custodians and servants of human life?

Let's try to apply this more practically.

II What Is Health?... Bio-technical Reductionism

I want to try to apply a Catholic physician's discipleship to some aspects of a Catholic physician work.

First, let's look at what some call the conundrum of *Health and Bio-technical Reductionism*...

What is "health"?

Health is not just the absence of disease.

Cardinal Barragan describes "health" in this way:

Health is a dynamic tension toward physical, mental, social and spiritual harmony... Thus, the contradiction of reducing the medical function to the single physical and chemical aspect of the disease. (p. 13)

The Cardinal warns of "bio-technical reductionism" ...

a tendency to reduce patients to organs, biological or technical functions, diseases and chemical cures. (p. 10)

Economics holds a hallowed place in such reductionism.

In this scenario the holistic nature of patients is lost.

The Cardinal notes that disease must be handled in the context of the individuality of the patient complemented by his or her own family and society as a whole. (p.11)

I believe that a Catholic physician is called to witness to the values of Christ when dealing with his/her patients. The Catholic physician is the Good Samaritan, bringing the light of Christ into the field of medicine.

Let's continue to develop this ideal – this challenge.

III Humanizing Medicine... Patient as Person

For the Catholic physician the story of the Good Samaritan provides a challenge for not just dealing with patients, but for how a physician views his/her patient.

*To quote again at greater length from the **Charter for Health Care Workers** :*

The Catholic physician's profession requires them to be a custodian and server of human life. Physicians should do this through a watchful and solicitous presence with the sick. The medical and healthcare activity is based on an interpersonal relationship. It is an encounter between trust and conscience. The trust of someone marked by suffering and disease who trusts in another who can take care of their need and who is going to go to them to assist them, care for them and heal them.

The story of the Good Samaritan shows how Jesus approached the sick and wounded of his own time... with sympathy and compassion.

(Quoted in Cardinal Barragan's Talk, p. 5)

When you look at a patient, what do you see?

A diseased organ?

A heart attack waiting to happen?

A biochemical challenge?

Or perhaps a neurotic hypochondriac who wants another one of those pills they saw on TV last night?

What do you see?

Do you see a wounded brother or sister, a child of God, someone needing assistance and help?

What to you see?

One physician writes:

My own training has given me a high level of knowledge in biochemistry, physiology, anatomy, microbiology and pathology, plus a more practical set of skills and knowledge in clinical disciplines.

But it did not prepare me well to take care of people with a cold or individuals facing a life-limiting illness, or to talk to a person who has just received a bad diagnosis or to work in the best way with nurses and social workers.

With a bit of exaggeration, I suggest that my medical school and residency training emphasized personal mastery, but did not address well how to deal with change or conflicting evidence or how to work as a team member or act like a human being with patients. I could detail bio-chemical pathways about carbohydrate metabolism (and am still

fairly good at that), but I had much difficulty telling a poor obese patient what to do with diet, exercise and medication in the face of Type II diabetes mellitus.

Medicine is a humane discipline that combines care and science, but it depends above all on practitioners who are passionate about caring for patients.

Medical education requires growth in both intellectual and moral virtues. The intellectual virtues of art and prudence aim at finding the reality of the clinical encounter. The moral virtues of temperance, fortitude and justice aim at right action in the best interests of one's patient.

Physicians also struggle with how to live well as persons, how to care for the poor and how to befriend those who seek their assistance.

(Quotes taken from the Nov 5, 2007 **America** magazine article "A Struggle for the Soul of Medicine" by Myles Sheehan.)

Once again to quote Cardinal Barragan:

We said that love of the medical profession imitates the love of God which is disseminated. Physicians cannot hide their knowledge in pure theories and laboratories, but rather should expand them in favor of the community. They have received the gift of taking care of life and making it grow. Their vocation is for life, never for death, which would be to blind the mission with which God has entrusted each human being.... This is the most intimate nature of their noble profession.

They are called to humanize medicine and the places where they practice it, and to use the most advanced technologies for life and not for death, always having Christ, the physician of bodies and of souls, as their supreme model. (p.15)

A further question might ask how a Catholic physician treats his or her staff, including nurses and office personnel.

When I go to see me dentist for my checkup the first thing I notice is that his office staff are happy and friendly, as are his hygienists.

My dentist is also friendly. He always simply asks how I am doing and do I have any problems... simply and humanely done.

I go to another doctor twice a year. The first thing he says when he enters his examining room is, “OK Father, give me your sermon for this coming Sunday – in a nutshell” ... and I have about 30 seconds to give the broad outline of my sermon. Then I ask how he’s doing, and we get on with the examination... simply and humanely done. And by the way... this doctor’s staff are also friendly and seem fairly happy to be there at this job.

I recently heard Glenn Beck on the radio complain about his visit to a doctor where he said that he felt like a body being examined, and nothing more. How sad.

While I was working on this talk I had an interesting experience. I ended up in Mercy Hospital for 5 days with a-fib. I wasn't too fearful or anxious... I just wondered,

"Why me? I take care of myself, exercise, am not overweight, have no high blood pressure, don't drink, and smoke only 4 cigarettes a week."

My family doctor came into my room that first day he admitted me, and basically said the same thing... I had just had my yearly check-up last December and was in good shape. O well, intimations of mortality!

While in Mercy I must say that literally everyone treated me with compassion and care... from the ER nurses to the admissions woman, from the floor nurses and aides to the dietary people, and from the three lovely female resident doctors to my heart doctor who was consulted.

And not just me. My "roomie", a younger black man, was treated with the same care and compassion. I have to give Mercy and its personnel high marks regarding treatment of patients as persons, and being concerned about care and not just cure.

How do you look upon your patients?

How would Christ?

Our Catholic ideal requires creativity, caring insight and compassion, along with courage (fortitude), prudence and justice. The latter four elements are “virtues” – what I believe is a good traditional Catholic way of talking about how we are to act.

IV Dispelling Myths... The Gospel of Medical Progress

*I would finally like to summarize a wonderful article from **Commonweal Magazine**, June 1, 2007, entitled: “Daniel Callihan and Bioethics.” Paul Lauritzen who teaches ethics at John Carroll University wrote the article.*

Daniel Callihan “was a founding father of bioethics, and elected fellow of the American Association for the Advancement of Science, and a member of the Institute of Medicine of the National Academy of Science, the recipient of numerous honorary degrees, and a finalist for a Pulitzer Prize...” (p.8) In other words, Callihan is a big gun in the sphere of medical ethics.

... *“For over forty years he has been writing and lecturing about medicine’s need to accept human finitude and recognize competing moral and social-justice claims.” (p.8) For example, Callihan questions whether we should be putting so much money into curing cancer and not enough resources into fixing public education... (p.8) He calls this the folly of the “gospel of medical progress.”*

Callihan refers to this “gospel of medical progress” as a modern idolatry... “medicine’s spurious promise of an infinitely postponed mortality.” (p.9)

Callihan believes that by emphasizing the glamour of curing patients, medicine has lost sight of the importance of caring for the sick and vulnerable.

He reminds us that the suffering caused by sickness and death can be reduced, but never be overcome.

He reminds us that medicine is about caring also.

“At the center of caring should be a commitment never to avert its eyes from, or wash its hands of, someone who is in pain or is suffering, who is disabled or incompetent, who is retarded or demented; that is the most fundamental demand made upon us.” (p.9)

Callihan also believes that what distinguishes a prolife position “is its willingness to live with – and accept – externally imposed tragedy as a part of life.” (p.12)

This tragic view of life has not been congenial to secular liberalism “that adopts an almost messianic view of human reason and its ability to overcome obstacles in the path of our desires.” (p.12)

Such a tragic view of life with its recognition that we are not in control helps explain Callihan’s

- *opposition to medical progress,*
- *his views on our “illusions of mastery,”*
- *and his complaint that there is almost no room in our culture for a public discussion of suffering, decline, and death as inevitable companions in life.*

The more recent turn to hospice and palliative care may be evidence of Callihan’s influence and call for greater public discussion of death and dying.

Callihan challenges us to think about and talk about the place of illness, suffering and death in human life. When we don’t publicly discuss this, we are prey to the dangers of the illusion that thru technology we can become gods.

He insists that:

- *death is an enemy, but not the enemy;*
- *the flight from dependency is a flight from humanity;*

➤ *and caring is as important as curing. (p.13)*
He urges us to strive for “grace under adversity” by embracing a “communal spirit” and an “ethic of service”. He opines that the elderly can serve as role models for the rest of us. (p.13)

I should mention that while Callihan was a Catholic he is now an agnostic, and disagrees with some of our Church’s moral teachings. But you can readily see the influence of our Catholic ethical tradition in much of Callihan’s work.

*How similar some of Callihan’s thoughts are to Pope Benedict XVI’s words in his recent encyclical on hope **Spe Salvi**.*

He says that as well as practicing hope through working “towards a brighter and more humane world,” we can grow in hope through the things that we suffer. He urges us to limit and fight against suffering, but “we cannot eliminate it.” He says:

Indeed, we must do all we can to overcome suffering, but to banish it from the world altogether is not in our power. This is simply because we are unable to shake off our finitude and because none of us is capable of eliminating the power of evil, of sin which, as we plainly see, is a constant source of suffering. Only God is able to do this: only a God who personally enters history by making himself man and suffering

within history... Through faith in the existence of this power, hope for the world's healing has emerged in history. It is, however, hope – not yet fulfillment; hope that gives us the courage to place ourselves on the side of good even in seemingly hopeless situations, aware that, as far as the external course of history is concerned, the power of sin will continue to be a terrible presence. (#36)

The Pope goes on to say:

The true measure of humanity is essentially determined in the relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through “com-passion” is a cruel and inhuman society. Yet society cannot accept its suffering members and support them in their trials unless individuals are capable of doing so themselves; moreover, the individual cannot accept another's suffering unless he personally is able to find meaning in suffering, a path of purification and growth in maturity, a journey of hope. Indeed, to accept the “other” who suffers, means that I take up his suffering in such a way that it becomes mine also. Because it has now become a shared suffering, though, in which another person is present, this suffering is penetrated by the light of love. The Latin word con-solatio, “consolation”, expresses this beautifully. It suggests being with the other in his solitude, so that it ceases to be

solitude. Furthermore, the capacity to accept suffering for the sake of goodness, truth and justice is an essential criterion of humanity, because if my own well-being and safety are ultimately more important than truth and justice, then the power of the stronger prevails, then violence and untruth reign supreme. Truth and justice must stand above my comfort and physical well-being, or else my life itself becomes a lie. In the end, even “yes” to love is a source of suffering, because love always requires expropriations of my “I”, in which I allow myself to be pruned and wounded. Love simply cannot exist without this painful renunciation of myself, for otherwise it becomes pure selfishness and thereby ceases to be love. (#38)

It is the individuals in a society that search for and witness to the meaning of suffering and who relate to those who suffer.

The Catholic physician who is a disciple of Jesus knows firsthand that suffering is constitutive of who we are as brothers and sisters of Christ.

The Catholic physician is a Good Samaritan.

The Catholic physician knows that while death is frightening and lonely, it can be ultimately identified with Christ’s dying and redeemed in Christ’s rising.

O death where is your victory?

O death where is your sting?..

But thanks be to God who has given us the victory through our Lord Jesus Christ. (1 Cor 15:55,57)

When faced with death Paul himself exclaimed:

May I never boast of anything but the cross of our Lord Jesus Christ.
(Gal 6:14)

Again the Pope in his encyclical on hope reminds us that we cannot be redeemed through science. Science can make the world more human, but it can also be used to destroy people. Auschwitz is a sad example of this. Science needs to be steered by forces that lie outside of it. (#25)

Catholic physicians, disciples of Jesus, can help bring the light of the Gospel to science and the healing profession.

Pope John Paul II reminds us that we need... to foster in ourselves and in others, a contemplative outlook. Such an outlook arises from faith in the God of life, who has created every individual as a 'wonder'. It is the outlook of those who see life in its deeper meaning, who grasp its utter gratuitousness, its beauty and its invitation to freedom and responsibility. It is the outlook of those who do not presume to take possession of reality but instead accept it as a gift, discovering in all

things the reflection of the Creator and seeing in every person his living image. This outlook does not give in to discouragement when confronted by those who are sick, suffering, outcast or at death's door. Instead, in all these situations it feels challenged to find meaning, and precisely in these circumstances it is open to perceiving in the face of every person a call to encounter, dialogue and solidarity. (Cf. JP II, **Evangelium Vitae**, #83)

This talk has attempted to look at the topic The Catholic Physician as Disciple.

In this we have examined:

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II What is Health?... Bio-technical Reductionism

III Humanizing Medicine...Patients as Persons

IV Dispelling Myths... The Gospel of Medical Progress

May the Lord continue to bless all of you as you live out your vocation as Good Shepherds who follow in the footsteps of Christ the healer.

Not used, but a potential problem today:

(One of the problems with bio-technical reductionism that I suspect is that when combined with a business model of health care it

sometimes leads to medical experimentation and drug experimentation on patients without the patient's sufficiently knowledgeable consent and his/her false hopes of the illusory mastery of medical knowledge.)

In conjunction with this, I might here mention a talk that Bill Gates gave to CMU faculty and students on Thursday, Feb 21, 2008. In that talk Bill Gates said this:

The market directs itself to solve problems based on economic signals, and the top 2 billion (peoples in the world) can send very strong economic signals.

A good example of that is that these top 2 billion don't like being bald, so billions of dollars are being spent on curing baldness. Nobody's dying, but boy, they've got money out on the table.

Among the bottom 2 billion, a million children die each year from malaria, yet there's less than 10 % as much put into malaria research as into baldness research.

I believe this might be one example of the Gospel of medical progress.

Footnotes for Talk... *Physician as Disciple...* February 9, 2008

Materials used in order of appearance...

Profile of the Catholic Teacher of Medicine, by Cardinal Javier Lozano Barragan, president of the Pontifical Council for Health Care Ministry...
(Google the title of the Talk and the presenter.)

A Struggle for the Soul of Medicine, by Myles Sheehan, in **America**,
Nov.5, 2007

Daniel Callihan and Bioethics, by Paul Lauritzen, in **Commonweal Magazine**, June 1, 2007

Spe Salvi, Pope Benedict XVI, 2008 (Google **Spe Salvi**, Benedict XVI)

Evangelium Vitae, Pope John Paul II (Google **Evangelium Vitae**, John Paul II)

Other References...

For a quick overview of the moral and theological virtues Google
The Virtue-Driven Life, Mark Lowery

Pittsburgh Post-Gazette, Friday, Feb 22, Local Section, P B1, “Gates Urges Help for the ‘Bottom Third’ ”.

The Underclass, Ken Auletter, 1982