

HEALING BEGINS WITH OUR HEARTS

“I am unequivocally committed to the belief that the provision of faith-inspired health care is one of the church’s ministries and is essential to the church’s life and mission. While the manner in which this ministry is exercised has changed, and will change even more, the ministry itself must continue.”

Cardinal Joseph Bernardin spoke these words in August 1994 to leaders of Catholic health care in the Archdiocese of Chicago. Since then, we have seen an increasing number and variety of partnerships; the early development of accountable care organizations; more and more employed physicians; various for-profit arrangements, including the ownership of Catholic hospitals by for-profit entities; and more.



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Through all of these transformations, “the ministry itself must continue,” as Cardinal Bernardin said. But what is it that must continue? What is this “ministry”? Is it simply the provision of health care in the name of the church? Or does it belong under the banner of “carrying on the healing ministry of Jesus”? Or is there something more and, if so, what is this more?

I was struck some weeks ago by a statement I stumbled across while preparing a talk. In his 1943 book, *Civilization and Disease*, medical historian Henry Sigerist observed it was the Christian faith that introduced the most revolutionary and decisive change in society’s attitude toward the sick:

Christianity came into the world as the religion of healing, as the joyful Gospel of the Redeemer and of Redemption. *It addressed itself to the disinherited, to the sick and the afflicted, and promised them healing, a restoration both spiritual and physical It became the duty of the Christian to attend to the sick and poor of the community* The social position of the sick man thus became fundamentally different from what it had been before. He assumed a preferential position which has been his ever since.¹ [emphasis added]

Why was this the case? The answer is both simple and familiar — this is precisely what Jesus

was about and what he called his followers to “go and do likewise.”

As we well know, Jesus was sent by God to be his healing and reconciling presence in the world by restoring right relationships — relationships, as physician and medical ethicist Daniel Sulmasy, OFM, MD, wrote in his book *A Balm for Gilead*, “inside the body, but also those between the sick and their families, their communities and God.”

In Luke 4:18, Jesus himself defined his mission in this way: “The Spirit of the Lord is upon me, because he has anointed me to bring glad tidings to the poor. He has sent me to proclaim liberty to captives and recovery of sight to the blind, to let the oppressed go free ...”

Healing is integral to the mission and ministry of Jesus. In instance after instance, the Gospels depict Jesus welcoming the sick with benevolence and compassion, relieving their suffering and healing them. The *Ethical and Religious Directives for Catholic Health Care Services* tells us in its conclusion: “Jesus not only taught his disciples to be compassionate, but he also told them who should be the special object of their compassion. The parable of the feast with its humble guests was preceded by the instruction: ‘When you hold a banquet, invite the poor, the crippled, the lame, the blind’ (Luke 14:13). These were people whom Jesus healed and loved.”

Jesus’ special concern for and healing of the sick is integral to the reign of God, to making God’s way present in the world. He tells the 12 apostles: “The kingdom of heaven is at hand. Cure the sick, raise the dead, cleanse lepers, drive out demons” (Matthew 10:7-8; 11:2-5). This work he handed over

to his followers and sent them forth into the world to be God's healing and reconciling presence in the world.

In Luke 10, at the conclusion of the parable of the Good Samaritan, Jesus asks which of the three men described in the story behaved as neighbor to the robbers' victim. The answer: "The one who treated him with mercy," and Jesus replied, "Go and do likewise." In doing so, we announce for all to see and hear that the kingdom is being realized, that it is taking shape in the world. This is the ministry we are called to continue, what we are *charged* with continuing.

But it is not only the activity of healing that we are called to, nor is it only particular groups of people who should be the subjects or recipients of our activity. Jesus also calls his followers to be certain kinds of people, to embody certain dispositions. We need to be concerned not only with what Jesus did, but also with how he did it. Jesus did not only heal, he first showed compassion, sensitivity to the other and to the other's suffering.

Compassion leads to *hospitality*. Jesus received and treated strangers (the sick, the disabled, outcasts and sinners) with respect, warmth and generosity, recognizing and respecting the dignity of the other and responding to the other's needs. Compassion and hospitality — sensitivity toward the suffering of the other and welcoming the other, regardless of the other's status, and providing for his or her needs. These, too, are part of the ministry that must continue.

John Paul II, in his 1984 apostolic letter *Salvifici Doloris*, points to the Good Samaritan as the prime example of what the relationship of each of us must be towards the suffering neighbor. He also points to certain virtues, compassion and hospitality among them, which he believes are essential to the parable and to Christian discipleship:

Here we come to the enormous *importance of having the right attitudes ...* . The family, the school and other education institutions must ... work perseveringly for the reawakening and refining of that sensitivity towards one's neighbor and his suffering of which the figure of the Good Samaritan in the Gospel has become a symbol. Obviously the Church must do the same. She must even more profoundly make her own — as far as possible — the motivations which Christ placed in his parable and in the whole

Gospel. The eloquence of the parable of the Good Samaritan, and of the whole Gospel, is especially this: every individual must feel as if *called personally* to bear witness to love in suffering. The institutions are very important and indispensable; nevertheless, no institution can by itself replace the human heart, human compassion, human love or human initiative, when it is a question of dealing with the sufferings of another."

In the course of his discussion of the parable of the Good Samaritan, John Paul identifies several virtues integral to the parable. The first is *compassion* — being moved by the misfortune and suffering of others and "stopping." The second is *solidarity* with the sufferer: The person who is 'neighbor' cannot indifferently pass by the suffering of another. A third is the gift of self, perhaps we might call it — that is, availability to the other, giving of one's self to the other.

Continuing the ministry in new times and new contexts must be grounded in the Gospel, in the accounts of what Jesus did and what we are called to do and to be. If we are to be true to our roots, simply delivering health care in a religious context may not be sufficient. That health care deliv-

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ery ought to be characterized by certain attitudes or qualities or virtues. What we are called to must be cultivated in our organizations so that those organizations truly are a sign of the reign of God, of God's healing and reconciling presence in the world, fostering right relationships. Henry Sigerist's observation is a potent reminder of where we came from and what we should be about. So is Jesus' injunction: "Go and do likewise."

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NOTE

1. Henry Sigerist, *Civilization and Disease*, (Cornell, N.Y.: Cornell University Press, 1943): 69-70.

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