

'A HEART WHICH SEES': ON BEING NEIGHBOR

This article is based on Ron Hamel's May 2, 2013, keynote address at the National Conference of the Catholic Health Alliance of Canada.

From the very onset of his papacy, Pope Francis issued a challenge to the church, a challenge he has reiterated on several occasions — he wants a church that is poor and for the poor. During the 2013 World Youth Day celebrations in Rio de Janeiro, Brazil, Pope Francis spoke to an estimated 30,000 Argentines during an unscheduled gathering. He said: "I want the church to go out into the streets, I want us to defend ourselves against all worldliness, opposition to progress, from that which is comfortable ... from all that which means being closed up in ourselves. Parishes, schools, institutions are made in order to come out ... if they do not do this, they become a non-governmental organization, and the church must not be an NGO."¹



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While his words sound bold and even provocative, Francis is simply calling Catholic Christians to live the Gospel. He seems to be cutting through an unhealthy preoccupation with church structures, church authority and maintaining orthodoxy in order to emphasize Jesus' injunction to "Go and do likewise." He is calling people back to basics — to refocus their vision, alter their priorities, change their lives and embrace the Gospel.

At a time when Catholic health care is undergoing significant changes, it might be wise to heed Francis' challenge to get back to basics — or at least to not lose sight of what is basic to who we are and what we do. The business of health care, challenging and consuming as it is, can distract us from what we are about, namely, carrying on

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the healing work of Jesus. It would be tragic if we found ourselves in the situation described by Peter Steinfels in his book *A People Adrift* with regard to the identity of Catholic institutions:

What remains constant across the board is a sense of what would constitute failure: not that some of these institutions might cease to exist or even consciously and deliberately cease to be Catholic ... but that they would mindlessly drift into essentially secular simulacra of their religious selves, still bearing the insignia but no longer sharing the allegiance, their Catholic identity hollowed out. ...²

One way to get back to basics is by re-engaging grounding stories. "In the stories we choose to attend to, believe in, and repeat to others, we are expressing and shaping ourselves as persons and communities."³ One such story for Catholic health care is the parable of the Good Samaritan. It is actually a paradigm story for Catholic health care and has inspired generations of caregivers who have taken to heart Jesus' injunction to "Go and do likewise." In the words of theologian Allen Verhey: "In memory of Jesus, the Christian community turned toward the sick, not against them, caring for them in their suffering and attending to them in their dying, practicing hospitality to them rather than ostracizing them from community."

Down through the centuries, the memory of Jesus echoed in the care of the sick — and especially in the care of the sick poor.”⁴ It is this to which we are heirs. It is this with which we are entrusted.

When engaging the parable, people often ask the same question as the lawyer: “Well, who is my neighbor?” But, as Jesus points out, this is the wrong question, because it seeks to limit the meaning and scope of who my neighbor is. As the Samaritan exemplifies, my neighbor is anyone I encounter along the road who is in need of assistance.

Others, when hearing the parable, focus on the doing side of being a Good Samaritan. How should one act in order to be neighbor to others? This is typically the emphasis in Catholic health care. We see ourselves imitating the Samaritan by providing compassionate care to the sick and the dying. The parable serves as the Gospel basis for our mission.

But there is another dimension to the parable that often is neglected, probably because it is more implied than explicit. What kind of person should I be in order to be neighbor to others? What characteristics, dispositions or virtues should I embody that will enable me to respond as the Good Samaritan did? This is a question about moral character — the moral character of individuals and institutions — the moral character that shapes perception and, ultimately, action.

Pope Benedict XVI, in his encyclical *Deus Caritas Est*, answers the question this way: “The Christian programme — the programme of the Good Samaritan, the programme of Jesus — is ‘a heart which sees.’ This heart sees where love is needed and acts accordingly.”⁵ “A heart which sees” says something about character, about what is required to be neighbor to others. In the parable, three individuals view the battered stranger on the road, but only one truly sees.

What enables the Samaritan to see a neighbor in need? First and foremost, as we are told in the parable, it is compassion, the ability to “feel with,” to experience deep sympathy for the misfortune of another. As Verhey observes:

The Samaritan saw a neighbor in need, and he felt the pain in his own being. He was moved by compassion to care. It didn’t

matter that the wounded man was an enemy of his people. It didn’t matter that he worshipped in the wrong place or in the wrong way, it didn’t matter that their ancestors had nursed some ancient grudges. What mattered was the hurt, the pain, the need of one who was, after all, like him, the object of God’s unbounded love. And that unbounded love conferred upon the wounded man a sanctity that in turn evoked the limitless care of the Samaritan.⁶

Compassion, as moral theologian William Spohn noted, “is the optic nerve of Christian vision.”⁷ It enables the heart to truly see. And Gospel compassion is a compassion without boundaries. Through the parable, Jesus stretches the limits of vision and compassion. There is no one who is not a neighbor.

The Samaritan put his own life at risk and also risked social and religious ostracization. There are many risks in being neighbor.

But being neighbor requires more than compassion. It also requires empathy, a feeling of identifying with and entering into the experience of the other, the problem or chaos of the situation.⁸ Empathy leads to effective action, responding appropriately to immediate need and looking ahead to continuing need. John Paul II, in *Salvifici Doloris*, points to similar dispositions. He notes that sensitivity of heart or compassion makes possible “stopping” (in contrast to passing by on the other side indifferently), a stopping not out of curiosity, but rather of availability. This availability is an opening of oneself to the other and giving of one’s self. “A Good Samaritan is the person capable of ... a gift of self,” opening this “I” to the other person.⁹ This availability to the other, this gift of self, is in order to bring help: “[A] Good Samaritan is one who brings help in suffering, whatever its nature may be ... help which is effective.”¹⁰

To these dispositions, we might also add courage. The Samaritan put his own life at risk and also risked social and religious ostracization. There are many risks in being neighbor. We might also

add hospitality. The Samaritan is an exemplar of extending hospitality. He offers assistance in a welcoming, respectful, nonjudgmental manner, giving of his own resources — oil, wine and money — in order to provide for the needs of the other.

Finally, being neighbor requires an openness to and a readiness for conversion — confront-

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ing our moral blind spots and our reluctance, as individuals and organizations, to engage certain types of people or situations or problems — those we choose not to see.¹¹ Developing a heart which sees requires rectifying the heart's inadequate dispositions.

But are these virtues or dispositions sufficient? Is this all that is required to be neighbor, especially in a health care context, whether as an individual or as a Catholic health care organization? Verhey suggests it is not.

"The Good Samaritan," he says, "no longer seems quite so apt an image for the care of those who hurt, and the reason is simple: The Samaritan did not face the issue health care is forced to face today, the issue of scarcity. The limitless compassion of the Samaritan makes his story more odd than exemplary; unlimited care seems not a real option. ... Can we still be Good Samaritans ... in the midst of tragic choices imposed by scarcity?"¹²

The late John Glaser, moral theologian, made a similar point, but did so by slightly altering the parable:

As the Samaritan traveled further, he came upon another man who had been beaten and needed care. He likewise ministered to him and set him on his mount. As he turned the next bend in the road, the Samaritan's heart sank for there were two more figures lying on the side of the road in the foreground and further, before the road turned in the distance, he made out one further traveler, struck to the ground and needing help. His heart was filled with pity and compassion — but with growing distress —

for his resources would be exhausted long before he reached the last person in his view. And he could only guess at what lay around the next bend.¹³

Given the fact of limits, what other dispositions or virtues need to be part of the character of the Good Samaritan, the one who is neighbor to others? Compassion is not sufficient. Verhey suggests several:¹⁴

- A disposition that acknowledges scarcity and limits, that realizes that we simply do not have the resources to do all we can do or want to do for those who hurt
- A disposition that acknowledges tragedy, the tragedy of scarcity and limits and the tragic choices that will need to be made due to our finitude and finite resources
- Truthfulness, to acknowledge the tragic nature of the situation
- Humility, necessary to cope with our finitude and our limits, realizing that the final victory over illness and death, pain and suffering, is not ours but God's
- Gratitude for the opportunities we have to do good within limits
- Justice is essential to be "good" in the midst of scarcity and limits
- An abiding concern for public policy that does justice. This arises from compassion for the many who hurt.
- Lifting a prophetic voice against injustice
- Avoidance of the conceit of philanthropy, that is, avoiding an attitude that we are the wonderful benefactors and *they* are the needy beneficiaries of our goodness and generosity. Rather, the Samaritan "sees the wounded man not only as the needy beneficiary, but as a neighbor; a member of a community that includes the sick"¹⁵

So, while we are called to go and do likewise — to be neighbor — to possess a "heart which sees" — this always occurs in a context. The current context of Catholic health care is, in part, one of human finitude and limited resources. We are unable to do all that we can do, and that love or compassion wants to do, because of limits. As individuals and as organizations, we need to develop those character traits that enable us to be neighbor in the midst of limits and tragic choices.

It behooves us in Catholic health care to return

periodically to the parable of the Good Samaritan. It is, after all, one of our grounding stories and, as noted above, "in the stories we choose to attend to, believe in, and repeat to others, we are expressing and shaping ourselves as persons and communities."¹⁶ Engaging the parable can both keep us focused on our core identity at a time of major transitions and also enable us to take on, in a manner appropriate to Catholic health care, the challenge of Pope Francis.

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NOTES

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8. Spohn, 90.
9. John Paul II, *Salvifici Doloris*, apostolic letter, Feb. 11, 1984, par. 28. www.vatican.va/holy_father/john_paul_ii/apost_letters/1984/documents/hf_jp-ii_apl_11021984_salvifici-doloris_en.html.
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12. Verhey, 361.
13. John W. Glaser, *Three Realms of Ethics* (Kansas City, Mo.: Sheed & Ward, 1994), 2.
14. Verhey, 363-76.
15. Verhey, 376.
16. Connors and McCormick, 75.

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