ETHICS

A HOLY YEAR ABOUT DEMONSTRATING MERCY

On Dec. 8, 2015, Pope Francis inaugurated the Extraordinary Jubilee Year of Mercy. The Catholic Church has celebrated jubilee years, also called holy years, since 1300. Currently they occur every 25 years, and popes also can create special celebrations, called extraordinary jubilee years.¹ ² Jubilee years are times of prayer, pardon and healing intended to enhance the spiritual life of Catholics. Jubilee years also are times of increased pilgrimage. Therefore, since 1500, each of the four major Roman basilicas (St. Peter’s, St. John Lateran, St. Mary Major and St. Paul Outside the Walls) has erected a special door to accommodate the larger number of pilgrims, and, by tradition, pilgrims entering through these doors receive a special indulgence. The opening of the Holy Door, bricked over during ordinary years, has become a special ritual initiating the jubilee year.

Earlier in December, Pope Francis gave an interview in which he described his expectations for the jubilee year, returning to an image he has used several times since his election, that of the church as a field hospital. He explained, “A field hospital after battle comes to mind here: It is the truth, so many people are injured and destroyed. . . . I believe that this is a time for mercy.”³

Perhaps this image can help us see the importance of the jubilee year for the mission of Catholic health care.

THE FIELD HOSPITAL

Since his election, several commentators have written on Pope Francis’ understanding of mercy and his image of the church as a field hospital. Recently, some religious writers have suggested that one needs to understand these images in terms of the people who seek mercy. The notion of the field hospital, they say, invites people to acknowledge their own woundedness, that is, their failings and sin, and seek mercy. Bishop Robert Barron, auxiliary bishop of Los Angeles, for example, explains this need in the following way:

Many receive the message of divine mercy as tantamount to a denial of the reality of sin, as though sin no longer matters. But just the contrary is the case. To speak of mercy is to be intensely aware of sin and its peculiar form of destructiveness. Or to shift to one of the pope’s favorite metaphors, it is to be acutely conscious that one is wounded so severely that one requires, not minor treatment, but the emergency and radical attention provided in a hospital on the edge of a battlefield.⁴

While I don’t disagree with Bishop Barron, I do think he misses an important point. Both Pope Francis’ words about mercy and his image of the field hospital do not focus on the person seeking mercy but rather on the person — or institution — that demonstrates mercy.

Perhaps my Franciscan sensitivities are showing here. Eight hundred years before Pope Francis, St. Francis of Assisi explained to his followers the meaning of mercy. I think his words can illuminate how we in Catholic health care can show mercy — be the field hospital — during this jubilee year. Speaking about the attitude that Franciscans needed to witness, St. Francis wrote:

If you love the Lord God and me, his servant and yours, there should not be anyone in the world who has sinned, however much they may have possibly sinned, who after looking into your eyes, would go away without

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having received your mercy. And if they do not seek mercy, you should ask if they want mercy. And if they should sin thereafter a thousand times, love them more than me so that you may draw them back to the Lord.5

For St. Francis, our giving mercy was not dependent upon any change of attitude in the other. Rather it is an attitude in us that moves us toward the other in love and compassion, even when they fail to respond. This attitude arises from a conviction of our solidarity with the other, from the fact that we all are sisters and brothers — and all sinners and recipients first of God's mercy. This is what Pope Francis is teaching us. Part of the prayer he composed for the jubilee year states, “You willed that your ministers would also be clothed in weakness in order that they may feel compassion for those in ignorance and error: Let everyone who approaches them feel sought after, loved, and forgiven by God.”6

The idea of mercy used by Pope Francis should not be confused with pity. It is much closer to the core value of compassion, espoused in the mission statements of so many of our Catholic health care systems and part of the ministry’s own shared statement of identity. Compassion differs from pity in at least one essential aspect: Pity tends to separate us from the situation of the other; it places us above the other. The opposite is true with compassion. The very Latin root of the word “compassion” means that we suffer with the other. Compassion and mercy move us toward the other as sister or brother in solidarity.

A second image that Pope Francis is using during this jubilee year also is relevant to the mission of Catholic health care, and that is the image of the open door. The opening of the Holy Door may never have been as poignant as it was at the opening of this particular jubilee year. Pope Francis already had linked his image of the field hospital to that of opening doors:

This is the mission of the church: the church that heals, that cares. I sometimes describe the church as a field hospital. True, there are many wounded, how many wounded! How many people who need their wounds to be healed! This is the mission of the church: to heal the wounded hearts, to open doors, to free, to say that God is good, God forgives all, that God is our Father, God is tender, that God is always waiting for us.7 (emphasis added)

For Catholic health care to enter into the spirit of this jubilee year, we too must open doors, going out to the wounded in mercy and compassion.

FIELD HOSPITAL, MERCY, OPEN DOORS

What would it mean for Catholic health care if we took the terms mercy, open doors and field hospital seriously? Pope Francis’ metaphor of the field hospital obviously affects the work of Catholic health care. As we view our own attitudes regarding the image of Catholic health care as a field hospital, it may help to see what Pope Francis said about mercy as a medicine: “Mercy is the first and truest medicine — medicine of which everyone is in urgent need. It flows continually and superabundantly from God, but we must also become capable of giving it to one another, so that each one can live in the fullness of his or her humanity.”

Mercy ought to be a special word in Catholic health care. More than a year ago, Sr. Patricia Talone, RSM, PhD, CHA’s vice president for mission services, wrote in Health Progress about the importance of the Latin term which we translate as “mercy.”8 The word misericordia literally translated into English means “having a heart for those in misery.” She went on, “It describes a habit of the heart, a way of being, that continually directs one to reach out to people who are suffering.”

What would Catholic health care look like if all of our institutions had such a heart? Sr. Talone offered some suggestions, including seeking out the poor, suffering and disenfranchised; acknowledging the dignity of all patients and treating them with reverence and compassion; seriously examining our systems’ internal financial and human resource policies to ensure justice and equity; and being rooted in a spirituality committed to having a “heart for those in misery.” Within this context, we remember Pope Francis’ challenge that during this jubilee year, Catholics develop a “more tolerant, more patient, and more tender attitude,” cultivating a “revolution in tenderness.”9

Finally, our Catholic health care ministry should investigate how we can open the doors that
are now closed. We may need to look at the issue of disparity, not only among patients being able to access health care but also disparities among employees. It may mean a more concerted outreach to migrants and immigrants in our midst. It might mean that we open our doors wider to needed but poorly reimbursed services, for example, behavioral health.

CONCLUSION
The pope is calling upon Catholic health care to be the field hospital at a time when health care itself is facing important limits. It is interesting to note, however, that Pope Francis ended his homily at the opening of the Holy Door by using another image that is a favorite one of Catholic health care, that of the Good Samaritan: “May our passing through the Holy Door today commit us to making our own the mercy of the Good Samaritan.”

The Samaritan served the other by using the little he had, wine and oil. We may want to re-read what Ron Hamel, PhD, former senior ethicist at CHA, wrote about the image of the Good Samaritan in a time of limited resources:

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 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.

In many ways, the Jubilee Year of Mercy calls us to return more deeply to the core values of our founders, becoming more and more persons and institutions of mercy and compassion, in spite of real limitations. It is in this way that we will heed the challenge of Pope Francis and help carry on his revolution of tenderness during this jubilee year.

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NOTES
1. Reminiscent of the Hebrew year of jubilee (see Leviticus 25:9-17), jubilee years originally were celebrated every 50 years. The length of time between jubilee years gradually was reduced; by 1470, the interval was 25 years.
2. The extraordinary jubilee year prior to this one occurred in 1983, which Pope John Paul II declared a Holy Year of Redemption.