

# EMBRACING SUFFERING WITHOUT COMPASSION FATIGUE

**T**here is so much suffering in the world. We see it broadcast on the evening news: refugees fleeing civil war, natural disasters killing hundreds of people, mass shootings in our schools. The list goes on and on. I have a relative who turns off the news if the young children are in the room — hoping somehow to shelter their innocence a little longer.



**BRIAN SMITH**

Then there is the personal suffering we all encounter from time to time. Last year, I was called by close friends to come and be with them after their daughter was murdered by her estranged husband, who then killed himself. That was followed a month later by a call from a friend, the father of two children under age 10, with the news he had been diagnosed with acute lymphocytic leukemia.

How do you turn off these unexpected tragedies when they come into your life? You don't. You take a deep breath and say, "OK, God, where are you in this mess?"

Add to this the normal ups and downs of being part of a multigenerational family — caring for aging parents, teenagers being teenagers, a young child with a learning disability, one's own personal illnesses and stressors — and you soon realize that none of us escapes suffering. It is part of the human condition.

## THE CHOICE TO ENTER SUFFERING

We choose to work in health care, a field that experiences tremendous joy when surgeries go well, babies are born healthy and cures are found for diseases. We also know that by choosing to care for people's health, we inevitably will encounter pain and suffering. The closer we are to the bedside, the more intense the experience of suffering will be. Why, with all the suffering in the world and one's personal experience of pain and misery, would anyone choose to go into health care?

Let's drill deeper into that question. Knowing

pain and suffering are part of health care, how do we ensure our response goes further than meeting the clinical needs of our patients and residents? How do we choose to enter suffering?

If we are honest with ourselves, we know there is a difference between providing treatment for a patient and providing care. A physician can deliver the diagnosis of a terminal illness to a patient in a manner that conveys all the relevant clinical information, while at the same time remain emotionally safe behind the wall of being the provider. Or, a doctor can choose to sit down with a patient who is about to receive life-changing news and know that this patient is not going to hear all the clinical details until a second or third telling. What the patient needs now is a caring and compassionate person — someone who is willing to be with them and enter this time of suffering with them. This is the choice a clinician makes with each patient: Do I provide treatment, or do I provide care?

Similarly, a housekeeper makes a choice every time he or she cleans a patient's or resident's room. Do I simply follow the checklist of what needs to be cleaned to assure quality, or do I engage in dialogue with this person, realizing that I may hear some sad and painful details about this person's life and family? And the patient's struggles might remind me of my own — so do I even want to take that chance? Do I provide a service, or do I provide care?

In his apostolic exhortation, *Gaudete et Exultate*, Pope Francis talks about the choice to enter human suffering as part of our path to holiness:

A person who sees things as they truly are and sympathizes with pain and sorrow

is capable of touching life's depths and finding authentic happiness. He or she is consoled, not by the world, but by Jesus. Such persons are unafraid to share in the suffering of others; they do not flee from painful situations. They discover the meaning of life by coming to the aid of those who suffer, understanding their anguish and bringing relief. They sense that the other is flesh of our flesh, and are not afraid to draw near, even to touch their wounds. They feel compassion for others in such a way that all distance vanishes. In this way they can embrace St. Paul's exhortation: 'Weep with those who weep' (Rom 12:15).<sup>1</sup>

#### **EMBRACING SUFFERING**

Let's take this a step farther. How do I not only choose to enter another's anguish, but how do I learn to embrace suffering? I am not talking about some masochistic, adrenaline-seeking desire to be in the middle of crises. I mean the ability to know that pain and suffering is always around me, and I can either try to avoid them and pretend they are not there, or I can embrace and learn from them.

Pope Francis reminds us that the goal of life is not to find a peaceful corner of the world and avoid all that is painful:

"It is not healthy to love silence while fleeing interaction with others, to want peace and quiet while avoiding activity, to seek prayer while disdain service. Everything can be accepted and integrated into our life in this world, and become a part of our path to holiness. We are called to be contemplatives even in the midst of action, and to grow in holiness by responsibly and generously carrying out our proper mission.

Could the Holy Spirit urge us to carry out a mission and then ask us to abandon it, or not fully engage in it, so as to preserve our inner peace? Yet there are times when we are tempted to relegate pastoral engagement or commitment in the world to second place, as if these were "distractions" along the path to growth in holiness and interior peace. We can forget that "life does not have a mission, but is a mission."<sup>2</sup>

Life is our mission, and the ministry of Catholic health care is to extend the healing love of God into the world. Therefore, we must enter all aspects of life — even the ones that are agonizing — in order to bring the reign of God. This is an invitation to step into the mystery of the Incarnation; to see that through our encounters with those who suffer, we continue to touch the world as Jesus did, and by entering this mystery, we grow in holiness.

How do we bring this important message to our co-workers? And how do we offer them formation and tools for resiliency so they do not feel left on their own to navigate the turbulence of human suffering they encounter daily?

#### **CARING FOR OUR CAREGIVERS**

In the last several years, the literature on clinician burnout and compassion fatigue has grown exponentially. The news is not good. Fifty-five percent of physicians report they are burned out.<sup>3</sup> Physicians are among the most at-risk population for suicide.<sup>4</sup> Nurses report having no time to "decompress" after the death of a patient or resident. The health care environment that tells us we must "do more with less in a shorter period," competes with our culture of providing care for our caregivers. It's no wonder people feel burned out.

Jesus gives us an example of how we can embrace suffering without becoming overwhelmed. He needed to pray each day. "Very early in the morning, while it was still dark, Jesus got up, left the house and went off to a solitary place, where he prayed."<sup>5</sup> He also taught his disciples the need to get away from the crowds and pray. "Then, because so many people were coming and going that they did not even have a chance to eat, Jesus said to them, "Come with me by yourselves to a quiet place and get some rest."<sup>6</sup>

Part of our responsibility as ministry leaders is to teach our caregivers how to pray so they are replenished to do God's work. In formation, at all levels of the organization, are we teaching simple, spiritual tools staff can use in the workplace and at home? Some of the Catholic Health Association's members are teaching mindfulness classes, others use the Ignatian practice of an Examination of Conscience and others teach a variety of spiritual practices that an associate can choose to use.

These spiritual practices do not take long to teach or use. Pope Francis, following the tradition of St. Ignatius of Loyola, reminds us prayer does not need to take a lot of time, but, on the other hand, it cannot be skipped: “I do not believe in holiness without prayer, even though the prayer need not be lengthy or involve intense emotions.”<sup>7</sup>

In addition to spiritual tools, are we offering resiliency training for co-workers, implementing time to decompress through tools like The Cleveland Clinic’s Code Lavender<sup>8</sup> program and offering support groups for clinicians? One CHA member has introduced the “Moment of Pause,” a 15- to 30-minute break during which staff who have had a patient die or who have been part of an unexpected outcome can use the chapel or take a walk. This program gives the associate time to regather, reflect on where God is in the moment and then be present to other patients and residents as he or she returns to the unit.

Supporting our caregivers by equipping them with emotional and spiritual tools and the time they need to practice such exercises allows them to embrace suffering. They no longer feel isolated nor ill-equipped to deal with the tragedies and anguish they routinely encounter. They know they work in an organization that gives them proven tools and the time they need to connect back to themselves, colleagues and God.

## CONCLUSION

In the March-April 2018 *Health Progress*, I wrote: “We manifest God’s redemptive love and mercy when we are willing to enter into others’ pain, suffering and death, precisely because Jesus did. We also believe the mystery of the Incarnation invites us to enter the paschal mystery. Through embracing the human condition, including suffering and death, we enter the mystery of living and dying with Jesus, which means we also will share in his resurrection and eternal life.”<sup>9</sup>

Little did I realize Pope Francis would release his Apostolic Exhortation a few weeks later, eloquently reflecting on the same theme, saying “The mission has its fullest meaning in Christ, and can be only understood through him. At its core, holiness is experiencing, in union with Christ, the mysteries of his life. It consists in uniting ourselves to the Lord’s death and resurrection in a

unique and personal way, constantly dying and rising anew with him. But it can also entail reproducing in our own lives various aspects of Jesus’ earthly life: his hidden life, his life in community, his closeness to the outcast, his poverty and other ways in which he showed his self-sacrificing love. The contemplation of these mysteries, as St. Ignatius of Loyola pointed out, leads us to incarnate them in our choices and attitudes.”<sup>10</sup>

This is how we not only enter human suffering, but embrace it. We embrace this inevitable aspect of the human condition, because we are carrying in our bodies the dying and rising of Jesus and all the ways his selfless love manifests itself to the poor and suffering. By embracing it, meditating on it and allowing God’s presence to be revealed in the midst of the “mess,” we grow in holiness. This is the way our ministry reveals God’s healing love, and it is also the way we can better live our call to holiness.

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## NOTES

1. Francis, *Gaudete et Exsultate*, para 76.
2. *Gaudete et Exsultate*, paras. 26-27.
3. Tait Shanafelt et al., “Burnout and Satisfaction with Work-Life Balance among U.S. Physicians Relative to the General U.S. Population,” *Archives of Internal Medicine* 172, no. 18 (2012): 1377-85.
4. Eva Schernhammer, “Taking Their Own Lives — The High Rate of Physician Suicide,” *New England Journal of Medicine* 352, no. 24 (June 16, 2005): 2473-76.
5. Mark 1:35, New International Version.
6. Mark 6:31, New International Version.
7. *Gaudete et Exsultate*, para. 147.
8. Cleveland Clinic, “Code Lavender: Offering Emotional Support through Holistic Rapid Response Program Provides Care for the Caregivers,” *Consult QD* website, Nov. 26, 2016. <https://consultqd.clevelandclinic.org/code-lavender-offering-emotional-support-holistic-rapid-response/>.
9. Brian Smith, “Drugs: Complexities, Conflicts and Contradictions,” *Health Progress* 99, no. 2 (March-April 2018): 54-56.
10. *Gaudete et Exsultate*, para 20.

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