

Palliative Care: A Hallmark of Catholic Health Care

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Introductory Remarks

After agreeing to present on this topic, I started out by thinking to myself, “What kind of a claim is being made when we say that palliative care is a *hallmark* of Catholic health care?” Or what kind of a claim is being made when we say that palliative care is *intrinsic* to Catholic health care? Understood in its original sense, a “hallmark” is an official mark or series of marks, typically struck on an item made of gold or silver or some other precious metal, attesting to its purity, origins, or genuineness. Such were the marks struck in the Goldsmith’s Hall of 17th and 18th century London – and so the term “hallmark”. The term has since been adopted metaphorically to describe a *distinguishing characteristic*, or trait, or special feature of a person or an organization. So, my question *then* becomes, how is palliative care a *distinguishing characteristic* of Catholic health care? Does Catholic health care *do* “palliative care” better than anyone else? When we consider the fact that not every Catholic health care organization even *does* palliative care; or the fact that *palliative care*, as we have come to know and to define it – with its eight domains of care delivered in a multi-disciplinary, interdisciplinary manner – is a twentieth century *invention*; or the fact that Catholic health care doesn’t have a corner on quality palliative care; then this question of palliative care being a distinguishing characteristic of Catholic health care must be getting at something else.

Many of you are familiar with the iceberg metaphor. It’s a great a way of getting at that “something else.” The skills and knowledge that it takes to do palliative care are above the surface – they can be learned and replicated. However, the *competencies* needed to apply that knowledge and those skills *well* – in an interdisciplinary, coordinated and collaborative manner – are below the surface: they require experience, ongoing training and continuous professional development. We have superb examples from our speakers at this conference of people and programs that

demonstrate those competencies. But again, there is nothing necessarily “Catholic” about those competencies.

We need to go deeper still into the *culture* of our Catholic healing ministry – into the depths of its history, its values, its mission, meaning and purpose, in order to discover how palliative care is, in fact, a distinguishing characteristic of Catholic health care. Seen in the context of this culture, palliative care is not just another technical skill to which Catholic health care aspires; nor is it simply a great way to improve quality and patient satisfaction. All these things are good. And there are many other goods that we could name, but which do not get to the heart of the matter for the Catholic healing ministry. That is what I want to explore with you in this talk.

Palliative care *is*, in fact, a distinguishing characteristic of Catholic health care in that *what* we emphasize here in *this Congress* represents the best of what the Catholic faith has consistently believed and emphasized throughout the centuries: about who we are as human beings; about our relationship to God and to each other; about our destiny; about our meaning and purpose in carrying on this healing ministry. I am going to explore with you how the key characteristics of palliative care represent what Christians professing the Catholic faith have been *inspired* to do for two thousand years: reaching out to and caring for the sick, the poor, the marginalized, the vulnerable, and the dying because they recognized in them their sisters and brothers in Christ. So too we believe, as a matter of that same *faith* that has been handed down to us today, that when we heal and care for the sick, the poor, the vulnerable and the dying, we are touching and caring for not only our sisters and brothers, but we are touching the face of *God*.

The faith that has been handed down to us

Where did this belief come from? I would propose that the Church’s commitment to the healing ministry – characterized especially by its commitment to care for poor and vulnerable persons – springs first from its belief in the *Incarnation*. The Incarnation is the belief that God took

on our human nature in the historical man Jesus of Nazareth, and in so doing, has forever changed not only the relationship between humanity and God, but has forever changed our relationship with each other. This change entails a new order of creation – a new union between God and creation in the person of Jesus Christ. This new union inserts itself into the old order of creation, and continually *calls the old order* into a new way of being with God and of being with each other.

Sin, suffering, war, sickness and death are not instantly done away with by the Incarnation – we are not making such a fantastic claim. Rather, the claim is that through the Incarnation, God takes on our sin and suffering and death, our war and sickness – and transforms them in and through the man Jesus, who is crucified and risen. We believe that God suffers in and through our humanity, in and through our injustices and neglect, in and through his own divine-human unity – *which is our transformed humanity*, destined for eternal union with God.

Bringing this down to earth, there is yet another way to say it. The Catholic faith teaches that not only does God suffer in and through our suffering humanity, and through our injustices and neglect and foul treatment of each other; but we also believe that God *loves* and is *loved* through *our love*; forgives and is *forgiven* through *our* mercy; heals and is *healed* through *our* touch; comforts and is *comforted* through *our* compassion. St. Theresa of Avila, the great 16th century Spanish mystic, put it this way:

Christ has no body but yours,
No hands, no feet on earth but yours,
Yours are the eyes with which he looks
Compassion on this world,
Yours are the feet with which he walks to do good,
Yours are the hands, with which he blesses all the world.
Yours are the hands, yours are the feet,
Yours are the eyes, you are his body...
Christ has no body now on earth but yours.¹

¹ “Christ Has No Body,” St. Theresa of Avila, at <http://www.usccb.org/issues-and-action/get-involved>.

This poem attributed to St. Theresa is more than a metaphor for the *body of Christ*. It is a reference to the *divinization of humanity* – the drawing of humanity into the inner life of God. If we truly believe, that God so loved the world – you, me, here and now, in our time, in this place – then the healing ministry that Jesus set out to do almost two thousand years ago is *our* work today. This belief has inspired Christians, individually and collectively, for *centuries*, to reach out to the sick, the hungry, the lame, the imprisoned, in order to heal, to comfort, to care, to console – and so touch the face of God.

Think for a moment about the founders of your health ministry. Most of our founders – those women and men who began our healing ministries centuries ago – were quite conscious of the fact that the work they were doing, that they were carrying on, was the healing ministry of Jesus and his Apostles. Think of how they brought this vision to America; as they ministered to soldiers in the civil war; as they road their wagons to the West, risking real dangers of disease, death, and hostility. As stewards of these ministries of the Church, they believed they had a mission to act on behalf of the Church, on behalf of Jesus, responding to the teaching and command of Jesus to love our neighbor, especially the poorest among us – those whose humanity, whose inherent dignity, is most at risk, most vulnerable. They took seriously the command of Christ “to proclaim the reign of God and heal the afflicted” (Luke 9:2), “to expel unclean spirits and to cure sickness and disease of every kind” (Matthew 10:1), “to raise the dead and heal the leprous...” (Matthew 10:8). They took to heart Jesus’ teaching that whatsoever we do to the least, we do to him (Matthew 25: 40). And so they believed and taught that we must feed the hungry, welcome the stranger, clothe the naked, comfort the sick, and visit the imprisoned. This is the primacy of love of neighbor – of a faith that leads into action, just as they and we are taught in the letter of James:

My brothers and sisters, what good is it to profess faith without practicing it? Such faith has no power to save one, has it? If a brother or sister has nothing to wear and no food for the day, and you say to

them, “Good-bye and good luck! Keep warm and well fed,” but do not meet their bodily needs, what good is that? So it is with the faith that does nothing in practice. It is thoroughly lifeless. (James 2: 14-17)

So, let’s turn now to the healing ministry of Jesus, to examine the way he responded to the sick and the vulnerable. If we are to make a claim that we are now the *body of Christ*, and that the work we do in palliative care is a hallmark of Catholic health care, then we need to know and understand how Jesus healed and what Jesus teaches us about the primacy of love of neighbor.

The Healing Ministry of Jesus

Before we explore the healing ministry of Jesus, we need to understand a little about how people in the Jewish culture of Jesus’ day thought about physical illness. In Jesus’ day and culture, illness was generally understood to be related to and even caused in some way by sin – a manifestation of spiritual ailment. This is why in John’s Gospel, upon seeing a blind man, the disciples of Jesus asked him, “Rabbi, was it his sin or that of his parents that caused him to be born blind?” (9:2) The spiritual, the physical and the social are intertwined, inseparable. And so it is with Jesus’ healing ministry. The 17th century Cartesian dichotomy between body and spirit, which still influences the way we tend to think of our bodies today, especially in modern medicine, doesn’t exist in the biblical stories we are going to examine. These healing stories of Jesus in the Gospels still form the foundation for our understanding of care in the Catholic healing tradition. So let’s turn now to just one of those healing stories.

a. The Woman with the Hemorrhage: How did Jesus heal?

The story of the woman with the hemorrhage is recounted in the Gospel according to Mark (also in Matthew 9:18-26 and Luke 8:41-56). Jesus meets this woman while he is on his way to see a synagogue official’s daughter. It is actually two healing stories wrapped into one:

One of the synagogue officials named Jairus came up, and on seeing Jesus, fell at his feet and implored him earnestly, saying, “My little

daughter is at the point of death; please come and lay your hands on her, so that she will get well and live.” And [Jesus] went off with him; and a large crowd was following him and pressing in on him.

A woman who had had a hemorrhage for twelve years, and had endured much at the hands of many physicians, and had spent all that she had and was not helped at all, but rather had grown worse—after hearing about Jesus, she came up in the crowd behind him and touched his cloak. For she thought, “If I just touch his garments, I will get well.” Immediately the flow of her blood was dried up; and she felt in her body that she was healed of her affliction. Immediately Jesus, perceiving in himself that power had gone out from him, turned around in the crowd and said, “Who touched my garments?” His disciples said to him, “You see the crowd pressing in on you, and yet you say, ‘Who touched me?’” And he looked around to see the woman who had done this. But the woman fearing and trembling, aware of what had happened to her, came and fell down before him and told him the whole truth. And he said to her, “Daughter, your faith has made you well; go in peace and be healed of your affliction.”

While he was still speaking, they came from the house of the synagogue official, saying, “Your daughter has died; why trouble the Teacher anymore?” But Jesus, overhearing what was being spoken, said to the synagogue official, “Do not be afraid any longer, only believe.” And he allowed no one to accompany him, except Peter and James, and John the brother of James. They came to the house of the synagogue official; and he saw a commotion, and people loudly weeping and wailing. And entering in, he said to them, “Why make a commotion and weep? The child has not died, but is asleep.” They began laughing at him. But putting them all out, Jesus took along the child’s father and mother and his own companions, and entered the room where the child was. Taking the child by the hand, He said to her, “Talitha kum!” (which translated means, “Little girl, get up!”). Immediately the girl got up and began to walk, for she was twelve years old. And immediately they were completely astounded. And He gave them strict orders that no one should know about this, and He said that something should be given her to eat. (Mark 5:22-43)

Scripture scholars tell us that the recounting of this healing story, as with other such healing stories, serves another purpose besides the simple recollection of miracles: the story demonstrates Christ’s power over evil, over the world, over suffering, over life and death. It also demonstrates

that he is greater than just another prophet. Notice, for example, that he did not implore God to heal the woman (as the prophet Elijah did); and he did not implore God to raise the child from the dead (as the prophet Elisha did). Rather, *power goes out from him*, the story says, where there is *faith* placed *in him*; and the dead are brought back to life by the power of Jesus' *own* word, not in answer to a prayer of supplication. But we need to be very careful here to avoid any claim that Jesus was healing people in order to *display* his power, his divine nature, or his authority. That would suggest that Jesus was *using* people for his own purposes – something that does not suggest authentic love or compassion. We also need to be careful to distinguish between what Jesus did and taught, and the particular meaning that the author of the Gospel *may have been trying* to convey through the recounting of the story, as well as the deeper meaning that we discover and might even *impose* on the story through our own study, culture, experience and inspired insight. Faith is what helps us to hold all of this together in tension.

So let's return to the story. Scholars often remind us that Jesus was an observant Jew – this is critical to remember in order to understand several points that are implied in the story. When Jesus healed a leper in Matthew's Gospel (8:1-4), for example, he ordered him to partake of the prescribed ritual cleansing and show himself to the temple priests. To be cleansed meant that the person could be admitted by the priests back into community; it rescued the person from a solitary life lived out as a social outcast. Similarly, the woman with the hemorrhage was ritually unclean, following the conventions of Jewish law. In the book of Leviticus (15:9), we read that anyone who touches a woman during her menstrual flow shall be unclean until evening. It goes on to say that "as long as she suffers this unclean flow she shall be unclean" (verse 25). In the book of Numbers, we hear God speaking to Moses, saying, "Speak to the children of Israel and tell them that they and their descendants must put tassels on the corners of their garments, fastening each corner tassel with a blue cord" (Numbers 15:37-41). The passage goes on to say that these tassels were to remind the

Israelites that they were bound to the Law of the Lord. So, touching the hem, a tassel, of Jesus' garment was, was like touching him – but only *worse*; it was like a visible defiance of the Law of the Lord. For the woman to touch anyone in the community, in this way especially, would have been highly offensive. Yet, she was desperate; she had been unclean for *twelve* years, cut off from society, from her family, from worship, from the market, from the water well.

So, against this backdrop, she reaches out in great *hope* to touch the one whom she *believed* could *cleanse her* – unlike the many physicians for whom she spent everything she had. She had to have great courage and even a certain audacity, because in moving through the crowd with the hope of touching the hem, a tassel, of Jesus' garment, she was willing to risk bringing great offense – subjecting Jesus and all those around her, to ritual impurity, in a manner possibly suggesting open defiance of the Law. So it is no wonder that the text says she was afraid and trembling when Jesus asked, “Who touched me?” But she had great *faith* in him. She *trusted* that she wasn't going to be rejected; that she would receive what one author calls “a fresh well of mercy.”²

Then follows the account of Jesus raising Jairus's daughter from the dead. At first glance, the two stories appear to be unrelated. But notice that the theme of ritual impurity continues. In the Book of Numbers, we also read that anyone who touches a dead body or is in a room with a dead body was to be ritually unclean for *seven* days (19:11,14). Notice also that at the end of the passage, Mark adds a kind of afterthought: he says the little girl was 12 years old. Remember that the woman had been sick for 12 years. The number 12 carries great significance for the first Jewish followers of Jesus reading or hearing this story. The twelve tribes of Israel had already been dispersed centuries before Christ, mostly lost since the Assyrians conquered the northern Kingdom of Israel over seven centuries before. So Jesus' own act of naming twelve Apostles was a powerful statement about restoring what was lost.

² Elizabeth Scalia, “Jesus and the Hemorrhagic Woman: Accountability and Thanksgiving,” in *The anchoress*, accessed at <http://www.patheos.com/blogs/theanchoress/2013/02/05/jesus-and-the-hemorrhagic-woman> on 5-2-13.

This Gospel story likewise tells us something about Jesus' desire to restore us. He addresses the woman as "daughter." One author suggests, "You might say that Jesus plunders the realm of the afflicted and even the realm of the dead to restore these two women to abundant life."³ They were both outcasts; unclean; outsiders, who have now been restored to their dignity, their inheritance, as Daughters of God. This theme of restoration is carried on throughout the Gospels – Christ bringing about the Reign of God. *This is the work you are called to do in palliative care.* When you reach out to heal, to comfort and to care, *even if there is no cure*, you are restoring people to their relationship with God, their loved ones and their communities.

b. The Parable of the Good Samaritan: What did Jesus teach?

There is another Gospel story that has had perhaps the most dramatic impact for centuries on how Catholics and other Christians have thought about their duty to reach out to and care for the poor, the sick and the suffering. It is a parable found only in the Gospel of Luke, Chapter 10:25-37:

On one occasion a lawyer stood up to test Jesus: "Teacher, what must I do to inherit everlasting life?" Jesus answered him: "What is written in the law? How do you read it?" The man replied: "You shall love the Lord your God with all your heart, with all your soul, with all your strength, and with all your mind; and your neighbor as yourself." Jesus said, "You have answered correctly. Do this and you shall live." But because he wished to justify himself he said to Jesus, "And who is my neighbor?" Jesus answered, "A certain man was going down from Jerusalem to Jericho, and he fell prey to robbers. They stripped him and beat him, and departed, leaving him half dead. By chance a certain priest was going down that same way. When he saw him, he passed by on the other side. In the same way a Levite also, when he came to the place, and saw him, passed by on the other side. But a certain Samaritan, as he travelled, came where he was. When he saw him, he was moved with compassion at the sight, came to him, and bound up his wounds, pouring on oil and wine. He then hoisted him onto his own animal, brought him to an inn, and took care of him. The next day, before he departed, he took out two [silver coins], and gave

³ Lewis Galloway, "Taking Jesus Seriously: Mark 5:21-43," at <http://odysseynetworks.org/news/onscripture-the-bible-mark-5-21-43>.

them to the innkeeper with the request: ‘Take care of him. Whatever you spend beyond that, I will repay you when I return.’ Now which of these three, in your opinion, was neighbor to the man who fell among the robbers?” The answer came, “He who treated him with compassion.” Then Jesus said to him, “Go and do the same.”

The one who treated him with compassion. The original Greek word for compassion in this text is *splagchni'zomai* (σπλαγχνίζομαι): literally, to be moved to the depths of one’s bowels – in the depths of one’s being, in other words. One scholar points out that this word is used only of Jesus and the Good Samaritan, and that every time it is used the result of the compassion is not just a detached concern, pity, or kind word, but *involvement* and *action*.⁴

So, who was this person who treated the victim with compassion? In Jesus’ day and culture, Samaritans and Jews generally despised each other. They both considered the other to be foreigners, strangers; certainly *not* neighbors. To the Jew, a Samaritan was a “half-breed” – descendants of those Jews who stayed behind after the Assyrians conquered the northern Kingdom in 722 BCE, mixing with their captors and becoming syncretic in their belief system.⁵ There were over a million Samaritans at the time of the Roman occupation in Jesus’ day – so, interaction between Jews and Samaritans was probably necessary but tenuous.

Jesus tells the parable in response to the question, “and who is my neighbor?” The lawyer knew full well what the law said. The Book of Leviticus (19:18) says, “Take no revenge and cherish

⁴ Hampton Keathley IV, “Raising the Widow’s Son from Nain,” from the series, *The Miracles of Jesus*, viewed at <http://bible.org/seriespage/raising-widow%E2%80%99s-son-nain>.

⁵ See, *The Word in Life Study Bible*, New Testament Edition (Nashville: Thomas Nelson Publishers, 1993), pp. 340-341, accessed at: <http://bible.org/illustration/hatred-between-jews-and-samaritans>: “In 722 B.C. Assyria conquered Israel and took most of its people into captivity. The invaders then brought in Gentile colonists “from Babylon, Cuthah, Ava, Hamath, and from Sepharvaim” (2 Kin. 17:24) to resettle the land. The foreigners brought with them their pagan idols, which the remaining Jews began to worship alongside the God of Israel (2 Kin. 17:29-41). Intermarriages also took place (Ezra 9:1-10:44; Neh. 13:23-28). Meanwhile, the southern kingdom of Judah fell to Babylon in 600 B.C. Its people, too, were carried off into captivity. But 70 years later, a remnant of 43,000 was permitted to return and rebuild Jerusalem. The people who now inhabited the former northern kingdom—the Samaritans—vigorously opposed the repatriation and tried to undermine the attempt to reestablish the nation. For their part, the full-blooded, monotheistic Jews detested the mixed marriages and worship of their northern cousins. So walls of bitterness were erected on both sides and did nothing but harden for the next 550 years.”

no grudge against your fellow countrymen. You shall love your neighbor as yourself.” But notice that the story does not tell us who the man in the parable was who was beaten and left for half-dead – it just says that he was a traveler. It doesn’t say whether he was a Jew or a *foreigner*. So Jesus flips around the question about who is my neighbor – according to Leviticus, my fellow countryman – and instead asks who was *acting as a neighbor* to the man who was beaten, robbed, and left for half dead. Portraying a Samaritan in such positive light would have come as a shock to Jesus’ audience.⁶

Some scholars have spent an inordinate amount of time trying to get into the minds of each of the characters in the parable. Recall from the story of Jesus raising Jairus’ daughter from the dead, that in Jesus’ culture, contact with a dead body made one unclean. Priests, in particular, were enjoined to avoid such defilement.⁷ Not a few scholars have suggested that the priest and Levite in the story may have assumed that the fallen traveler was dead and so would have wanted to avoid him to keep themselves ritually clean.⁸ But another commentator points out that they were *leaving* Jerusalem, which makes this interpretation of the parable unlikely.⁹

The Jewish New Testament scholar Amy-Jill Levine agrees that since they were both *leaving* Jerusalem, there was no real or apparent concern in the parable with ritual impurity.¹⁰ Moreover, she dismisses these interpretations as missing the point of the story. The scholar of the law with whom Jesus spoke would have known that saving a life or caring for the dead – loving your neighbor as yourself – always trumps any concern about ritual impurity. According to the

⁶ Funk, Robert W., Roy W. Hoover, and the Jesus Seminar. *The five gospels* (HarperSanFrancisco, 1993), “Luke,” p. 271-400.

⁷ Vermes, Geza. *The Authentic Gospel of Jesus* (London: Penguin Books, 2004), pp. 152-154.

⁸ *Ibid.*

⁹ Joel B. Green, *The Gospel of Luke*. Eerdmans, 1997, p. 430. Greg W. Forbes, *The God of Old: The role of the Lukan parables in the purpose of Luke's Gospel* (Continuum, 2000), pp. 63-64.

¹⁰ Emily Perper, “Levine: Good Samaritan Parable Teaches Compassion for the Enemy,” in the *Chautauquan Daily*, accessed on 5-1-30 at <http://chqdaily.com/2011/08/17/levine-good-samaritan-parable-teaches-compassion-for-the-enemy>.

Mishnah, the first section of the *Talmud*, even those who are in the most ritually pure state are obligated to attend to a corpse.¹¹ In the final analysis, Levine argues, the point of the parable is that Jesus is teaching us to have compassion for our enemies. Remember the word *splagnizomai*: compassion that goes beyond mere sympathy or pity; compassion that goes into action; compassion that is not reserved only for one's friends or fellow-believers. This strikes at the heart of the debate over the Health and Human Services' Rule that defined a religious employer as that organization which "serves primarily persons who share the religious tenets of the organization."¹² That is precisely *not* what our faith and not what this parable teaches us or calls us to do!

St. Ignatius, the first century bishop of Antioch in Asia Minor, born around 50 AD and martyred at Rome in the year 107 AD, was the first known Church Father to use the term "catholic" to describe the Church as universal, and not only local. As far back as Ignatius, Church authorities and biblical scholars typically taught that there were four different senses in which one should read the Scriptures: 1) the literal sense – or what the author meant to convey; 2) the spiritual or allegorical sense, especially as an archetype of Christ; 3) the moral sense, and 4) the anagogical or mystical sense, or a foreshadowing of heaven. Keep in mind that historical criticism only began in the 17th century, gaining popular recognition in the 19th and 20th centuries, leading to a variety of methodologies today that were practically unknown to biblical scholars during the first sixteen centuries of Christianity.

Beginning with the early Church Fathers, the allegorical interpretation of this biblical parable was favored over the rest, with the Good Samaritan being interpreted as representing Jesus,

¹¹ *Ibid.*

¹² See Stanley Carlson-Theis, "Which Religious Organizations Count as Religious? The Religious Employer Exemption of the Health Insurance Law's Contraceptives Mandate," *The Federalist Society* 13, 2 (July 2012), at <http://www.fed-soc.org/publications/detail/which-religious-organizations-count-as-religious-the-religious-employer-exemption-of-the-health-insurance-laws-contraceptives-mandate>.

who saves the sinful and the lost.¹³ Scholar John Welch points out that this allegorical reading was taught not only by ancient followers of Jesus, but it was virtually universal throughout early Christianity.¹⁴ It continues to be the traditional interpretation of the Orthodox Churches.¹⁵

The parable of the Good Samaritan was known throughout the ancient and Medieval Christian world as a model for understanding Christ's compassion for us – and therefore a model of compassion that believers have felt compelled to imitate. The parable of the Good Samaritan is a center piece among the stained glass images crafted in the 13th century for the Cathedral at Bourges in France. The concept of the Good Samaritan continues to strike a powerful metaphor for us today – so much so, that we typically refer to laws that give legal immunity from liability to those who help strangers as Good Samaritan laws.

From Scripture to Practice: Historical Foundations

Here we have recounted powerful models; thickly layered stories of Jesus' healings and his method of teaching by way of parable: showing us how to believe and how to love with compassion. So, how did this play out in the centuries that followed and how does it play out for us today? The first two centuries of Christianity are quite remarkable. By the end of the second century, Christian communities had sprung up all over the Roman empire, and into Mesopotamia, Bactria (now Afghanistan), Persia and southern India. The German scholar von Harnack was probably the first modern historian to recognize that Christianity's early rapid growth and success were due in large part to its strong emphasis on healing and for caring for the sick, the poor and the downtrodden.¹⁶ In our own time, Risse, Porterfield and Stark have all researched extensively this

¹³ G. B. Caird, *The Language and Imagery of the Bible* (Duckworth, 1980), p. 165.

¹⁴ John W. Welch, "The Good Samaritan: Forgotten Symbols," *Liahona* (February 2007), pp. 26–33.

¹⁵ Christoph Cardinal Schönborn (tr. Henry Taylor), *Jesus, the Divine Physician: Reflections on the Gospel During the Year of Luke* (Ignatius Press, 2008), p. 16.

¹⁶ Adolph von Harnack, "Medicinisches aus der ältesten Kirchengeschichte," *Texte und Untersuchungen zur Geschichte der altchristlichen Literatur* (TUGAL) 8, n. 4 (1892), pp. 37-152.

phenomenon of the rapid expansion of Christianity in the second and third centuries.¹⁷ These scholars all present convincing historical evidence that it was not so much miraculous cures or compelling preaching or the promise of a happy afterlife that attracted so many adherents to the Christian faith in its early centuries; rather, it was the remarkable way that Christians cared for each other and for the poor and vulnerable.

It was common practice, for example, in Roman culture to expose one's own child to the elements if it was a girl when one had too many girls, or if it was sick, or was undesirable for whatever reason.¹⁸ Christians became known for collecting such abandoned babies and caring for them. In the "Apostolic Constitutions" or early rules of the Church in the second and third centuries – a hundred years before the legalization of Christianity by Constantine – it was the established practice in Christian communities from Syria to Rome, for bishops and deacons to be bound by rules to collect alms and donations from wealthy Christians for redistribution to the poor.¹⁹ The Roman Apostolic Constitution of the year 215 obligated bishops to seek out the sick and care for them in their own homes.

During times of plague and public health crises, when the wealthy would typically abandon cities until the disease blew over, they were often surprised on their return to find the sick and the dying cared for by Christians, who subjected themselves to great risk for the sake of love of God and neighbor and of the practice of compassion.²⁰ During one such plague epidemic in Alexandria, Egypt, during the reign of the Emperor Gallienus in the mid third century (259-268), the local

¹⁷ Guenter B. Risse, "Christian Hospitality: Shelters and Infirmaries," in *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999), pp. 69-116. Amanda Porterfield, "Healing in Early Christianity," in *Healing in the History of Christianity* (New York: Oxford University Press, 2005), pp. 43-65. Rodney Stark, *The Rise of Christianity: How the Obscure, Marginal, Jesus Movement Became the Dominant Religious Force in the Western World in a Few Centuries* (Princeton, NJ: Princeton University Press, 1996).

¹⁸ William V. Harris, "The Theoretical Possibility of Extensive Infanticide in the Graeco-Roman World," in *Classical Quarterly* 32, 1 (1982): 114-116.

¹⁹ Risse, p. 80.

²⁰ Cf. Stark, pp. 3-28.

bishop Dionysius led an extensive door-to-door relief campaign.²¹ Such dramatic caring behavior was noted with great interest by the general populous, and by authorities and chroniclers throughout the Empire.

The pace of conversions grew rapidly after the emperor Constantine proclaimed the edict of toleration in 313, and after Christianity was established as the official religion of the Empire by Theodosius in 381. These events of the fourth century brought several important developments in Christianity for its impact on the larger culture. The political endorsement of Christianity brought in wealth, influence, and support for new institutions and organizational structures.²² In many places, bishops began taking over the traditional social welfare function of the aristocracy.

In the East, the Emperor, seen as God's representative on earth, was understood as having special responsibility as the lead patron of charitable institutions, including what we would identify today as shelters, hospitals and hospices.²³ Monasteries also began to emerge during this period of time, largely as a rebellious response to the perceived watering down of Christian ideals brought about by its official recognition by the state. In both the West and the East, the infirmaries of these monasteries took on an increasingly important role. The usual and preferred place of treatment always remained in the home, but such hospitals, hospices and infirmaries remained important social institutions for the poor and vulnerable throughout the Middle Ages.²⁴

Constitutive Features of Catholic-Sponsored Palliative Care

So what can we conclude about the healing and teaching of Jesus? What can we conclude from the practices and teachings of the Church in the early centuries into the Middle Ages? What do they tell us for your work in palliative care today? There are many constitutive features we could

²¹ Risse, p. 80.

²² Porterfield, p. 44. Risse, pp. 70-79.

²³ Risse, p. 81. Also, P. Horden, "The Byzantine welfare state: Image and Reality," in *Soc Social Hist Med Bull* 37 (1985): 7-10, and Evelyne Partlagean, *Pauvreté économique et pauvreté sociale à Byzance* (Paris: Moutin, 1977).

²⁴ Porterfield, p. 48. Also, R. J. S. Barrett-Lennard, *Christian Healing After the New Testament: Some Approaches to Illness in the Second, Third and Fourth Centuries* (Lanham, MD: Rowman & Littlefield, 2011), pp. 9-41, 85-86.

identify and much more that we could explore, and you are already familiar with many of them, for example: *solidarity with the poor; reverence and love for the inherent sacredness and dignity of life; treating persons holistically – recognizing they are a body-spirit unity; hunger and thirst for justice; commitment to the common good; hospitality for the foreigner or stranger.* These six constitutive features are evidenced by the healing stories and teaching we have examined here, in the pictures and art we have viewed, in the broad sweep of early Christian history, and in the traditions and stories and commitments of your own founders and health ministries.

But I would suggest that there are *four* additional constitutive features of the Gospel healing narratives and of our living Tradition that also represent the distinguishing characteristics of Catholic health care – the *healing ministry* – that are not discussed with the same frequency and care, but which also need to be emphasized in palliative care if it is to be a *hallmark* of Catholic healthcare. Whether we embody and live out these constitutive features *well*, depends on reflection, prayer, vision, leadership, courage, stewardship, determination, humility, friendship and *community*.

First, the healing ministry of Jesus is *incarnational*. We don't reach out to heal the poor and vulnerable, the sick and the downtrodden simply because of sympathy. Rather, we believe we are reaching out to Christ when we reach out to the sick and poor, and that we ourselves are the body of Christ in the world – groaning with the Spirit of God for its renewal and restoration. In his 1995 encyclical, *The Gospel of Life*, Pope John Paul II wrote:

As disciples of Jesus, we are called to become neighbors to everyone (cf. Lk 10:29-37), and to show special favor to those who are poorest, most alone and most in need. In helping the hungry, the thirsty, the foreigner, the naked, the sick, the imprisoned – as well as the child in the womb and the old person who is suffering or near death – we have the opportunity to serve Jesus. He himself said: “As you did it to one of the least of these my brethren, you did it to me” (Mt 25:40). Hence we cannot but feel called to account and judged by the ever relevant words of Saint John Chrysostom [in the fourth century]: “Do you wish to honor the body of Christ? Do not neglect it when you find it

naked. Do not do it homage here in the church with silk fabrics only to neglect it outside where it suffers cold and nakedness.”²⁵

Second, the healing ministry of Jesus is the work of evangelization. By “evangelization,” I don’t mean that we reach out to the poor and vulnerable for the sake of converting them or for proselytization. Rather, the healing ministry of Christ brings about the *Reign of God*: restoring persons to their communities; loving and caring, and *showing* people they are loved and cared for. *Love* must be our motive. Nothing else will sustain us. Many of our founders still use this as their motto today: *The love of Christ compels us* (2 Corinthians 5:14). The good news of God’s love and care for us goes hand in hand with caring for poor and vulnerable persons and for the sick and frightened whom we serve. Again, in the encyclical, *The Gospel of Life*, we read:

The mission of Jesus, with the many healings he performed, shows God’s great concern even for [our] bodily life. Jesus, as “the physician of the body and of the spirit,” was sent by the Father to proclaim the good news to the poor and to heal the brokenhearted (cf. Lk 4:18; Is 61:1). Later, when he sends his disciples into the world, he gives them a mission, a mission in which healing the sick goes hand in hand with the proclamation of the Gospel: “And preach as you go, saying, ‘The kingdom of heaven is at hand.’ Heal the sick, raise the dead, cleanse lepers, cast out demons.” (Mt 10:7-8; cf. Mk 6:13; 16:18).²⁶

Third, the healing ministry of Jesus is the work of compassion. Compassion is connected closely with reverence and love for the inherent sacredness and dignity of life, but is distinctive. I am referring here not only to *cum-pati*, the Latin root of our word compassion, which means “to suffer with,” but to the Greek word *splagchni ’zomai*: compassion that goes beyond mere sympathy or pity; being moved to the depth of one’s being; being moved to action; compassion that is not reserved only for one’s friends or fellow-believers, but is especially reserved for those who are

²⁵ John Paul II, *Evangelium vitae*, n. 87, referencing St. John Chrysostom, *In Matthaëum*, Hom. L, 3: PG 58, 508. Viewed at http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html.

²⁶ *Ibid.*, n. 47.

marginalized, most vulnerable, forgotten or abandoned in any way – whose suffering cries out for a response. Suffering can be especially unbearable if the person believes they will lose all control, or will be abandoned or left to languish, whether existentially or practically. Again, we read in the encyclical, *The Gospel of Life*:

In the sick person the sense of anguish, of severe discomfort, and even of desperation brought on by intense and prolonged suffering can be a decisive factor. Such a situation can threaten the already fragile equilibrium of an individual's personal and family life, with the result that, on the one hand, the sick person, despite the help of increasingly effective medical and social assistance, risks feeling overwhelmed by his or her own frailty; and on the other hand, those close to the sick person can be moved by an understandable even if *misplaced* [kind of] compassion.²⁷

Authentic compassion is the antidote to despair. As it says in John's Gospel (13:35): "This is how all will know that you are my disciples, if you have love for one another." John's account has Jesus speaking these words immediately after he washed his disciples' feet at the last supper, leaving them an example of what it means to love one another. This is what especially drew people to the Christian faith in its early centuries – not great preaching; not great miracles; not rational arguments or intricate philosophies or theologies; but seeing how Christians loved and cared not only for each other, but for the stranger, the forgotten, the abandoned.

Fourth, the healing ministry of Jesus is the work of restoration. By this, I mean to say that when we reach out to heal, to comfort and to care, even when there is no cure, we are restoring people to community – this is a constitutive feature of the Reign of God. Not only are *you* restoring people to community, but you form community among yourselves by the very activity in which you participate. You are *peacemakers*. You are restoring people to their relationship with God and to their relationship with their families, their loved ones, and their communities. In a real sense, you are helping to restore them to themselves. Sickness and death separate people. But they can also

²⁷ *Ibid.*, n. 15.

bring people together if, through that suffering and death, they experience your caring hands, your competent treatment, your compassionate care, your tender voice, your attentive listening – and so experience the love and compassion of God.

If we have great clarity around these ten constitutive features of Catholic health care, then our contribution to the field and practice of palliative care will truly be distinctive. Certainly, not all of these features will speak to people of every faith or spirituality. But the more we know who we are and what Tradition we represent and bring to the practice, the easier it will be for us to engage in *learning conversations* with both confidence and humility. If we truly believe in the inherent sacredness and dignity and destiny of every person we meet, and live according to the Golden Rule that forms the basis of every ethic of every major religion across the Globe, if we understand the vision of our founders on whose shoulders we stand, and if we embrace the awesome responsibility we have for continuing that vision, then we can be confident that palliative care *is* a hallmark of Catholic Health Care.

With that, I would like to leave with you again those remarkable words by St. Theresa of Avila, which aptly summarize everything that I would have wanted to say in this address and would urge us to consider once again:

Christ has no body but yours,
No hands, no feet on earth but yours,
Yours are the eyes with which he looks
Compassion on this world,
Yours are the feet with which he walks to do good,
Yours are the hands, with which he blesses all the world.
Yours are the hands, yours are the feet,
Yours are the eyes, you are his body...
Christ has no body now on earth but yours.

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