

August 1999

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Edmund D. Pellegrino

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Recommended Citation

Pellegrino, Edmund D. (1999) "Christ, Physician and Patient, The Model for Christian Healing," *The Linacre Quarterly*: Vol. 66: No. 3, Article 7.

Available at: <http://epublications.marquette.edu/lnq/vol66/iss3/7>

Christ, Physician and Patient, The Model for Christian Healing

by

Edmund D. Pellegrino, M.D.

The author has provided this text of the first Jerome Lejeune Memorial Lecture, which he delivered to the 19th World Congress of the International Federation of Catholic Medical Associations, September 11, 1998.

I am deeply appreciative of the great honor the Catholic Medical Society has conferred on me by its invitation to deliver the first Jerome Lejeune lecture. I cannot hope to do justice to the invitation or to the enormous contributions Dr. Lejeune made by his research and his life to the cause of human dignity as it is manifest in every stage of human life, from its first stirrings in the zygote to its natural ending in a good death. No physician in our time has more perfectly epitomized the Christian physician as scientist, healer, and man of faith than Dr. Lejeune. In his life and work, he has left us a heritage and a challenge to do likewise. Let us pray that all of us, in some measure, will emulate his example and witness. It is the only way we can effectively counter the "culture of death" which overshadows the most vulnerable of our fellow humans.

It seems most fitting to inaugurate a lecture series in Dr. Lejeune's honor within the context of this conference which is devoted to medical ethics, a subject to which he contributed so much. The problems with which Dr. Lejeune grappled are a foretaste of the most critical biomedical issues of the next millennium. Even today, it is obvious that the respect for life and the dignity of the human person taught in the Christian Gospels is

at odds with the directions in which secular bioethics and human biology would take us. Secular bioethics itself is little more than a quarter-century old. But it is already evident that the Catholic Christian moral tradition is the only counterforce creditable enough to offer viable alternatives to the dominant ethic of utility, uninhibited choice, and salvation through biology.

This fact imposes grave responsibilities upon all of us who are Christian and Catholic physicians to give witness in our lives and practice to what it means to be a Catholic physician. We must show by our actions what difference it makes. We have a duty to evangelize in the way Pope Paul VI said was the most efficacious, i.e., by living the message of the Gospels in our personal lives.¹

In the next century, this assuredly will require that we continue efforts like those of Dr. Lejeune to affirm human life against the cultural trend to abortion, euthanasia, assisted suicide, embryo research, fetal tissue transplantation, and a myriad of new possibilities unimaginable now which 21st century biology will present to us. Despite their enormous importance, I do not intend to speak today of the ethical issues arising in our expanding human capacity to control the beginning and ending of human life. These issues are well-known to this body. Indeed, you represent one of the few clear professional voices in defense of life's inviolable sanctity. Rather, I want to engage you for a few moments on another serious danger, namely, the erosion of the moral quality of the healing relationship, that is, of the physician-patient relationship.

This relationship is at the heart of professional ethics – not just medicine, but of all the health professions. It is for Christian clinicians, the place to which we are all called, to help and heal the sick, in body and spirit, as Jesus did. The way we conduct that relationship provides a sure test of our authenticity as Christian and Catholic healers. Indeed, if we are to be convincing in our defense of the sanctity of life, we will have to show loving respect for the dignity and suffering of the persons we treat daily. This is a ubiquitous, personal ethical challenge inherent in the bureaucratic, industrialized structures of today's medical care and practice.

In the next millennium, we shall find ourselves in an inescapable countercultural position. Many of our professional colleagues, some of them Catholic, and even some of our patients, say we need a "new" ethic for medicine. They find our traditional ethic "out-moded." They judge our insistence on the primacy of the individual patient to be antisocial and archaic. The focus of Christian ethics, therefore, which is on solicitude for the sick person is at odds with the growing move to a social, rather than an individual, ethic of medical care.

Against this background, I wish to examine the ethical obligations that will confront the Catholic Christian physician in the future in three

steps: First, I will sketch in the current deterioration of the physician-patient relationship, then I will contrast the current state of that relationship with what the Gospels require, and, finally, I will look at the practical implications for Christian physicians as we enter the third millennium.

I. Metamorphosis of Physician-Patient Relationships

Traditionally in both Hippocratic and Christian ethics, beneficence and the primacy of the welfare of the patient was the first ethical principle of professional commitment. Doctor and patient were bound to each other in a covenant of trust. All other professional duties flowed from fidelity to that trust. There were always some physicians who violated this trust. Such violations were, however, never given moral or legal legitimation. But that is precisely what is occurring today.

Without succumbing to romanticism about the past, certain deleterious metamorphoses in the physician-patient relationship are already clear. The forces driving these changes are well-known, e.g., our national economic obsession with cost containment and profit maximization, the commercialization and corporatization of all human services, the move to legalism and away from trust in human relationships, and uninhibited personal choice as the first principle of private and political life.

The impact of these forces has been to move the relationships of doctors, nurses, and patients from covenants of trust to legal contracts, from physician beneficence to absolute patient autonomy, from special concern for the poor and socially disadvantaged to moral indifference, from profession to occupation, from altruism to self-interest, from a patient's right to refuse treatment to a right to dictate its details.

Nothing better reveals the reality of these changes than the metaphors now used in discourse about health care: Physicians are labeled as "providers," "stakeholders," "gatekeepers," "case managers," or "investors." Patients become "consumers," "customers," "insurees," or "clients." Health care institutions have become "corporations," units of "industry," or "investment opportunities." All speak of "competitive edge," "market share," "product lines," and "customer satisfaction." As a result, medical care is a "commodity," and doctors speak freely of unionization on the one hand, and, on the other, of combining roles of healer, owner of the insurance plan, and investor, simultaneously.

Unchallenged metaphors like these have always proven more powerful than ethical argument. Repeated often enough, they soon come to dictate behavior. They attain a self-justifying power which legitimates the domination of health care by the market ethos. How much further these

changes will go is uncertain. But they have already profoundly altered the way sick persons relate to those who profess to help them.

II. Christian Healing Relationships

The disjunction between these models and the traditional models of physician-patient relationships even in their secular versions is great. Their profound contrast with healing as depicted in the Gospels is extreme.

The Christian perception of healing is based in two powerful images: one image is that of *Christus Medicus*, Christ the Healer, whose ministry on earth was filled with instances of the healing of the bodies and souls of those he encountered; the other image is that of *Christus Patiens*, Christ the Patient, the one who knew suffering as no other person could or would. Jesus healed as an act of love for the sufferer and out of compassion. He felt an identity between His own suffering with the suffering of those He healed. Jesus was simultaneously Isaiah's suffering servant and healing servant. He was Elijah of the Talmud binding his own wounds at the city gate so as to be ready to bind those of others who might need him. He was the God who was the Source of the physician's power (Sirach 38).

Christ's healing ministry transformed medicine forever from an occupation to a vocation, to a call to serve God and our neighbors. Healing could never be primarily a way to make a living. Christianity also removed the odium the pagans attached to the sick. Christian healing is centered on respect for the human sufferer who, by his sufferings, shares in Christ's suffering. It accords preferential status to the sick. To heal our neighbor is to heal Christ as well. It is to help the patient carry his cross in the footsteps of his Savior.

These two images of Christ as patient and doctor, His presence in the sufferings of our fellow humans have inspired Christian healing for two millennia. They are at the source of religious orders, hospitals, and medical schools under Catholic auspices. They provide the impetus for the entire Catholic health care apostolate. The Christian ministry of health care could hardly be more divergent from the current depictions of healing as a business, an opportunity to make a profit, or a corporate enterprise.

III. Practical Implications of the Christian Ethic

The Christian images of healing carry practical ethical implications which contradict the ethos and trend of physician-patient relationships today. The challenge to Christian physicians in the next millennium is to protect and retrieve the Christian image of healing. This must begin in the

physician's own personal behaviors. To counter the distortions the marketplace is producing in the care of the sick requires the physician's personal fidelity to an image as powerful and full of grace as the images of Christ the Healer and Christ the Sufferer.

What concrete differences does the Catholic Christian perspective on healing make in the lives of patients and health care professionals?

To begin with, certain models of the relationship between health professionals and patients will be more acceptable than others; some will be totally unacceptable. A Christ-inspired relationship, for example, could never be encompassed within a contract. Contracts are legalistic, protective agreements between people who do not trust each other. They minimize both trust and commitment. They are not valid when either party is under compulsion to enter the contract as is the patient, who is by the nature of being ill vulnerable, anxious, dependent and exploitable.

From the practical point of view, how could a contract for care be written? There is no way a patient can anticipate all the potential clinical hazards which he might wish to guard against. Indeed, a strict binding contract could hamper the doctor's clinical decision-making to such a degree as to be counterproductive and dangerous.

One might opt for a social contract theory which differs from the usual business or legal contract. Thus, the physician-patient relationship may be conceived within a framework of societal agreement on a certain basic set of principles defining the relationship. But then we encounter the fact that some societies are morally sound, some are not, and some are downright pathological. One would not want a physician-patient relationship based in the social contract of German National Socialism any more than one based in a contract with one's for-profit, doctor-owned hospital.

A Christian healing relationship could never be based in any of today market-inspired models, which involve a commodity transaction with the physician as entrepreneur, case manager, fundholder or rationer. Healing within the Christian context is inconsistent with profit-driven care, trading of patients as assets or liabilities in mergers, or with "cherry-picking," *i.e.*, the de-selection or dropping of really sick patients in favor of the healthy more profitable young premium payer.

Nor could the healing relationship be like that of the mechanic to one's automobile, or of the biologist to his subject of study, or of the technician to her machinery. The only model consistent with a Christian ethic is the covenantal model. A covenant is a special relationship, a sacred promise and trust between one who is ill and in need of help and one who offers himself or herself as a healer. The Christian healer – and indeed any true healer – is one who is committed primarily to the welfare of the sick

person rather than to his own. Suppression of self-interest is the mark of a true profession and especially of a Christian professional.²

A second practical consequence of a Christian healing imperative is that healing is a vocation, a call from God to imitate Jesus' solicitude and his examples of healing. Healing can never be solely an occupation, a way of making a living, a career, the pursuit of power, prestige, or profit. Rather, healing is a call to a station in life, to a way to our own salvation and the salvation and a help in the salvation of those whom we treat.

A third consequence is the way the Christian perspective transforms the well-known principles of medical ethics. Each principle is transmuted by charity, the first ordering Christian theological virtue.³ On this view, beneficence would be more than non-maleficence, and more than avoiding harm or even simply doing good. Christian beneficence means doing good out of love for the person in need of help, even when it means sacrifice of self-interest. A Christian view of autonomy focuses on respect for persons and their dignity as creatures. It cannot be absolute freedom or license to do with our lives whatever we please as a secular bioethicist might argue. Respect for persons embraces self-governing decision-making. But our freedom as creatures of God is always within the constraints of ethical and moral determinants derived from Scripture, tradition, Church teaching, and the study of ethics.

Justice, on the Christian view, becomes charitable justice – justice, as has been said, with the “blindfold” removed – *i.e.*, justice modulated by love, not strictly weighed, but justice favoring the disadvantaged whenever possible. It is not justice based on merit, social contribution, or position in society. The Roman Catholic Church's official position is one of a “preferential option” for the poor. In health policy, justice also means equity in distribution of essential services regardless of ability to pay. It entails universal accessibility to health care without discrimination. On this view, health care becomes an obligation of the whole Christian community because charitable justice recognizes a moral claim on all of us by the sick, disabled, poor, and rejected members of our society. Pro bono work for the poor is an obligation in charity for the Christian doctor – not an elective option.

The Christian physician's technical knowledge and skill could never be proprietary. Physicians are stewards of medical knowledge because others need that knowledge to flourish as humans. Physicians are accorded the privileges of a medical education and lifelong access to medical knowledge to help their patients – not to increase their profits. Christian social justice also imposes a duty of advocacy for the poor who lack health care. Collective political action to influence policy makers on behalf of the disadvantaged and to support social institutions that make

charitable care possible becomes a communal and professional obligation. Charitable justice may also require refusal to obey unjust laws or practices that harm sick persons.

The whole Christian community therefore stands indicted when any of its members lacks access to health care. Health care is not a privilege but an obligation a Christian and a good society owes its citizens. To be sure, each of us is called to care for his or her own health. But when our fellow humans fail in this obligation, we must nevertheless respond to their needs. There is no room for vindictiveness or denying care in retribution for those who fail in stewardship of their own health.

A society loses moral status in relation to the amount of suffering and deprivation it tolerates in its citizens. There is today – at a time when our affluence as a nation is at its height – a startling disparity in access to medical and health care. Christians have an obligation to work for alleviation of this disparity. More explicitly, Christians must be prepared themselves to make the sacrifices necessary for a just distribution of health care. Otherwise the example of Jesus' healing ministry will be little more than a myth without meaning for our individual daily lives.

On a Christian view of healing, divided loyalty, the appeal to the physician's self-interests through financial incentives, deceptive advertising, and secret contractual arrangements are morally intolerable. Members of the Christian community who profit from the plight of sick persons as investors, managers, or executives of managed care organizations should examine their consciences. Practices at the moral margins, like ownership of for-profit health care facilities, equipment, or laboratories are equally suspect. Physicians who see patients, or make rounds with Mammon as their preceptor, hardly qualify as Christ-inspired healers. Needless to say, unionization per se is not illicit, but any strike by physicians would be intolerable since it would endanger patient care to achieve personal advantage for health care providers.

Clearly, too, Christ-inspired healing would recognize the responsibility of health professionals who reject euthanasia and assisted suicide to become expert in palliative care. To heal while someone is dying and suffering is an awesome responsibility. We must treat the sufferer without glorifying suffering. This entails some diagnosis of why *this* patient is suffering, and entering the unique experience of his or her illness. Dying patients are not interested in a general explanation of suffering. Suffering arises in a complex interaction between a variety of causes – feelings of guilt, unworthiness, rejection and alienation by (and from) the well, by being a financial, emotional, and physical burden to others, feeling guilty by spending one's estate on futile treatment. To this are added the immediacy of one's finitude, hostility to God, and the sense of being

unjustly punished which can be found even in usually devout patients. Those factors interact in each person in combinations unique to her life story.

If we are to heal suffering, it is our obligation to discern and differentiate these causes of suffering in *this* patient, to unravel the interplay of those complex factors, and to relieve them by providing the emotional, communal, and familial support that healing wounded humanity so acutely demands. It is especially important to recognize the spiritual crisis in the suffering patient and assure that pastoral care is offered and available.

This is not the place to expand on the responsibilities of Catholic Christian health professionals to assist in a "good death." This is a subject of its own which attends to the spiritual destiny of human beings.

We can help each patient to understand the sources of his or her suffering and try compassionately to remove them. Our task is to heal within the spiritual ambience suited to *this* patient, here and now. True healing is to "make whole again" in the fullest sense. It is possible to heal even when the end of earthly life is unavoidable and imminent.

Conclusion

No one can discern the range, depth, or complexity of the ethical challenges of the next century, much less the next millennium. For the years immediately ahead, we can predict the increasing secularization of medical ethics and, therefore, a growing gap between secular and Christian ethics.

This gap has been most evident in our century in the so-called "human life" issues – abortion, euthanasia, embryo research, assisted suicide, etc. The obligation of Catholic and other Christian physicians to protect the sanctity of all human life will continue, grow, and become more difficult.

In addition, there is now an additional gap developing between secular and Christian conceptions in another realm, *i.e.*, the physician-patient, or healing, relationship. The deterioration of the traditional ethical models of that relationship is already well advanced. The metamorphoses already evident are in stark contrast with the Christian view of healing inspired by the images of Christ as doctor and as sufferer.

Catholic Christian physicians have an as-yet insufficiently recognized obligation to protect, restore, and deepen the human and humane qualities of healing. Respect for the sanctity of life and humane treatment of those who are ill go hand in hand. To effect this convergence is the central task of Christian medical ethics in the years ahead. It is a

project that Dr. Lejeune most surely would applaud. We will surely miss the leadership he would have provided to make medical care in the next millennium truly a Christian healing apostolate.

References

1. Pope Paul VI, *Apostolic Exhortation: Evengelii Nuntaindi* (London: Catholic Truth Society, 1976).
2. Edmund D. Pellegrino and David C. Thomasma, *For the Patient's Good: The Restoration of Beneficence in Health Care* (Oxford: Oxford University Press, 1987).