

May 1980

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### Recommended Citation

Burghardt, Walter J. (1980) "Who Cares? The Christian Mission to the Sick," *The Linacre Quarterly*: Vol. 47: No. 2, Article 9.  
Available at: <http://epublications.marquette.edu/lnq/vol47/iss2/9>

# Who Cares?

## The Christian Mission to the Sick

Walter J. Burghardt, S.J.

*Father Burghardt is theologian-in-residence at Georgetown University, and the editor of Theological Studies. This article reproduces an address sponsored by the Catholic Physicians' Guild, Phoenix, Arizona, and is substantially the same address which Father gave earlier at St. Mary's Medical Center, Evansville, Indiana, as the Thomas F. Ryan Memorial Lecture, 1979.*



Who cares? Obviously *you* do. Otherwise you would not be in the professions that engage you; you would not have invited a wise man from the East to spoil your digestion. So you do care. The problem is not the sheer fact; it is a question of understanding, of depth. My task is to deepen your awareness of the apostolate that engages you, put flesh on the skeleton that is called caring.

How deepen your understanding? By bringing theology to bear on the work you do. Theology is my "thing"; and I suspect that one of the reasons I was asked to speak here is because I am a theologian. Theology is precisely an effort at understanding — understanding what it means to believe and hope and love; what it means to say "Jesus is Lord"; what it means to be alive; yes, what it means to die. Not the final answers — only the human mind's effort, in the light of faith and with God's grace, to come a little closer to the truth that ultimately is God Himself.

One word of caution. I am indeed a member of the papal International Theological Commission. But what I bring you is not a decree from Rome, not an infallible statement. I believe the theology is defensible, but all theology is necessarily a reflection of the theologian himself. And the best of Burghardt is not necessarily the cream of Catholicism!

I have a prologue, a central drama, and an epilogue. The prologue will set the stage for the central drama, for the theology. That theology will focus on the Christian mission to the sick. The epilogue will return us to earth, to see what you might do with my theology, how bring it into your lives. Another way of dividing what I have to say: I shall move from the patient to the theology to you.

## I

In the 60's, something unforgettable took place in a Phoenix hospital. A 16-year-old girl lay close to death. She knew she was going to die in a matter of days. A day or so before she died, a dear friend, a priest, came into her hospital room. It was the last time he would see her. He was dreadfully distressed, and the pain was there on his face for all to see. Janet looked up into his anguished eyes, and very simply said, "Father, don't be afraid. . . . Don't . . . be . . . afraid."

My brothers and sisters in Christ: your Christian mission in medicine has to do with people who are afraid. From the cavity in a tooth to the cancer in a breast, people who come to you are afraid. And there are at least three good reasons why they are afraid — why *I* am afraid. I am afraid because it may hurt; I am afraid because I am alone; I am afraid because I may die. Any one, or all three.

1) I am afraid because it may hurt — or already does. Pain is inseparable from human existence: agony of body and anguish of spirit. Most of it I bear without you. But there are moments or months when you are intimately part of my hurt. I come to you because I have to, or because I trust you. But even when I trust you, I hurt, and I am afraid you may add to my hurt. You may lay bare the flesh that festers or the self I do not want to face.

2) I am afraid because I am alone. There is something chillingly lonely about sickness. I am brought face to face with myself, my helplessness, my insufficiency. That body or mind which, when well, others reached out to, that same body or mind, when broken, others are ill at ease with. I am set apart. And there is something chillingly lonely about a hospital. There are indeed warm bodies around, a swarm of personnel, but I almost lose my identity, my singularity, my uniqueness as a person. I become a room number, a disease, a blood type, a wrist tag. Many years ago, I counted the people who entered my hospital room, beginning with the new-linens dropper at 6 a.m. I stopped counting at 5:30; there had been 29, and I knew . . . none. I was chillingly lonely.

3) I am afraid because I may die. In all genuine illness I face to some extent the ultimate mystery: death. And I do not want to die. Because I love life, this life; because there is so much life right here,

now, in me and in you. Or because there are very few persons who do not, at some time, share the agonizing concern of a dear friend who died two years ago. Mother of three, she had fought Hodgkin's disease for 14 years through every debilitating treatment, every promising experiment known to medical science — fought it with a faith in man and God that brought tears to my eyes. A cure would be found; if not, God would work His wonders in her. But man failed, and God did not intervene. Not long before her death, she phoned me, after hearing a highly questionable homily on the problems of resurrection — phoned to ask in heartsick accents: "What will happen when I die? Will I, will this body of mine really come alive?"

When I come to you, I come afraid, and in my heart is a fearful cry: Is anyone listening? Does anyone care?

## II

It is in this context of profound human fears that I want to probe the Christian mission to the sick. The primary thrust of the Church, therefore the primary thrust of every Christian, is summed up in the impassioned confession of St. Paul to the Christians of Corinth: "I will most gladly spend and be spent for you" (2 Cor. 12:15). Like the Church, each Christian is on mission, and the mission is service. This is basic Christianity, but it raises a critical question. What has the Church's service to do with sickness? Why precisely as a Christian, are you concerned with the sick? It is splendidly *human* of you, but what is so specially *Christian* about it?

The problem is not artificial. It forces us to confront two contrasting convictions of what the Church is all about. The first of these convictions is consecrated in an expression that has dominated Catholic thinking and writing for centuries: the mission of the Church is to "save souls." And your immediate, primary function as an individual believer is to save *your* soul. The Church is indeed a community of service; the service is salvation; and what is saved, in the first instance, is your soul.

This conviction should not be caricatured. There have always been Christians for whom "soul" was simply a synonym for the person with the accent on his or her spiritual nature. And you could never lay serious claim to orthodoxy if your mind put no meaning to the syllables that fall ceaselessly from your lips: "I believe in the resurrection of the body."

Still, this vision of salvation reflects the traditional dichotomy of soul and body in which the soul is all-important, the body is subordinate. At its worst it reflects a popular misconception among Christians. For some the human body is nothing but an instrument, a tool of the soul. For others the body is a burden from which the soul cries

for release. Such attitudes pay slender homage to God, fail to recognize that the body is an essential part of me, that without the body I am a creature incomplete, that, whether in heaven or purgatory or hell, a separated soul, as Jean Mouroux phrased it, "still longs for its body with a purely natural impulse of love."

The point is, the body too yearns for redemption, to be ransomed from its slavery (cf. Rom. 8:23), to come alive through the Spirit of God. This redemption, begun on earth when man's body is absorbed into the Body of Christ and ceases to be a "body of death" (Rom. 7:24), will find its consummation in the glory to come — not merely in the soul's vision of God but in the transfiguration of the body, when the whole material world will share in the perfection of redemption, and there will be "a new heaven and a new earth" (Rev. 21:1).

All well and good; yet this could be a deceptive theology, particularly misleading for the health apostolate. If the Church's task is not simply to save the soul, neither is its mission to save soul *and* body. What the Church is all about (and this is the more nuanced Catholic conviction) is the human person; and the human person is an incredible oneness. Oh yes, you can be thought about as body and soul, flesh and spirit; for you are a fascinating wedding of material and immaterial, of what we can see-hear-touch-taste-smell and what escapes the most sensitive of senses and instruments. And still, the real, pulsating life you live is never one *or* the other. Aquinas at the acme of abstraction and Teresa ravished to ecstasy by a rose, Saul lusting for the blood of Christians and Augustine lusting for love in semi-pagan Carthage — none of them is disembodied soul or spiritless flesh. It is always and inescapably a man or a woman who is born and dies, who loves or hates, who gives life or takes it, laughs or cries, dances in sheer delight or winces in unbearable pain.

Precisely here I begin to touch realistically that critical question: What has the Church's service to do with sickness? Until not long ago I would have answered: "Why, it's all rather obvious. In laying on your healing hands, in creating a situation in which other hands can heal, you are touching something sacred: the human body, a part of the person, the material aspect of human existence. This flesh, like spirit itself, was touched by the cross; it can be stirred to its depths by sin and grace; it yearns passionately for its ultimate liberation, for life with God and without end. It is the temple of the Spirit. Handle not only with care but with reverence and love."

I do not retract all this, but I say it is inadequate. Sickness is an ecclesial apostolate not because you are in contact with a part of the human person (ravaged body or ignorant spirit), not because you are demolishing the physical and psychosomatic barriers that keep a man or woman from touching God. Your apostolate is ecclesial because what you touch is a person, man- or woman-in-process-of-redemption. In pain and torment, in all the human bondage that falls under sick-

ness, you rarely if ever touch only the body, or only the spirit, or only an inhuman barrier. You touch a living person working out his or her redemption.

In sickness you touch not a man *with* melanoma, not a woman *with* scarred uterus. The whole package is one man, and the whole package is one woman. *He* is sick, not his chest; and *she* is sick, not her womb. That is why the medical response must be a human response, a rare welding of hand and heart, of professional skill and a warm compassion born of profound understanding. What I mean was expressed eloquently some years ago in a *Life* magazine article (Oct. 12, 1959):

Of all human acts, few can match the quiet splendor of the moment when the pale and tremulous fingers of a sick person are grasped in the firm, reassuring hands of a compassionate physician. This simple act, mutely promising that all the powers of modern science will be unsparingly invoked to restore health, is among the finest deeds of humankind. It is more than ritual. When pain and fear make a sick person feel that all is lost, the laying-on of healing hands brings solace and hope. Its strength can even turn the tide of illness and amplify the curative effect of the strongest wonder drug. It remains today, as it has always been, man's oldest medical miracle.

But for the health apostolate this is not enough. I dare not constrict the theology of sickness to psychology alone, to therapy, to "the milk of human kindness." The specifically Christian dimension is that you are touching a human person in process of redemption. Every listing in the massive encyclopedia of sickness, from the schizophrenia that disintegrates a total personality, through the cardiac insufficiencies and the intestinal diverticula, down to the acne on an adolescent's cheek, is intimate to a person. A disease is not something objective, outside of me; it is part of me, it is I, for a time or terminally — as really and existentially part of me as is my hand or my hearing, my faith and my fears, my loves and my deepest yearnings. No matter what my explicit belief or unbelief, in illness I work out my destiny as a person: I grow or I diminish, I spend and am spent selflessly for others or selfishly for myself; yes, I live or I die. And if I am a Christian, sickness (like gladness) should be my share in the life of Christ, my role in salvation history, my way of realizing a relationship of love with God and with God's images on earth; and I simply cannot divorce this religious movement from what disease does to me as a man. If disease diminishes *me*, it diminishes my Christianness. If sickness strengthens *me*, I take a giant step (or many small steps) toward my salvation. The equation is as simple as it is profound: sickness = I, and I am a person in process — in process of redemption.

Of course, in all genuine illness, I face to some extent the ultimate mystery: death — that singular and solitary event which gives meaning to all that has gone before. For a Christian, death dare not be an episode I undergo; it must be an act I personally perform. If that is true, if the ultimate death is not sheer resignation but a yes, an "I do," then

each partial death, each movement towards the decisive death, should be itself a yes, an "I do." Not fatalism; not a refusal to be healed; rather the Christian realization that *all* our Gethsemanes make sense only if they prefigure a final cross, only if at *every* stage of our tortured pilgrimage we can murmur "Into thy hands I commend my spirit."

### III

My epilogue touches theology to you. How can a theology of health care become an apostolate of caring? Four pertinent, or impertinent, suggestions. I take for granted your professional *competence*. Care without competence can be perilous. Avoid the caring Samaritan who comes across a man with a broken back, and out of love lays him across his Honda and speeds him to a hospital. Given your competence, what do I urge on you?

1) *Compassion*. For caring, compassion is beyond compare. You see, for a Christian approach to the sick, it is not enough to be competent. It is not even enough to know Burghardt's theology of suffering (hard to believe, but it's not enough). What is indispensable is that you feel, feel with, suffer with: "com-passion."

Some men and women come by it more naturally than others. I recall vividly a funeral parlor in New York. A woman had died, and I wanted to pay my respects to her, express my sympathy to her husband. Not knowing what to say, I mumbled a stilted phrase, turned quickly to kneel at the coffin. At that moment another priest arrived — a burly, ruddy man whose life seemed totally taken up with begging from those who had and giving to those who had not. He strode tall and straight to the sorrowing husband, put an arm around the man's shoulders, and said with inimitable conviction: "Old man, God I'm sorry." The gentleman told me afterwards: "When Father Delihant said that, it was just as if the heavens had opened." Those strong arms, the tears in his eyes, the simple words on his lips revealed his own hurt. He cared, and that caring carried with it comfort, strength, peace.

I am not asking surgeons to shake as they cut; malpractice suits would multiply. I *am* asking you to give to those who are afraid not only your skill but also your love. I am asking you not to be afraid of your feelings, not to eschew emotion. I am asking you to image the Christ Who constantly reached out to touch those whom He would heal. A dead 12-year-old girl (Mk. 5:41), Peter's fevered mother-in-law (Mt. 8:15), a leper (Mt. 8:3), a blind man (Mt. 10:29-30), a deaf man with a speech defect (Mk. 7:33), an epileptic boy (Mk. 9:27), a woman bent over for 18 years (Lk. 13:13) — these and so many more He touched. Children He not only blessed; He "took them in His arms" (Mk. 10:16). And He let others touch Him: the sick (Mt. 14:36),

the crowds (Lk. 6:19), a sinful woman (Lk. 8:38), Mary Magdalene after the Resurrection (Jn. 20:17). He even invited Thomas to touch His wounds (Jn. 20:27). His tears and His touch were as much part of His healing presence, His redemptive action, as His words and His prayers.

I am asking you to realize how much healing there is in your hands even when no healing instrument lies within them.

2) *Prayerfulness*. I do not mean simply that you whisper a prayer for or with your patients. That much is good, but it is not enough. More importantly, you must be men and women of prayer, deeply spiritual. For without a profound inner spirituality, your apostolate will be doubly dangerous, perilous to your people. For you are dealing with a whole person working out his or her salvation — working out salvation before your eyes, under your hands. And so your work is not x-number of acts you posit, a diagnosis, a prescription, an incision. You are involved in a relationship, an interpersonal relationship, a relationship with a unique, unrepeatable man or woman groping (at times unknowingly) towards God. It will help immeasurably if you have experienced God yourself, if you know Him and love Him.

I suppose you must realize how your patients hang on your every word (far more than on my homilies), interpret what you say (far more carefully than they interpret Scripture), search your eyes for signs. In those moments you are like God to them — and it can, I suspect, be a burden and a bother. But it is a burden inseparable from your apostolate, and in those moments it is often not so much what you say as how you say it that affects a human life. The lowest point, the bottomless pit, of *my* existence is when I find myself mouthing clichés — about God, about love, about life and death, about resurrection. What I say is true enough, but it has lost its meaning for me; I don't really believe it. That happens when I have ceased to pray. It can happen in medicine, too, and it is not impertinent to your practice. I have but one prescription for robots, for automatons: pray. (Incidentally, the prescription can be refilled.)

3) *Hope*. The task in which you are engaged can be very frustrating. It can make you pessimistic about human living. It will be even more frustrating, more discouraging, if you rely on yourself, your skill, on the native charm of your personality. These are indeed important. But the reason why we have hope in any apostolate is that it is God Who works through us. Even in the most frustrating, heartbreaking situations, there is always hope, precisely because it does not all depend on me. Oh yes, I'm in it, and in so intimate a way that at times it frightens me. And still it is true, God works through me, through you. And the ultimate miracle of His grace is not a medical cure; the decisive miracle is inner peace. And inner peace is a gift — a gift of God — channeled at times through a doctor who cares.

4) *Joy*. I don't mean that you laugh your way through a hospital



ward. The joy I have in mind is a deep Christian peace that emanates from a man or woman who has compassion, who prays, who gives off hope. What should come through from you is that life itself is a joy, and suffering life can be profound joy because it is a special sharing in the passion of Christ. It is the witness — the sacrament, therefore — of a person who joys in life, and one in pain gets the impression that you would joy in living even if you had his or her neuritis or neurosis, colitis or melanoma. If this comes through, then I would say you are equipped for an apostolate for which we from the outside envy you and for which so many of us are incredibly grateful.

A final word, to end where we began. The heart of the matter is this: in your Christian mission to the sick, Christ comes to you in a special way. The Christ Who once came in flesh, the flesh He took from Mary, comes to you again in flesh, the flesh of the frightened, the flesh that is trembling with fear. In your life, with your commitment, Christ will come to you in frightened flesh, or He may not really come to you at all.

This is not pious poetry, Jesuit exaggeration. It was Christ Himself Who told us how He will ultimately judge our Christianness. On the last day He will say to the just: "I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." And the just will be puzzled. "Lord, when did we see you hungry and feed you, or thirsty and give you drink? When did we see you a stranger and welcome you, or naked and clothe you? When did we see you sick or in prison and visit you?" And the Lord will respond: "I tell you, as long as you did it to one of these, as long as you did it to the least of my brothers and sisters, you did it to Me" (Mt. 25:35-40).

You know, you are incredibly fortunate. You have a ceaseless Christmas. Christ comes to you every day, dozens of times a day. He comes to you afraid. Afraid because he hurts: "My soul is sorrowful, even to death" (Mt. 26:38). Afraid because he is alone: "My God, my God, why have you forsaken me?" (Mt. 27:46). Afraid because he may die: "If it be possible, let this cup pass from me" (Mt. 26:39).

Christ comes to you, as fearful as when He sweated blood in Gethsemane. You can address yourself with professional skill to a lethal growth or a gangrenous limb, to an untamed colon or a run-away psyche — and you will do well. Or you can address yourself to a person, address yourself to Christ in Gethsemane. It's dreadfully difficult, for time is your enemy, and a crucified Christ can be repulsive, can turn you off. But there Christ is, and there is no other way of being Christian than to reach out to his fears — honestly yes, but with infinite compassion. To cast out *all* his fear is rarely possible; after all, it calls for *perfect* love. But each one of you can touch the love that you have to his fear. It is not so much a matter of words, of reaching

out with rhetoric; it is *you* Christ needs — your willingness to give not simply what you have but who you are.

The paradox of such love is this: in reaching out to Christ, to Christ afraid, you play a Christ-role yourself, you become Christ-like, the healing Christ. And in this way you realize the profound purpose of Christian community: Christ touches Christ in love. And it may well be that in the touching your own fears will be touched. Through this fearful Christ whom you touch in love, *you* may come to a more profound peace with God, within yourself, with other human persons. Someone may say to *you* from a hospital bed: "Don't be afraid."



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