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Christian Perfection and The Catholic Doctor

Gregory Rocco, O.P.

To some, this article may appear to be out of place in a medical journal, for it does not speak to any particular medical problem or situation. It speaks to a more general theme, to one that underlies every discussion of the ethical factors involved in medical matters, and which has in recent times, I think, been too little emphasized. I am referring to the relationship between medical practice and Christian perfection. I do not intend, with this topic, to discuss how a Catholic doctor should practice medicine ethically, or how Christian ethics either supports or does not support modern medical practice. These are indeed weighty and interesting topics, but the scope of this short article is much more limited, and yet so important, I believe, for concrete situations. I write this article mainly as a plea for Catholic doctors to be more than just doctors, or perhaps I should say, as a plea for Catholic doctors to be physicians in the fullest sense of that word.

Moral Dilemma

Every ethicist and doctor sooner or later comes to the realization that Catholic ethical teaching frequently demands much sacrifice and suffering, especially in medical matters. Not only in extraordinary situations where there are grave conflicts of particular goods, but even in daily living, Catholic ethical teaching requires in practice some discomfort, pain, and mortification. Every Catholic faces this element of suffering in his moral life, especially those who suffer from physical or emotional diseases, either short or long-term. Sometimes, together with his patient, the Catholic doctor faces a certain dilemma, in which a choice must be made between suffering (or lack of pleasure) and sin. Today, gynecologists and obstetricians very often confront these

dilemmas. Sometimes, in extraordinary situations, the choice is between extreme suffering and sin; in more ordinary situations, the choice is between moderate suffering (or lack of pleasure) and sin. At times, it seems, there is no alternative but to suffer or sin. What is the Catholic physician to do? There are, I believe, three main groups to which Catholic ethicists and doctors belong when they try to answer that question. This division may appear too simplistic, but without going into much detail, I think it is true to what actually happens in the evolution of moral decisions.

Those in the first group do not admit the existence of such dilemmas as mentioned above, and this may happen for many reasons. Some may deny outright that there is ever a situation in which the only way to avoid suffering is to sin. Some may, on principle, deny the possibility of determining moral absolutes; they speak of moral generalizations, to which exceptions are readily granted. Some may grant moral absolutes, but, for a variety of reasons, believe that certain situations fall outside the ambit of the moral principle's extension. In every case, the moral dilemma no longer exists, for a supposed moral alternative has been found, so that there are now three alternatives: sin, suffering, and a new, moral solution. Although I do not agree with those who say there is *always* a third alternative to sin or suffering, I do not want to argue the point here. However, I do believe that a misconception of the place of suffering

in our lives and an over-estimation of its evil, is the *main* reason why so many in this group always seek that elusive third alternative. Most people do not love sin in itself, but many people think that suffering is the greatest evil possible, and will go to great lengths to eliminate any physical or emotional suffering.

Those in the second group admit moral absolutes and thus also acknowledge the dilemma. They do not think that suffering is the greatest evil, and they do not choose the sinful alternative, nor do they find another alternative which may really be sinful, and then call it moral. In a word, they realize that suffering must be endured. However, although they hold fast to moral laws, they do so in a manner which does not give their patients sufficient courage to bear the heavy burden of extreme or prolonged suffering. In so doing, they hold to the letter of the law, but the life-giving spirit is forgotten, so that the burden becomes really too grievous to support. At this point, the doctor may try to find that third alternative, and thus become a member of group one, or both doctor and patient may somehow find strength to bear the hardship of suffering, but not in a way which is full of love and greatness of spirit, but rather, with a narrow and complaining attitude, maybe even with rancor and malediction. All this happens, because they do not know how to bear suffering graciously.

Those in group three, however, both understand suffering and possess the power to endure, even

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to rejoice in it. They understand suffering, for they see it as a means of growing in the love of God, as a way of being configured with Christ in His death, so as also to be configured with Him in His resurrected life. They also know how to bear suffering graciously and even to rejoice in it, for they understand and realize the importance of grace, the sacraments, prayer, the virtues, and the gifts of the Holy Spirit. I am speaking now of the Catholic doctor, who is both Catholic and doctor. Those in group three realize the physician's task: to heal the body, and in some cases, the emotions and mind. They do everything in their power to promote this health, but never at the expense of the soul, i.e., never by exposing the soul to sin or to imprudent and extreme measures which may lead to sin. They realize that, in ordinary situations, when they heal their patient and stop his suffering, they are doing God's will. But they also understand that when the dilemma is faced, they must choose the side of suffering. In this instance, God's will is that the patient should suffer, and that they themselves should help the patient to suffer well, using either medical or moral means to accomplish this goal. For the remainder of this article, I shall treat in more detail these positions of group three. First, I will look at suffering and its place in a Christian's life. Second, I will look at how suffering can be supernaturalized. Third, to answer the objection of those who do not think it is a doctor's business to concern himself with anything but test tubes

and microscopes, I will show how the doctor can greatly aid the patient in furthering his patient's holiness, and in so doing, also his own.

The Joy And Pain of Suffering

During His earthly life, our Lord's one intention was to give glory to His Father, and He wished us to share in His gift of Himself to the Father. In order that we might give great glory to the Father, He gave us the commandment to become perfect as the Father, for giving glory is nothing other than understanding and praising the good of another, and striving to imitate in oneself whatever is praised in the other. And so, the best way to give glory to God is to become perfect oneself, and the way to become perfect is to love God for Himself and to love everything else for the sake of God. For love goes out to the beloved, and the lover becomes united with and transformed into the beloved, and seeks to be like the beloved in all things. For this reason, Christ exhorts us never to sin, and tells us that the mark of love for God is to keep the commandments of God. For sin destroys the love of God, by placing love of self before love of God, and thus disrupts the basic harmony that should exist between a creature and its Creator. Sin is the first evil, the worst kind of spiritual suffering, and the cause of every other suffering.

The physical or emotional suffering a doctor encounters, then, is not the worst kind of suffering. Our Lord said: "Do not sin," not

"do not suffer," for sin is the *only* kind of suffering which destroys our harmony with God in love, and so only sin is forbidden by Christ. Sin *must* be avoided; suffering *may* be avoided, but we are not *commanded* to avoid it. However, physical or emotional suffering should never be avoided at the expense of committing that worst evil which is sin. One of the main reasons why doctors and ethicists remain in group one is because they see the evil of physical and emotional suffering as worse than the evil of sin.

Going even further, we can say more than that suffering is merely something to be endured without sinning. This is only a bare minimum. Suffering is closely tied to that love of God which gives glory to the Father. Indeed, charity is possible without suffering, and thus in itself, suffering is not necessary for the glory of God. But as it is, God chose to redeem us through the excruciating suffering of His Son; and so, in order to conform ourselves to the Son, we too must suffer. In addition, physical suffering procures great goods for two types of people. For generous people who already love God greatly, suffering dilates and expands their souls, and evokes from them an even greater act of love for God, an act which they might never have made if God had not sent them the suffering. For these people, love and sacrifice, love and suffering, are but two sides of the same coin; one proves the other. For more selfish persons, those who love cre-

ated good inordinately, suffering is actually a magnificent mercy from God, for it draws their love away from the creature and begins to focus it on God. The man who suffers a chronic illness or some painful disease is not likely to put his treasure in bodily health. In all cases, physical and emotional suffering is only evil on the surface, but wonderful benefits lie just underneath, waiting to be tapped by the one who suffers.

Whereas those in group one do not understand the nature of suffering, those in group two do not know how to supernaturalize suffering, to endure it graciously, even though they understand in some limited manner that it must be endured by the Christian. In this respect, those in group two are still, in Saint Paul's words, under the law of sin and suffering, for they know the law, and yet are not able to fulfill it graciously and with liberality of spirit. Lacking an insight into grace, those in group two do not bear suffering as well as they might, (and also are in danger of falling back into group one), for they do not supernaturalize suffering, something only grace can do. However, those in group three realize the importance of grace, and how it enables one to suffer with love, for grace permits us to see all things from God's point of view, where all is love and joy. Only in God's sight can suffering be seen as something good, even to be embraced; but from an earthly view suffering is only evil, something to be endured with great

difficulty and anxiety of spirit.

Although it is something really painful and torturous in the physical and emotional orders, suffering is seen as a good, and is supernaturalized by grace, by a spirit of prayer, by the sacraments, the virtues, and the gifts of the Holy Spirit, especially the precious gift of wisdom. Although there is no room to explain these things here, (a lengthy paper could be written on their importance for living the Christian life to its fullest, and Catholic doctors and nurses should have at least a rudimentary knowledge of them), I will show how they interact to supernaturalize suffering, by briefly examining a few modern moral dilemmas, in light of the outlooks grace and its attributes would give to a suffering Christian. First, we have the girl who is raped, and conceives a child. The child, whoever its father, and whatever the manner of its conception, is a creature of God who is destined for heaven. It too deserves the right to be baptized and to enjoy God forever in heaven. The mother will indeed suffer throughout her pregnancy, but will be consoled and strengthened by the knowledge that God has chosen her, even against her initial will, to bring into the world one of His little children. The same reasoning applies to all direct abortions. Again, those who have a good chance of becoming the parents of mentally retarded or handicapped children should not be overly distressed if this should happen. Indeed, this all entails suffering, both on the part of child and par-

ents, but what great goods are gained thereby! Many of these children, once they are baptized, since they do not have the capacity to sin, are guaranteed citizens of heaven. And the parents give such glory to God by raising such children for His Love. We must remember, too, that God loved us when we were still in our sins, which is a much greater thing than to love an innocent little child who happens to be mentally or physically handicapped. And what about the elderly? Who could ever take their innocent lives, when he realizes that God is adding the last few ornaments to a soul, or giving a soul one last chance to make amends, until He calls the soul to Himself at an hour which He has determined? Finally, in all cases of suffering, ordinary or extraordinary, this vision of grace sees each suffering patient as having the special and wonderful privilege of "filling up in his own flesh what is lacking in the sufferings of Christ." (Col. 1:24)

At this point, one might wonder whether it is the doctor's task to concern himself with suffering in the manner we have described. Is not this beyond his competency? I would answer with a resounding "no!" Of course, those who are specially trained in theological matters, such as priests and religious, would be primarily responsible, in a Catholic hospital, for comforting and encouraging the suffering. However, Saint Paul desires all Christians to bear one another's burdens and to support one another. And after the priest (sometimes

even before the priest) the doctor is the most influential person with a suffering patient. First, he is the most closely united to the person in his pain and suffering, since he knows most about the person and his medical history; and so his advice is especially heeded by the patient, because of his affinity with the patient. Second, a patient may listen to a priest's advice, but discredit it somewhat because he thinks that the priest does not *really* understand the nature of his malady. But when a doctor, who knows the malady very well and whose whole life is taken up with physical and emotional suffering, gives advice to the patient, the patient pays close attention because he knows that a man of knowledge and experience is speaking. And the patient's respect for the doctor's advice on medical matters may also readily extend itself to his heartfelt counsel on religious matters pertaining to the patient's medical condition. To be sure, the doctor has not the same spiritual care and responsibility for souls as the priest. But he can be a great help to

the priest in supporting and encouraging those who suffer. With even a basic knowledge of suffering and how to bear it graciously, and by showing suffering to his patient in its supernatural light, the doctor is a great aid in the sanctification of his patient, and in so doing, also furthers his own sanctification. Doctors should realize the marvelous privilege they have been given by God when they are granted the opportunity of coming into daily contact with the suffering, for whenever the Father sees suffering endured for His love, He sees His Son, and whenever He sees His Son, He is glorified.

May all Catholic doctors, nurses, and medical personnel come to realize the great value of suffering, and inspire all their patients to find the gold beneath its dross, so that, when this revenue is added to the total treasury of the Mystical Body, they may gain their own eternal happiness, and also make partial payment for the ransom of those who can no longer do anything to ransom themselves.