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The Role of Physician as Christian Healer

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The following essay owes its genesis in large measure to my conversations with Edward G. Ballard, professor of philosophy at Tulane University. In addition to such informal exchanges, I was privileged to participate in Professor Ballard’s seminar on Martin Heidegger, an experience which has enriched my thinking many times over. Professor Ballard’s latest book, Man and Technology (Pittsburgh: Duquesne University Press, 1978), has been invaluable in developing the idea on the ‘Physician as Technologist.’ Any confusions which result from these reflections are, of course, my own.

Man is the being in time who seeks to realize his possibilities in a given context or world. The realization of possibilities denotes that man is the being who becomes in the flux of time. The presentation of self is a process of action within a given framework or world, which gives clue to the identity of the self. This self-identity is never realized all at once, but is only hinted at in the daily marketplace of social interaction.

The self-becoming-in-action is the result of choice within a world. Choice is the dialectic of openness and restriction. For in my choice to be and for something, I at the same time foreclose my options. Choice denotes an openness and foreclosure, a revealing and a hiding. This is an essential point in realizing that the self is limited in its becoming. Every realization of gain is at the same time an acknowledgement of loss. We are aware of this human predicament on a preconscious level, especially when confronted with “too many choices.” We freeze in our ability to choose the right dress, the most tasty dessert, or even the best school. We dimly realize that in the free choice of one we have eliminated the many, and restricted our future becoming. The agony of choice can be just that—agony. It is no wonder that totalitarian governments, domineering parents, and an authoritarian Church can be, if one will pardon the pun, just what the doctor ordered. The above are only too willing to relieve us of our agony, and direct our becoming into their image. Yet, in more sober moments we must ask:

“And what are the side-effects of such an anesthetic?” Could it be that we lose the agony of choice at the cost of our humanity?

To say that the self is the openness to possibilities in a given world is very abstract. The self gains form, so to speak, through action and by role-taking. The self is what the self does in playing the various roles offered within a social context. However, the self and its roles are not identical. For the self is the one-of-a-kind realization of possibilities structured through playing various roles. In contrast, the role has a certain enduring structure and pre-determined nature about it. The occupants of a role (self) change, but the role does not.

How Self Plays a Role

The way in which the self plays a role is determined by the requirements of a given world or social arrangement. In this way the self is limited in just how it will play the role it claims. There is a tolerable amount of creativity within a role, but too much and one forfeits the role claim. In other words, the self is restricted in becoming by the roles that are offered, and also restricted on just how to play the role. For example, the individual who fawns at the sight of blood, is academically deficient in mathematics and science, and is adverse to the discipline of study, has foreclosed the possibility of becoming a physician. If however, one is socially recognized as a physician, one is expected to perform like a physician. The script for physician is written by the social agencies that define reality for that performance. The list of writers includes the American Medical Association, the medical schools, the licensing boards, the various hospitals and professional associations, along with the expectations of the individual patient.

Thus far we have concluded that the self is the unique realization of possibilities in time. The self takes on form and meaning in acting out various roles that are real possibilities for it. The self and its roles are limited by its world or social context. There are limitations on how the self can play various roles. These limitations are part of the role expectations that structure behavior a certain way. More importantly, the becoming of the self in a given world is structured through the various role expectations. In other words, roles serve as the basic elements of reality perception. Roles are the structural instruments by which a society helps shape a self in a given way of seeing. The self encounters the world through various roles which attempt to define what is real, good, beautiful, and worthy of human caring. At the same time, society also structures away what it considers illusory, trivial, and a general waste of time. In so doing, society and the self are involved in the process of world-building and world-ignoring.

The role of physician in our society is also concerned about world-building (reality) and world-ignoring (illusion). There are expectations and behavior patterns expected of the self who claims the role of
physician. The self in the role of physician is expected to play the part in a certain fashion, judge reality in a certain way, and interact according to certain cues. In so doing, the self realizes some of its possibilities in a given way.

In what follows, the role of physician will be viewed in three basic ways: the physician as technologist, the physician as humanist, and the physician as Christian healer. With the explication of each type, one needs to remember that they do not appear in pure form in reality. These are what sociologist Max Weber called ideal types. They serve as abstractions to help us better see their possibilities. The role of physician in everyday experience is a blending of each, in various degrees. Still, this typology can be useful in helping us determine the revealed and hidden reality at work in the role of physician.

Physician as Technologist

The physician as technologist has become the cultural hero of Western society, especially America. Such a physician is a modern clone of Rene Descartes, seeking reality in clear and distinct ideas. Medicine is not an art, but a science acted out in technology. The "science of healing" becomes a very precise method of gathering relevant information—observing symptoms—and arriving at a diagnosis (hypothesis). This diagnosis from the observable and measurable data will yield the prescribed treatment, so a cure is effected. If the diagnosis proves faulty, one runs more tests and collects more data. Medicine, from such a perspective is problem-solving, which demands sufficient data for the desired results.

The primary values for the physician-technologist are objectivity, quantity, measurability, and the unambiguous. The good physician is one who collects the data, forms the diagnosis, administers the treatment, and sends the patient home. However, one needs to ask, is not this grand talk about objectivity, just that—talk? Is the physician-technologist, or any other collector of data, really free from the subjective? The answer is yes to the first question, and no to the second question.

The collection of data, the forming of a diagnosis, and the administering of treatment are thoroughly human activities. They require essential human abilities such as creative human intelligence, judgment, and critical discernment. The collection of data is not without limits. There must be a reasonable and relevant restriction on what is considered essential for the diagnosis of this patient's condition. Such principles of limitation are carried out by the all too human discernment of the physician. After the data is collected it must be interpreted by the physician, which calls for judgment and intelligence. The data does not interpret itself. And finally, the selection of treatment is a value judgment on the part of the physician, acting in the patient's best interest. In effect, the physician cannot step aside in grand isolation from his work, claiming an Olympian perspective. The self of the physician is ever present.

Of crucial importance in this typology is the role of the patient. The patient ceases to be a person, and becomes an object. The intrinsic worth and value of the patient gives way to his or her value as data. The patient becomes faceless and impersonal. The patient is the problem, or symptoms, or data. The personal is structured away in the drive for objectivity and information for a chart. The patient is turned over to the calculus of abstraction, in which the subjective and personal are ignored. What is abstracted as value is the temperature, the blood count, the blood pressure, and various other quantitative facts. All of these are written in the chart, which serves as the 'Book of Life.' Medicine has become the new religion of the book, with physician-technologists ordained as its priests.

The tragedy behind such abstraction and objectification is the real possibility for violence. In the name of scientific truth, and patient welfare, the patient as object is manipulated at will. The need for free and informed consent is deemed irrelevant. The physician-technologist, infused with the gnosis of science, is in control. He knows what is best for all concerned. The new sacred vestment is the white coat, which brings powers far beyond those of mortal man. The physician-technologist is the new superman (Nietzsche).

Granted such a perspective, serious questions need to be reflected upon. If the patient ceases to be a person and becomes an object, does not the physician risk a similar fate? Part of our self-becoming depends on our work, and interaction with our fellows. In time will not the physician-technologist become an object to himself? Will not the violence through manipulation of the patient as object, leave wounds on the physician-technologist as well? Does not the physician-technologist run the risk of being a victim of his own manipulation? And finally, as the physician-technologist does not seek the free and informed consent of the patient, so he ignores the need for such in his own life. The physician-technologist does not question what he is about. The self has become the role—playing in perfect harmony to the Concerto of Progress. The final notes in such a concerto are played by alienated man.

Physician as Humanist

If the physician-technologist is the modern clone of Rene Descartes, then the physician-humanist is the clone of Soren Kierkegaard (1813-1855). Kierkegaard ushered in the modern age of existentialism with the cry, "Truth is subjectivity." Kierkegaard in his own time was the 'voice in the wilderness' crying out against the forces of modernity. He spoke out against the massness, bigness, impersonalism and
the objectivization of his own day. Kierkegaard was a prophet without
honor in his own time, calling into question the Golden Calf of
science, rationalism, and above all, the new leviathan, technology.
Kierkegaard’s message was clear: the individual and his unique sub-
jective powers were being drowned out by the hum of the machine.
Man must turn inward; discover his true self; and lead a life of self-
examination.

The echo of this Kierkegaardian cry is with us today through the
physician-humanist. Such a one is critical of the ever-increasing
specialization in medicine. The physician-humanist longs for the
Renaissance man who was at home in all phases of man’s knowledge.
But today we know more and more about less and less. The knowl-
edge explosion has forced us to give up so much in order to be
more proficient in so little. The humanist-physician realizes all too well
that the scarce rewards in our society go to the specialist, along with
prestige and honor. It is just this specialization that is so offensive to
the physician-humanist, since so much is ignored in building one’s special
world.

That which is most disturbing to the physician-humanist is the
patient becoming an object, and losing selfhood. The physician-
humanist seeks to discover just that which has been structured away
by the physician-technologist — the subjective. The physician human-
ist wants to tap the hidden possibilities in the self which can aid
healing. For healing is essentially a human, and not a technological
process. The patient is more than that which can be contained in a
chart, on a thermometer, or measured by a machine.

The physician-humanist sees the patient as a partner in the medical
art. The patient is a valuable person in the healing process. Working
together, healing is more profound and lasting. The freedom and dignity
of the patient are of utmost concern. In such a way violence is kept
to a minimum, because the patient remains personal and respected. In
the process, the physician becomes a better physician and
also gains knowledge about his own self. Instead of being consumed in
alienation, he discovers the true possibilities of his own being in the
service rendered to his fellow man.

Physician as Christian Healer

Both the physician-technologist and the physician-humanist in
themselves are inadequate. Both types structure away significant areas
of reality, and therefore, lack wholeness. The physician-technologist
ignores the subjective, and runs the risk of turning himself and the
patient into an object. The physician-humanist structures away the
need for objectivity and technical advancement in the pursuit of
objective truth. What is needed is a New Being or type that can
function as a role-model for the self. Such a type would have to seek
wholeness, and combine the other two types in an Hegelian synthesis.
This type of physician we will term the Christian healer.

The model for such a type is Jesus, the Divine Physician. I have
purposely avoided the word clone. For Jesus cannot be cloned by our
technology, or calculated by our rationalization. Jesus, as the Divine
Physician, is a free gift of the Spirit to all who are open to humility
and truth.

Jesus is the Divine Physician because He heals the whole person.
The healing of Jesus is a depth-healing at the very core of one’s being.
This is the power of grace. Such healing is not the private possession
of Jesus alone. In the Gospel of Matthew we read, “and he called his
twelve disciples and gave them authority to expel unclean spirits and
to cure sickness and disease of every kind” (Mt. 10:1). The disciples
of Jesus in every age and place are called to the healing ministry. The
physician is called in a special way to exercise such a depth-healing. In
cooperation with God’s grace, the physician as Christian healer con-
tinues Christ’s work of healing for wholeness. In the physician as
Christian healer, an effective synthesis is possible. The art and science
of healing are elevated to a sacred vocation.

The physician as Christian healer is first a person in whom the
invisible God has set His Spirit. This enables one to see the patient as
the sacred or holy ground in which Christ is encountered. The patient
is the hidden presence of Christ in need of care. The response to the
patient is prompted not by technological considerations, or by human-

istic ideals, but by the eye of faith ministering to Christ in the neigh-
bor. The first and essential motivation is Christian love, evoked by the
one who is in need now.

The physician as Christian healer is aware that sickness occurs at
many levels: the physical, the psychological, and the spiritual. The
ministry of the Christian healer occurs on many levels as well. Healing
cannot be compartmentalized and fragmented, for this is part of man’s
illness. The physician as Christian healer seeks to be an instrument of
God’s grace, healing mind, body, and soul. Technology takes on a
human face in the healing presence of the physician as Christian
healer. The grace-moments, moments of real healing, are often quiet
and unverbalized. These moments escape the chains of human lan-
guage. Both physician and patient know in their depths, real healing
has occurred. Such moments cannot be force, they can only be
accepted as pure gifts from the God of Love. Pray more such moments
are ours, and the insight to recognize them, for in such moments, the
physician and patient are truly healed.