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Caring and Curing as Ends of Medicine in Catholic Theology

Thomas Le Taillandier de Gabory

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**CARING AND CURING AS ENDS OF MEDICINE
IN CATHOLIC THEOLOGY**

A Dissertation Submitted
to the Faculty of Sacred Theology
University of Santo Tomas

In Partial Fulfillment
for the Degree
Doctorate in Sacred Theology

by

Rev. Fr. Thomas Le Taillandier de Gabory, OP, MD, PhD

(August 2018)
Manila, Philippines



UNIVERSITY OF SANTO TOMAS
FACULTY OF SACRED THEOLOGY
Office of the Dean



CERTIFICATE OF ORIGINALITY

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A handwritten signature in black ink, appearing to read "Fr. Taillandier", written over a horizontal line.

Rev. Fr. Thomas Le Taillandier de Gabory, O.P.
Candidate

Date: August 6, 2018

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ABSTRACT

The dissertation explores the ends of medicine in Catholic theology. It focuses on the study, from a theological and teleological viewpoint, of two concepts: caring and curing. The main question is: What is the relationship between caring and curing as ends of medicine in Catholic theology?

The method is theological with the study of the Bible, the Fathers of the Church and the Magisterium of the Catholic Church, with adding philosophical (or ethical) and theological traditional and modern sources.

The dissertation is divided into four parts: Part One is a biblical study which begins with the Old Testament where God appears as the only one who can cure illnesses. But a reflection on wisdom includes the role of physicians who cooperate in God's plan for the well-being of humanity. The New Testament, especially the parable of the Good Samaritan, confirms that care is the primordial end of medicine. However, this does not mean that cure is a secondary end. In Part Two, we present the image of Christ the Physician as seen by the Fathers of the Church. He heals and saves humanity by his sufferings, by taking unto himself all the sufferings of humanity. He appears as the Man-God who suffered greatly. He is the God of compassion who calls to take care of the suffering humanity. Part Three highlights a hierarchy in the ends of medicine in the Magisterium of the Catholic Church. This is to care always, and to cure when possible. Cure is a part of care, cure is within care. This means that, in the order of intention, to care is before to cure. But in the order or execution, the two ends must be concomitant. Part Four determines how God's plan on the ends of medicine are concretely mirrored in each physician. It seems that a confusion in the relationship between cure and

salvation can be at the origin of a reversal in the hierarchy of the ends of medicine.

The study of the Bible, the Fathers of the Church and the Magisterium of the Catholic Church allows to put into light a theology of medicine. The primary end of medicine is to alleviate the sufferings of the world and to accompany those who suffer. This theological reflection is fundamental since therapeutic medicine, which becomes more and more techno-scientific, runs the risk of wanting to cure at all costs.

Keywords: **care, cure, heal, medicine, theology of medicine, medical doctor, health care, compassion, vocation, Providence, God-Healer, Christ the Physician, salvation, Good Samaritan.**

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LIST OF ABBREVIATIONS

Biblical texts

All biblical quotations, references and abbreviations in this study are taken from *The New Jerusalem Bible (NJB)*. New York: Doubleday, 1998.

Act	- Acts of the Apostles
Chr	- Chronicles
Col	- Colossians
Dt	- Deuteronomy
Eccle	- Ecclesiastes
Ezr	- Ezra
Ex	-Exodus
Gen	- Genesis
Hos	- Hosea
Isa	- Isaiah
Jas	- James
Jb	- Job
Jdt	- Judith
Jer	- Jeremiah
Jn	- John
Kgs	- Kings
Lk	- Luke
Lv	- Leviticus
Mc	- Maccabees
Mk	- Mark
Mt	- Matthew
Num	- Numbers
Ps	- Psalm
Ptr	- Peter
Prov	- Proverbs
Rom	- Romans
Sir	- Sirach
Sm	- Samuel
Thes	- Thessalonians
Tim	- Timothy
Tb	- Tobit
Wis	- Wisdom

Other general abbreviations

AD	- <i>anno Domini</i>
AIDS	- acquired immune-deficiency syndrome
BC	- before Christ
ch.	- chapter
D.D.	- Doctor of Divinity
Dr.	- Doctor
ed., eds.	- editor(s); edited by
e.g.	- <i>exempli gratia</i> , for example
et al.	- <i>et alia</i> , ad others
Fr.	- Father
HIV	- human immunodeficiency virus
ibid.	- in the same place
i.e.	- <i>id est</i> , that is
Jr.	- Junior
Mrs.	- Madam
no., nos.	- number(s)
OP	- <i>Ordo Prædicatorum</i>
p., pp.	- page (s)
Rev. Fr.	- Reverend Father
SJ	- <i>Societas Jesu</i>
s.v.	- <i>sub verbo</i> , under the word
trans.	- translator; translated by
USA	- United States of America
UST	- Royal and Pontifical University of Santo Tomas
vol., vols.	- volume(s)
WHO	- World Health Organization
www	- world wide web - internet

CHAPTER I

GENERAL INTRODUCTION

A. BACKGROUND OF THE STUDY

Some authors make a real distinction between care and cure to the extent that they delegate cure to medical science and care to nursing. Take the example of Jean Watson.¹ For her, physicians are tasked to cure the sick whereas nurses are tasked to care for the sick. Thus, nursing would be the science of caring. But this is inadmissible because physicians also administer care, and nurses who care for the patient often do it to cure. To limit physicians to the sole mission of cure would be like limiting his role as an engineer who treats the illness, disregarding the sick person. The role of administering care to persons would fall on nurses. That would split medicine itself into techno scientific medicine and complementary medicine. Similarly, nursing will be split into technical specialization practices and accompaniment practices. Surely each activity requires knowledge and know-how corresponding to specific competencies, but all the activities concern persons who experience illness inseparably in their body and their existence.² Pope Francis said to a group of nurses: “The International Code of Nursing Ethics, to which the Italian code also aspires, identifies four fundamental responsibilities of your profession: ‘to promote health, to prevent illness, to

¹See Jean Watson, *Nursing. The Philosophy and Science of Caring* (Boston: Brown and Company, 1979). See also Jean Watson, *Nursing: Human Science and Human Care – A Theory of Nursing* (New York: National League for Nursing, 1988).

²Walter Hesbeen, “Le Caring est-il Prendre Soins?” [Is Caring to Care?] *Perspective Soignante* 4 (1999): 16.

restore health and to alleviate suffering. The need for nursing is universal' (Preamble).”³ Thus, the two ends of medicine are care and cure if the latter is possible and both are linked in the order of execution. This is true for both physicians and healthcare professionals. There is no need to make a distinction and one need not separate physicians from care professionals. Physicians are also health professionals, i.e. care professionals. The doctor is a member of the health care team – like the performing director of the orchestra.

For the theologian Rev. Fr. Fausto B. Gómez, OP, care encompasses cure:

Care is a most significant concept to medicine and bioethics, to the point that medicine is considered a healthcare profession and bioethics, healthcare ethics. It has even been said that Medicine is synonymous with care, to include curing and caring [...]. With many others, we may correctly say that care is the source of the obligations of the physician to his/her patients. If care is the central concept of medicine, caring is the medular power or virtue of the physician.⁴

Cure is included in care. In the order of execution, there is no need to choose between care and cure. It is not a choice between one or the other. This is also found in the etymology of the word cure. Donald Winnicott, a known psychoanalyst, affirms that cure is the root of care.⁵ For him, cure,

³Pope Francis, *Address to Members of the Italian Federation of the Boards of Nursing Professions (FNOPI)*, Vatican City, March 3, 2018. Retrieved March 18, 2018 from http://w2.vatican.va/content/francesco/en/speeches/2018/march/documents/papa-francesco_20180303_ipasvi.html

⁴Fausto B. Gómez, OP, “The Terminally Ill: Care, Comfort and Pain Relief,” in *Forum in Bioethics*, vol. 5, *Conscience. Cooperation. Compassion*, eds. Fausto B. Gómez, OP, Angeles Tan-Alora and Anniela Yu-Soliven (Manila: Department of Bioethics, Faculty of Medicine and Surgery, University of Santo Tomas, 1998), 109.

⁵Donald Woods Winnicott, “Cure.” *A Talk Given to a Group of Doctors and Nurses in St. Luke’s Church in Hatfield on 18 October 1970*, in Clare Winnicott ed., *Home is Where We Start From. Essays by a Psychoanalyst* (New York: W.W. Norton, 1986), 112.

based on its roots, signifies care. Around 1700, the two expressions began to separate from each other which is detrimental to healthcare ethics.

B. STATEMENT OF THE PROBLEM

Physicians are there to care for life. The end of medicine is life. The Catholic Church reminds us in the *New Charter for Health Care Workers* of 2016: “The activity of health care workers is basically a service to life and health, which are primary goods of the human person.”⁶ But human life cannot always be prolonged at all costs. Especially when faced with an incurable illness, it is vital to think and rethink of the ends of medicine: must one cling to life at all costs or must one accompany the sick in his sufferings till death? Caring for a sick person is an ambiguous expression which covers several realities.

It is urgent to think and rethink the ends of medicine. Indeed, according to God’s Plan, physicians and health care providers are at the service of life, which is contradictory to bringing death. Is not medicine meant to cure and to care, and firstly to care over cure? It is important to rethink the ultimate purpose of medicine. In a certain manner, it is all about thinking of the theology of medicine.

Our main question is: **“What is the relationship between caring and curing as ends of medicine in Catholic theology?”**

To answer this main question, the researcher tries to find the answers to the following questions:

⁶Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers*, trans. The National Catholic Bioethics Center (Philadelphia: The National Catholic Bioethics Center, 2017), 1, p. 3.

- 1. How does the Bible interpret illness and medicine?**
 - a. How does the Old Testament interpret illness and what must the response of medicine be to this?*
 - b. What is the contribution of the New Testament with regard to the vision of illness and medicine?*

- 2. How does the title Christ the Physician, which was given by the Fathers of the Church, enrich the reflection on the ends of medicine?**
 - a. Why did the Fathers of the Church present Christ as a physician?*
 - b. Is curing the only end of medicine?*
 - c. Are physicians made to cure and not to save?*

- 3. What kinds of cure and care does the Magisterium of the Church put forward when it states the ends of medicine?**
 - a. Why did the Church not allow her priests to practice medicine for centuries?*
 - b. Does the Magisterium clarify the concepts of cure and care?*
 - c. Does the Magisterium allow the prioritization of care over cure?*

- 4. How are the ends of medicine as intended by God translated to concrete action by each physician?**

- a. *What is the meaning of medicine as a vocation? Is there an analogy between medical vocation and religious vocation?*
- b. *Are physicians free despite God's Plan for medicine? Why can there be a difference between the ends of medicine according to God's Plan and the existing ends of medicine?*
- c. *Why do some physicians can commit homicide or assist in suicide, while the ends of medicine are care and cure?*

C. SIGNIFICANCE OF THE STUDY

As far as the study is concerned, it is significant for several reasons to:

1. Physicians and Health Care Providers

It is important that physicians and health care professionals can think and rethink of the ends of their profession for them to understand why they are there. The purpose of their profession is the foremost reason which will determine the totality of their actions and the means available to achieve these ends. They must know what aspects are covered by their profession and what is outside its realm. It is by knowing how to define their profession that physicians and health care professionals can weigh the possibilities and define limitations. This is true not only for Catholic or Christian physicians but for all medical professionals.

2. Patients

It is important that the patients themselves understand the purpose of medicine because they can reconcile their expectations to what medicine has to offer. It will also help a believer distinguish what a physician or a health care professional can do (for example to cure or to manage pain) from what can only come from God (for example a miraculous healing or salvation).

3. Charismatic and Healing Groups

It is important that Christian charismatic movements and prayer assemblies which offer healing understand the ends of medicine according to God's Plan in order to avoid exaggeration of what these groups can offer to the faithful.

D. OBJECTIVES OF THE STUDY

The overall objective of the present dissertation is to demonstrate the primary end of medicine, whether it is curing or the alleviation of the suffering.

The specific objectives of the study are, namely, to:

1. Show that the Bible recognizes medicine as a separate profession and that it reveals that God has given this profession specific ends;

2. Show that Christ is named Physician by Fathers of the Church because he cures and he saves, but physicians and health care professionals are there to care, not only to cure, never to save;
3. Prove that the main end of medicine is not only to cure but also and always to care, especially to alleviate the human suffering and to accompany those who suffer;
4. Explain how Catholic theology regarding medicine can be revealed through every physician and health care professional while preserving their freedom, and how they can stray away from it;
5. Recommend ways on how to implement the findings of this research study.

E. SCOPE AND LIMITATION OF THE STUDY

This study wants to propose a chapter of healthcare theological ethics based on a reflection on the ends of medicine. It does not claim to encompass all the issues covered by a theology of medicine. This research is only from the standpoint of examining the purpose of medicine. Moreover, the emphasis of this theological study lies on goals of medicine because there is not only one: prevention of illness (promotion of health is included), cure and care.⁷

⁷Usually, bioethicists describe four goals of medicine: 1. The prevention of disease and injury and the promotion and maintenance of health; 2. The relief of pain and suffering caused by maladies; 3. The care and cure of those with a malady, and the care of those who cannot be cured; 4. The avoidance of premature death and the pursuit of a peaceful death. For some, the ends and goals of medicine are no longer defined solely by physicians, but by

This study is limited to cure and care by eliminating from the start, reflections on illness prevention. Moreover, the study only covers medicine, but Chinese medicine and complementary or alternative medicine⁸ are not directly included in the study.

The researcher did not deliberately limit the study to a particular author. This decision is risky because the topic can appear too vast if it is not limited to the thoughts of a particular author or theologian. But the researcher opts for originality and his clinical experience at the patient's bedside. The researcher draws his reflection from the Bible, the teachings of the Fathers of the Church and the Magisterium of the Catholic Church. The researcher uses his personal experience as a priest and physician for almost ten years as he faced patients afflicted with HIV/AIDS, those with serious illnesses like cancer and terminally ill patients. The researcher drew from these experiences his reflection which he hopes are innovative in some way.

These delimitations would, in consequence, admittedly affect the process and final result of this work.

social convention or the demands of patients or their families. See Mark J. Hanson and Daniel Callahan, eds., *The Goals of Medicine. The Forgotten Issues in Health Care Reform* (Washington, D.C.: Georgetown University Press, 1999), 20-30. See also Edmund D. Pellegrino, "The Physician's Conscience, Conscience Clauses, and Religious Belief: A Catholic Perspective," *Fordham Urban Law Journal* 30, no. 1 (2002): 223.

⁸In reality, many descriptions co-exist: complementary, alternative, holistic, natural medicine. Among them, some are Western traditional practices (for example, the use of plants), others are medicines from elsewhere (for example acupuncture and ayurvedic), still others are mixed therapeutic forms which have been reinvented (for example Reiki), lastly some are new approaches with no historical heritage (for example osteopathy and total biology). See Daniel Bontoux, Daniel Couturier, and Charles-Joël Menkès, *Thérapies Complémentaires – Acupuncture, Hypnose, Ostéopathie, Tai-chi – leur Place parmi les Ressources de Soins* [Complementary Therapies – Acupuncture, Hypnosis, Osteopathy, T'ai chi – Their Place Among Health Care Resources] (Paris: Académie Nationale de Médecine, 2013).

F. REVIEW OF RELATED LITERATURE

It is understood that the Bible, the Fathers of the Church, and the Magisterium of the Catholic Church are presupposed as the basic theological sources. It is necessary for the researcher to review some literature which are closely related to or have a substantial influence on the said problem. It is hoped that, to some extent, the perspectives as well as the contents gathered from the selected literature below could help the researcher direct more properly the subsequent steps of his study.

Denizeau, Laurent and Jean-Marie Gueullette, OP. *Guérir. Une Quête Contemporaine* [To Heal. A Contemporary Quest]. Paris: Cerf, 2015.

This book is the latest thorough study in French on the concept of cure. It examines in particular illness representations and cure in contemporary times. Its objective is to understand why the desire for healing has never been so strong and why patients turn more and more to other forms of medicine at a time when traditional medicine is so effective.

According to the authors, the meaning of illness for the sick is not the same as that for the physician. It is normal that the sick person to experience his illness subjectively because it is the patient who experiences it. For the patient, illness is an experience and a trial. But it is the physician who explains objectively what the patient feels. The process of objectifying illness is what makes the physician effective and efficient. The challenge is in the physician's scientific and objective explanation which must go with the subjective experience of the patient. Otherwise there is a danger that instead of healing the patient, medicine will cure the illness. It is also important to

add to these reflections that the physician's faith alone cannot achieve everything. It is also important to leave room for other stakeholders who can assist the sick in this experience and not in his illness. The patient becomes open to complementary medicine.

If the illness is an existential experience, it is also a disruption, i.e. a wavering of meaning. Illness can cause interior questioning on the meaning of life, on one's relationships with others, on one's purpose, one's relationship with death. This change of meaning necessarily transforms the person. Healing when understood as a return to health is not a return to one's previous state, without consequences nor trace nor memory. Illness has necessarily shaken the sick person's life, body and soul. The sick is transformed by this experience.

This analysis was taken up in Chapter IV of the study in explaining the concept of healing, especially the difference between curing and healing. It is better to heal a person than cure a disease.

Austriaco, Nicanor Pier Giorgio, OP. *Biomedecine and Beatitude. An Introduction to Catholic Bioethics.* Washington, D.C.: The Catholic University of America Press, 2011.

This book by the Dominican Nicanor Austriaco of Providence College is an introduction to Catholic bioethics which perfectly fits the school of thought of St. Thomas Aquinas. Its purpose is to show how patients, physicians, nurses and other health care professionals are called to holiness in their particular vocation. The author emphasizes the importance of virtue, especially the moral virtues not for the sick but for Catholic physicians, nurses and other health care professionals. The author affirms that these

virtues can only be correctly understood and practiced when they are linked with prudence which itself is a cardinal virtue.

The author proposes a beautiful reflection in Chapter IV entitled “Bioethics and the Christian Encounter,” especially on the pages dedicated to “The Vocation of the Health Care Professional.” The author again insists on the importance of moral virtues in the exercise of the medical profession, or rather in the exercise of the medical vocation, this being defined as a God-given mission. According to the author, this mission consists of doing one’s best to cure the sick while taking into account the human person in a holistic manner. Caring for the sick is an act of love, both for neighbor and for God. The author makes it a point not to forget the mission of protecting and defending life.

These excellent pages would have merited a more thorough treatment especially regarding a hierarchical order of the duties entrusted by God’s Providence to physicians, nurses and health care professionals. It is for this reason that the researcher used this book for the study especially in Chapter IV. However, the researcher tries to complete the reflection by adding his own experiences at the patient’s bedside. At this level, the objective of the researcher is to introduce an order in the ends of medicine. Furthermore, the explanations about double effect principle are used in Chapter V.

Dulaey, Martine. *Symboles des Évangiles (I^{er}-VI^e Siècles). Le Christ Médecin et Thaumaturge [Symbols of the Gospels (1st-6th Centuries). Christ the Physician and Wonder Worker]. Paris: Le Livre de Poche, 2007.*

This book which is technical in character aims to present the interpretation of Christ's miracles by the Fathers of the Church. These representations are largely found on Christian sarcophagi of the early centuries or on paintings decorating tombs. By reading the authors who made commentaries on early Scriptures, Martine Dulaey seeks to understand the significance that the Fathers gave to miracles. She examines the events which are represented on many images, among which are the adoration of the magi, the numerous healings (of the blind, paralytics, etc.), rising from the dead, multiplication of bread and transformation of the wine at Cana. These are grouped under the central theme of Christ the Physician and Miracle Worker. All these events were given a symbolic meaning which, far from being reserved to the learned, became part of the Christian teaching to simple believers, which explains why they wanted the images to be done on their tombs.

The healing events and the presentation of Christ the Physician are the most interesting aspects for this study. The researcher utilized these in Chapter III of his study, to show that Christ is not a professional doctor, even the Fathers of the Church present him as such.

Vanhoomissen, Guy, SJ. *Maladies et Guérison. Que Dit la Bible?* [Diseases and Healing. What does the Bible say?]. Bruxelles: Lumen Vitæ, 2007.

In seven chapters, Fr. Guy Vanhoomissen, a Jesuit and biblical scholar, gives a clear and pedagogical description of the religious significance of illness and its symbols found in Scripture. Biblical authors do not focus on the scientific aspect of illness but the history of illness in the world, how illness is understood and how its origin is determined.

The author begins his study by echoing the psalmist's cry and that of Job. He then makes a commentary on the work of healing performed by Christ as a sign of the Kingdom of God which has come into the world through his Being. Christ's words addressed to the sick startle because he tells the sick: "Your faith has healed you." The author attempts to understand why faith engenders healing, how faith saves and what links exist among faith, healing and salvation.

It is precisely from this standpoint that the researcher examined the relationship among faith, healing and salvation in Chapter III of the study. The biblical aspects of illness and healing have been utilized in Chapter II.

Ashley, Benedict M., OP, Jean Deblois, and Kevin D. O'Rourke. *Health Care Ethics. A Catholic Theological Analysis.* Washington, D.C.: Georgetown University Press, 2006.

This book is a comprehensive study of significant issues affecting health care and the medical ethics from the perspective of Catholic theology. It aims to help Catholic health care providers solve concrete problems in

terms of principles rooted in scripture and tested by personal experience. It is a reference book on Catholic bioethics.

The chapter entitled “Jesus Christ, Healer, an Ethical Model” is important. It explains why Christ is considered the perfect model for health care professionals, because he had special compassion for the sick and the disabled, and because he is the Great Healer. This idea is important in Chapter III of this study which begins with an analysis of Christ the Physician. However, Christ is more a Savior than a Healer. The Christ’s mission on earth is about salvation, not healing.

Another chapter entitled “Characteristics of Medicine as a Profession” tries to identify how medicine is not to be viewed as a profession like the others. This analysis has been taken up in Chapter V of the study in explaining the concept of medical vocation.

Boudon-Millot, Véronique, and Bernard Pouderon. *Les Pères de l'Église Face à la Science Médicale de Leur Temps* [The Fathers of the Church Facing the Medical Science of Their Time]. Paris: Beauchesne, 2005.

Medicine and physicians occupy an important place in Patristic literature especially in physiological exposes. However, these studies are often seen as too medical by pathologists and too theological by medical historians. This book compiles twenty-six presentations done in a colloquium in France. The intersectional approaches of both Church historians and medical historians give way for an original explanation on the status of illness and health in the Christianized society of Late Antiquity as well as on the manner in which medical knowledge at that period had deeply enriched man’s ideas about his origin.

The book strives to show that the commonality between medicine and theology is not merely the result of a favorable situation but it is completely considered in the specificity of Christianity. The writings of the New Testament place importance on Jesus' therapeutic gestures. These are considered inseparable from the proclamation of salvation which calls the human person to total recovery of all his physical, moral, social and spiritual capacities. Consequently, the ties between the expression of Christian faith and the concrete realities of the medical field originate from the Gospel.

Two articles merit much attention. These are "The Figure of Christ the Physician among the Fathers" by Marie-Anne Vannier and "Christ the Healer and an Augustinian Reading of the Johannine Prologue" by Yves-Marie Blanchard. These two scientific articles identify the figure of Christ the Healer, understand its origin from the Gospel and the Fathers' analysis. This was taken up in Chapter III of this study in the presentation of Christ the Physician. Indeed, even Christ is really a doctor for some of the Fathers of the Church, this study shows that he is not a professional.

Hermans, Michel and Pierre Sauvage. *Bible et Médecine. Le Corps et l'Esprit* [Bible and Medicine. The Body and the Mind]. Bruxelles: Lessius, 2004.

This book collates several articles which were presented in a session about the relationship between the Bible and medicine. It shows that the heart of the Scriptural message can challenge committed believers in the health profession. The Bible contains resources for those who seek to open paths of understanding and hope for the sick.

Very Rev. Fr. Bruno Cadoré, OP, Master General of the Order of Preachers is the author of a famous article where he shows how illness can bring about a new connection to destiny and how the caregiver can play the role of a facilitator in the patient's effort to bring back his health in time.

Fr. Bernard Van Menes inquiries about the human and theological meaning of the relationship between Jesus and the sick. The author is strongly inspired by the words and thoughts of Paul Beauchamp. He shows that the Gospel essentially reveals Christ's salvific mission. The aim of all the stories, including stories of healing is to illustrate this point. The reader must not stop at the literal reading of the stories of healing but must go further to reach their theological and soteriological meaning. If not, one may consider these stories as completely outdated when compared to modern and rational medicine which is anything but miraculous.

This analysis of stories on healing in the Gospel was taken up in Chapters II and III of this study, especially to show that the healings are not the essential mission of Christ. His mission is more about salvation than healing, that is why Christ heals in order to save.

**Ugeux, Bernard. *Guérir à Tout Prix? [To Heal at All Costs?].*
Paris: Les Éditions de l'Atelier/Éditions Ouvrières, 2000.**

Fr. Bernard Ugeux's book is a reference book on healing written in French. Its aim is the identification of the concept of illness by elements in anthropology: sociocultural concepts of illness, relationship between religions and therapeutic practices, role of basic health care in society, etc. The author adds his theological reflection on the role of the Catholic Church in the face of expectations of a population in search of healthcare.

The author analyzes traditional and Tibetan medicine, healing practices of the New Age and charismatic renewal where the question of salvation is frequently brought up. The author emphasizes that healing, for the Catholic Church, is a step toward salvation which is not identified with healing. Healing is a sign of liberation from sin.

Fr. Bernard Ugeux's study is both anthropological and theological, but it does not focus on the ends of medicine. The book is interesting as far as the link between healing and salvation is concerned. It is for this reason that the researcher used it in Chapter III, especially to show the relationship between healing and salvation in Christ's mission.

Pellegrino, Edmund D., and David Thomasma. *The Christian Virtues in Medical Practice*. Washington, D.C.: Georgetown University Press, 1996.

This book is a classic of Catholic bioethics. Through an examination of a virtue-based ethics, this book proposes a theological view of health care ethics that helps the Catholic physician reconcile reason, faith and professional duty.

Especially in the Chapter V, authors speak eloquently of charity as the ordering principle of Christian ethics. Charity informs principles of nonmaleficence⁹, beneficence, justice and autonomy. For Pellegrino and Thomasma, charity provides a single motivation to these bioethical principles and acts as a principle of discernment and a benchmark against which the Christian measures concretely, here and now, the moral worth of his or her practical decisions.

⁹Pellegrino and Thomasma do not speak of nonmaleficence as a principle but as a stage of beneficence.

Finally, for Pellegrino and Thomasma, to care may have four senses: compassion, assistance in living, assurance and competence. These pages of definitions have been interesting for our study especially for Chapter IV, because this study shows that care is exactly the same than these definitions, i.e. to alleviate suffering and to accompany those who suffer.

Gauer, Philippe. *Le Christ-Médecin. Soigner: la Découverte d'une Mission à la Lumière du Christ-Médecin* [Christ the Physician. To Care: the Discovery of a Mission in the light of Christ the Physician]. Paris: CLD/Éditions de l'Emmanuel, 1995.

This book is practically the only one which focuses exclusively on the theme of Christ the Physician. The author shows that this title attributed to Christ is rooted in the Gospel, updated by the Fathers of the Church and recognized by believers historically. It shows that the Fathers attributed this title to Christ because of the many miracles of healing which are told in the New Testament.

The author, who is both a priest and a physician, extends his reflection by asking how the title Christ the Physician relates to modern practitioners. He thinks it is urgent to bring back human dignity and the meaning of medicine. He analyzes and discusses in depth what the Christian vocation means for all caregivers in the light of the teaching of Christ the Physician. Far from being a scientific mission, Christ chose them to bring mercy to those who suffer.

The study does not discuss in depth that the title Christ the Physician is metaphorical. Despite this, the book was important for Chapter III of this study which takes up the idea that Christ is a Physician because of his acts of

miraculous healing, but the researcher tries to delve into the idea that healing is foremost a sign of salvation and that Christ did not come solely to heal.

Delaunay, Paul. *La Médecine et l'Église. Contribution à l'Histoire de l'Exercice Médical par les Clercs* [Medicine and the Church. Contribution to the History of Medical Practice by Clerics]. Paris: Éditions Hippocrate, 1948.

In this old book, the author, Dr. Paul Delaunay, a specialist in the history of medicine, presents historical ties between the Catholic Church and medical science. He focuses his study on the evolution of the practice of medicine by clerics from Early Church period to the twentieth century.

The author shows how the budding Church performed the task of caring and healing not just from the standpoint of her divine mission but in consideration of her intellectual attributes and her temporal role. Besides, the monastery quickly became the place where the art of caring was conceived and taught. Yet in 1219 the decree of Honorius III *Super speculam* officially banned regular clerics from the medical studies.

This point is interesting because one must ask what the vision the Church had of medicine which led her to ban clerics from the practice it. Was medicine at rivalry with the Church regarding healing? Was the problem from the standpoint of its ends in the practice of this discipline? This question was posed in Chapter IV of the study which asks what the Magisterium says about the ends of medicine. On the exegetical level, the study shows that there exists a progression in Revelation and an evolution of the place that medicine occupies among the Hebrews. The question is posed whether in the Middle Ages, there was a regression of the way medicine was seen by the

Magisterium of the Church which is tantamount to the vision of the Old Testament.

Lemoine, Laurent, OP. “La Guérison entre Salut et Santé. La Nouvelle Donne de l’Église et du Monde.” [Healing between Salvation and Health. The New Situation of the Church and the World]. *Revue d’Éthique et de Théologie Morale*, no. 264 (2011): 98-107.

This article by the Dominican Laurent Lemoine of the Province of France studies the healing-salvation-health triad by emphasizing the linkages. He brings a psychoanalytic standpoint to the study. After a definition of each concept, he places the concept of healing half-way between health and salvation. For the author, the dimensions of healing radiate from both health and salvation but the actual direction today is toward an ideal concept of health at the expense of salvation which struggles in finding its rightful place. Salvation is replaced by healing whose aim is to regain full health but this is illusory.

An interesting analysis of the healing of the man born blind is worth mentioning. The author shows the contribution of the New Testament in relation to the Old, in particular the justification given by Christ who allows liberation from guilt of the succeeding generations. The author understands that as such, the child is finally saved rather than healed.

However, the article does not go further into the concept of salvation itself even if interesting leads are given. The relationship among health, healing and salvation was taken up more thoroughly in Chapter III of this study. This relationship is very important to understand that Christ is more a Savior than a healer. If he heals, it is because he wants to save.

Bonino, Serge-Thomas, OP. “Le Médecin et la Providence” [The Physician and Providence]. In *Être Chrétien Aujourd’hui dans sa Pratique Médicale. Premier Congrès-Pèlerinage des Médecins Francophones à Lourdes* [Being a Christian Today in his Medical Practice. First Congress-Pilgrimage of the French Speakers Physicians in Lourdes], 39-53. Paris: Parole et Silence, February 11-13, 2005.

The article of the Dominican Serge-Thomas Bonino from the Province of Toulouse is a real gem on the link between divine Providence and the ends of medicine. The author shows that medicine does not run counter to the act of God as an initial reading of the Old Testament could lead one to believe. Based on Saint Thomas Aquinas’ school of thought, the author employs Aristotelian philosophical concepts in discussing primary, secondary and instrumental causes. As a theologian, he carefully analyzes divine Providence, rather than ask what is divine Governance from the standpoint of medicine.

The author uses solid scriptural bases for what he says. He shows that the act of God and medical treatment are not in competition, a kind of “push-down, pop up” phenomenon. On the contrary, the human act must be a real cooperation with the act of God to be of service to both. In this sense, medical treatment prolongs the act of God. The author concludes with a reflection on what Christian medicine should be, i.e. according to the divine Project of Creation.

This article was used in Chapter II to show that physicians are not rivals of God, but his cooperators. It is also used in Chapter V of the study which presents the relationship between God’s Plan and the ends of medicine. The study tries to explain how this can be made manifest in each physician or health care professional.

Forsythe, Don. "The Physician's Vocation." *Ethics and Medics* 29, no. 2 (2004): 3-4.

Don Forsythe entered seminary at the age of 67, after a fruitful medical career. He was ordained priest in June 2004, four months after this article was published. The article defines the desired image of the Christian physician by critiquing two caricatures of the majority of physicians today, the technologist physician and the humanist physician. For the author, the ideal physician should be a combination of both and the best model would be Christ the Physician. Consequently, he denies contemporary secularized medicine. This vision appears caricatured and a bit simplistic. If Christ were to be the model of all Christians, it is not evident that he would be one for the physician in contemporary times.

What makes the article interesting is that the author's starting point is healing which he considers as the end of medicine without really saying why. For him, medicine is made to heal but he does not question this supposed end.

The article reflects the general ideas supported by publications of many theologians which reflect on the medical profession. This reflection appears limited and vague. On two points the researcher finds the reflection false. Firstly, Christ was not even a medical professional. Secondly, healing cannot be considered as the end of medicine without justifying it as such. The researcher clarified the first point in Chapter III and the second in Chapter IV.

Guillet, Jacques, SJ. “Il les Envoya avec le Pouvoir de Guérir.” [He Sent them with the Power to Heal]. *Christus*, no. 159 (1993): 291-298.

This article by the Jesuit Jacques Guillet, professor of exegesis of the New Testament, makes an attempt to prove that Christ came to save man and not to heal. Without disregarding the acts of healing done by Christ, the author shows that they are an essential aspect of his actions and his being even if they were merely the consequence of his presence and not the reason for his coming. The author also explains the sending of the Twelve in mission by Christ who gave them the power to heal (Lk 9:1-2).

The conclusions of this article were used in Chapters II and III of the study. Indeed, it is important to understand that Christ did not come to cure or to heal but to save. If physicians are made to heal in the image of Christ, one must ask if physicians are made to save or do they have another mission.

Humbert, Paul. “Maladie et Médecine dans l’Ancien Testament.” [Disease and Medicine in the Old Testament]. *Revue d’Histoire et de Philosophie Religieuses*, no. 4 (1964): 1-29.

This article draws a fairly complete list of accidents, illnesses or disorders that individuals or communities suffered from in the Old Testament namely in the Pentateuch and in the Wisdom books and prophecies. The author shows that illness is interpreted by the Hebrews as the will of God to punish a personal or collective sin.

If illness follows a sin, only God can heal it because he is at its origin. Under these conditions, Hebrew physicians found it difficult to find their rightful place because a Jew finds it easier to resort to supernatural forces and

propitiatory rites than to physicians. The emergence of Hebraic medicine is also made difficult so much so that it became inferior to Egyptian and Babylonian medicine.

This article was useful for Chapter II of the study to understand how illness is interpreted in the Old Testament. Once the meaning of illness is understood, the article emphasizes how the growing practice of medicine of the Hebrews addressed illness and how the physicians found their place in health care despite their belief in a God who heals.

Duesberg, Hilaire. “Le Médecin, un Sage.” [The Physician, a Wise Man]. *Bible et Vie Chrétienne*, no. 38 (1961): 43-48.

This old but not outdated article is a commentary on the pericope of the book of Sirach which mentions the medical profession. Fr. Hilaire Duesberg, a Benedictine monk and translator of the Book of Sirach shows that Sir 38:1-15 presents the physician as a unique being, designated by God in his Plan for the world.

Some Hebrews considered it a sin to consult a physician because this showed lack of faith in God. When one asks a physician for curing, it was considered as turning from his faith in the God who cures. On the contrary, the author of Sirach reveals that the sick must consult physicians because they are God’s cooperators for man’s well-being. If the physician is a wise man, it is because he is part of God’s Plan for the world and he knows how to reasonably use nature to care for and to cure the sick.

This article is taken up in Chapter II of the study to show how the Old Testament revealed the importance of the medical profession in God’s Plan. It is nevertheless insufficient as proof of the ends of medicine, as taken from the

Book of Sirach. It is therefore necessary to put forth supplementary development.

G. METHODOLOGY

The methodology used in this thesis is the theological method, especially the way of positive theology by the use of authorities, because it includes the use of Sacred Scriptures, Patristic Tradition and the life of the Church with an application to the problems of today. But the researcher uses also the way of scientific theology by the use of reason enlightened by faith.

According to purpose, the theological research is illuminative because it identifies what are the ends of medicine in Catholic theology. The goal is to give Christian physicians and other health care professionals some options for concrete reflection to rethink their profession and to take effective action every day. According to type of analysis, the study is synthetic and holistic. According to choice of answers to problems, the theological research is developmental. It does not claim to identify all the ends of medicine but wishes to focus on the question of care, cure and the balance of the two.

The researcher willfully does not focus on the work of a single author nor a particular theological school in this thesis. But this study centers on the Bible and studies what Scripture says about medicine and its ends. The analysis of some texts written by the Fathers of the Church, especially their analysis of healing done by Christ sheds light on its exegesis by an analysis of the title Christ the Physician. The concepts of cure and care are developed in this study following the major texts of the Catholic Church. It is through the Bible and library research that the researcher answers the problems presented in this thesis. The deductive method of the researcher's arguments follows the

form of an inverted pyramid, beginning with the general and going toward the particular: Chapter II gives the basic foundation principles from the Bible, Chapter III those of the Fathers of the Church, Chapter IV of the Magisterium of the Church and Chapter V the link between Providence and individual freedom.

The researcher makes use of library research utilizing books and articles from journals of the ecclesiastical library of the Pontifical and Royal University of Santo Tomas (UST) Manila, Philippines, the UST Miguel de Benavidez Library, Manila, Philippines, the specialized Library of the Health Sciences, at the UST Faculty of Medicine and Surgery, Manila, Philippines, and the Phillips Memorial Library of Providence College, Providence, USA. Other books and periodicals written in the French language, especially all the documents of the Dominican Library of the Province of Toulouse, are translated in English since they served as important sources to the researcher.

H. DEFINITION OF TERMS

The terms used in the title and the problem are often used ambiguously in the medical profession. The researcher wishes to make them more precise.

Caring: The “responsibility for or attention to safety and well-being,”¹⁰ or “a person or thing that is an object of attention, anxiety or solicitude.”¹¹ As a verb especially in medicine, it means to take care of, not necessarily taking into consideration the notion of cure. It takes on a sensitive note because to

¹⁰*Webster’s Third New International Dictionary of the English Language unabridged*, 2002, s.v., “Care,” 338.

¹¹*Ibid.*

care means “to feel trouble or anxiety (cared for his safety)”¹² but it can also take on the meaning of to give care as to the safety, well-being, or maintenance of a charge: “Provide for or attend to needs or perform necessary personal services.”¹³

Catholic Theology: Saint Anselm’s motto is “faith seeking understanding” (*fides quaerens intellectum*). For him, theology is the systematic coming to understand what we believe. Accordingly, Saint Thomas Aquinas boldly asserted (and defended) that theology is a science. It is the science of God, its attributes, its relations with the world and with creatures. The Catholic theology is based on natural law, Canonical Scripture, divine Revelation, and Sacred Tradition, as interpreted authoritatively by the Magisterium of the Catholic Church.

Curing: Restoring “health, soundness, or normality”¹⁴ or bringing “about recovery from”¹⁵ or treating “so as to remove, eliminate, or rectify.”¹⁶

End: Synonymous with a “goal,” the term first describing a voluntary human action which is a matter of conscious purpose or intention; in Aristotelian, it is the “final” cause.

Medicine: From the Latin *medicina* which means the art of cure, but it is interesting to note that there is no official definition of medicine whereas the

¹²Ibid.

¹³Ibid.

¹⁴*Webster’s Third New International Dictionary of the English Language unabridged*, 2002, s.v., “Cure,” 555.

¹⁵Ibid.

¹⁶Ibid.

definition of health¹⁷ has existed since 1946. The *Oxford English Dictionary* defines medicine as a science: “The science or practice of the diagnosis and treatment of illness and injury and the preservation of health.”¹⁸ The *Webster’s Third New International Dictionary of the English Language* chooses not to take sides: “The science and art dealing with the maintenance of health and the prevention, alleviation, or cure of disease.”¹⁹ It is the same way for the *Mosby’s Medical Dictionary*: “The art and science of the diagnosis, treatment, and prevention of disease and the maintenance of good health.”²⁰

I. STRUCTURE OF THE THESIS IN NARRATIVE FORM

The thesis is divided into six chapters: Chapter I presents the usual introductory part of a thesis, which provides a foretaste of the structure and substance of the thesis. It comprises the Background of the Study, Statement of the Problem, Significance of the Study, Objectives of the Study, Scope and Limitation of the Study, Review of Related Literature, Methodology, Definition of Terms and Structure of the Thesis in Narrative Form.

Chapter II is exegetical and explores the relationship between the Bible and medicine. The aim is to show that medicine has its ends according to God’s Plan, that it is a unique profession and that its specific ends are attributed to God. To enumerate these ends, it is necessary to understand how the Old Testament interprets illness and how the physician will respond to it. It is important as well to see the perspectives given by the New Testament

¹⁷Retrieved January 31, 2017 from <http://www.who.int/about/definition/en/print.html>.

¹⁸*Shorter Oxford English Dictionary*, vol. 1, 2002, 5th ed., s.v., “Medicine,” 1734.

¹⁹*Webster’s Third New International Dictionary of the English Language unabridged*, 2002, s.v., “Medicine,” 1402.

²⁰*Mosby’s Medical Dictionary*, 2017, 10th ed., s.v., “Medicine,” 1110.

regarding illness and medicine. The main idea is to show that medicine is not in direct contrast with God, but that physicians have a common mission with God in the care of Creation.

Chapter III seeks to study the contributions of the Fathers of the Church on the question of the ends of medicine. Since this point was not specifically dealt with in the past, the researcher concentrates on the concept of Christ the Physician. The study shows that if Christ is called physician by some Fathers of the Church, it is because of his many acts of healing. From there, it is easy to deduce that physicians are made to cure and that their mission is to be viewed at that level. But because Christ saves and cures at the same time, the researcher examines the link between cure and salvation. The aim of this chapter is to show that physicians and health care professionals are made to cure and not to save, contrary to the nature of Christ the Physician who saves and cures.

Chapter IV studies the contribution of the Magisterium of the Catholic Church to the question on the ends of medicine. There are two objectives: examine whether the Magisterium clarifies the concepts of cure and care, and to examine if a ranking exists regarding the ends of medicine. This chapter includes the ban on priests to practice medicine issued by the Magisterium in the Middle Age. While Chapter II shows that medicine is not a rival to God, it cooperates in his Plan. It must however be made explicit that the ends of medicine and the priesthood are contrastive. This chapter aims to show that care is the main end of medicine and is defined by alleviation of human suffering and accompaniment of those who suffer. Cure, which is included in care, is not a secondary end of medicine, but in the order of intention, care is before cure.

Chapter V shows that God's Plan on medicine is embodied in every physician. The ends of medicine are found in concrete terms in every

physician. Consequently, the concept of medical vocation as well as other concepts are explained. These concepts include God's call, dedication to medicine, mission in relation with one's freedom, talent and passion. The aim is to explain how God's Plan in medicine can be made concrete through each physician and health care professional and at the same time how they can maintain their freedom and how the ends of medicine as God sees in his Plan are manifested differently by each one.

Each chapter, starting with Chapter II to Chapter V, has an Introduction and ends with a Chapter Summary.

Chapter VI concludes the thesis with a summary of each chapter starting with Chapter II; findings by way of restating each sub-problem as in Chapter I and categorically one by one so as to give the definite answer to the overall *status quaestionis* (problem statement); and a few recommendatory topics for future study.

CHAPTER II

ILLNESSES AND MEDICINE IN THE BIBLE

Introduction

The Bible talks about God and his relationship with men. It speaks of life and death, health and illness, and thus of medicine. One of the most sticking features of the Old Testament is that it presents its teaching not by definition and argument, but by illustration and example. Even if the Bible is neither a treatise on medicine nor a theological presentation on the ends of medicine, it has something to say about medicine. This chapter aims to highlight what the Bible reveals about medicine and thus to deduce what one is led to consider as the ends of medicine. It is but fitting to begin by presenting the Old Testament's view on illness as seen by the Assyro-Babylonian civilization. This will then allow one to see the place of medicine among the Hebrews, then its evolution during the divine Revelation. Finally, one must bring out the new ideas during the New Testament. All this will show that the Bible recognizes medicine as a separate profession and that it reveals that God has given this profession two specific ends.

A. ILLNESSES AND MEDICINE: OLD TESTAMENT

Without illnesses, the practice of medicine cannot exist. Before presenting the vision of the Old Testament on medicine, one must understand the meaning of the illnesses of man during this time. Here, the Hebrews were

very much influenced by the Assyro-Babylonians regarding their ideas on illnesses and medicine. They were first influenced by the Ashur civilization from 9th century BC because this was the dominant civilization at that time. With regard to the Babylonian civilization, the Israelites were directly influenced by it because of their exile in Babylon between 587 and 538 BC. However, whereas the Babylonians developed their teaching on evil in reference to several gods, the Israelites adored only one God.

1. Assyro-Babylonian Concept of Illness and Medicine¹

The Assyro-Babylonian civilization is, with Egyptian civilization, the oldest in Antiquity. The Assyro-Babylonian civilization is the beginning of a truly pagan theology with a mixture of pantheism and dualism but which largely influenced Hebrew culture and thus biblical accounts. The Hebrews shared with their neighbors many cultural elements and even some cosmological representations in the form of myths like the Babylonian poem *Enuma Elish* or the epic *Gilgamesh*.

The Assyro-Babylonian civilization in the second and third millennia before our era is essentially theocratic. The gods are the real masters. They are the ones who bring illnesses to those who do not obey them or those who are in the state of sin. A physical ailment is the sign of a moral evil and the two blends with each other. The Assyro-Babylonian civilization considers illness as retribution for sin. Illnesses are penalties, that is punishment for sin, since sin is understood as an act which breaks the rules of the gods or one that

¹See Georges Contenau, *La Médecine en Assyrie et en Babylonie* [Medicine in Assyria and Babylonia] (Paris: Librairie Maloine, 1938). See also: Marcel Sendrail, *Histoire Culturelle de la Maladie* [Cultural History of Illness] (Toulouse: Privat, 1980).

makes them angry.² For the Assyro-Babylonians, illnesses come from the gods; they are punishment for a sin which is known or unknown. The sick person cannot participate in the religious ceremonies because he is impure; an impure body implies impure morality. The notions of sin, impurity, illness and punishment go together and are merged. Moreover, a single word sums it up: *Shêrtu*. Sometimes the god is directly enraged and the Babylonians call the illness by the name of the god who strikes: “Hand of Ishtar,” “Hand of Shamash,” “Hand of Ea.”³ Sometimes the gods do not strike directly but stay away from the sinner: it is the evil spirits which take hold of the sinner. Sin makes the sinner lose the god’s protection so the illness becomes the work of demons: “Once the god stays away, the demon takes his place, and man becomes ill.”⁴ In sum, the notions about illness being caused by sin and illness being caused by demons are at the bottom of the Assyrian beliefs on medicine. The person who suffers recognizes that illness is a just punishment. He is guilty of his mistakes and naturally he turns to the gods to ask for cure.

Only the gods can bring cure. To obtain cure, it is necessary to appease the angry gods or to expel the demon which possessed the body of the sick person. Only the ministers of the gods can appease divine wrath. For this reason, physicians belong to the same class as priests. The sick person invariably calls on the priest or the physician, sometimes both. Thus, physicians can cure the sick. But in order to do so, they call on the gods. They hold a morsel of knowledge which the priests have and often collaborate with

²Georges Contenau, *La Médecine en Assyrie et en Babylonie* [Medicine in Assyria and Babylonia] (Paris: Librairie Maloine, 1938), 78.

³Marcel Sendrail, *Histoire Culturelle de la Maladie* [Cultural History of Illness] (Toulouse: Privat, 1980), 24-25.

⁴Translated from French by the researcher: “Une fois que le dieu s’est écarté, le démon s’installe à sa place, et l’homme devient malade.” Georges Contenau, *La médecine en Assyrie et en Babylonie* [Medicine in Assyria and Babylonia] (Paris: Librairie Maloine, 1938), 87-88.

them.⁵ In fact the word physician comes from the Sumerian *A.ZU*⁶ (*asû* in Akkadian) which signifies the one who knows water. To know water means knowledge of the practice of divination⁷ on the sick person. The sick are treated by divination, magic, exorcisms, conjurations and rituals of sacrifices, as well as with plants and minerals.⁸

Physicians are not the only ones who want to cure the sick. Priests also participate in the treatment, thus allowing one to speak of priestly medicine. For a Babylonian, this is entirely normal since the origin of illnesses is linked to the wrath of the gods. But priests have their specializations. Some take care of diagnosis and prognosis; these are the soothsayers (*bārû*, the one who sees, who observes) whose gods are Shamash (the sun god) and Adad (the god of atmospheric phenomena). Some use treatment by incantations and magic;⁹ these are the exorcists (*āšipu*, the one who purifies) whose god is Ea.¹⁰ The sick person, guided by the priest who examines him, enumerates the offenses of which he is guilty. The sin, simply put, falls under the authority of the exorcist and allows him to know on which god to call.¹¹ This is followed by an anti demonic pharmacopoeia composed of nauseous and disgusting substances.¹²

⁵Ibid., 30-43.

⁶Sumerian is not a Semitic language. The Sumerian root *A.ZU* becomes *asû* in Semitic, i.e. in Akkadian from which Babylonian and Assyrian originated.

⁷Note that *A.ZU* also means soothsayer, in Akkadian *bārû*.

⁸Georges Contenau, *La médecine en Assyrie et en Babylonie* [Medicine in Assyria and Babylonia] (Paris: Librairie Maloine, 1938), 52.

⁹Magic includes all the activities which constrain the powers which control the course of events.

¹⁰Georges Contenau, *La médecine en Assyrie et en Babylonie* [Medicine in Assyria and Babylonia] (Paris: Librairie Maloine, 1938), 43-44.

¹¹Ibid., 95.

¹²Ibid., 162.

2. Judaic Concept of Illnesses

For the Hebrews, life is an analogical concept which is fully achieved in God who is Life. Man finds his life fulfilled when he is happy. The fullness of life is characterized by well-being, *šālōm*. It refers to well-being in all its dimensions: “Human existence encompasses health and strength, liberty and justice, peace and piety. The life that God wants for man can only be one of fullness, happiness and abundance.”¹³ This is a realistic vision of how life is to be lived, one which does not merely imply good health, but also strength, justice and peace, and even fertility and fruitfulness. Thus, health is part of *šālōm*. For the Hebrews, illness is the opposite of the state of *šālōm*. The opposition between happiness and misfortune goes back to the opposition between life and death. Illnesses and suffering are equated to death. Illnesses weaken the vital forces and always represent possible death. Life is lived to a minimum in the suffering person because illness progressively weakens one’s vital strength. It is a critical hemorrhage of life. Thus, the one who is ill does not know true life which is a gift from God.

According to the Torah,¹⁴ which is largely influenced by the Assyro-Babylonian civilization, illnesses are primarily divine chastisement. God is the cause of illnesses but illnesses are deserved. For the man of the Bible,

¹³Translated from French by the researcher: “L’existence humaine implique santé et force, liberté et justice, paix et piété. La vie que Dieu souhaite pour les hommes ne peut être que plénitude, bonheur, abondance.” Guy Vanhoomissen, *Maladies et Guérison. Que Dit la Bible ?* [Diseases and Healing. What Does the Bible Say?] (Bruxelles: Lumen Vitæ, 2007), 17.

¹⁴Regarding the relationship between the Bible and medicine, see: Michel Hermans, Pierre Sauvage, *Bible et Médecine. Le Corps et l’Esprit* [Bible and Medicine. The Body and the Mind] (Bruxelles: Lessius, 2004). Christian Klopfenstein, *La Bible et la Santé* [Bible and Health] (Paris, La Pensée Universelle, 1978). Nicolas Marceau, *La Médecine dans la Bible* [Medicine in the Bible] (Paris, Le François, 1977). Paul Tournier, *Bible et Médecine* [Bible and Medicine] (Neuchâtel, Delachaux et Niestlé, 1955). Daniel Vernet, *Médecine et Médecins devant la Bible, Hier et Aujourd’hui* [Medicine and Physicians confronted with the Bible, Yesterday and Today] (Carrières-sous-Poissy: La Cause, 1987).

God is omnipresent, a presence which is made manifest in a perceptible manner. God's hand is at the origin of illnesses as he is at the origin of everything that happens on earth. But God is not a tyrannical divinity nor a perverse despot. The litany of miseries, sufferings and acts of violence and illnesses is contrary to God's Plan for humanity. Illness entered the world as a result of sin. Man's fault is at the origin of illness. A religious or moral weakness is at the origin of illness. The Hebrews consider illnesses as a punishment for personal sin.

Illness is explained in the context of the alliance between God and his people. For the Old Testament, especially in the Deuteronomist tradition, it is a case of your money or your life: if the person chooses the Lord, he is rewarded by happiness and life, but if he turns away from God by sinning, illness and death befall him. Illnesses are viewed as a sanction or curse from God which are identified with one's infidelity to God. They are symptoms of a man's offenses. Israel experienced that illness was linked to sin and evil in a mysterious way. There is no natural causal link between sin and illness, but this is due to a purely supernatural reaction. There are many examples in the Bible, but the story about Miriam (Nm 12), Moses' sister, is particularly significant.

Miriam opposed Moses twice. This meant that she went against God's Plan for Israel. On the one hand, she was against Moses' marrying a Cushite woman and on the other hand, she could not accept that the privilege to speak to the Lord was given only to her brother. It did not take long for her to be punished: "Yahweh's anger was aroused by them. He went away, and as soon as the cloud left the Tent, there was Miriam covered with a virulent skin-disease, white as snow! Aaron turned to look at her and saw that she had contracted a virulent skin-disease" (Nm 12:9-10). The punishment was severe because having skin disease, which totally symbolizes impurity meant

exclusion from the community. According to Olivier Artus, physician and Bible scholar, “illness is a means of divine sanction of a human who goes against the divine plan.”¹⁵

There is also the case of the Seleucid king Antiochus Epiphanes whom God struck with an incurable and untouchable illness because he wanted to make a mass grave for the Jews in Jerusalem: “But the all-seeing Lord, the God of Israel, struck him with an incurable and unseen complaint. The words were hardly out of his mouth when he was seized with an incurable pain in his bowels and with excruciating internal torture; and this was only right, since he had inflicted many barbaric tortures on the bowels of others” (2 Mc 9:5-6). After falling from a chariot, the doomed king “found himself flat on the ground and then being carried in a litter, a visible demonstration to all of the power of God, in that the very eyes of this godless man teemed with worms and his flesh rotted away while he lingered on in agonizing pain, and the stench of his decay sickened the whole army” (2 Mc 9:8-9).

In the account of curses in Deuteronomy, illnesses are also seen as divine chastisement because curses are clearly related to disobedience of the law and the commandments given by Moses: “But if you do not obey the voice of Yahweh your God, and do not keep and observe all his commandments and laws which I am laying down for you today then all these curses will befall and overtake you” (Dt 28:15). There are different kinds of sanctions: pestilence, consumption, fever, inflammation, blight, mildew, boils, buboes, scabs, red patches for which there is no cure. Then there is

¹⁵Translated from French by the researcher: “La maladie constitue l’une des modalités de la sanction divine touchant un personnage humain qui s’élève contre le projet divin.” Olivier Artus, *Guérir et Sauver dans l’Ancien Testament* [To Heal and to Save in the Old Testament], in Michel Hermans and Pierre Sauvage, *Bible et Médecine. Le Corps et l’Esprit* [Bible and Medicine. The Body and the Mind] (Bruxelles: Lessius, 2004), 42-43.

madness, blindness and loss of one's mind or even ulcers from the sole of the foot to the top of the head for which there is no cure.

3. Judaic Concept of Medicine

If illness is a punishment from God, only God can cure the sick. Only God has the power to cure. The God of the Old Testament thus appears as a God-Healer. Naturally God is at the forefront. Under such conditions, the physician will have a hard time in finding his rightful place. Medicine in the Old Testament has but a little place in this context. But to affirm that it is God who heals does not automatically rule out all illnesses. Despite immense faith in the God who saves and heals, illnesses and torment are always present. In Judaism, even if illnesses are believed to be chastisement, they are not conditions to be borne passively. This is why priests were gradually found side by side with physicians even if the latter had much difficulty in establishing themselves and finding their rightful place. As a result, the heart of the sick person was torn between the two means of obtaining cure: God or physicians.

a. Difficult Practice of Medicine

With the view of the Old Testament on illnesses, an Israelite who becomes sick would first not consider getting therapeutics that is the slightest

bit rational.¹⁶ Such is the tragedy of the Hebrew physician who found it difficult to assert himself and to find his place in society. In many ways, there existed a wide gap between Hebraic therapeutics and those of ancient Egypt to the extent that an Israelite would readily turn to “supernatural forces or propitiatory rites and often more or less to magic.”¹⁷ Because medical practices were limited and often not very effective, it is understandable that the sick person wanting to be cured turned to less rational treatments. He took recourse to prayer and offering sacrifices and even consulted with seers and healers who used charms and magic potions. Popular faith conserved beliefs which were heterodox like the power of healing waters, the presence of bad spirits or some religious traditions on healing. Canaanite religious traditions remained alive and well. The attraction of magic persisted. The example of the healing of the Shunammite (2 Kgs 4:29-31) woman with the rod of the prophet Elisha or the story of the bronze serpent¹⁸ is a reminder of archaic features similar to magic. There were too many pagan rites in these practices.

Regarding the Levites, Hebrew priests, Mosaic Law obliged them to diagnose some illnesses, namely those which were visible to the eye like dermatitis and mainly *ṣāra'at*. This Hebrew word is often translated as leprosy, even if Hansen's bacillus was not directly implicated. It would probably not have been leprosy nor even a contagious illness. The proof is that Naaman's *ṣāra'at* did not forbid him to have social contact. Moreover,

¹⁶See Paul Humbert, “Maladie et Médecine dans l'Ancien Testament,” [Disease and Medicine in the Old Testament], *Revue d'Histoire et de Philosophie Religieuses*, no. 4 (1964): 4.

¹⁷Translated from French by the researcher: “Des forces surnaturelles ou à des rites propitiatoires et souvent plus ou moins magiques.” Paul Humbert, “Maladie et Médecine dans l'Ancien Testament,” [Disease and Medicine in the Old Testament], *Revue d'Histoire et de Philosophie Religieuses*, no. 4 (1964): 17.

¹⁸Note that the serpent was used as a cultural image until the 8th century. The presence of representations of the serpent in worship was nevertheless forbidden by the reform of Hezekiah (2 Kgs 18:4). The symbolic explanation of the serpent only came later (Wis 16:6-12 and Jn 3:14-15).

the word *šāra'at* is used to describe stains in pieces of clothing (Lv 13:47-59) and the degradation of the walls of a house (Lv 14:33-53). The priest was tasked to segregate those with this illness from others: “The priest will examine the disease on the skin. If the hair on the diseased part has turned white, or if the disease bites into the skin, the skin-disease is contagious, and after examination the priest will declare the person unclean (Lv 13:3). Segregation was done not for hygienic reasons or because of the contagious nature of the illness. It was rather because the person was considered as impure. In fact, the priests were tasked more for purification rites rather than medical diagnosis. Impurity was a question of rituals rather than morals. The word does not mean sin nor an act of guilt. For instance, maternity (Lv 12) or the cleaning of the dead (Nb 19:11) makes one impure and yet these acts must be performed. With regard to dermatitis, the priests of the Old Testament had to have some medical knowledge: “Some even acquired enough experience to practice medicine to a certain extent.”¹⁹ Nevertheless, it was not strictly speaking a question of remedy because the leper had been cured. The role of the priest was limited to diagnosis and purification rites as well as the recognition of healings.

Hebrew priests were neither healers nor physicians as opposed to the priests in the surrounding regions. The people of Israel had little interest in medicine because wisdom and knowledge found their totality in the Torah. Faced with the God-Healer and priests who did the diagnosis, physicians had difficulty in finding their rightful place. People’s trust in them was not gained spontaneously.

¹⁹Translated from French by the researcher: “Plusieurs même arrivaient à acquérir assez d’expérience pour exercer la médecine dans une certaine mesure.” *Dictionnaire de la Bible* [Dictionary of the Bible], 1903 ed., s.v. “Médecin” [Physician], 909.

b. Physicians as Rivals of the God-Healer

The first reference to physicians in the Bible concerns the Egyptian embalmers: “Then Joseph ordered the doctors in his service to embalm his father. The doctors embalmed Israel” (Gen 50:2). It was not a very glorious beginning but it is interesting to note that the first physicians mentioned in the Bible were not there to cure the sick because the sick person was already dead. Physicians were called upon to take care of the corpse. It was not about curing, but caring at a moment of intense suffering. This may be insufficient to make any conclusions whatsoever regarding the end of medicine but it is nevertheless interesting to note. The question remains whether physicians in the Bible were able to stand out little by little and to participate in the mission of care for the Israelites.

Medical care and treatment which can benefit the sick are basic. In the Old Testament, general references are made to the medical properties of plants and roots (Wis 7:20) as well as to the usefulness of poultices or plasters: “The whole head is sick, the whole heart is diseased, from the sole of the foot to the head there is nothing healthy: only wounds, bruises and open sores not dressed, not bandaged, not soothed with ointment” (Isa 1:5-6). The prophet Jeremiah mentions several times the region of Gilead, a mountainous region in Transjordan known for its aromatics used for embalming and medical treatment. It is from Gilead that the balm used to bind wounds come: “Go up to Gilead and fetch balm, virgin daughter of Egypt! You multiply remedies in vain, nothing can cure you!” (Jer 46:11). The prophet Isaiah delivered King Hezekiah from his ulcer by applying “a fig poultice” (2 Kgs

20:7 or Isa 38:21). It is worth noting that a “poultice of figs is considered as a usual treatment.”²⁰

Medical practitioners only appear during the royal era but their role was basically limited to wound care: “King Jehoram returned to Jezreel to recover from the wounds which he had received at Ramah, fighting against Hazael king of Aram. Ahaziah son of Jehoram, king of Judah, went down to Jezreel to visit Jehoram son of Ahab because he was ailing” (2 Kgs 8:29). But going to physicians was still a surprising notion and was considered as opposing trust in God. If it is God who cures, why should man resort to medicine which comes from man? Resorting to human knowledge was seen as an offense to God, a lack of faith in him. Trusting physicians posed a daunting challenge.

As their illustrious ancestor Solomon had shown, the kings of Judah often began well but ended up badly. The same is true for King Asa who at the beginning of his reign, did what was good and pleasing to the Lord. Unfortunately, as seen in the book of Chronicles, in the thirty-ninth year of his reign, when King Asa was threatened by an impending invasion of his kingdom, he panicked and dealt with the situation by himself. He failed to put his trust in the Lord as taught by the prophets: he took silver and gold from his treasuries to buy allies for himself. A regiment of warm bodies is worth more than an invisible God! Three years later, “Asa contracted a disease in his feet, which became very severe [...]” (2 Chr 16:12). However, the devout chronicler became indignant during his illness: “He consulted not Yahweh but the doctors” (2 Chr 16:12). In order not to pit physicians against them, exegetes tried to show that medicine during that time was somewhat tainted

²⁰Translated from French by the researcher: “Le pain de figues relève de la médication habituelle.” Hilaire Duesberg, “Le Médecin, un Sage,” [The Physician, a Wise Man]. *Bible et Vie Chrétienne*, no. 38, Paris, Casterman, 1961, 47.

with magic so that recourse to “witch doctors” goes back to denying the Lord himself. But this explanation is rather insufficient.

c. Three Perceptions: Relation between God's and Physicians' Work

There are actually two ways of perceiving the close link between God's work and that of the physician, i.e. two ways of understanding the trust that the believer puts in the Lord and that which he puts in the physician. The first corresponds to the principle of communicating vessels. God and man are placed on the same plane and in that case, there is necessarily competition in their actions even if they work for the same end. Everything that is attributed to man is taken away from the action of God and vice versa. The danger of this idea would be either to believe that God does everything, or to gradually leave God to give importance to man's action. In the latter case, God settles for filling in the gaps while waiting for man be the master of his own destiny so he will no longer need God. The priest who is the mediator between God and men thus loses his place. This ends in contemporary atheism where man no longer needs God.

The opposite extreme would give too much room to priests and to God. Man cannot do anything. It is a determinism. The Old Testament sometimes gives voice to this idea. It is enough to look at the unfortunate story of King Asa.

It is not about choosing between God and the physician. There is another way of apprehending the relationship between God and the physician, not as rivals – a choice between God or the physician, but of two subordinate causes (physician is subordinate to God). Besides, divine Revelation in the

Old Testament is progressive in nature because it requires time to move away from old perceptions rooted in the culture. There must first be an evolution of the perception of illnesses themselves which necessarily entails an evolution in the way medicine is viewed. The pinnacle of this reflection is found in the book of Sirach the sage which highly praises medicine and physicians in the Bible.

4. Vision of Illnesses and Medicine: Evolution

The writings in the Old Testament present an explanation on the origin of illnesses and a vision of medicine.

a. Origin of Illnesses

The writings in the Old Testament present an explanation on the origin of illnesses. The Old Testament distinguishes several probable causes. It is not always Yahweh who sends illnesses but other entities as well. God can send destructive angels (Ps 78:49) or the angel of Yahweh (2 Sm 24:15-17), the evil spirit (1 Sm 16:14 and 1 Sm 19:9) who afflicted Saul with terror. The later narratives even speak of Satan (Jb 2:7), the clutches of Sheol (Hos 13:14) and demons (Tb 6:8). The sacred authors thus refused to incriminate their unique God, safeguarding monotheism and avoiding a dualistic system of belief. If God is kind and merciful, he himself cannot send illness. Thus, he is protected from accusations of cruelty while being all-powerful, being the master of all that happens on earth. This is typically found in the rewriting of the book of Chronicles on the story of the taking of the census of Israel. It is

no longer Yahweh's anger (2 Sm 24:1) which befalls his people but Satan who opposes Israel: "Satan took his stand against Israel and incited David to take a census of Israel" (1 Chr 21:1). The progression in the minds of the people is made manifest. There is a change in thinking and a purification of the notion of God. Nevertheless, the mystery remains since God has power over all forces of evil and yet he does not prevent them from happening. Although he is master of the universe, God allows evil to exist. The explanation about the forces of evil does not constitute the originality of the Hebraic perception.

b. Meaning of Illnesses

There is also an evolution in the writings in the Old Testament regarding illness and its representation as a personal trial. The ancient view of the Hebrews on illness is very similar to the Assyro-Babylonian view. However, the originality in the Jewish people's view lies in their spiritualizing it. Of course, sin is the cause of illnesses, but sin can become illness itself. Here one sees the increasing distinction between bodily illnesses and spiritual illnesses leading to a distinction in their treatment, physicians for the body and priests for the soul. The people of Israel increasingly imbibed the concept of illness as not only that which affected the body but as that which can be spiritual. It is a development and a deepening of the notion of physical illness. In fact, one needs to distinguish the two aspects. One, that the physical illness is a spiritual trial which is the opportunity to call on God and to become close to him by trusting him. Two, sin itself becomes spiritual illness.

1) Illness as a Spiritual Trial

Physical illness is a spiritual trial. The sick are among those which circumstances and events have alienated, the marginalized, the ignored. This is very evident in the cries of the sick who implores divine aid: “My loins burn with fever, no part of me is unscathed. Numbed and utterly crushed I groan in distress of heart [...]. Friends and companions shun my disease, even the dearest of them keep their distance” (Ps 38:7-11). Abandoned by God, the sick person draws nearer to God in his plea. The sick person feels afflicted by external forces and calls upon his God. His pleas express a momentum of his faith in the God who saves and confidence in God will save him. There is no distinction between salvation and cure of the body: “He forgives all your offences, cures all your diseases” (Ps 103:3).

Job’s story certainly best illustrates that physical illness is a spiritual trial. In the Deuteronomic tradition, the one who is close to God is happy, the one who is separated from God is unfortunate. But in the course of time, illness breaks this idyllic situation. This situation seems to be disproved by experience. Sometimes those who are faithful to God are unfortunate and the impious seem to enjoy immense happiness. This was Job’s case who experienced this paradoxical situation. Job was a just man who fell ill. Fate turned against him. In the beginning Job was like a new Adam who was truly blessed. Even if Job was not an Israelite, he had a blissful life. But Job was struck by misfortune, first affecting his possessions, then his children. Then he suffered physically, afflicted by “malignant ulcers from the sole of his foot to the top of his head” (Jb 2:7). It was Satan who inflicted the illness but God allowed it. Job was angry with God: “Pity me, pity me, my friends, since I have been struck by the hand of God” (Jb 19:21). Job did not feel guilty about being ill. He saw it as an injustice and did not understand the divine

chastisement which he did not deserve: “Far from admitting you to be in the right, I shall maintain my integrity to my dying day. I take my stand on my uprightness, I shall not stir: in my heart I need not be ashamed of my days” (Jb 27:5-6). By claiming innocence and his rebelliousness against the principle of strict individual retribution, Job saw divine justice in a different light: “Illness was no longer expiation but trial.”²¹ Job went as far as cursing the day he was born: “Perish the day on which I was born and the night that told of a boy conceived. May that day be darkness” (Jb 3:3-4). Job expressed his desire to rest; he wished death on himself: “Now I should be lying in peace, wrapped in a restful slumber” (Jb 3:13). During his spiritual trial, Job constantly called on God, and God revealed himself to Job. After being silent, God finally answered Job’s cry for help in Chapter 38. Job finally understood that the problem of evil exhausts all rational explanations, his and those of his friends. Faced by the mystery of God, he is stunned: “Before, I knew you only by hearsay but now, having seen you with my own eyes, I retract what I have said, and repent in dust and ashes” (Jb 42:5-6). From then on, Job relied on God and trusted him. The idea that divine approval is expressed by earthly success and health is outdated. Illnesses become acts of faith. The story of Job ends with God giving back Job’s good fortune but there is no mention of his bodily cure.

Therefore, if illness is a spiritual trial, it means that the sick person does not only need medical treatment for cure. It is a relevant for today. The suffering caused by hardship must be eased, accompanied, sustained. It is certainly God who acts in the depths of the heart during spiritual trials. But those people around the sick person are important in accompanying and

²¹Translated from French by the researcher: “La maladie n’est plus expiation, elle devient épreuve.” Marcel Sendrail, *Histoire Culturelle de la Maladie* [Cultural History of Illness] (Toulouse: Privat, 1980), 71.

sustaining the person who suffers. Those who are near the sick, family and friends alike, have an important role to play. Priests have a role in accompanying the sick person in this spiritual suffering in its religious aspect. Physicians also have a mission to accomplish in accompanying the spiritual suffering in its existential aspect. It would be a pity if physicians solely focus on cure for the sick and not care for them.

2) Sin as the Illness of the Soul

In the chronological evolution of divine Revelation in the Old Testament, sin was no longer the only cause of illnesses as part of personal retribution. Sin itself was considered as a spiritual illness. This is why the Old Testament uses medical words like illnesses, wounds or even blows, to describe it. The pains of the soul are varied. Here is an example of worry and sorrow: “How long must I nurse rebellion in my soul, sorrow in my heart day and night?” (Ps 13:2). Still another example of anguish and fear: “My heart writhes within me, the terrors of death come upon me, fear and trembling overwhelm me, and shuddering grips me” (Ps 55:4-5). Many indeed are the different kinds of spiritual illnesses and the psalmist who is overburdened with sorrow ends up being overwhelmed: “For I am filled with misery, my life is on the brink of Sheol” (Ps 88:3). Although the metaphorical words used are medical jargon, they fall within existential reality. Physicians at that time did not have a specific role because the conditions did not fall within the domain of medicine but of moral life. Sin, when understood to be a spiritual illness, is a moral and religious problem.

c. Concept of Medicine

The elements concerning the evolution in divine Revelation on the origin of illnesses and their significance on a personal plane necessarily include an evolution with regard to the Old Testament vision of medicine. Moreover, the progressive distinction between illnesses of the soul and those of the body shows that medicine grew significantly.

The Bible shows occurrences of some illnesses whose origin is purely natural. Among these were wounds inflicted by war, trauma, and blows. If a man hurt himself while walking, the wound was caused by his carelessness. An example is the case of Meribbaal, Jonathan's son, who became crippled all his life because of a fall when he was five years old: "Jonathan son of Saul had a son with crippled feet. He was five years old when the news about Saul and Jonathan came from Jezreel. His nurse picked him up and fled but, as she hurried away, he fell and was lamed" (2 Sm 4:4). The same case holds for Ahaziah who died after a fall "from the balcony of his upper room in Samaria" (2 Kgs 1:2). Another unexpected death was that of Manasseh, the husband of Judith. During the barley harvest, Manasseh was watching over the harvesters in the field. Because of the heat of the sun, he had to be bedridden, did not recover and eventually died: "He had died at the time of the barley harvest" (Jdt 8:2-3). In the examples just cited, the illness or trauma was followed by impairment or death. Cure was not involved. Natural ageing was also mentioned as in the case of the patriarch Isaac, who having grown old, lost his sight: "Isaac had grown old, and his eyes were so weak that he could no longer see" (Gen 27:1). Another example is the prophet Ahijah of Shiloh: "Now Ahijah could not see, his eyes were fixed with age" (1 Kgs 14:5). Finally there was Tobit, son of Tobias who suffered from leukoma caused by the droppings of a sparrow: "I did not know that there were

sparrows in the wall above my head; their hot droppings fell into my eyes. This caused white spots to form, which I went to have treated by the doctors. But the more ointments they tried me with, the more the spots blinded me, and in the end, I become completely blind” (Tb 2:10). Not all the illnesses found in the Old Testament are therefore chastisement for personal retribution because some illnesses have purely natural causes. This leads one to reflect on the medical treatment which is more and more distinct from the magico-religious sphere. This reflection on medicine in the Old Testament reached its peak in the Book of Sirach, especially in the Chapter 38.

The Book of Sirach is faced with two attitudes: one which attaches too much importance on the place given to the medical arts to the detriment of God; the other downgrades and dismisses physicians. How does one find the rightful place of medicine and at the same time respect the faith of Israel? This is the question that Sirach wanted to confront and his answer is in the middle ground. He chose to understand the question on the relationship between God and man through subordinate causes and not by concurrent causes. This leads to an account which illuminates the respect given to physicians: it constitutes a panegyric, a hapax in the whole Bible.

In reality, when their God remains deaf to their pleading, many Hebrews did not hesitate to consult Babylonian or Egyptian physicians because rather than being subject to the uncertainty of providential help, the physicians’ knowledge was more reliable. This was the case when the diaspora led many Jewish communities to accept the influences of Hellenistic Egypt which the Book of Sirach shows. It was in the 4th century BC in Egypt with Hippocratic *Corpus* that medicine began to get rid of its mythical-religious character. The Book of Sirach was written during a period of transition between the foreign occupation of King Antiochus which was fairly liberal (223-187 BC) and the violent battle which culminated in 167 BC with

the revolt of the Maccabees. The pericope which is transcribed here in its entirety recognized the importance and even the dignity of medicine. But it warns on the risk of pride and power by reminding that medicine does not rank first because if there is cure, this is part of God's work:

- ¹ Treat the doctor with the honour that is his due,
in consideration of his services;
for he too has been created by the Lord.
- ² Healing itself comes from the Most High,
like a gift received from a king.
- ³ The doctor's learning keeps his head high,
and the great regard him with awe.
- ⁴ The Lord has brought forth medicinal herbs from the ground,
and no one sensible will despise them.
- ⁵ Did not a piece of wood once sweeten the water,
thus giving proof of its power?
- ⁶ He has also given some people the knowledge,
so that they may draw credit from his mighty works.
- ⁷ He uses these for healing and relieving pain;
the druggist makes up a mixture from them.
- ⁸ Thus, there is no end to his activities;
thanks to him, well-being exists throughout the world.
- ⁹ My child, when you are ill, do not rebel,
but pray to the Lord and he will heal you.
- ¹⁰ Renounce your faults, keep your hands unsoiled,
and cleanse your heart from all sin.
- ¹¹ Offer incense and a memorial of fine flour,
make as rich an offering as you can afford.
- ¹² Then let the doctor take over – the Lord created him too –
do not let him leave you, for you need him.
- ¹³ There are times when good health depends on doctors.
- ¹⁴ For they, in their turn, will pray the Lord
to grant them the grace to relieve
and to heal, and so prolong your life.
- ¹⁵ Whoever sins in the eyes of his Maker,
let such a one come under the care of the doctor! (Sir 38:1-15).

Sirach lived in Jerusalem around 200 BC. He was open-minded and he welcomed some Greek practices. This Biblical text was a means to build up

the assembly of the faithful to whom it was read. Sirach presents a reflection on wisdom wherein God's Plan is gradually brought out. He is the only one in the Bible who actually makes mention of physicians but it must be mentioned that rational medicine which was practiced by the Greeks on a more regular basis was only established among the Jews starting from the rule of the Seleucids.²² Sirach truly wrote a praise of physicians. From this passage, one can retrieve three teachings: physicians occupy a particular place in God's Plan, they are not rivals but cooperators of God, God has given medicine a specific end.

1) Medicine as a Separate Profession

“Treat the doctor with the honour that is his due, in consideration of his services; for he too has been created by the Lord” (Sir 38:1). Sirach starts strong by speaking well of physicians.²³ He recognizes the importance and even the dignity of the work of a physician, the reason why the physician is honored for his services. Now according to Greek tradition, homage is given only to persons who are commendable and righteous. This means that physicians are virtuous men. The reason for this honor comes from the function of medicine, namely to look after people's health: “Better be poor if healthy and fit than rich if tormented in body. Health and strength are better than any gold, a robust body than untold wealth. No riches can outweigh bodily health, no enjoyment surpass a cheerful heart” (Sir 30:14-16). There is more: physicians are God's creatures. Sirach highly praised them because no creature is useless; everything has its place in Creation, every creature has a

²²*Dictionnaire de la Bible* [Dictionary of the Bible], 1903 ed., s.v. “Médecin” [Physician], 909.

²³Hebrew version of the text is: “Be friendly with a doctor.”

role to play. If physicians exist, it is because God wants them and created them. So, they cannot be rivals of God. This is what the Greek verb κτίξειν in the first verse denotes to express that the physician has been created by the Lord. The verb signifies the solemn act of the foundation of a city. Such an act suggests the existence of a plan, an initial purpose. This verb appears repeatedly.²⁴ This echoes the beginning of Genesis. This Greek verb translates three different Hebrew roots, but the translator tries to do a lexical standardization in the story of Creation. Elsewhere²⁵ it is the verb ποιῆν which recalls the work of the Creator. The link between the physician and God is thus strongly pronounced. Physicians thus play an important part in God's Plan.

The Greek version of the text speaks of Creation whereas the Hebrew version²⁶ uses in the first verse the verb *hālaq* which means to choose or to set apart. This appropriate translation allows one to say that the physician is not directly created by God, but simply chosen or set apart. In a way, God chose the physician among men to make him partake in, to participate in the mystery of Creation. Like the prophet, the physician is chosen. In a certain manner, he is called. The physician is set apart, chosen from among others to lead a life of someone sent on a mission. This is the reason why the physician is not just an ordinary practitioner.

²⁴First in Sir 38:1b (ἔκτισεν αὐτὸν κύριος), the second time in Sir 38:4a (κύριος ἔκτισεν ἐκ γῆς φάρμακα) and the third time in Sir 38:12a (ἔκτισεν αὐτὸν κύριος).

²⁵Sir 38:15a (τοῦ ποιήσαντος αὐτὸν).

²⁶The original text was written in Hebrew but it disappeared for about 10 centuries during which only translations in Greek and Syriac existed. The Hebrew text is said to be nearer to the original text. There are several manuscripts of the Book of Sirach in Hebrew, discovered in 1896 by S. Schechter: A, B, C, D, E, F. Moreover, some fragments were discovered at Qumrān (2Q18, 11QPs^a) and seven manuscripts in Masada. Since 1896, two-thirds of the Hebrew text have been discovered. The manuscripts which impart a lesson on physicians and medicine are: Sir 37:27-38:12 (manuscript B VIII front side), Sir 38:13-38, 27b (manuscript B VIII backside), Sir 37:12a-38, 1a (manuscript DI backside).

2) Physicians as Cooperators of God

The physician is a sage by vocation. This means that he is competent and skilled. This is why the kings themselves, the highest authorities among men, give praise to a science of such noble origin. This is what is contained in the Hebrew version of the text in verse 2: “The doctor has his art from God, and receives presents from the king” (Sir 38:2). Physicians are chosen among men to acquire the science from God so that they will participate in the mystery of Creation: “Thus, having recourse to a physician is not going against the Lord. On the contrary, it is to participate in His own plan by approaching the one chosen to be His collaborator to restore the health of those who are ill.”²⁷ God, the primary cause, cannot do away with secondary causes: for the Book of Sirach says that depriving oneself of care is depriving oneself of God’s help. This is why Sirach was not surprised that the believers ran to physicians rather than to God. Thus, he integrates physicians to the sapiential world, the world he dreamed of where true knowledge is subordinated to God and to his law. Physicians are therefore cooperators of God in his Providence. God and physicians are not rivals, but they are two subordinate causes. If healing occurs, this does not come from the physician but from God through the physician. God is the principal cause and the physician is the instrumental cause: “Healing itself comes from the Most High, like a gift received from a king. The doctor’s learning keeps his head high, and the great regard him with awe” (Sir 38:2-3). The physician’s role is not secondary but he is there as an instrument used by God to attain men. This

²⁷Translated from French by the researcher: “Ainsi recourir au médecin n’est pas s’opposer à Dieu, bien au contraire, c’est participer au dessein même de Dieu en s’adressant à celui qu’il s’est choisi comme collaborateur pour redonner la santé à ceux qui sont malades.” Philippe Gauer, *Le Christ-Médecin. Soigner: la Découverte d’une Mission à la Lumière du Christ-Médecin* [Christ the Physician. To Care: the Discovery of a Mission in the Light of Christ the Physician] (Paris: CLD/Éditions de l’Emmanuel, 1995), 24.

is why the physician can keep his head high, but without being proud because the source of his power comes elsewhere.

The following verses confirm this cooperation between God and physicians: “The Lord has brought forth medicinal herbs from the ground, and no one sensible will despise them. Did not a piece of wood once sweeten the water, thus giving proof of its power?” (Sir 38:4-5). This last verse may seem unclear. The Hebrew and Greek texts are ambiguous because one does not know if the text refers to the nature of the wood or the power of God. In fact, this image surely must be close to the verse describing the image of God in the Book of Exodus. Moses made the people of Israel leave the Sea of Reeds and walk in the desert of Shur for three days without finding water. When they finally found a spring, they could not drink the water because it was bitter. So, Moses called to God: “Moses appealed to Yahweh for help, and Yahweh showed him a piece of wood. When Moses threw it into the water, the water became sweet” (Ex 15:25). The bitter water became sweet through the wood. Everything that can assure the survival of man is found in nature. Physicians must make good use of the resources that God has placed in nature. In the way that medicine is willed by God, so too the drugs or herbal remedies are things that God caused to appear from the earth and grow (*yâšâ’*) to be used by physicians to cure the sick.

3) End of Medicine by God

God is the source of life but he has provided man with intelligence and know-how so that he can cooperate with him so that well-being may spread on earth. Even after Creation, God continues his work on earth by allowing physicians to participate in this power and, by spreading well-being on earth:

“He has also given some people knowledge, so that they may draw credit from his mighty works [...]. Thus, there is no end to his activities; thanks to him, well-being exists throughout the world” (Sir 38:6-8). Here the word well-being comes from the Hebrew *tošiyāh* which means not only health, but also security, wisdom, abundance. The root of the word is *yāša'* which means to save. Note that from this word comes the masculine form *yēša'* which means liberty or deliverance, and the feminine form *yešū'āh* which means salvation, but whose masculine form is the Hebrew translation of Jesus, the Savior God. For John Wilkinson, well-being is one of the six characteristics of health, with righteousness, obedience, strength, fertility and longevity.²⁸ The whole Old Testament's definition of health corresponds to *šālōm*: “The Hebrew word which expresses the quality of the fullness and well-being of life, and which therefore comes nearest to expressing the Old Testament concept of health is the word *shalom*.”²⁹ *Sālōm* is well-being in its totality. Normally, true *šālōm* or well-being comes from God. It is the result of healing that only God can provide. Sirach makes it a point to affirm that well-being can also be achieved through the intermediary of physicians. The real end of medical treatment is well-being. God and physicians work toward this direction, without any conflict of interest: everyone cooperates toward the one and the same end: well-being.

For physicians, there are several ways to achieve well-being. It may be curing, when this is possible or relieving by care. This is the question that Sirach contends with in the following:

My child, when you are ill, do not rebel, but pray to the Lord
and he will heal you. Renounce your faults, keep your hands

²⁸John Wilkinson, *The Bible and Healing. A Medical and Theological Commentary* (Edinburgh: Handsel Press, 1998), 11.

²⁹Ibid.

unsoiled, and cleanse your heart from all sin [...]. Then let the doctor take over – the Lord created him too – do not let him leave you, for you need him. There are times when good health depends on doctors. For they, in their turn, will pray the Lord to grant them the grace to relieve and to heal, and so prolong your life (Sir 38:9-14).

The wise man does not ignore the spiritual, existential and religious aspects of illness. He advises the patient to see the physician after having prayed, renounced sin and made offerings. In times of illness, a good Israelite is not content with calling a physician to his bedside and taking his medication conscientiously. He must also take good care of his soul because he risks infirmity of the body. He must turn to God by asking him for healing, without fighting back, but on the contrary by submitting to his will because it is he who strikes and who heals, who wounds and who binds up the wounds: “Come, let us return to Yahweh. He has rent us and he will heal us; he has struck us and he will bind up our wounds; after two days he will revive us, on the third day he will raise us up and we shall live in his presence” (Hos 6:1-2).

The verb to heal is used twice in Sirach: “Pray to the Lord and he will heal you” (Sir 38:9b), and: “For they, in their turn, will pray the Lord to grant them the grace to relieve and to heal, and so prolong your life” (Sir 38:14). In the last verse, the Hebrew word רִפְאוּת (*rip^he’ût*)³⁰ is used. One must note that in Hebrew, there is no distinction between to cure and to heal. The word healing is also used twice: “Healing itself comes from the Most High” (Sir 38:2a), and: “He uses these for healing and relieving pain” (Sir 38:7). The root רָפָא is used thrice (Sir 38:2a; Sir 38:9b; Sir 38:14), or still *rp’* which signifies to heal, but which is used both for God as well as for medicine. When God is the doer of the action, only the verb to heal or the noun healing is used. On the contrary, when medicine is the subject of the action, the verb

³⁰Scholarly transliteration *rip’ût*. Physician is *rōp^hē’* and medicine is *rep^hū’ā^h*.

to heal or the noun healing is associated with to relieve or relieving. It is interesting to note that the mission of relieving is closely associated with medicine.

On the whole, God and physicians share the same end, to spread well-being by healing to prolong life or bring relief. To relieve and to heal are placed on the same level like two possible paths to attain the end, wellness. For the Old Testament, in its sapiential tradition, to relieve and to heal would be the two ends of medicine knowing that Hebrew makes no distinction between to heal and to cure. Furthermore, in the Old Testament, it is difficult to differentiate the verbs to care and to relieve. The study will now continue with an analysis of Sacred Scriptures, especially in the New Testament.

B. VISION OF ILLNESSES AND MEDICINE: NEW TESTAMENT

As in the case of the Old Testament, the New Testament is neither a medical treatise nor an academic presentation of the ends of medicine in God's Plan. However, even in a cursory reading of the Gospels, one cannot help but see that the sick and the infirm have an integral part in the New Testament. During his entire earthly ministry, Christ encountered the infirm and persons who were wounded in body or in spirit. These were not random encounters or chance meetings. Wherever he went, the sick and the infirm abound. Christ and the Gospels broke away from the old vision of illness being personal retribution. The vision followed the line of wisdom by taking into consideration human responsibility. Illness is a spiritual trial which touches all dimensions of the human person. Certainly, illness affects the body according to its organic determinism, but it also shows a relationship

with God. With Christ, the mystery of evil acquires a different dimension. It is still “the mystery of wickedness” (2 Thes 2:7), but it is destined to be resolved beyond time in the infinite mercy of God. This perspective of the New Testament regarding illness nevertheless gives medicine a real and certain place.

1. End of the Concept of Personal Retribution

John the Evangelist relates the healing of the man born blind which Jesus performed on a Sabbath in Jerusalem: “As he went along, he saw a man who had been blind from birth. His disciples asked him, ‘Rabbi, who sinned, this man or his parents, that he should have been born blind?’ ‘Neither he nor his parents sinned,’ Jesus answered, ‘he was born blind so that the works of God might be revealed in him’” (Jn 9:1-3). There were strong protestations against popular belief. Christ rejected unequivocally the archaic doctrine that related illness to the punishment for sin which ordinary Israelites continued to believe in: “In spite of speculations on undeserved suffering, which was already suggested [...] in the Book of Job, the Jews during the evangelical times were obstinate in giving purificatory meaning to those suffering from congenital birth defects which, according to their belief was caused by hereditary sin. Jesus vehemently denied that sin was the efficient cause of a morbid condition.”³¹ Jesus did not try to explain the origin of illness, but he drew a distinction between the cause of illness from its meaning: “For Jesus,

³¹Translated from French by the researcher: “En dépit des spéculations sur la souffrance imméritée, déjà suggérée [...] dans le livre de Job, les juifs des temps évangéliques s’obstinaient à conférer un sens expiatoire à des tares congénitales qui, à leurs yeux, ne pouvaient témoigner que d’une faute héréditaire. Jésus nie expressément que le péché soit cause efficiente d’un état morbide.” Marcel Sendrail, *Histoire Culturelle de la Maladie* [Cultural History of Illness] (Toulouse: Privat, 1980), 167-168.

sin was not the root cause of illness (be it personal, family or collective sin), but illness can nevertheless keep a religious dimension: ‘so that the works of God might be revealed in him.’”³² Jesus did not reply in line with efficient causality wherein sin would lead to misfortune but consistent with its end so that the works of God are made manifest in the man born blind: “There is nothing, or little to look for behind an evil (a sin), but something can be expected when faced with evil (the accomplishment of God’s will).”³³

In fact, this man born blind is an excellent symbol of human condition, according to Christian faith, since the original sin of Adam and Eve: that from his birth, there is deficiency in man. It is from this spiritual blindness from which Christ pulls men by awakening faith in them. The man born blind who had not sin, nor had his parents depict the original condition of man at birth, the darkness of which they were not personally guilty.

2. Vision of Medicine

Medicine during the time of Christ was extremely various. It was understood in many different ways. On the one hand, in the Greco-Roman world, medicine was empirical and rational, like medicine in its principles. On the other hand, there existed in the Semitic world, medicine which was a

³²Translated from French by the researcher: “Pour Jésus, le péché n’est pas à la source de la maladie (que ce soit un péché personnel, généalogique ou collectif), mais la maladie peut néanmoins garder une dimension religieuse: ‘afin que soient manifestées en lui les œuvres de Dieu.’” Guy Vanhoomissen, *Maladies et Guérison. Que Dit la Bible ?* [Diseases and Healing. What Does the Bible Say?] (Bruxelles: Lumen Vitæ, 2007), 65.

³³Translated from French by the researcher: “Il n’y a rien, ou pas grand-chose, à chercher derrière le mal (un péché), mais quelque chose peut être attendu devant le mal (l’accomplissement d’une œuvre de Dieu).” Michel Salamolard, “Le Mal: Dieu Responsable et Innocent,” [Evil: the Responsible and Innocent God], *Nouvelle Revue Théologique* 127, no. 3 (2005): 375.

mixture of magic and religion.³⁴ However, it is important to note that there are not many references to medicine in the New Testament.

a. Healing of the Woman Suffering from Hemorrhage

The only event which clearly focuses on professional physicians is that of the woman suffering from hemorrhage, but their role was not very edifying. The evangelist Mark remarks deceptively: “After long and painful treatment under various doctors, she had spent all she had without being any the better for it; in fact, she was getting worse” (Mk 5:26). Her illness lasted twelve years and was beyond the competence of physicians. The inefficiency of physicians in this case appears like an urgent invitation to first put one’s trust in God. The end is laudable but the means are subject to debate. Nevertheless, when the evangelist Luke who according to tradition was a physician, relates the story of the woman suffering from hemorrhage, he is careful not to mention his confreres: “Now there was a woman suffering from a hemorrhage for the past twelve years, whom no one had been able to cure” (Lk 8:43).

b. Luke the Doctor

That one of the four Evangelists would be a doctor has a very strong significance. Luke was a Greek born in Antioch and became a doctor in that

³⁴See Christine Prieto, *Jésus Thérapeute. Quels Rapports entre ses Miracles et la Médecine Antique?* [Jesus the Therapist. What are the Relationships between his Miracles and Ancient Medicine?] (Genève: Labor et Fides, 2015).

city. He was Paul's travel companion and the latter would refer to him as his companion and eminent doctor: "Greetings from my dear friend Luke, the doctor" (Col 4:14). An ancient extratextual Greek Prologue³⁵ to the Gospel from the end of the second century described the background of this Evangelist and its author: "Luke was a Syrian of Antioch, by profession a physician, the disciple of the apostles, and later a follower of Paul until his martyrdom."³⁶ Several arguments show Luke's being medically qualified. He is the only Evangelist who uses Hippocratic words.³⁷ Besides his description of paralysis by specifying the side of the paralysis is done with medical and anatomical accuracy. He is the only one who describes the medical treatment of the unfortunate victim's wound (with wine and oil) in the parable of the Good Samaritan. Admittedly the purpose of this parable is not to give a definition of medicine, much less to show the ends of medicine. It is but a parable which illustrates care, and it appears only in the Gospel of Saint Luke the doctor.

c. Parable of Caring

It is enough to mention the number of hospitals and health facilities which bear the name of Good Samaritan to understand that the health profession has taken the parable as their own and the message it imparts. Here below is the integral text of the parable of the Good Samaritan according to Saint Luke:

³⁵This Ancient Prologue actually exists in two forms, one in Greek and one in Latin.

³⁶David Noel Freedman, ed., *The Anchor Bible*, vol. 28, *The Gospel According to Luke: 1-9*, by Joseph A. Fitzmyer (New York: Doubleday, 1983), 38.

³⁷Louis-Paul Fischer and Nathalie Suh-Tafaro, "Le Médecin Saint Luc l'Évangéliste," [The Physician Evangelist Saint Luke], *Histoire des Sciences Médicales* 37, no. 2 (2003): 217.

[A lawyer] said to Jesus, “And who is my neighbour?”

³⁰ In answer Jesus said, “A man was once on his way down from Jerusalem to Jericho and fell into the hands of bandits; they stripped him, beat him and then made off, leaving him half dead.

³¹ Now a priest happened to be travelling down the same road, but when he saw the man, he passed by on the other side.

³² In the same way a Levite who came to the place saw him, and passed by on the other side.

³³ But a Samaritan traveller who came on him was moved with compassion when he saw him.

³⁴ He went up to him and bandaged his wounds, pouring oil and wine on them. He then lifted him onto his own mount and took him to an inn and looked after him.

³⁵ Next day, he took out two denarii and handed them to the innkeeper and said, ‘Look after him, and on my way back I will make good any extra expense you have.’

³⁶ Which of these three, do you think, proved himself a neighbour to the man who fell into the bandits’ hands?”

³⁷ He replied, “The one who showed pity towards him.” Jesus said to him, “Go, and do the same yourself” (Lk 10:29-37).

The parable of the Good Samaritan is the parable of caring. God cares. He loves us, and therefore he cares for us. He is deeply concerned. Care is a distinguishing characteristic of love, particularly as love of neighbor. William Barclay wrote: “For a Christian life is a process of learning to care – like God.”³⁸

The parable is contained in a dialogue between Jesus and a doctor of the Law. This dialogue is addressed to the Levite in a verbal joust between specialists. Yet, the response of Jesus to the question “who is my neighbour?” (Lk 10:29) illustrates how much the love of neighbor with regard to eternal life surpasses the abstract framework of a theoretical debate, and is more concerned with the domain of existential demands. This parable is indeed about salvation.

³⁸William Barclay, *Ethics in a Permissive Society* (London: Collins, 1971), 33.

It is about a man on his way from Jerusalem to Jericho who was held up by bandits who left their victim for dead. A priest and a Levite distanced themselves from him for fear of ritual impurity by touching someone whom they took for dead. In contrast, a Samaritan approached the wounded because he was “moved with compassion” (Lk 10:33). As a Samaritan, being a foreigner, his duty was to support only his people, not foreigners. But he was moved with compassion, took pity, felt sorry, moved to the depths. In the Bible, this expression is used only in reference to God or the Christ.³⁹ The Samaritan enters into the movement of divine compassion, he participates in the constant love of God, who in his compassion, visited his people “because of the faithful love of our God in which the rising Sun has come from on high to visit us” (Lk 1:78). The expression faithful love can be literally translated as “the depths of one’s bowels.”⁴⁰ It is because of compassion that the Samaritan bends over the wounded man and takes care of him; except that this compassion has a model, that of divine love: “If anyone is well-off in worldly possessions and sees his brother in need but closes his heart to him, how can the love of God be remaining in him?” (1 Jn 3:17). Real love of one’s neighbor is an imitation of the love of God, a response to the love of God which encompasses all men because it is ἀγάπη. Even the choice of having a Samaritan in the parable emphasizes the universal dimension of love because Samaritans were considered by Jews as outcasts. This signifies that all people can belong because of God’s compassion for all.

The traditional interpretation of this parable is that the Samaritan symbolizes Jesus who comes down from Jerusalem (heaven) to Jericho (earth) to raise humanity who is half-dead and to treat their wounds with oil

³⁹See Lk 7:13; Mt 9:36; Mt 14:14; Mt 15:32; Mk 1:41; Mk 6:34; Mk 8:2.

⁴⁰Dan O’Brien, “Palliative Care: The Biblical Roots,” *Health Progress* 95, no. 1 (2014): 46.

and wine. Christ bandages the wounds of the injured, he applies the balm of the sacraments to the wounds of sin. But there is never an issue of curing. The parable highlights many Gospel-based concepts among which is care, but not healing: “The parable of the Good Samaritan reveals the virtues of compassion, mercy, hospitality, solidarity, health care, prudence, courage, and so forth.”⁴¹ If one were to take a closer look, the parable of the Good Samaritan is the only place⁴² in the New Testament where a person is taken care of. In the pericope, the Greek verb ἐπιμελέομαι is used twice. The verb signifies to take care, and also to keep watch, to look after, to be on call.

The verb ἐπιμελέομαι is used for the first time in verse 34, ἐπεμελήθη in the aorist indicative. When the Samaritan approached the wounded man, he began to bind his wounds by pouring oil and wine on them. Then he puts the man on his horse to bring him to the inn where he took care of him. Already in the Old Testament, oil was the instrument of the physician because it soothed the contusions and wounds for curing to occur: “Where shall I strike you next, if you persist in treason? The whole head is sick, the whole heart is diseased, from the sole of the foot to the head there is nothing healthy: only wounds, bruises and open sores not dressed, not bandaged, not soothed with ointment” (Isa 1:5-6). The application of oil and wine is a medical procedure: “In the Ancient Eastern world, wine, among other things, was an antiseptic, used to cleanse wounds. Oil was applied for its soothing effect, easing the

⁴¹Miguel Angel Carbajal Baca, “Virtue Ethics in the Parable of the Good Samaritan: Shaping Christian Character,” (S.T.L. diss., Boston College School of Theology and Ministry, 2011), 85.

⁴²In the rest of the New Testament, the verb ἐπιμελέομαι is also used in 1 Tim 3:5: “How can any man who does not understand how to manage his own household take care of the Church of God?” Here, the context is not in taking care of a person but of the Church. It is the presiding elder’s role to take care of the Church as if it were a person, Christ himself. In the Old Testament, the verb ἐπιμελέομαι is also used in Gen 44:21; Ezr 6:6; Prov 27:25; Sir 33:13; 1 Mc 11:37. There are no records which actually address the subject of care of the sick person.

pain. The Samaritan's actions, in modern medical terminology, are a form of palliative care or pain management. Like the Samaritan, doctors and nurses seek to ease the pain of a patient."⁴³ It is interesting to note that the medical procedure of pouring oil which lessens the pain and the wine which disinfects wounds then putting bandage on them are all done prior to the care administered at the inn. There is a spatial and temporal separation of the technical act and the act of taking care. Caring is irreducible to performing simple medical procedures. Taking care of a person is not merely applying disinfectant or giving wound care, but it goes beyond the simple technical act.

The verb ἐπιμελέομαι is used for the second time, in the following verse, ἐπιμελήθητι in the aorist passive imperative. This time, it is the Samaritan who asks the innkeeper to take care of the wounded. The parable is an invitation to take care of one's neighbor and to invite one's neighbor to do the same to another. The parable of the Good Samaritan is the only one which ends with an explicit invitation to follow the example shown: "Go, and do the same yourself" (Lk 10:37). This invitation is addressed to all. Christ calls the Levite to take care of his neighbor, but the name of the Levite remains unknown. Nothing is known about him because the invitation is addressed to those who want to hear it, to each and every one. The imperative "go" (Lk 10:37) sends someone on mission, in a dynamic opening of self to the other. It is to each human that this invitation is addressed, to go out and meet one's neighbor, in the interest of taking care of him. The anonymity of the sending is solved in the personal meeting which it brings. Taking care of the other is a human obligation of all. Every person is called to take care of his neighbor and this is all the more true for health care professionals: "The Samaritan is a

⁴³Timothy Lent, "The Good Samaritan: a Model for Health Care Workers," *Academia* (March 7, 2013). Retrieved August 22, 2017 from http://www.academia.edu/7771564/The_Good_Samaritan_A_Model_for_Health_Care_Workers.

model for all health care workers, such as doctors, nurses and the entire staff of a health care facility, because he, a stranger to the wounded man, took care of him.”⁴⁴ Pope Saint John Paul II wrote: “How much there is of ‘the Good Samaritan’ in the profession of the doctor, or the nurse, or others similar! Considering its ‘evangelical’ content, we are inclined to think here of a vocation rather than simply a profession.”⁴⁵

Chapter Summary

Influenced by the Assyro-Babylonian culture, the Old Testament inherited the concept of illness interpreted as chastisement for personal sin. God is at the origin of illnesses and he is the only one who can heal the sick person. Under such conditions, the physician has but a small role in medicine since he appears as a rival of the God-Healer. But the Old Testament shows a deep reflection on illness as well as the place of medicine in society. In this way physicians gradually appeared as special cooperators of God who focuses on the well-being of his people. Two ends of medicine are pointed out: healing to prolong life and caring to relieve suffering, both of which lead to well-being.

Divine Revelation in the New Testament confirms the end of the concept of personal retribution but it did not say much about medicine. The

⁴⁴Timothy Lent, “The Good Samaritan: a Model for Health Care Workers,” *Academia* (March 7, 2013). Retrieved August 22, 2017 from http://www.academia.edu/7771564/The_Good_Samaritan_A_Model_for_Health_Care_Workers.

⁴⁵Pope John Paul II, *Apostolic Letter Salvifici Doloris on the Christian Meaning of Human Suffering*, Vatican City, February 11, 1984, Ch. 7, 29. Retrieved September 11, 2017 from https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_1102_1984_salvifici-doloris.html.

parable of the Good Samaritan points out the fundamental importance of compassion and caring, without mention of curing.

At the end of this biblical reflection, one must recognize the weak arguments and the difficulty to draw conclusions regarding the ends of medicine according to God's Plan. The aim of medicine is the well-being of men and women on earth, either by healing which will prolong life, or by caring by relief from suffering. There is no mention of which of the two is more important. Nevertheless, there is a slight tendency toward caring by bringing relief from suffering. This remains to be confirmed. Christ plays a pivotal role in the Bible and his healing miracles have a special place in the New Testament. The Fathers of the Church refer to him as a physician, *Christus Medicus*, and it is this role that the study focuses on to deepen the reflection on the ends of medicine according to God's Plan, especially regarding the question of cure and care.

CHAPTER III

FATHERS OF THE CHURCH: TITLE *CHRISTUS MEDICUS* AND ENDS OF MEDICINE

Introduction

Christ heals and saves. If the Fathers of the Church attribute the title of physician to Christ, it is primarily because Christ performed miracles of healing. Christ is thus a physician by analogy because he heals. Does this signify that physicians are meant to heal and that cure would then be the only end of medicine? If this were the case, the few arguments, although weak, found in the Bible would be challenged in favor of precedence of cure over care. One must therefore study the reasons why the Fathers of the Church attribute such a title to Christ. Two arguments show the existence of another end which differs from simple cure. On the one hand, Christ, as the Good Samaritan, calls for care of one's neighbor, and the Fathers of the Church themselves, in their work, follow this commandment of Christ. On the other hand, the acts of healing performed by Christ are not an end in themselves because Christ's mission is a mission of salvation. If Christ's mission is only to heal, he would have cured all those who were sick because he had the power to do so. It remains to be seen if the Fathers of the Church introduced a hierarchy between care and cure, and this is the aim of the present Chapter. Lastly, if Christ had a mission of salvation, does it mean that medicine, like Christ, is also meant to save? Would salvation be a new end attributed to physicians because they are cooperators of God in his divine Plan?

A. CHRIST THE PHYSICIAN

Christ is a physician, *Christus Medicus*. If the Fathers of the Church attributed this title to him, it is primarily because Christ presents himself as a physician in the Gospels: “The term probably has its origins partly in the Gospel of Luke, as well as within a teaching statement found in the three synoptic Gospel accounts that only sick people need doctors, not the healthy. In this statement, Christ associates the role of the physician as sharing in his own desire to focus his ministry upon the unrighteous, outcast, and physically sick.”¹ First, Christ introduced himself as a physician. Second, the Fathers of the Church attribute the title of physician to Christ.

1. Christ as a Physician: Gospels

In the Synoptic Gospels Jesus twice refers to himself as a physician or *ιατρός*. In Luke, Jesus reads from the Torah scroll in the synagogue in Nazareth and states to the congregation: “No doubt you will quote me the saying, ‘Physician, heal yourself (*ιατρέ, θεράπευσον σεαυτόν!*)!’” (Lk 4:23). Immediately after saying this in the Nazareth synagogue, Jesus goes to Capernaum and begins exorcising demons and performing many healings, beginning with Simon’s mother-in-law who had a fever (Lk 4:39) and proceeding on to raising the dead son of the widow of Nain in a funeral procession (Lk 7:11-14). One must take note that Christ’s words closely resemble a proverb which can be found in other classical and Jewish

¹John Love, “The Concept of Medicine in the Early Church,” *The Linacre Quarterly* 75, no. 3 (2008): 232.

literature: “Physician, Physician, heal thine own limp!”² Christ saw himself as a physician who identified himself with the suffering which he wanted to cure in man, not as a proud magician would but by carrying the Cross himself and by allowing himself to be crucified on it. Thus, the physician must heal himself first, but because he is ill and on the condition that he sees himself as ill, sufferer, he even bears the sufferings of others.

In each Synoptic Gospel, Jesus also compares himself to a physician, retorting to his critics: “It is not the healthy who need the doctor [ἰατροῦ], but the sick. I came to call not the upright, but sinners” (Mk 2:17).³ The passage either presents the idea of a physician as an analogy for one who calls sinners to repentance, or it presents as intertwined the roles of a physician and one who calls sinners to repentance. What is important is that Christ justifies his actions in the face of criticisms wherein he was accused of going with people who were not suitable companions in the religious sense. So, he compares himself to a physician whose presence is needed by those who are ill. The two antithetical relationships upright/sinner and healthy/sick are brought together in such a way as to establish a certain equivalence between upright and healthy, sinner and sick which inclines toward leniency: the sick person is not blamed for his illness; he is to be pitied and if possible, comforted. Similarly, with regard to sin, the presence of evil means that something is sick. It is true that sin is not involuntary like illness usually is, which means that the sinner placed himself in this situation, but the sinner is nevertheless in need. Thus, there is a comparison between the role of the physician who helps the sick by curing him and Christ who came to heal man of his sin. Sometimes this

²*Midrash Rabbah*, vol. 1, *Genesis*, trans. and eds. Harry Freedman and Maurice Simon (London: Soncino Press, 1977), 195.

³See also Mt 9:12; Lk 5:31.

comparison between Christ and physicians seems very real so much so that it is easy to conclude that physicians are meant to cure the sick.

In the Gospels, it is nonetheless striking to note that sometimes Christ acts like a truly professional physician:

Much like a good doctor, Jesus invariably asks the sick, diseased, or injured person what they want or need (interview), assesses the problem (diagnosis), and commences with the process of healing (practice), most often sending forth the healed person with a teaching, usually including strong admonitions to avoid sinful behavior in the future (prognosis and prescription).⁴

In some narratives, Christ even uses the medical instruments of the physicians of his time. For example, he performs a particular gesture in the healing of the man born blind: “He spat on the ground, made a paste with the spittle, put this over the eyes of the blind man” (Jn 9:6). Specifically, Jesus used a mixture of saliva and mud. It is important to remember that during the time of Christ, saliva was known as having antiseptic properties. In fact, Tacitus relates in his *Histories* how Vespasian healed a blind Egyptian with his saliva:

One of the common people of Alexandria, well-known for his blindness, threw himself at the Emperor’s knees, and implored him with groans to heal his infirmity. This he did by the advice of the God Serapis, whom this nation, devoted as it is to many superstitions, worships more than any other divinity. He begged Vespasian that he would deign to moisten his cheeks and eye-balls with his spittle.⁵

⁴John Love, “The Concept of Medicine in the Early Church,” *The Linacre Quarterly* 75, no. 3 (2008): 230-231.

⁵*Complete Works of Tacitus*, eds. Alfred John Church, William Jackson Brodribb and Sara Bryant, *Histories* (New York: Random House, 1873), Book 4, Ch. 81, p. 160.

But Christ did not use saliva for its antiseptic properties. He had no need to do so because he is all-powerful and is capable of healing without using saliva. If he decided to use it just the same, it was because he wanted to show that he was acting as a physician would. For him, saliva was used more for its value as a sign than for its antiseptic qualities. This was what the Fathers of the Church wanted to show when they attributed the title of physician to Christ. Certainly, Christ acted like a physician. He healed the sick like a physician would. But his actions were first and foremost metaphorical which had their value as a sign. The healing performed by Christ symbolizes a greater power, the power to save. Yet, for the early Christians, it is important to emphasize Christ's supreme power of healing for several reasons.

2. Title "Physician" as Attributed to Christ

The Fathers of the Church readily attribute to Christ the title of physician. Ignatius of Antioch (35-108), Apostolic Father, was the first to explicitly give the title "Physician" to Christ, not in the medical context but as a warning against heretics: "There is only one Physician, both carnal and spiritual, born and unborn, God become man, true life in death."⁶ But for most of the Fathers, the title of physician was attributed to Christ because of his thaumaturgical activities. The miracles of healing performed by Christ are highlighted to better differentiate him from Asclepius. Asclepius was originally a mortal and later became the god of medicine and healing, according to the ancient Greeks. The myth of Asclepius is connected to the

⁶*The Epistles of Saint Clement of Rome and Saint Ignatius of Antioch*, eds. Johannes Quasten and Joseph C. Plumpe, trans. J.A. Kleist, *Letter to the Ephesians* (Westminster, Maryland: The Newman Bookshop, 1946), Ch. 7, 2, p. 63.

origins of medical science and the healing arts. His cult was particularly popular all over Greece and people from all Mediterranean countries used to come to his temples, named *Asclepieion*, to be cured: “The cult of Asclepius, the hero-god of medicine and healing, would eventually gain widespread acceptance in Greek and Roman culture, with devotion to this deity lasting well into the fourth century.”⁷

a. Christ the Physician versus Asclepius

A whole tradition concerning Christ the Physician rapidly spread, especially in debates on the θεός Σωτήρ (*Theos Sôtèr*), where Asclepius seemed to compete with Christ: “In the Greek and Roman eras, Asklepios/Asclepius was commonly referred to as ‘The Physician’ as well as ‘Sôtèr,’ or Savior. The title Σωτήρ frequently appears in dedications to the god and in other inscriptions associated with his cult.”⁸ For example, Julian the Apostate (330-363) considered Asclepius as the savior and the son of God, created by Zeus and who appeared on earth at Epidaurus, by means of solar energy, in human form:

I mean to say that Zeus engendered Asclepius from himself among the intelligible gods, and through the life of generative Helios he revealed him to the earth. Asclepius, having made his visitation to earth from the sky, appeared at Epidaurus singly, in the shape of a man; but afterwards he multiplied himself, and by his visitations

⁷John Love, “The Concept of Medicine in the Early Church,” *The Linacre Quarterly* 75, no. 3 (2008): 226.

⁸Frances Flannery, “Talitha Qum! An Exploration of the Image of Jesus as Healer-Physician-Savior in the Synoptic Gospels in Relation to the Asclepius Cult,” in *Coming Back to Life. The Permeability of Past and Present, Mortality and Immortality, Death and Life in the Ancient Mediterranean*, eds. Frederick S. Tappenden and Carly Daniel-Hughes (QC: McGill University Library, 2017), 415.

stretched out over the whole earth his saving right hand. He came to Pergamon, to Ionia, to Tarentum afterwards; and later he came to Rome. And he travelled to Cos and thence to Aegae. Next he is present everywhere on land and sea. He visits no one of us separately, and yet he raises up souls that are sinful and bodies that are sick.⁹

Since Asclepius had set the cultural standard for a divine Physician for over five hundred years, the Fathers of the Church could not help but contend with the tradition, as in these words of Justin Martyr (100-165): “And in that we say that He [Jesus] made whole the lame, the paralytic, and those born blind, we seem to say what is very similar to the deeds said to have been done by Æsculapius [Asclepius].”¹⁰ In spite of this, most first Christian authors are very sensitive to this theological question. They want, at all cost, to present Christ as the best *Ἰατρός* and *Σωτήρ*, Physician and Savior to better distinguish him from Asclepius:

Early Christian writers interested in shaping a collective memory of Jesus as healer would have been unavoidably familiar with the traditions associated with Asclepius, who was by far the most popular Hellenistic and Roman god of healing. His myth and cult are strongly tied to the practice of medicinal, surgical, and therapeutic healing by dream incubation through his associations with the Hippocratic school of medicine, his status as patron of physicians called Asclepiads, and his relationship with his daughter Hygieia, the goddess of Health, alongside whom he was often worshipped.¹¹

⁹*The Works of the Emperor Julian*, trans. W.C. Wright, vol. 3, *Against the Galileans* (London: William Heinemann, 1923), Book 1, 200A, p. 375.

¹⁰*Ante-Nicene Fathers*, eds. Alexander Roberts and James Donaldson, vol. 1, *The Apostolic Fathers with Justin Martyr and Irenaeus* (New York: Charles Scribner's Sons, 1905), *The First Apology of Justin*, Ch. 22, p. 170.

¹¹Frances Flannery, “Talitha Qum! An Exploration of the Image of Jesus as Healer-Physician-Savior in the Synoptic Gospels in Relation to the Asclepius Cult,” in *Coming Back to Life. The Permeability of Past and Present, Mortality and Immortality, Death and Life in*

Origen (185-254) was not contented with describing Christ as a physician but he calls him the “Master Physician.”¹² In *Against Celsus*, he presents Christ as Asclepius’ rival. According to popular belief of pagan Antiquity, Asclepius was the only real savior and physician. He cured the sick and even brought back the dead to life. But Origen considered Asclepius as a demon physician, a man who became god whose healing acts never made anyone better:

If nothing that is divine in itself is shown to belong either to the healing skill of Æsculapius or the prophetic power of Apollo, how could anyone, even were I to grant that the facts are as alleged, reasonably worship them as pure divinities? – and especially when the prophetic spirit of Apollo, pure from anybody of earth, secretly enters through the private parts the person of her who is called the priestess, as she is seated at the mouth of the Pythian cave! Whereas regarding Jesus and His power we have no such notion; for the body which was born of the Virgin was composed of human material, and capable of receiving human wounds and death.¹³

For Origen, only Christ through his Θεία ἐνέργεια can make men saints. The spiritual change brought by divine force in weak persons is the favorite argument of Origen which he applies to Christ the Physician. For him, God sent some physicians to men, the prophets, until the Master Physician comes:

With the situation in such a state, a master physician arrives, one who possesses full knowledge of his art. Those doctors who

the Ancient Mediterranean, eds. Frederick S. Tappenden and Carly Daniel-Hughes (QC: McGill University Library, 2017), 414.

¹²*The Fathers of the Church*, ed. Thomas P. Halton, vol. 94, *Origen. Homilies on Luke. Fragments on Luke*, trans. J.T. Lienhard (Washington, D.C.: The Catholic University of America Press, 1996), 13, 2, p. 53.

¹³*Ante-Nicene Fathers*, eds. Alexander Roberts and James Donaldson, vol. 4, *Tertullian, Part Fourth. Minucius Felix. Commodian. Origen, Parts Firsts and Seconds*, trans. F. Crombie (New York: Charles Scribner’s Sons, 1995), *Origen Against Celsus*, Book 3, Ch. 25, 473-474.

previously could not heal see the gangrene in the wounds halted by the master's hand. They do not envy him, nor are they wracked with jealousy. Instead they break forth into praise of the master physician and thus exalt God, who sent a man of such great knowledge both for themselves and for the sick.¹⁴

For some authors, it seems that the Gospels themselves were written to show that Christ is a better physician than Asclepius: "The 'composers' of the Synoptic Gospels have intentionally constructed the figure of Jesus as healer and divine doctor by contesting the reputation of Asclepius."¹⁵ Unlike Asclepius, the Gospels stress, Jesus heals the dead with divine approval. Unlike in the dream cult, the sick can be healed without travel to a Temple if only they have faith, regardless of their socio-economic and purity standings. Christ was a Healer-Physician who overcomes the constraints of geography, money, time, and ritual that restricted suppliants of the pagan dream cult. For the early Fathers, it was important to emphasize Christ's power of healing through the title of physician to better differentiate him from his rival Asclepius. It is therefore not because of cure that Christ is called physician. It is not from a reflection on the ends of medicine that this title is attributed to Christ, but it comes from a reflection on the nature of Christ's mission. The title is especially explained by the desire of the Fathers to show the unquestionable superiority of Christ over the other healers of pagan Antiquity.

¹⁴*The Fathers of the Church*, ed. Thomas P. Halton, vol. 94, *Origen. Homilies on Luke. Fragments on Luke*, trans. J.T. Lienhard (Washington, D.C.: The Catholic University of America Press, 1996), 13, 2, p. 53.

¹⁵Frances Flannery, "Talitha Qum! An Exploration of the Image of Jesus as Healer-Physician-Savior in the Synoptic Gospels in Relation to the Asclepius Cult," in *Coming Back to Life. The Permeability of Past and Present, Mortality and Immortality, Death and Life in the Ancient Mediterranean*, eds. Frederick S. Tappenden and Carly Daniel-Hughes (QC: McGill University Library, 2017), 408.

b. Christ the Savior as Physician of Souls

Some of the Fathers of the Church stress the fact that Christ is not solely physician of the body. He heals and he saves. He is physician of both body and soul because he cures the disease of sin. This was an idea that had already been brought to light in the Old Testament. Saint Clement of Alexandria (150-215), Ante-Nicene Father, attributed to Christ, the Word made flesh, the quality of a physician who heals sick souls. He first referred to an analogy between the physician and the Educator: “Just as our body needs a physician when it is sick, so, too, when we are weak, our soul needs the Educator to cure its ills.”¹⁶ The implication here is that Christ is the Healer of souls. He clearly confirms this analogy:

Our Instructor, the Word, therefore cures the unnatural passions of the soul by means of exhortations. For with the highest propriety the help of bodily diseases is called the healing art – an art acquired by human skill. But the paternal Word is the only Pæonian physician of human infirmities, and the holy charmer of the sick soul.¹⁷

Christ heals the sick, but man would be unhappy if his mission stopped there. Man’s salvation is greater than the healing of man’s illnesses:

Just as those who are well do not need a physician in that they are strong, but only those who are sick and in need of his skill, so, too, we need the Savior because we are sick from the reprehensible lusts of our lives, and from blameworthy vices and from the diseases

¹⁶*The Fathers of the Church*, ed. Thomas P. Halton, vol. 23, *Clement of Alexandria, Christ the Educator*, trans. S.P. Wood (Washington, D.C.: The Catholic University of America Press, 1996), Book 1, Ch. 1, 3, p. 5.

¹⁷*Ante-Nicene Fathers*, eds. Alexander Roberts, James Donaldson and Arthur Cleveland Coxe, vol. 2, *Clement of Alexandria. The Instructor. Paedagogus*, trans. W. Wilson (New York: Christian Literature Publishing Co., 1885), Ch. 2, 6. Retrieved August 26, 2017 from <http://www.newadvent.org/fathers/02091.htm>.

caused by our other passions. He applies not only remedies that soothe, but also others that sear, such as the bitter herb of fear which arrests the growth of sin.¹⁸

For Saint Clement of Alexandria, the physician of the soul is greater than the physician of the body. He used an analogy between medicine that cures the body and medicine that heals the soul to better represent Christ the Savior:

This is the greatest and most noble of all God's acts: saving mankind. But those who labor under some sickness are dissatisfied if the physician prescribes no remedy to restore their health; how, then, can we withhold our sincerest gratitude from the divine Educator when He corrects the acts of disobedience that sweep us on to ruin and uproots the desires that drag us into sin, refusing to be silent and connive at them, and even offers counsels on the right way to live?¹⁹

For Saint Clement of Alexandria, salvation of the soul clearly takes precedence over the cure of the body. To say that Christ is the physician of souls is an analogy with medicine that gives bodily cure in order to signify that salvation is a kind of cure for the whole person. Christ is not a professional physician, but he saves the whole body, which is expressed by the metaphor of the physician who cures the sick. For Saint Clement of Alexandria, Christ is called a physician not because cure is the only end of medicine. This title is explained especially by his willingness to highlight the salvific mission of Christ who came to heal all men of their sins and to heal the whole man.

¹⁸*The Fathers of the Church*, ed. Thomas P. Halton, vol. 23, *Clement of Alexandria, Christ the Educator*, trans. S.P. Wood (Washington, D.C.: The Catholic University of America Press, 1996), Book 1, Ch. 9, 83, p. 74.

¹⁹*Ibid.*, Book 1, Ch. 12, 99, pp. 88-89.

c. *Christ the Physician: Augustine's Contribution*

Following the Ante-Nicene Fathers, Saint Augustine (354-430) also attributed the title of physician to Christ: “However, let him come; let the head of this day come, and let him, patient, meek, and not angry, because he is the Physician, say: ‘Come, touch me and believe.’”²⁰ For Saint Augustine, Christ is a physician because he heals: “So then the same Lord, our divine Physician, using his own instruments and servants, has by you wounded him when he was proud, and by us healed him when he was penitent, according to his own saying, ‘I wound, and I heal.’”²¹ The link between the act of healing and his being the divine Physician is clear. For Saint Augustine, Christ appears as the only competent physician who is capable of curing all illnesses: “With a huge wound I was endangered, but that wound of mine did call for an Almighty Physician. To an Almighty Physician nothing is incurable.”²² Only physicians are confronted with incurable illnesses. It is Christ who is all powerful when faced with illnesses. Nothing can resist him.

For Saint Augustine, the title “Physician” is given to Christ not uniquely because of his power to heal the body. Christ is also physician of souls who is capable of diagnosing and predicting the thoughts of the heart:

Just as it constantly happens in fact to invalids, that the sick man knows not what is going on within him, but the physician knows; when yet the former is suffering from the very sickness, and

²⁰*The Fathers of the Church*, ed. Roy J. Deferrari, vol. 38, *Saint Augustine. Sermons on the Liturgical Seasons*, trans. M.S. Muldowney (Washington, D.C.: The Catholic University of America Press, 1984), *Easter Season, Sermon 258*, p. 367.

²¹*The Fathers of the Church*, ed. Roy J. Deferrari, vol. 5, *Saint Augustine. Letters 204–270*, trans. W. Parsons (Washington, D.C.: The Catholic University of America Press, 1956), *Letter 219, Augustine and others to Proculus and Cillenius*, 2, p. 100.

²²*Nicene and Post-Nicene Fathers, First Series*, ed. Arthur Cleveland Coxe, vol. 8, *Saint Augustine. Expositions on the Book of Psalms* (New York: The Christian Literature Company, 1888), Book 2, Psalm 59, Second Part, 8, p. 244.

the physician is not. The physician can better tell what is going on in another, than he who is sick what is going on in himself. Peter then was at that time the invalid, and the Lord the Physician. The former declared that he had strength, when he had not; but the Lord touching the pulse of his heart, declared that he should deny Him thrice. And so it came to pass, as the Physician foretold, not as the sick presumed. Therefore, after His resurrection the Lord questioned him, not as being ignorant with what a heart he would confess the love of Christ, but that he might by a threefold confession of love, efface the threefold denial of fear.²³

In a metaphorical sense, Christ is a physician. He is the physician of souls in the same way that physicians predict and diagnose illnesses of the body. Through this image, Saint Augustine invites sinners to put their trust in the only physician who can heal them:

Let the stain of your heart appear in your confession, and you shall belong to Christ's flock. For the confession of sins invites the physician's healing; as in sickness, he that says, I am well, seeks not the physician. Did not the Pharisee and the Publican go up to the temple? The one boasted of his sound estate, the other showed his wounds to the Physician.²⁴

Sinners are afflicted by illnesses in their soul. They need the presence of Christ, the only physician capable of healing them from sin. The analogy between the physician of the body and the physician of souls reveals a relationship between sin and illness. The difficulty in the Christian approach of illness lies in the idea that illness is the punishment of original sin and not of personal sin. For Saint Augustine, original sin becomes in itself the illness of humankind. Guided by Platonic philosophy, he admits that Adam, before

²³*Nicene and Post-Nicene Fathers, First Series*, ed. Philip Schaff, vol. 6, *Saint Augustine. Sermon on the Mount. Harmony of the Gospels. Homilies on the Gospel*, trans. R.G. MacMullen (New York: Cosimo Classics, 2007), *Sermon 87*, 3, p. 518.

²⁴*Ibid.*, *Sermon 87*, 4, p. 518.

the first sin, had lived free from all suffering and illness, innocent and in the original state of justice: “There were food and drink to keep away hunger and thirst and the tree of life to stave off death from senescence. There was not a sign or a seed of decay in man’s body that could be a source of any physical pain. Not a sickness assailed him from within, and he feared no harm from without. His body was perfectly healthy and his soul completely at peace.”²⁵ From Creation, God prescribed the rules so that man would not fall ill, but man did not respect prescription what was required by the physician:

“In Adam all die;” for we were all at first two persons if we were loath to obey the physician, that we might not be sick; let us obey Him now, that we may be delivered from sickness. The physician gave us precepts, when we were whole; He gave us precepts that we might not need a physician. “They that are whole,” He says, “need not a physician, but they that are sick.” When whole we despised these precepts, and by experience have felt how to our own destruction we despised His precepts. Now we are sick, we are in distress, we are on the bed of weakness; yet let us not despair.²⁶

In his prescription, God commanded that it was forbidden to eat the fruit of the tree of knowledge of good and evil. Adam’s disobedience proved to be fatal. His transgression of the divine commandment caused not a physical illness but an illness of the soul which is separated from God and results in eternal death. Adam’s sin was a wound or a tumor because man was boastful. It was a contagious illness that Adam passed on to all his descendants. This was how the whole of mankind painfully moaned: “Well, the whole race of mankind is sick, not with diseases of the body, but with sin.

²⁵*The Fathers of the Church*, ed. Roy J. Deferrari, vol. 7, *Saint Augustine. The City of God*, trans. G.G. Walsh and G. Monahan (Washington, D.C.: The Catholic University of America Press, 1963), Book 14, Ch. 26, p. 406.

²⁶*Nicene and Post-Nicene Fathers, First Series*, ed. Philip Schaff, vol. 6, *Saint Augustine. Sermon on the Mount. Harmony of the Gospels. Homilies on the Gospel*, trans. R.G. MacMullen (New York: Cosimo Classics, 2007), *Sermon 38, 7*, p. 381.

There lies one great patient from East to West throughout the world. To cure this great patient came the Almighty Physician down.”²⁷

The Incarnation represents the visit of the divine Physician to ailing humanity: “He humbled himself even to mortal flesh, as it were to the sick man’s bed,”²⁸ also: “For because we could not come to the Physician, he has vouchsafed to come himself to us.”²⁹ Adam’s sin brought an illness to the soul of each man which would have made him perish to eternal death had not the grace of Christ redeemed man. Christ is the humble physician, *Medicus Humilis*, who, by his humility, heals not only the symptoms but the root of the disease, man’s pride. He even partakes of the sufferings of the sick man. He agrees to drink with him the medicine with unbearable taste, the cup of suffering and death, to encourage him to accept the remedy which is needed for his healing: “‘Drink then,’ He says, ‘drink, that you may live.’ And that the sick man may not make answer, ‘I cannot, I cannot bear it, I will not drink;’ the Physician, all whole though he be, drinks first, that the sick man may not hesitate to drink.”³⁰ For Saint Augustine, it is the Cross, or rather Christ crucified who is the cure for sin, the one who gives eternal life. Christ is therefore both physician and remedy: *Ipsse medicus, ipsa medicina*. The Wisdom of God was made manifest to heal man: “The Wisdom of God in healing man has applied Himself to his cure, being Himself healer and medicine both in one.”³¹ By his Incarnation, his Passion, his Death on the Cross and his Resurrection, Christ saved man. He is the selfless physician who not only risked his life but gave it in order to save man. The physician

²⁷Ibid., *Sermon 37*, 13, p. 377.

²⁸Ibid.

²⁹Ibid., *Sermon 38*, 7, p. 381.

³⁰Ibid.

³¹*Nicene and Post-Nicene Fathers, First Series*, ed. Philip Schaff, vol. 2, *Saint Augustine. City of God. Christian Doctrine*, trans. J.F. Shaw (New York: Cosimo Classics, 2007), *On Christian Doctrine*, Book 1, Ch. 14, 13, p. 526.

died for his patients: “The Physician understood how those frenzied men were in their madness putting the Physician to death, and in putting their Physician to death, though they knew it not, were preparing a medicine for themselves. For by the Lord so put to death are all we cured, by His Blood redeemed, by the Bread of His Body delivered from famine.”³²

The Gospel is like a second prescription that the physician issues to the sick man because he did not follow what was indicated on the first: “He did not leave off to give other precepts to the weak, who would not keep the first precepts, that he might not be weak.”³³ The Church which teaches the Word of God is the hospital where man is truly healed. It is there where treatment consists of the Sacraments. Baptism is the water that purifies man from all infections. The healing given at Baptism is sustained and consolidated through the Eucharist, the remedy to obtain immortality.

For Saint Augustine, Christ cures the sick, but Christ is not a physician only because he cures physical illnesses. Consequently, it is not because physicians are meant to cure that Christ is a physician. Saint Augustine uses the metaphor of Christ the Physician to better signify the cure from sin in and by the Church whose head is Christ. The title can be explained by the desire of Saint Augustine to highlight the mission of salvation of Christ and of the Church.

Clearly, Christ is not a professional physician. It was not his mission to be one. But the title of physician is given to him in a metaphorical way to emphasize his mission to save the whole of humanity. Christ came to save all Creation in mercy and love from the bad forces of sin and death, and not merely serve in a remedial role as healer of physical disease of body or mind.

³²*Nicene and Post-Nicene Fathers, First Series*, ed. Philip Schaff, vol. 6, *Saint Augustine. Sermon on the Mount. Harmony of the Gospels. Homilies on the Gospel*, trans. R.G. MacMullen (New York: Cosimo Classics, 2007), *Sermon 27*, 4, pp. 343-344.

³³*Ibid.*, *Sermon 38*, 7, p. 381.

It is certainly because he heals that he is a physician, but that does not mean that cure is the only end of medicine. Besides, although Christ reached out to the sick, he did not cure all of them even if he had the power to do so. This proximity of human suffering without a permanent concern of seeking cure at all costs opens to another end of medicine seen from a different perspective, that of care. Christ's own words and deeds, as well as those of the Fathers of the Church, confirm the primacy of care over cure.

B. RELIEVING HUMAN SUFFERING

Of the more than forty reported miracles in the Gospels, three-quarters of these are related to the physical or mental healing of the sick who asks intervention. That Christ understood and appreciated the ability to heal is apparent in all Gospel accounts. But there is no Scriptural evidence to suggest that Jesus lent much credence to the medicine of the day. Christ's use of the medical treatment at that time, like the use of saliva, remains anecdotal. So, it is difficult to conjecture just how much contact Christ had with physicians and natural healers of the day:

It becomes difficult to make any hard and fast statements about Jesus' attitude toward medical healing as practiced by physicians based on the Gospel accounts alone. This presents a practical problem of sorts for anyone wishing to understand Jesus' relationship to medicine: how to reconcile the apparent disinterest of Jesus toward the medicinal coupled with his significant ministerial attention to the sick.³⁴

³⁴John Love, "The Concept of Medicine in the Early Church," *The Linacre Quarterly* 75, no. 3 (2008): 229-230.

Generally, Christ does not focus much on medicine which was practiced at that time. However, he was always with the sick and the suffering. He asked for care and the Fathers of the Church heeded the call.

1. Care for the Sick

The problem of the general disinterest in medical arts in Gospel accounts, however, may provide an important clue about the nature of Jesus' ministry to the sick. In many healing narratives, Christ touches the sick. In investigating what the Scriptures do present in terms of patterns of behavior, it is important to note that a few common elements of the healing narratives are almost always present, including the simple fact that Christ "most often chooses to touch in order to heal."³⁵ This point is significant because observant Jews ordinarily did not touch those beset by illness or serious disease. In the reported healings of leprosy, Christ acts boldly, in that the person touching a leper would become unclean, according to Jewish law, by treating such a person. On most occasions, Christ "first converses with the person, proceeds with a miraculous cure, and stays with the person until he is properly healed."³⁶ This attention given to the sick, by touching and by physical presence, is a good indication of the importance of care associated with cure. It connects with Christ's words which call for care for the suffering and the sick: "For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you made me welcome, lacking clothes and you clothed me, sick and you visited me, in prison and you came to see me" (Mt 25:35-36). Christ does not call for cure for the sick but that they be

³⁵Ibid., 230.

³⁶Ibid., 231.

visited. This agrees with the call for care in the parable of the Good Samaritan. Christ's call to reach out to the sick and the suffering is heard by the Fathers of the Church who put it into practice. Following Christ's call, care has a concrete place in the works of the Church at that time when medicine healed but a few.

The emergent Church settled for the task of giving relief and care, not only through its divine mission but because of its temporal role. From the beginning of the existence of the Church, clerics went to visit the sick and the suffering: "Immediately after being born there is nothing but continuity between the work of Christ and the emergent Church: The Church seeks to welcome the sick as Christ had done."³⁷ Many physicians were consecrated men: "The inscriptions even reveal to us the names of bishops and deacons who practiced medicine."³⁸ At the outbreak of typhoid in Alexandria in 268, priests and deacons tended to the sick and many of them died because of the epidemic. Little by little, ties were established between the newly born Christianity and ancient medicine. Ancient medicine, which the Bible frowned upon for fear that it infringed on the divine power of healing, was then considered as a science: "The bishops of the early centuries like Basil of Caesarea and Gregory of Nyssa, had solid medical knowledge. Some bishops were even physicians or at least had knowledge of medicine as Hippocrates and Galen did."³⁹ Unfortunately, medicine during that epoch rarely cured

³⁷Carlo Cremona, "Care for the Sick and the Fathers of the Church," *Pontifical Council for Health Pastoral Care*, October 5, 1997, Ch. 5. Retrieved September 8, 2017 from http://www.vatican.va/roman_curia/pontifical_councils/hlthwork/documents/rc_pc_hlthwork_doc_05101997_cremona_en.html.

³⁸Translated from French by the researcher: "Les inscriptions nous font même connaître des évêques et des diacres exerçant la médecine." Martine Dulaey, *Symboles des Évangiles (I^{er}-VI^e Siècles). Le Christ Médecin et Thaumaturge* [Symbols of the Gospels (1st-6th Centuries). Christ the Physician and Wonder Worker] (Paris: Le Livre de Poche, 2007), 66.

³⁹"Les évêques des premiers siècles avaient des connaissances médicales solides, comme Basile de Césarée et Grégoire de Nysse, certains d'entre eux étaient même médecins,

illnesses, which gave way to the importance of care. Thus, Saint Jerome (347-420) in his letter to the young priest Nepotian, nephew of his friend Heliodorus, urged both priests and monks to show concern toward the sick: “It is your duty to visit the sick.”⁴⁰ The foundation of the institutions for the sick is, from the 4th century, a notable characteristic of this new concern:

As the Church gradually acquired freedom of action (the apostolic period, great monks, and then the great Fathers of the East and the West) hospitals, leper colonies and isolation hospitals (this last in Latin being derived from the name of poor Lazarus from the Gospel parable) sprang up. In these institutions monks or mere Christians engaged in volunteer work with joy. Without any repugnance at all they bore the presence of all forms of human misery in order to serve Christ in person within their sick brethren.⁴¹

The most famous of these hospitals of Bizantium is the Basiliade, also called *Xenodochium*, created in 372 by Saint Basil of Caesarea (330-379) who himself studied medicine in Athens, near the city where he was bishop.

In Rome, Fabiola created the first *Nosokomeion*⁴² around 380 where priests, deacons, brothers and sisters served and gave alms to the poor. They also administered rational and empirical medicine which was independent of

du moins ils connaissaient la médecine d’Hippocrate et de Galien.” Marie-Anne Vannier, “L’Image du Christ-Médecin chez les Pères,” [The Figure of Christ the Physician among the Fathers], in Véronique Boudon-Millot and Bernard Pouderon, *Les Pères de l’Église Face à la Science Médicale de Leur Temps* [The Fathers of the Church Facing the Medical Science of Their Time] (Paris: Beauchesne, No. 117, 2005), 530.

⁴⁰*Nicene and Post-Nicene Fathers, Second Series*, eds. Philip Schaff and Henry Wace, vol. 6, *Jerome. Letters and Select Works* (New York: Cosimo Classics, 2007), *Letter 52*, 15, p. 95.

⁴¹Carlo Cremona, “Care for the Sick and the Fathers of the Church,” *Pontifical Council for Health Pastoral Care*, October 5, 1997, ch. 5. Retrieved September 8, 2017 from http://www.vatican.va/roman_curia/pontifical_councils/hlthwork/documents/rc_pc_hlthwork_doc_05101997_cremona_en.html.

⁴²Saint Jerome names *Nosokomeion* the Fabiola’s foundation. There is, after him, no occurrence of the word *Nosokomeion* in Occident, which suggests that it was covered from the beginning by the Latinized Greek term *Xenodochium*.

thaumaturgical medicine. Saint Jerome kept praising Fabiola for her work for the poor and the sick:

She was the first person to found a hospital, into which she might gather sufferers out of the streets, and where she might nurse the unfortunate victims of sickness and want. Need I now recount the various ailments of human beings? Need I speak of noses slit, eyes put out, feet half burnt, hands covered with sores? Or of limbs dropsical and atrophied? Or of diseased flesh alive with worms? Often did she carry on her own shoulders persons infected with jaundice or with filth. Often too did she wash away the matter discharged from wounds which others, even though men, could not bear to look at. She gave food to her patients with her own hand, and moistened the scarce breathing lips of the dying with sips of liquid.⁴³

Saint Jerome later pointed out that Fabiola was especially preoccupied by relieving human suffering which she likened to Christ's sufferings: "Let us then regard his wounds as though they were our own, and then all our insensibility to another's suffering will give way before our pity for ourselves [...]. Fabiola so wonderfully alleviated in the suffering poor that many of the healthy fell to envying the sick."⁴⁴

Saint John Chrysostom (344/349-407) was exiled by Aelia Eudoxia, a Roman Empress. She made her greatest enemy in John because he had denounced her publicly for having wrongfully gained the vineyard of a widow which had been destined for a hospital for the poor which he administered. Saint John Chrysostom was the defender and the protector of the poor. They defended him when he was persecuted by the powerful. Helping the sick gave

⁴³*Nicene and Post-Nicene Fathers, Second Series*, eds. Philip Schaff and Henry Wace, vol. 6, *Jerome. Letters and Select Works* (New York: Cosimo Classics, 2007), *Letter 77*, 6, p. 160.

⁴⁴*Ibid.*

Saint John Chrysostom the chance to get to know physicians and to observe their humanity in their care for the terminally ill:

For the physician took an earthen cup brought straight out of the furnace, and having steeped it in wine, then drew it out empty, filled it with water, and, having ordered the chamber where the sick man lay to be darkened with curtains that the light might not reveal the trick, he gave it him to drink, pretending that it was filled with undiluted wine. And the man, before he had taken it in his hands, being deceived by the smell, did not wait to examine what was given him, but convinced by the odor, and deceived by the darkness, eagerly gulped down the draught, and being satiated with it [...].⁴⁵

The understanding physician made a small earthenware jug out of clay impregnated with wine. He filled it with water and heated it on a stove. He pulled down the blinds of the window to darken the room and took the jug to the sick man. The sick was deceived by the smell of wine and drank the mixture with satisfaction. Saint John Chrysostom praised the sensitivity of the physician.⁴⁶

Cassiodorus, born around 485, is surely one of those who kept alive Hellenistic medical practices. He was the chancellor of Theodoric and he founded the Benedictine monastery of Squillace and entrusted to the monks the translation of the works of Galen and Oribasius. The monks, as a duty in charity, felt responsible in giving relief to the ailments of the people who lived nearby. Thus, in the 6th century, in the early Middle Ages, there were infirmaries in monasteries, then isolation chambers, apothecaries, wash

⁴⁵*Nicene and Post-Nicene Fathers, First Series*, ed. Philip Schaff, vol. 9, *Chrysostom. On the Priesthood. Ascetic Treatises. Select Homilies and Letters. Homilies on the Statues* (New York: Cosimo Classics, 2007), *Treatise on the Priesthood*, Book 1, 8, p. 38.

⁴⁶Carlo Cremona, "Care for the Sick and the Fathers of the Church," *Pontifical Council for Health Pastoral Care*, October 5, 1997, Ch. 5. Retrieved September 8, 2017 from http://www.vatican.va/roman_curia/pontifical_councils/hlthwork/documents/rc_pc_hlthwork_doc_05101997_cremona_en.html.

houses for purgation and phlebotomy. Pilgrims who fell ill were sometimes housed in infirmaries or hostels, even in rooms for the sick such as those in the Cîteaux Abbey in the 11th century.

2. Ends of Medicine

Although there is significant allusion and reference to medical practice and treatment among the Fathers of the Church, few surviving patristic works give much systematic treatment to the subject, particularly as regards the end of medicine. Three exceptions come from Saint John Chrysostom, Saint Augustine and Saint Basil of Caesarea.

Saint John Chrysostom clearly discusses the end of medicine: “For the end of the physician’s art is health. As then he that can make whole, even though he has not the physician’s art, has everything; but he that knows not how to heal, though he seems to be a follower of the art, comes short of everything.”⁴⁷ Saint John Chrysostom explains two things. First, Christ is not a physician but he becomes one because he heals. Second, the end of medicine is health. The original Greek text is the following: “Καὶ γὰρ τέλος ἰατρικῆς ὑγεία.”⁴⁸ The word ὑγεία signifies health or soundness of body, also of soul.⁴⁹ It means that the end of medicine is not solely cure. Certainly, cure restores health of the body, but by using the word ὑγεία, Saint John Chrysostom also discusses health of the soul. Nevertheless, he does not

⁴⁷*Nicene and Post-Nicene Fathers, First Series*, ed. Philip Schaff, vol. 11, *Chrysostom: Homilies of the Acts of the Apostles and the Epistle to the Romans* (New York: Cosimo Classics, 2007), *Homily 17*, 472.

⁴⁸*Patrologia Cursus Completus*, ed. Jean-Paul Migne, *Patrologiae Graecae*, vol. 60 (Paris: J.-P. Migne Editorem, 1862), *Commentarius S. Joannio Chrysostomi in Epistolam ad Romanos*, *Homilia 17*, 565. Retrieved September 21, 2017 from <https://books.google.fr/books?id=00waS4t01-0C&hl=fr&pg=PR4-v=onepage&q&f=false>.

⁴⁹*A Patristic Greek Lexicon*, 1961 ed., s.v. “ὑγεία,” 1422.

discuss the other end of medicine which consists of care of those whose health can no longer be maintained nor restored.

One finds a similar vein of thought in Saint Augustine which associates medicine with a duality of purpose. On the one hand, cure restores health of the body, on the other hand, preventive medicine preserves health. Here again, there is no mention of care:

Man as he appears to us is a rational soul, making use of a mortal and earthly body. Therefore, he who loves his neighbor does good partly for his body and partly for his soul. What benefits the body is termed medicine, and what benefits the soul, instruction. But I shall call here medicine anything at all which preserves or restores the health of the body.⁵⁰

However, it is different for Saint Basil of Caesarea. He is a close friend and a classmate of Saint Gregory of Nazianzus. Both studied medicine in Athens, and the works of Basil in particular contain numerous references and allegories relating the physician's role as one of physical healer who grasps the metaphysical elements of life through the practice of the medical arts.⁵¹ From Cappadocia, his birthplace, Basil wrote several letters to physicians. One of these is a letter wherein he relates his philosophy in the practice of medicine. This philosophy embodies that medicine does not consist only of restoration of health. It has a deeper meaning. Basil's interest in medicine is not limited to philosophy nor opportunity to examine the treatment being administered to him. Basil's reflections enlightened the reader on the metaphysical aspect of the Christian notion of healing, which was considered

⁵⁰*The Fathers of the Church*, ed. Roy J. Deferrari, vol. 56, *Saint Augustine. The Catholic and Manichaeon Ways of Life*, trans. D.A. Gallagher and I.J. Gallagher (Washington, D.C.: The Catholic University of America Press, 1966), 41.

⁵¹See John Love, "The Concept of Medicine in the Early Church," *The Linacre Quarterly* 75, no. 3 (2008): 233.

revolutionary at that time. Basil's writings also revealed to the reader the joys and sorrows of the medical profession. Among Saint Basil's 366 known letters, a few are specifically addressed to physicians.⁵² Letter 193 is a brief complaint to a court physician Melitius about fevers and other illnesses which Saint Basil of Caesarea suffered from. In Letter 324, which is written to the doctor Pasinicus, Basil expresses his thanks for the doctor's care. Letter 189, written to the physician Eustathius is the most noteworthy, illuminating what Saint Basil calls the ambidextrous nature of the medical arts:

Humanity is the regular business of all you who practice as physicians. And, in my opinion, to put your science at the head and front of life's pursuits is to decide reasonably and rightly. This at all events seems to be the case if man's most precious possession, life, is painful and not worth living, unless it be lived in health, and if for health we are dependent on your skill. In your own case medicine is seen, as it were, with two right hands; you enlarge the accepted limits of philanthropy by not confining the application of your skill to men's bodies, but by attending also to the cure of the diseases of their souls.⁵³

The fact that Basil was a Christian explains his attributing to Christ the origin of the physician's healing power. What is clearly understood in his philosophy in considering medicine as an art is that medicine is to be practiced by virtuous or morally upright persons. Basil's belief is that the end of medicine is of a higher dimension, one which is more than physical healing. Thus the work of pastors and physicians go hand in hand.

⁵²See *Nicene and Post-Nicene Fathers, Second Series*, eds. Philip Schaff and Henry Wace, vol. 8, *Basil. Letters and Select Works*, trans. B. Jackson (New York: Cosimo Classics, 2007).

⁵³*Nicene and Post-Nicene Fathers, Second Series*, eds. Philip Schaff and Henry Wace, vol. 8, *Basil. Letters and Select Works*, trans. B. Jackson (New York: Cosimo Classics, 2007), *The Letters, Letter 189, To Eustathius the Physician*, p. 228.

In his *Ascetical Works*, Basil comments on the words “give heed to thyself” where he compares sickness to a warning on the importance of monitoring the health of the soul:

Only “give heed to thyself” that you may recognize the state of health or sickness of your soul. Many persons, from a lack of attentiveness, contract serious and even incurable diseases, and they are not even aware that they are ill. But, even to those in good health, this admonition is of no small assistance as regards to their actions. Thus, the same remedy heals the sick and establishes the sound in more perfect health.⁵⁴

Here, Basil wants to present the human’s spiritual nature in terms of his physical body. Basil constantly refers to health and sickness not only of the body but also of the soul. Hence, he admonishes his reader to relate medicine and healing which lead to both physical and spiritual health:

In the case of physical illness, physicians exhort their patients to give to themselves and neglect nothing which pertains to their cure. The Scripture, likewise, the physician of our souls, restores to health a soul afflicted by sin with this brief remedy: “give heed to thyself,” that you may be given assistance toward your recovery proportioned to the gravity of your transgression.⁵⁵

Saint Basil presents medicine as a sign of Christian benevolence. Moreover, he underscores the role of the Divine Physician’s work in saving man in a broken and sinful world.

Even if Christ is a physician for the reason that he heals, cure cannot be the sole end of medicine. Christ himself was physically present among the

⁵⁴*The Fathers of the Church*, ed. Roy J. Deferrari, vol. 9, *Saint Basil. Ascetical Works*, trans. M.M. Wagner (Washington, D.C.: The Catholic University of America Press, 1962), *Homily on the Words “Give heed to Thyself,”* 436.

⁵⁵*Ibid.*

sick and called for their care. The reflection of the Fathers of the Church as well as their work open the end of medicine to something else other than cure. Touch, sensitivity, humanity, concern, benevolence, compassion and relief from suffering are also to be considered in the practice of medicine. Cure cannot be the essential element of medicine. Even if the word care had not yet been defined, this important dimension is one of the integral components of the ends of medicine. It even appears that it is possible to say that considering its dimension, care is to be prioritized over cure. But few elements are in favor of a hierarchy or order of priority between care and cure. However, it is also important to consider the whole person, body and soul. For the Fathers of the Church, Christ is the physician of body and soul because he is not merely satisfied with healing, he saves. If then Christ is a physician because he heals, and if he heals because he saves, does this mean that physicians are also meant to save? Is salvation an end of medicine?

C. PHYSICIANS AND NOTION OF SALVATION

Some patients are sometimes able to thank their physician after a dramatic healing or resuscitation *in extremis*: “Doctor, you saved my life!” Sometimes some patients who have narrowly escaped death consider their physicians as saviors. This seems to signify that salvation is also an end of medicine. Regarding Christ’s acts of healing, they are at the service of another cause: Christ is more of a Savior than a healer. And if Christ is the physician of body and soul, it is because he heals and he saves at the same time. This brings us to the question if physicians are made to save? Is salvation an end of medicine which is added to the other ends, care and cure?

1. Christ as Savior

God wants to save all men but he does not heal everyone. If he wanted to heal all the sick people he met along the way, he could have done so because he had the power to do it. It is clear that this was not the case. It means that Christ's mission is not to heal, but that healing is at the service of another mission which is more important and fundamental. Christ's foremost mission is a mission of salvation.

a. Definition of "Salvation"

There is only one Savior, Jesus Christ: "He is at the same time Savior and Salvation."⁵⁶ But salvation has never been defined dogmatically or officially in theology, and therefore it encompasses a multitude of different meanings. It is a polysemous word. Salvation is first of all, to enter a life in communion with God and with others, in charity.

Classic theology emphasizes that salvation is deliverance. Salvation is regarded positively as attaining eternal life and negatively as the redemptive act by which man escapes eternal death through the mediation of Christ. Man's salvation, which results in life in communion with God is done by way of redemption. It is communicated to the soul by faith and the sacraments of faith.

⁵⁶Congregation for the Doctrine of the Faith, *Letter Placuit Deo to the Bishops of the Catholic Church on Certain Aspects of Christian Salvation*, Vatican City, February 22, 2018, n° 11. Retrieved March 18, 2018 from http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_2018_0222_placuit-deo_en.html

The theologian Adolphe Gesché places greater emphasis on the notion of plenitude by explaining that the history of Christian theology placed the emphasis on deliverance from evil and death, forgetting the positive aspect of salvation. For him, salvation maintains a special relationship with happiness and it implies “an ultimate target, that which we can call destiny.”⁵⁷ Behind the word salvation hides the word destiny. The secular term destiny corresponds to the religious term salvation. Thus salvation is also an accomplishment: “Salvation is leading one’s life as self-fulfillment and fulfillment of all things for the purpose which defines us.”⁵⁸ That which hinders man to reach what he can be, that which thwarts his efforts to reach his end is an obstacle to salvation: illness, evil (suffered and committed), fatality⁵⁹ and death. With salvation, man is freed from what is in the way to his self-fulfillment. Man is not delivered from himself but from that which hinders him to be himself. For example, cure of an illness is a form of salvation and at the same time, a foretaste of it. Cure delivers man from the impediments of illness and at the same time, allows the sick person an experience which evokes salvation. But there can also be a salvation without cure. In this case, salvation is deliverance and not elimination of trials. Salvation allows one to live each trial in life by being confident that he will not be defeated, not allowing himself to be caught up with such trials. Because Christ has conquered death once and for all.

Man is already saved and not yet. Salvation can be seen as belonging to the afterlife, as consistent with eternity, God’s kingdom in heaven. Salvation

⁵⁷Translated from French by the researcher: “Une visée ultime, ce que nous pouvons appeler une destinée.” Adolphe Gesché, *La Destinée* [The Destiny] (Paris: Cerf, 2004), 12.

⁵⁸Translated from French by the researcher: “Le salut, c’est conduire sa vie comme un accomplissement de soi-même et de toutes choses dans les finalités qui nous définissent.” Adolphe Gesché, *La Destinée* [The Destiny] (Paris: Cerf, 2004), 31.

⁵⁹Fatality is all the constraints that condition human action, the various determinisms, the social structures, the absence of freedom or its limitation. These are obstacles to the full development of man.

can also be seen as an accomplishment here on earth, consistent with liberation, justice, God's kingdom on earth. But these two concepts do not oppose each other. Rather they are connected. Salvation is not merely limited to the afterlife, but also concerns man's lot here on earth: "We are well aware that the whole creation, until this time, has been groaning in labour pains. And not only that: we too, who have the first-fruits of the Spirit, even we are groaning inside ourselves, waiting with eagerness for our bodies to be set free. In hope, we already have salvation" (Rom 8:22-24). Cure and salvation are inextricably linked to each other.

b. Relationship between Healing and Salvation

The meaning of healing in the New Testament needs to be explained. To describe Christ's thaumaturgical activity, the Evangelists use four different verbs. The most common is the Greek verb *τεραπεύω* which is used thirty-six times. It is translated by the verb cure, but it particularly means to serve, and even to honor the gods, worship or care.⁶⁰ This verb is often used by the narrator. It is interesting to note that this same Greek verb can mean both cure and care, which emphasizes the deep connection between the two. Another verb which is used is *ιάομαι* which is often used by the Evangelist Luke (who uses it eleven times of the nineteen times it appears). This verb means to deliver from an illness or cure body organs. This verb is predominant in narrative texts. The verb *σώζω* is found about fifty times but it

⁶⁰*Theological dictionary of the New Testament*, vol. 3, 1968 ed., s.v. "τεραπεύω," 128.

is used in a medical context only thirteen times.⁶¹ It means to keep safe from harm's way, to preserve or to save. In cases of illnesses, it means to cure. Moreover, the verb σώζω is often used by Christ himself when he speaks to those whom he cures. Normally, it has a wide meaning, but "with a strong theological connotation, where the word 'salvation' is understood in the true sense, a meaning which does not fail to reverberate in the narratives of healing: saved from the bonds of sin and death after having entered into a new relationship with God in Jesus Christ."⁶² Finally, the fourth verb used is καθαρίζω which means to purify. It is used fourteen times⁶³ in a medical context. Clearly, besides the relationship between cure and care conveyed by the verb θεραπεύω, there is also a very close relationship between healing and salvation, such that one can pose the question if Christ is considered a physician because he heals or he saves.

Christ cures the body by restoring it to health. He heals body and soul by bringing salvation. When Christ cures the body, his real aim is to heal the soul, because salvation of souls has primacy over the curing of the body. The healing of a blind man who recovers his sight is extraordinary, a deaf man who hears, a mute who speaks or a paralyzed man who walks are visible things and are readily seen. However, salvation cannot be seen by the eyes. Christ had no other choice but to heal in order to show that he saves. For him, it was necessary: he could not but not heal. It cannot be otherwise.

⁶¹Mt 9:18-26 (four times); Lk 17:19; Mk 10:52; Lk 18:42; Mk 6:56; Mt 14:36; Lk 7:3; Act 4:9; Act 14:9; Jas 5:15.

⁶²Translated from French by the researcher: "À forte connotation théologique, où le mot 'salut' est à prendre au sens fort, sens qui ne manque pas de rejaillir sur les récits de guérison: sauvé des liens du péché et de la mort parce que entré dans une nouvelle relation avec Dieu en Jésus-Christ." Guy Vanhooymissen, *Maladies et Guérison. Que Dit la Bible ?* [Diseases and Healing. What Does the Bible Say?] (Bruxelles: Lumen Vitæ, 2007), 59.

⁶³Mt 8:2; Mt 8:3 (two times); Mt 10:8; Mt 11:5; Mk 1:40; Mk 1:41; Mk 1:42; Lk 4:27; Lk 5:12; Lk 5:13; Lk 7:22; Lk 17:14; Lk 17:17.

1) Curing as Imperative

Christ's power to cure is more of a duty rather than capability, even a mandate to exercise the power that he received. Certainly, curing was part of Christ's mission. Christ's acts of curing are signs that the Kingdom of God is at hand. They were an imperative that he could not evade.

Christ felt this essential duty to cure when he saw the man with the withered hand, paralyzed, who was sitting in the synagogue. Jesus felt a strong sense of the duty that he had that he decided to heal even before the paralytic expressed his desire for curing or that a dialogue with him ensued: "Get up and stand in the middle! [...] Stretch out your hand" (Mk 3:3-5). The duty to cure was so intense that Christ went as far as to risk exposing himself to the hatred of the witnesses of this act: "The Pharisees went out and began at once to plot with the Herodians against him, discussing how to destroy him" (Mk 3:6).

This primacy of duty over capability is very clear in the healing of the crippled woman. Christ saw in the synagogue on a Sabbath a woman who was all bent over and he did not wait for the woman to approach him. He took the initiative and freed the woman from her infirmity. But the master of the synagogue protested, scandalized by this violation of the law. Jesus replied by also invoking another law: "And this woman, a daughter of Abraham whom Satan has held bound these eighteen years – was it not right to untie this bound on the Sabbath day?" (Lk 13:16). In front of the sick woman, Christ fulfilled his obligation: the woman must be set free. The master of the synagogue was indignant and spoke before the crowd: "There are six days when work is to be done. Come and be healed on one of those days and not on the Sabbath" (Lk 13:14). Christ answered: "Hypocrites! Is there one of you who does not untie his ox or his donkey from the manger on the Sabbath and

take it out for watering?” (Lk 13:15). The duty to cure is such a strong obligation that it is a necessity that knows no distinction of what is permissible, forbidden or any possible violation of the law.

2) Curing as Pretext

On several occasions, before Christ left the sick person whom he had just healed, he dismissed them with these words: Your faith has saved you. Examples include the sinful woman whom he had forgiven (Lk 7:50), the woman who had been suffering from a hemorrhage (Mt 9:22), and the Samaritan healed of his leprosy (Lk 17:19). Christ spoke in the same way to the Syro-Phoenician woman who begged for the healing of her daughter (Mt 8:13). This means that salvation is given, but it is preceded by curing which is visible. As much as a person can be healed without being saved, so can the person be saved without being healed. If Christ wanted to be seen as a Savior, he had to be a healer in the eyes of the world. He wanted to cure bodily illnesses to show that he is the Savior of both body and soul. In a certain manner, the acts of curing were for him a pretext for saving. If he has the power to cure the body, then he can also have the power to save people. Somehow, Christ is not really a healer, but a Savior. He is nevertheless known as a Savior because he cures. He did not come to cure but to save. Curing was not the ultimate reason for his coming. He healed some persons but he wanted to save each one.

The cure of the paralytic at Capharnaum in Galilee is related to the synoptic Gospels (Mt 9:1-8; Mk 2:3-12; Lk 5:18-26). A paralytic who was lying on his cot was brought to Jesus. Without alluding to the paralytic's illness, Jesus spontaneously declared that the man's sins were forgiven: “And

suddenly some people brought him a paralytic stretched out on a bed. Seeing their faith, Jesus said to the paralytic, ‘Take comfort, my child, your sins are forgiven.’” (Mt 9:2). The scribes were indignant and called it blasphemy because forgiveness of sins was a divine prerogative which no man can appropriate for himself. To prove to the scribes that God had given him this power, Christ then cured the sick man: “Get up, pick up your bed and go off home” (Mt 9:6). Christ connects the healing of the man and the forgiveness of his sins. But it is not the forgiveness of sins that brings bodily cure: “Going in two separate phases, remission of sins, curing of physical illness, Christ once again confirmed the absence of connection between sin and illness. If the former had been the cause of the latter, absolution of the former would suffice to undo the latter by the same token.”⁶⁴ There were two successive and different events: the cure of the soul by the forgiveness of sins, followed by the cure of the body, although the paralytic did not ask for curing. Christ intended the cure of the soul to come before that of the body. He first offered to the man what was essential, not physical health but pardon, which is communion restored with God. And it is only because he wanted the others to believe that he then cured the paralytic. To forgive sins of the soul is more difficult than physical cure although it is easier to utter because it cannot be proven externally. Obvious miracles pale beside the miracle of interior healing. Besides, for a believer, the impact of the event goes well beyond the anecdote of the miracle: Christ not only cured the paralytic but he revealed that he himself is God, the Word of God became the Son of man. Thus, Christ had the power to forgive sins:

⁶⁴Translated from French by the researcher: “Procédant en deux temps distincts, rémission des péchés, guérison du mal physique, le Christ atteste une fois de plus le défaut de connexion entre le péché et le mal physique: si le premier avait été générateur du second, absoudre le premier aurait suffi pour annuler du même coup le second.” Marcel Sendrail, *Histoire Culturelle de la Maladie* [Cultural History of the Illness] (Toulouse: Privat, 1980), 168.

This is the power contested by the scribes and this is what Jesus illustrates, by showing, even in the minds of his opponents that it is real enough and obvious to erase what they considered as the effect of sin. In their eyes, it was easy – although blasphemous – to claim to forgive sins in the name of God, but it was more difficult to prove pardon through healing.⁶⁵

It is possible to affirm that the acts of healing performed by Christ serve as a pretext to salvation, but they are more of signs. They have their own meaning, their particular end. They are signs of salvation.

3) Healing as Sign of Salvation

The acts of healing performed by Christ are a sign that the prophecies of the Old Testament were accomplished. They signify the beginning of a messianic era, not through violence or punishment, but through blessings and salvation.

The Evangelist Luke shows the first act of Christ who was tempted in the desert and henceforth began his ministry in Galilee. In the synagogue at Nazareth, Christ stood up to read. The Book of Isaiah was handed to him. He unrolled the scroll and read: “The spirit of the Lord is on me, for he has anointed me to bring the good news to the afflicted. He has sent me to proclaim liberty to captives, sight to the blind, to let the oppressed go free, to proclaim a year of favour from the Lord” (Lk 4:18-19 based on Isa 61:1-2).

⁶⁵Translated from French by the researcher: “C’est ce pouvoir qui est contesté par les scribes et c’est lui que Jésus illustre, en montrant, dans l’optique même de ses contradicteurs, qu’il est assez réel et manifeste pour effacer aussi ce qu’ils considéraient comme l’effet du péché. À leurs yeux, il était facile – quoique blasphématoire – de prétendre pardonner les péchés au nom de Dieu, mais beaucoup plus difficile de prouver le pardon par la guérison.” Georges Crespy, “Maladie et guérison dans le Nouveau Testament,” [Illness and Healing in the New Testament], *Lumière et Vie* 86 (1968): 49-50.

Christ restored the sight of the blind, and through his works, he began the messianic era: In him, the salvation from God was henceforth given. Christ's healing acts were the sign of salvation from God. The prophet Isaiah announced better days: "That day the deaf will hear the words of the book and, delivered from shadow and darkness, the eyes of the blind will see" (Isa 29:18), or: "Then the eyes of the blind will be opened, the ears of the deaf unsealed, then the lame will leap like a deer and the tongue of the dumb sing for joy" (Isa 35:5-6). The Scriptures were fulfilled, the prophecies were accomplished in Christ. This is the meaning of Christ's answer to the disciples of John the Baptist who asked him if he was the Messiah: "Go back and tell John what you hear and see; the blind see again, and the lame walk, those suffering from virulent skin-diseases are cleansed, and the deaf hear, the dead are raised to life and the good news is proclaimed to the poor" (Mt 11:4-5). What he then had to do was to cure the sick so they could see visible signs. Acts of healing are the sign of fulfillment of promises but not the fulfillment itself. As a matter of fact, the acts of healing done by Christ were not the whole of his mission, but the effect of his presence. On the one hand, physical healing does not constitute salvation, on the other hand, Christ came not only to heal but to save: "He heals to signify to mankind that God chose to save man, to restore him to life. Healing is directed towards salvation."⁶⁶ Healing is therefore not an end in itself. It is not an absolute, but a sign of salvation.

Even more than a sign, healing is an experience of salvation. It gives life to the person who has been cured.

⁶⁶Translated from French by the researcher: "Il guérit pour signifier à l'humanité que Dieu a choisi de la sauver, de la faire revivre. La guérison est ordonnée au salut." Bernard Ugeux, *Guérir à Tout Prix?* [To Heal at All Costs?] (Paris: Les Éditions de l'Atelier/Éditions Ouvrières, 2000), 181.

4) Healing as Experience of Salvation

Healing makes one understand something about salvation. For Bernard Van Meenen, theologian and exegete, “the healing of the body reveals that after whom salvation takes shape, and in which manner.”⁶⁷ While the Old Testament relates sin to illness, the New Testament relates healing with salvation. If divine Revelation relies on acts of healing to speak of salvation, this suggests that healing is an experience of salvation. The transition from illness or disability to health is constantly recorded as an event of salvation. This primordial place given to the acts of healing influenced Christian discourse on salvation by making use of words of healing.

There is a close link between healing and salvation, but there is a real distinction. This is the case with the healing of the ten lepers. As Christ made his way to Jerusalem, he passed by the boundary of Samaria and Galilee. He saw ten lepers who approached him and they told him: “Jesus! Master! Take pity on us” (Lk 17:13). At once the lepers were cleansed. But the narrative focuses on their behavior: Nine went away and only one, a Samaritan, came back to thank Jesus “praising God at the top of his voice” (Lk 17:15). The fact that he was a Samaritan meant that he was twice an outcast, because he was a leper which meant he was impure, and because of his ethno-religious affiliation. It was to this Samaritan leper and to him alone that Jesus said: “Stand up and go on your way. Your faith has saved you” (Lk 17:19). The salvation which Jesus referred to is more than a simple medical healing or a ritual purification. The other nine lepers were healed, but not saved because

⁶⁷Translated from French by the researcher: “La guérison des corps dit en qui le salut prend corps, et de quelle manière.” Bernard Van Meenen, *Jésus, l'autre et la guérison dans les Évangiles* [Jesus, the Other and Healing in the Gospel], in Michel Hermans and Pierre Sauvage, *Bible et Médecine. Le Corps et l'Esprit* [Bible and Medicine. The Body and the Mind] (Bruxelles: Lessius, 2004), 60-61.

they were not able to discover the meaning of the act that had been given them. Only the tenth was healed and saved for he saw God's gift through Christ in his being healed. There is a transition from healing to salvation: "The acts of healing performed by Jesus invite one to meet him in a personal way, to commit to God in a new relationship, to enter the Kingdom founded by Jesus, in short, to be saved."⁶⁸

5) Healing as Foretaste of Salvation

Christ always fostered dialogue in healing towards faith. When he said "your faith has saved you," "he seemed to defer to faith as a source of healing."⁶⁹ Christ's acts of healing were always faith-related: He wanted to enkindle faith. He began by encouraging it, then he achieved it because of healing. Healing always seeks salvation: "It represents but one step towards salvation which is not identified with it."⁷⁰

Thus "a primacy of salvation over cure"⁷¹ exists. In the eyes of Christ, salvation is more important than healing. Each one is called to salvation, but not necessarily to curing. God wants everyone to be saved, but not necessarily to be cured. Salvation is therefore for everyone, whether they be healthy, sick

⁶⁸Translated from French by the researcher: "Les guérisons opérées par Jésus invitent à le rencontrer de manière personnelle, à s'engager dans une nouvelle relation avec Dieu, à entrer dans le Royaume inauguré par Jésus, en un mot, à être sauvé." Guy Vanhoomissen, *Maladies et Guérison. Que Dit la Bible ?* [Diseases and Healing. What Does the Bible Say?] (Bruxelles: Lumen Vitæ, 2007), 70.

⁶⁹Translated from French by the researcher: "Il semble s'effacer devant la foi comme source de guérison." Bernard Ugeux, *Guérir à Tout Prix?* [To Heal at All Costs?] (Paris: Les Editions de l'Atelier/Éditions Ouvrières, 2000), 181.

⁷⁰Translated from French by the researcher: "Elle ne représente qu'une étape vers un salut qui ne s'identifie pas avec elle." Ibid.

⁷¹Translated from French by the researcher: "Une primauté du salut sur la guérison." Laurent Denizeau and Jean-Marie Gueullette, OP, *Guérir: une Quête Contemporaine* [To Heal: a Contemporary Quest] (Paris: Cerf, 2015), 267.

or healed. It would be unbearable to think that only those who have been healed can obtain salvation. If some people are healed, it is because the healing led them to be saved or gave them the possibility to be saved. If others are not healed, it is either that they are not ill (after all, one need not be ill to die), or that they are saved without being healed. Thus, healing tells a bit about salvation, it is even a disposition or a predisposition towards it. Healing is a foretaste of salvation.

Numerous decorations of vessels of ancient sarcophagi show the importance of these cures for the early Christians.⁷² Indeed, the power manifested by Christ in curing the human body is a foretaste of that which he will unfold at the end of time when mankind will be resurrected. The acts of healing express that there is hope of life after death, they guarantee the reality of the resurrection of the dead. Acts of healing are like a down payment toward salvation. This idea is really typical of the New Testament because the Hebrews invested time before they believed the possibility of life after death. For them, death was always considered as Sheol, a place from where one does not return. The possibility of eternal life appeared later in the Old Testament writings.

For Saint Irenaeus of Lyon (130-202), physical healing done by Christ was likened to a foretaste of the resurrection and a guarantee of reality:

For what was His [the Word of God] object in healing (different) portions of the flesh, and restoring them to their original condition, if those parts which had been healed by Him were not in a position to obtain salvation? For if it was (merely) a temporary

⁷²Martine Dulaey, *Symboles des Évangiles (I^{er}-VI^e Siècles). Le Christ Médecin et Thaumaturge* [Symbols of the Gospels (1st-6th Centuries). Christ the Physician and Wonder Worker] (Paris: Le Livre de Poche, 2007), 62.

benefit which He conferred, He granted nothing of importance to those who were the subjects of His healing.⁷³

By giving healing and life, Christ “prefigures eternal things by temporal, and shows that it is He who is Himself able to extend both healing and life to His handiwork, that His words concerning its (future) resurrection may also be believed.”⁷⁴ If Christ is capable of healing the sick, he is also capable of raising the dead.

Christ is more of a Savior than a healer. He heals because he saves. But it is important to understand how he saves mankind. If he saves, it is by his sufferings: “Through his bruises you have been healed” (1 Ptr 2:24). Christ saves mankind through his Passion, his death on the Cross and his Resurrection.

2. Salvation and Human Suffering

The question of salvation is necessarily linked to that of human suffering: “Salvation means liberation from evil, and for this reason it is closely bound up with the problem of suffering.”⁷⁵ This liberation must be achieved by the only-begotten Son through his own suffering. This liberation is Christ’s victory over sin through his obedience until death, and is a victory over death through his Resurrection. Certainly, this victory does not eradicate

⁷³*The Ante-Nicene Fathers*, eds. Alexander Roberts, James Donaldson and Arthur Cleveland Coxe, vol. 1, *The Apostolic Fathers with Justin Martyr and Irenaeus* (New York: Cosimo Classics, 2007), *Saint Irenaeus of Lyon, Against Heresies*, Book 5, Ch. 12, 6, p. 539.

⁷⁴*Ibid.*, Book 5, Ch. 13, 1, p. 539.

⁷⁵Pope John Paul II, *Apostolic Letter Salvifici Doloris on the Christian Meaning of Human Suffering*, Vatican City, February 11, 1984, Ch. 4, 14. Retrieved September 10, 2017 from

https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_1102_1984_salvifici-doloris.html.

temporal suffering in life, but it throws a new light, the light of salvation on all suffering.

“For this is how God loved the world: he gave his only Son” (Jn 3:16). God gives his Son that he may strike at the very roots of human evil and thus draw close in a salvific way to the whole world of suffering in which man shares. Christ drew increasingly closer to the world of human suffering:

His actions concerned primarily those who were suffering and seeking help. He healed the sick, consoled the afflicted, fed the hungry, freed people from deafness, from blindness, from leprosy, from the devil and from various physical disabilities, three times he restored the dead to life. He was sensitive to every human suffering, whether of the body or of the soul.⁷⁶

Christ comforted unceasingly the men and women he met: “Unload all your burden on to him, since he is concerned about you” (1 Ptr 5-7). Christ drew close above all to the world of human suffering through the fact of having taken this suffering upon his very self. It is precisely by this suffering that he brought salvation, by his own suffering on the Cross. On the Cross, he carries with him all human suffering.

All throughout Scriptures, God reveals himself and reveals who he is. He first appeared as a God-Healer, an opponent of physicians. Then he revealed himself as Savior. Moreover, he is God who saves man from sin and from death by giving his only Son out of love. Christ drew close to human suffering, he himself suffered and it is through this act that mankind attained salvation: “It can be said that this is ‘substitutive’ suffering; but above all it is

⁷⁶Pope John Paul II, *Apostolic Letter Salvifici Doloris on the Christian Meaning of Human Suffering*, Vatican City, February 11, 1984, Ch. 4, 16. Retrieved September 10, 2017 from https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_1102_1984_salvifici-doloris.html.

‘redemptive.’”⁷⁷ Behold, he, though innocent, takes upon himself the sufferings of all people, because he takes upon himself the sins of all. This was already prophesied in the Old Testament, namely in the *Song of the Suffering Servant*, in the Book of Isaiah:

³He was despised, the lowest of men, a man of sorrows, familiar with suffering, one from whom, as it were, we averted our gaze, despised, for whom we had no regard.

⁴Yet ours were the sufferings he was bearing, ours the sorrows he was carrying, while we thought of him as someone being punished and struck with affliction by God;

⁵whereas he was being wounded for our rebellions, crushed because of our guilt; the punishment reconciling us fell on him, and we have been healed by his bruises.

⁶We had all gone astray like sheep, each taking his own way, and Yahweh brought the acts of rebellion of all of us to bear on him.

⁷Ill-treated and afflicted, he never opened his mouth, like a lamb led to the slaughter-house, like a sheep dumb before its shearers he never opened his mouth (Isa 53:3-7).

The only-begotten Son whom God gave “who is consubstantial with the Father suffers as a man. His suffering has human dimensions; it also has – unique in the history of humanity – a depth and intensity which, while being human, can also be an incomparable depth and intensity of suffering, insofar as the man who suffers is in person the only-begotten Son himself: ‘God from God.’”⁷⁸ It was at Gethsemane that Christ voluntarily accepted this suffering

⁷⁷Pope John Paul II, *Apostolic Letter Salvifici Doloris on the Christian Meaning of Human Suffering*, Vatican City, February 11, 1984, Ch. 4, 17. Retrieved September 11, 2017 from

https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_1102_1984_salvifici-doloris.html

⁷⁸Pope John Paul II, *Apostolic Letter Salvifici Doloris on the Christian Meaning of Human Suffering*, Vatican City, February 11, 1984, Ch. 4, 17. Retrieved September 11, 2017 from

https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_1102_1984_salvifici-doloris.html

out of love: “My Father, [...] if it is possible, let this cup pass me by. Nevertheless, let it be as you, not I, would have it” (Mt 26:39), and: “My Father, [...] if this cup cannot pass by, but I must drink it, your will be done!” (Mt 26:42). These words attest to the truth of Christ’s suffering: “Christ’s words confirm with all simplicity this human truth of suffering, to its very depths: suffering is the undergoing of evil before which man shudders.”⁷⁹

But it is especially on the Cross that everything was fulfilled: “The supreme good of the Redemption of the world was drawn from the Cross of Christ, and from that Cross constantly takes its beginning. The Cross of Christ has become a source from which flow rivers of living water.”⁸⁰ To speak about God crucified⁸¹ is to recognize God in Christ crucified. To speak of a God who greatly suffered is to recognize God in Christ who greatly suffered. The presence of God in Christ on the Cross, if this is to be taken seriously, shows a suffering God. For the theologian Jürgen Moltmann, the Cross criticized the idea of God by renewing the idea of salvation: “The knowledge of the cross is the knowledge of God in the suffering caused to him by dehumanized man, that is, in the contrary of everything which dehumanized man seeks and tries to attain as the deity in him.”⁸² But it is not a question about a theological debate on the suffering of God. Rather it is about the affirmation of the reality of the God-Man who suffered for us and with us.

⁷⁹Pope John Paul II, *Apostolic Letter Salvifici Doloris on the Christian Meaning of Human Suffering*, Vatican City, February 11, 1984, Ch. 4, 18. Retrieved September 11, 2017 from

https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_1102_1984_salvifici-doloris.html.

⁸⁰Ibid.

⁸¹See Jürgen Moltmann, *The Crucified God. The Cross of Christ as the Foundation and Criticism of Christian Theology*, trans. R.A. Wilson and J. Bowden (Minneapolis: Fortress Press, 1993), 200.

⁸²Ibid., 71.

This critique of an impassibility of God is also present in theological Tradition from the early beginnings of Christianity. This holds true for Origen who mentions this compassionate God who has pity and suffers a passion borne out of love:

Something of this sort I would have you suppose concerning the Savior. He came down the earth in pity for humankind, he endured our passions and sufferings before he suffered the cross, and he deigned to assume our flesh. For if he had not suffered he would not have entered into full participation in human life. He first suffered, then he came down and was manifested. What is that passion which he suffered for us? It is the passion of love. The Father himself and the God of the whole universe is “long-suffering, full of mercy and pity.” Must he not, then, in some sense, be exposed to suffering? So you must realize that in his dealing with men he suffers human passions. “For the Lord thy God bore thy ways, even as a man bears his own son.” Thus God bears our ways, just as the Son of God bears our “passions.” The Father himself is not impassible. If he is besought he shows pity and compassion; he feels, in some sort, the passion of love, and is exposed to what he cannot be exposed to in respect of his greatness, and for us men he endures the passion of mankind.⁸³

To go even farther, it is also possible to say that God confronts death. He does not flee from it, nor does he retreat nor bypass it, but boldly confronts it. God could have saved suffering mankind in many ways, but he chose to confront it with death. God chose to save suffering mankind through his passage to death. He chose to make himself small, to follow the same path as his creature, a remote path which led to death. In other words, God chose to be incarnated and to die on the Cross. This was the only way that he triumphed over evil. Consequently, there was no other suffering which was

⁸³*Ancient Christian Writers*, ed. Thomas P. Scheck, *Origen. Homilies 1-14 on Ezekiel* (New York: Paulist Press, 2010), *Homily 6*, 6, p. 124.

not permeated by his presence, no affliction which would not affect him through the flesh of his Son.

It is therefore the essence of God, his very being, which must shed light on what must be the end of medicine. But in God, acting and being are one. If medicine really collaborates with God in his works, if God is more of a Savior than a healer, if Christ saves ill persons by carrying the suffering of the world in his Passion and on the Cross, can it be said that the mission of medicine is to relieve the sufferings of the world which will lead towards a certain well-being? Certainly, nobody, not even a physician can carry all the suffering of mankind on his shoulders, but he can try to give relief. Medicine, like God, does not always cure. It is a profession where there is no guarantee of success, and it can lament many losses. It is not all about winning, nor defeating, nor health gain of public health. It is a question of accompanying the person who is suffering rather than wanting to heal him. If God were only a healer, then physicians would have been made only to heal. But the theology of medicine consists in recognizing the Great Sufferer, the Sufferer among sufferers. Physicians and health care professionals should take charge of those who suffer in the world.

A hasty reading of the metaphor of Christ the Healer, which was amply developed by the Fathers of the Church, can create confusion by leading one to expect that the only end of medicine is cure. The reasoning is: Christ is a physician because he heals, so all physicians are made to heal. In reality, God revealed himself first and foremost as the only Savior. For the Fathers of the Church, the metaphor of Christ the Healer has a pedagogical function so it will lead one to perceive a wider reality which is salvation. This analogy expresses the idea that Christ is the Savior of man, body and soul. Saint Cyril of Jerusalem (313-386) explained it perfectly when he evoked the etymology of the word Jesus: “Jesus then means according to the Hebrew ‘Savior,’ but in

the Greek tongue ‘The Healer;’ since He is the physician of souls and bodies, curer of spirits.”⁸⁴ Saint Cyril of Jerusalem further explains that Christ first healed the sinful soul of the paralytic who then was able to get back on his feet. Bodily cure followed spiritual cure.

If Christ is Savior before being a healer, and if he is a physician because he heals to show salvation, one needs to ask if salvation is not the end of medicine.

3. Physicians as Saviors

Physicians cannot be real saviors because there is only one Savior, Jesus Christ. He is the Savior who saves from the woes of conditions whereas the physician cures the woes of situations:

To say that the physician is a savior is to recognize that he has a saving power that is not his [...]. If it is a question of saving, and of being a savior in the discourse of a sick person restored to health, [...] one can say that it is (nonetheless) a rescue, at least from the professional’s point of view which is that of the physician, even if this rescue can be lived, sometimes, by the patient as an experience which refers to salvation.⁸⁵

⁸⁴*Nicene and Post-Nicene Fathers, Second Series*, eds. Philip Schaff and Henry Wace, vol. 7, *Cyril of Jerusalem. Gregory Nazianzen* (New York: Cosimo, 2007), *The Catechetical Lectures of saint Cyril, Archbishop of Jerusalem, Lecture 10*, 13, p. 61.

⁸⁵Translated from French by the researcher: “Dire que le médecin est sauveur c’est surtout lui reconnaître un pouvoir salvifique qui n’est pas le sien [...]. S’il est question de sauver, et de sauveur dans le discours d’un malade revenu à la vie, [...] il s’agit [pourtant] d’un sauvetage, en tout cas vu du point de vue du professionnel qui est celui du médecin, même si ce sauvetage peut être vécu, parfois, par le patient comme une expérience qui lui parle du salut.” Laurent Denizeau and Jean-Marie Gueullette, OP, *Guérir: une Quête Contemporaine* [To Heal: a Contemporary Quest] (Paris: Cerf, 2015), 271-272.

The Savior can give back life, eternal life which is resurrection, but a rescuer preserves earthly life by restoring health. The physician, despite the best procedures, cannot give back life because he is not the source of life. He does not have the capacity of giving eternal life. Salvation is not within his means. The one who restores to health is therefore not a savior but a rescuer. The physician who saves a patient can do it only as a rescuer. This is a metaphor on salvation which tells only something but not all about salvation: “When a physician is recognized as having saved a patient, the process is shortened since his good act to hinder the end of life is interpreted in terms which must be those reserved for God who saves not from the end of life but from death, from eternal death.”⁸⁶ God saves for all eternity, the physician saves from the end of one’s life, even if it is only a temporary relief. Salvation, after death, is the permanent entry to life, while reprieve on life through medical intervention is an extension of the life which has escaped death. The patient who affirms that the physician saved his life probably had an experience wherein he was close to experiencing salvation, or at least an event which expressed something about salvation even if he was not saved *stricto sensu*: “[The physician] hindered the end of life, at least temporarily, and that cannot be reduced to a simple technical intervention. Such an experience can, for the patient, evoke by analogy, something about salvation.”⁸⁷

⁸⁶Translated from French by the researcher: “Quand on reconnaît qu’un médecin a sauvé son patient, on fait un certain raccourci, puisqu’on interprète son action bénéfique pour empêcher la fin de la vie dans les termes qui devraient être ceux qu’il faudrait réserver à Dieu, qui sauve non pas de la fin de la vie, mais de la mort, et de la mort éternelle.” Ibid., 270.

⁸⁷Translated from French by the researcher: “[Le médecin] a empêché la fin de la vie, au moins temporairement, et cela ne peut être réduit à une simple intervention technique. Une telle expérience a pu, pour le patient, évoquer analogiquement quelque chose qui est de l’ordre du salut.” Ibid., 271.

If physicians are not saviors, aren't (Catholic or not) physicians nevertheless concerned about the salvation of their patients? In choosing the metaphor of Christ the Healer, the Fathers of the Church developed a complete vision of the human being, an anthropology where there is no dichotomy between soul and body. If Christ is a physician of both body and soul, it is because it is impossible to be a physician for one or the other. Man is an integral *unum* in his totality. To consider that physicians are concerned only with the body is interpreting human anthropology from a Cartesian or dualistic point of view where the union of body and soul is merely accidental. Physicians would take care of the body and God (and his priests) the soul. The physician's role would then be reduced to a mechanic's work who repairs a body which would be treated like a machine. What kind of physician would treat the body as if it were an object? Would that kind of physician be like an engineer or a veterinarian?

In integral anthropology and a personalistic vision, the soul is the substantial form of the body. Soul is united to the body substantially as a co-principle of the human person. The body is human because it is animated by a spiritual soul. The fact that the soul is the unique substantial form of man shows that the entire human soul is present in essence in the whole body and in each of its parts. If this were not so, man would merely be an accidental form. One finds an obvious sign of this intimate presence of the whole soul in each part of the body in the fact that no part of the body is active when the soul leaves the body. Corporality is a determination conferred to the human as composite human by a rational soul which is its substantial form. The body is in a way the visible soul. Human corporality thus has a special ontological status because it is inspired by a spirit. The human body has a higher dignity than the body of an animal because the human body cannot be separated from its principle, which is spirit. Human corporeality is wholly penetrated by

spirituality because its source is the rational soul. It is therefore impossible to be a physician without considering the soul of the patient. This is the basis of holistic medicine which tries to consider all the dimensions of the human person.

Physicians are thus not saviors. On the contrary, they take care of the sick person who has a body and a soul which is ill as well. And the (Catholic or not) physician can still be a dispositive cause of salvation: he can try to dispose or predispose the patient to welcome the grace of salvation. It is not an explicit preaching by physicians to their patients. Physicians have to respect patients as body and soul, as persons, including their faiths. For example, when faced with a patient at the end of life, physician can dare mention impending death, find words for existential anxiety, voice out man's necessary finitude, which are some possible ways to make the person disposed to welcome salvation. The end of this extra corporeal role of the physician toward the patient is not to cure, but to care. The purpose of accompanying the patient in his suffering goes beyond curing. The care given to the patient can make him prepare himself to welcome salvation.

Overwhelmed by illness, the vocation of the sick (Christian) is to live with God every minute of his life. It is not wrong to call on God for help when faced with trials, but it is essential to live with God, to consider one's relationship with God, not health, as most important.

Chapter Summary

The Fathers of the Church attribute to Christ the title of Physician primarily because he heals. A superficial reading of this metaphor could lead one to believe that the only end of medicine is cure. But if the Fathers of the Church insist on using this metaphor on medicine, it is firstly to dissociate

Christ from Asclepius, and then to describe the power of Christ to save as physician of both body and soul. Because God is more of a Savior than a healer. Indeed, God wants to save the whole of mankind but he did not heal everyone. The acts of healing performed by Christ are a visible sign of the coming of the Kingdom, the visible sign of an invisible salvation. In a manner of speaking, Christ had no other choice but to heal if he wanted to show that salvation became a reality in humanity which was afflicted by sin and death. Healing is a sign which speaks: it is an experience and an anticipation of salvation. But God is the Savior. He saved humanity by the suffering of his Son. During his entire ministry, Christ made himself close to the suffering of the whole world. He took the suffering of each person upon himself and willingly entered into his Passion, even until his obedience in accepting the Cross so as to reach the very roots of human evil grounded in sin and death. The God-Man suffered with and for every person. This was how the very essence of God was revealed and it was thus that the end of medicine can be highlighted. If the mission of cooperation of physicians in the works of God is to be taken seriously, it may be said that the end of medicine cannot be only cure. It is obvious that physicians are not saviors and they cannot carry on their shoulders all the sufferings in the world. On the contrary, their mission could be to relieve the sufferings of the world. The end of medicine could be to accompany the person in his suffering, rather than insisting on cure. This is consistent with Christ's call to take care of one's neighbor. This remains to be confirmed by an assessment of what the Magisterium of the Church says on this subject.

CHAPTER IV

THEOLOGICAL AND ETHICAL DEVELOPMENTS OF CONCEPTS OF CARE AND CURE IN THE LIGHT OF MAGISTERIUM OF THE CHURCH

Introduction

Physicians, as cooperators of God in his works toward well-being, are called to alleviate the suffering of the world and to accompany those who suffer. This is what Christ did all throughout his earthly ministry until his death. He reached out to the suffering of man: he suffered with them and for them. Following the example of Christ, the Church seriously considers her mission in administering care, just as when Christ washed the feet of his disciples, of giving care as the Good Samaritan had done. Throughout her history, the Church has established facilities to take care of the sick. Some illnesses are cured but not all, because many are incurable. And yet, medicine has not failed, it has not stopped administering care because its end cannot be limited to cure. The Church and medicine are two allies in the battle against suffering. Yet, the first text of the Magisterium of the Catholic Church which discusses medicine seems to oppose it because the text prohibits priests from studying medicine. This text seems to date back to an ancient view of medicine when it was considered as a rival of God and of his Church. One needs to look into the reasons of such a prohibition which appear to question the role of physicians as collaborators in God's Plan. It must be shown that the Catholic Church does not oppose medicine, despite this text. One must also study what the Magisterium says about the ends of medicine in order to

better understand the concepts of care and cure so as to possibly draw a hierarchy or an order of precedence between them.

A. CLARIFICATION ON THE BAN ON PRIESTS TO STUDY MEDICINE

As early as the first centuries of the existence of the Church, many monks had already been practicing medicine. Monasteries quickly became places where the art of patient care began and was practiced. This originated from written tradition since only clerics were capable of studying, deciphering, translating and copying manuscripts. Some clerics worked on translations and commentaries of classical medical literature. The libraries of monasteries were filled with works of authors like Hippocrates and Galien. Since it was only the Church which possessed and used these sources of knowledge, capitulars and monastic schools increased in number. During the Middle Ages, formal medical education was limited to some centers where such studies originated. Things eventually evolved with the creation of Universities. Progressively, urban development and the creation of Universities which grouped together formerly isolated places of instruction in some stable centers led to the disappearance of capitulars and monastic schools. The Faculties of Medicine as well as those of Roman civil law became more attractive to students who left the Faculties of Theology.

1. Decretal *Super Speculam*: Prohibition

The recommendations of the Catholic Church on the study of medicine by clerics were first made during the Council of Clermont in 1130. But this first mention of the study of medicine in the Magisterium is unflattering because the monks and Canons Regular were prohibited to study medicine (and civil law). This decision was confirmed by the Council of Reims the following year and the Second Lateran Council in 1139:

An evil and detestable custom, we understand, has grown up in the form that monks and canons regular, after having received the habit and made profession, despite the rule of the holy masters Benedict and Augustine, study jurisprudence and medicine for the sake of temporal gain. Instead of devoting themselves to psalmody and hymns, they are led by the impulses of avarice to make themselves defenders of causes and, confiding in the support of a splendid voice, confuse by the variety of their statements what is just and unjust, right and wrong. The imperial constitutions, however, testify that it is absurd and disgraceful for clerics to seek to become experts in forensic disputations. We decree, therefore, in virtue of our Apostolic authority, that offenders of this kind be severely punished. Moreover, the care of souls being neglected and the purpose of their order being set aside, they promise health in return for detestable money and thus make themselves physicians of human bodies. Since an impure eye is the messenger of an impure heart, those things about which good people blush to speak, religion ought not to treat (that is, religion ought to avoid). Therefore, that the monastic order as well as the order of canons may be pleasing to God and be conserved inviolate in their holy purposes, we forbid in virtue of our Apostolic authority that this be done in the future. Bishops, abbots, and priors consenting to such outrageous practice and not correcting it, shall be deprived of their honors and cut off from the Church.¹

¹Internet Medieval Sourcebook, ed. Paul Halsall, *The Canons of the Second Lateran Council. 1123* (New York: Fordham University Center for Medieval Studies, 1996), Canon 9. Retrieved September 18, 2017 from

The two Councils of Montpellier in 1162 and 1195 confirm this prohibition. This can, on the one hand, be explained by the number of monks and Canons Regular who had the habit of soliciting money in exchange for care. On the other hand, they increasingly became absent in the monasteries, to administer treatment outside. Their considerable earnings as well as their frequent absences proved damaging to the faith and moral values. The Council of Tours² in 1163 restricted the monks' absences to two months: "No one after professing religious vows is permitted to go to study medicine or secular law. If anyone does, and does not return to his cloister within two months, he is to be considered excommunicated, and is not to be heard in any case in which he acts as an advocate."³ This decision is confirmed by the Third Lateran Council in 1179 and the Council of Paris in 1212. Finally, by the Decretal *Super Speculam (Passim)* enacted at Viterbo on November 16, 1219, Pope Honorius III officially prohibited the study of medicine, as well as the study of Roman civil law, to all Canons Regular:

I gladly recall that our predecessor Alexander [Pope Alexander III (1105-1159-1181)], when he spoke against those religious who went out of the convent to pursue studies on law and medicine, noted during his time at the Council of Tours that unless they returned to the monastery in less than two months, they were to be treated as excommunicated and that they be in no way heard if they wanted to be granted patronage. Once they come back, they are to be considered last at the monastery, at table and at the chapter and

<https://sourcebooks.fordham.edu/halsall/basis/lateran2.asp>.

²In essence, the canon stated that clerics were to concentrate on spiritual matters and confine themselves to their cloisters, and not go out into the world to study earthly matters, that was not the business of their profession.

³Robert Somerville, *Pope Alexander III and the Council of Tours (1163). A Study of Ecclesiastical Politics and Institutions in the Twelfth Century* (Los Angeles: University of California Press, 1977), Ch. 5, Canon 8, 50.

unless a special pardon is granted by the Apostolic See, they have any hope of promotion.⁴

The language of the Decretal was inspired by Holy Scriptures and was largely borrowed from the letters of Pope Innocent III to the Languedoc region and other lands which were attacked by Cathar propaganda. In fact, the spread of the heresy and the lack of clergymen caused the decrease of Christianity. The Pope complained of the shortage of workers in an increasingly large harvest and the negligence of the workers in the vineyard of the Lord. He ordered bishops and Chapters to designate a number of students of theology to be trained to teach and occupy chairs of theology which were created near cathedrals by the Third and Fourth Lateran Councils. Pope Honorius III also confirmed the penal provisions, by increasing them. These provisions were set by Alexander III against monks who leave their convents to study Roman civil law and medicine. It is clear that if it was the study of medicine which was prohibited, the aim was also to prohibit the monks from practicing it. But Pope Honorius III did not prohibit secular clerics to study medicine, at least those clerics who belonged to the Minor Orders, subdeacons and deacons. It appears that neither were secular priests prohibited to study medicine, subject to a dispensation from Rome. The

⁴Translated from Latin by the researcher: “Contra regiosas [but it is better to read religiosas than regiosas] personas, de claustris exeuntes ad audiendum leges vel physicam, felicis memoriae Alexander praedecessor noster olim statuit in concilio Turonensi, ut, nisi infra duorum mensium spatium ad claustrum redierint, sicut excommunicati ab omnibus evitentur, et in nulla causa, si patrocinium praestare voluerint, audiantur. Reversi autem in choro, mensa, capitulo et ceteris ultimi fratrum existant, et, nisi forte ex misericordia sedis apostoloeae, totius spem promotionis amittant”. Gregorii Papae IX, *Decretales. Corpus Iuris Canonici Academicum, Liber primus*, Book 3, Title 50, *Ne Clerici Vel Monachi* (Coloniae Munatianae, 1746), Ch. 10, 536. Retrieved October 2, 2017 from https://books.google.com.ph/books?id=XgNFAAAACAAJ&pg=PP13&lpg=PP13&dq=Corpus+iuris+canonici+:+l.+III+t.+L+Ne+clerici+vel+monachi&source=bl&ots=biu6Bep8mp&sig=25kv1RRRS22mMiQtGsh9PErVlac&hl=fr&sa=X&redir_esc=y - v=onepage&q=Ne Clerici Vel Monac

Chapter of the Dominican Order prohibited its members to study and to write about medicine in 1243.

This prohibition of clerics to study medicine became a formal prohibition in the practice of medicine. This lasted until the Code of Canon Law of 1917: “*Sine apostolico indulto medicinam vel chirurgicam ne exerçant.*”⁵ Without an indult from the Holy See, clerics cannot practice medicine nor surgery. The prohibition to practice medicine refers to a constant, habitual, *ex professo* practice, especially if it is accompanied by the collection of honoraria. However, a cleric who has learned some notions of practical medicine is allowed to give advice to his friends or relatives. A wider practice of medicine would require an authorization from Rome, which would not be given without the bishop’s recommendation. In practice, this authorization is sometimes given to missionaries. With regard to surgery, its exercise is considered as “especially unbecoming for a cleric, because of its difficulty as well as its intimate character and its bloody nature.”⁶ The classical exception involved in a caesarean operation is mentioned in treatises of moral theology even if clerics rarely perform such operations: when there is absence of qualified person, charity demands that another person, even a priest, specifically the parish priest, perform a caesarean operation in order to save the infant’s life through surgery and his soul through the baptism. Attendance at secular Universities, i.e. not specifically Catholic, was prohibited for clerics except upon the permission of the bishop. Upon the order of the decree of the Sacred Consistorial Congregation of April 30, 1918, this permission can only be given to clerics who have been ordained priests

⁵*Codex Iuris Canonici, Pii X Pontificis Maximi Iussu Digestus Benedicti Papae XV Auctoritate Promulgatus* (Rome: Typis polyglottis Vaticanis, 1920), 139, § 2, p. 33.

⁶Translated from French by the researcher: “Spécialement malséant pour un clerc, tant à cause de sa difficulté que de son caractère intime et sanglant.” Raoul Naz, *Traité de Droit Canonique* [Canon Law Treaty], vol. 1 (Paris: Letouzey et Ané, 1954), 313.

for the use of the diocese. All these prohibitions were not renewed when the Code of Canon Law was revised. These prohibitions were thus lifted in 1983.

2. Some Explanatory Hypotheses

One needs to view the reasons of the incompatibility between medicine and the clerical state as seen by the Church from 1130 to 1983 so as to understand the reasons for the prohibitions. What is important is that the Pope does not oppose medicine *per se*, but its study and practice. By the Decretal *Super Speculam*, Pope Honorius III did not break the traditions which allowed the Church to be associated with the progress of civilization. The Pope continued to protect the Universities of Bologna and Montpellier in order to help recruit students in the liberal professions. Pope Honorius III allowed students of medicine and civil law to become clerics, thereby making them qualified to receive ecclesiastical benefices⁷ which formed an important part of the ecclesiastical revenues in Europe. But he worried about the diminishing enrollment in the Faculties of Theology because students were more interested in medicine and civil law. The Decretal was probably a means to maintain enrollment in the Faculties of Theology and for the clerics to receive good education.

Pope Honorius III especially wanted to safeguard the spiritual interests of the people. By prohibiting monks and clerics to study and practice medicine, he removed from the pastoral ministry and from the highest levels

⁷Benefices are assets which are meant to finance an ecclesiastical office and to give its holder (occupant) income for his personal needs. Benefices originated from public and private donations received by the Church in the Middle Ages. The collation of benefices is independent of the tonsure and the sacrament of Holy Orders. However, the inevitable confusion between spiritual care of souls and the temporal holding of a benefice often quickly causes a constant conflict of power between religious authority and the laity.

of the Church those who entered the ministry for financial reasons. Care can bring in a lot of money which is not suitable to priestly life. In this way, the Pope protected the elite of the clergy from the temptation of forgetting their responsibilities. The greed of some monks and some congregations was one reason for the papal prohibition. In this way, the pope removed one of the sources of scandal which heretics were using against the Church.

It is also possible that contact with blood was a reason for the prohibition. In the Hebrew religion, blood is considered as sacred. One can touch blood only under some circumstances considered as sacred as in offering sacrifice. However, blood also contains some forces which cause harm: blood which flows because of war, women's disease. There is a close relationship between blood and violence. The Church has an old adage: *Ecclesia abhorret a sanguine*, the Church abhors blood. For the Church, only the blood of Christ is holy and only the priest is responsible for it. The authorization is given to barbers to give surgical treatment but clergymen are not allowed to be involved in the shedding of blood. When the Fourth Lateran Council in 1215 explicitly prohibited priests to perform surgery, the reason given is obvious:⁸

No cleric may decree or pronounce a sentence involving the shedding of blood, or carry out a punishment involving the same, or be present when such punishment is carried out. If anyone, however, under cover of this statute, dares to inflict injury on churches or ecclesiastical persons, let him be restrained by ecclesiastical censure. A cleric may not write or dictate letters which require punishments involving the shedding of blood, in the courts of princes this responsibility should be entrusted to laymen and not to clerics. Moreover no cleric may be put in command of mercenaries or crossbowmen or suchlike men of blood; nor may a subdeacon,

⁸For Saint Thomas Aquinas, priests should not be involved in death penalty, because they touch the Blood of Christ in Eucharist.

deacon or priest practice the art of surgery, which involves cauterizing and making incisions; nor may anyone confer a rite of blessing or consecration on a purgation by ordeal of boiling or cold water or of the red-hot iron, saving nevertheless the previously promulgated prohibitions regarding single combats and duels.⁹

At that time, there were no clear boundaries between physicians and barber-surgeons. For the Church in the Middle Ages, the physician was a cleric and so he did not have the right to cause the shedding of blood. Moreover, according to medieval thinking, approaching a body is inappropriate for priestly dignity. For a priest, having been bestowed with priestly dignity, it was unsuitable that he does tasks which have to do with the human body:

The twelfth century conciliar decrees had also referred to physicians of human bodies who saw those things about which good people blush to speak. The ethics and etiquette texts of the practicing secular physician also advised discretion and restraint in contacts with women. The involvement of cleric or religious with the medical treatment of women might expose them to intimate sights considered even more unsuitable or morally dangerous for the physician who was also in Holy Orders.¹⁰

All in all, Pope Honorius III did not oppose medicine as such. He did not denounce a competition between the Church and medicine. The Decretal *Super Speculam* sought to preserve the attendance in the Faculties of Theology and to limit the excesses of some monk-physicians attracted by pecuniary gain and mundane concerns. The incompatibility of the medical and religious vocations is therefore not ontological or constitutive. It belongs

⁹*Decrees of the Ecumenical Councils*, ed. Norman P. Tanner, vol. 1 (London: Sheed and Ward, 1990), Canon 18, p. 244.

¹⁰Angela Montford, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries* (Aldershot, UK: Ashgate, 2004), Ch. 5, 137.

to an accidental domain. However, there has never been a question about the ends of medicine. This subject needs to be examined in the more recent texts of the Magisterium.

B. CONCEPTS OF CARE AND CURE: CLARIFICATION OF MAGISTERIUM

It was clearly Pope Pius XII (1939-1958) who revived the momentum and made huge progress in medical ethics, specifically in his numerous addresses to physicians and healthcare professionals. He thus clarifies the question on the ends of medicine by emphasizing the importance of alleviating human suffering and accompanying the persons who suffer. He brought to light the primacy of care over cure.

1. Addresses of Pius XII

In 1945, Pope Pius XII gave an address to a group of 170 surgeons of the Allied Forces:

God is not the author of death. That monster gained entrance into the world through sin, that original sin which, while it snuffed out the supernatural life in man's soul, laid heavy hand also on his body robbing it of that gift of immortality which God had willed to grant it despite the exigencies of its nature. And man began that struggle, more or less constant, more or less acute, against physical weakness, pain and suffering and decomposition that increasingly mark the stages of his path, until the point is reached when the inexorable sentence hanging over all flesh brings blessed relief. But in that struggle God has not abandoned the creature of His omnipotent love. "The most High hath created medicines out of the

earth; and a wise man will not abhor them [...] The virtue of these things came from the knowledge of men; the most High hath given knowledge to men, that He may be honoured in His wonders.” So you read in the Book of Ecclesiasticus; and the inspired writer continues: “My son, in thy sickness neglect not thyself; [...] give place to the physician, for the Lord hath created him; and let him not depart from thee, for his works are necessary.”¹¹

In this speech, Pope Pius XII repeated the words of Sirach (Sir 38:1-15) about the cooperation of physicians in God’s Plan. He emphasized the mission entrusted to them in the fight against physical weakness, pain and suffering and decomposition. In the same speech, he clearly expressed the primary end of medicine which consists of alleviating human suffering and accompanying those who suffer: “The doctor has been appointed by God Himself to minister to the needs of suffering humanity.”¹² This is a splendid sentence which expresses the importance of the task of medicine in the sufferings of the world. For Pope Pius XII, care seems to be the end which encompasses all other ends.

This idea is repeated several times in different speeches during the pontificate of Pius XII. He urged physicians to care as Christ alleviated the sufferings of man: “By imitating Christ who alleviated so much physical and moral pain [...], so that people can feel through your actions the inspiration from which these acts originate.”¹³ He praised the medical profession as a

¹¹Pope Pius XII, *Address to Members of the Army Medical Corps*, Vatican City, February 13, 1945. Retrieved September 19, 2017 from http://w2.vatican.va/content/pius-xii/en/speeches/1945/documents/hf_p-xii_spe_19450213_m edici-chirurgi.html.

¹²Ibid.

¹³Translated from French by the researcher: “À l’imitation du Christ, qui soulageait tant de misères physiques et morales [...], que l’on devine à travers vos gestes l’inspiration dont ils procèdent.” Pope Pius XII, *Message-Radio à la Première Conférence Mondiale Catholique de la Santé* [Radio Message for the First International Catholic Health Conference], Vatican City, July 27, 1958. Retrieved September 22, 2017 from

vocation, i.e. as a cooperator in the works of God who draws near to human suffering: “[The doctor’s] vocation is noble, sublime; his responsibility to society is grave; but God will not fail to bless him for his charity and for his unstinting, devoted efforts to alleviate the sufferings of his fellow-man on earth, so however that he may not fall short of the incomparable joys of heaven.”¹⁴

Pope Pius XII gave the reasons why it is right to alleviate the sufferings of the sick. With the passing of time, chronic pain can become harmful to man and his spiritual welfare:

In the long run, pain prevents the obtaining of goods and higher interests. It can be that it is preferable for such a person and in such concrete situation; but in general, the damages that it causes forces men to defend themselves against it; undoubtedly it will never disappear completely from humanity; but one can put its harmful effects in narrower limits.¹⁵

Sometimes one tries to prove that the sick and the dying are obliged to support physical pains to acquire more merits. But this is not the case because

http://w2.vatican.va/content/pius-xii/fr/speeches/1958/documents/hf_p-xii_spe_19580727_conf-sanita.html.

¹⁴Pope Pius XII, *Address to a Group of Specialized Physicians from Several Allied Nations*, Vatican City, January 30, 1945. Retrieved September 19, 2017 from

http://w2.vatican.va/content/pius-xii/en/speeches/1945/documents/hf_p-xii_spe_19450130_medici-specialisti.html.

¹⁵Translated from French by the researcher: “À la longue, la douleur empêche l’obtention de biens et d’intérêts supérieurs. Il peut se faire qu’elle soit préférable pour telle personne déterminée et dans telle situation concrète ; mais en général, les dommages qu’elle provoque forcent les hommes à se défendre contre elle ; sans doute ne la fera-t-on jamais disparaître complètement de l’humanité ; mais on peut contenir en de plus étroites limites ses effets nocifs.” Pope Pius XII, *Discours en Réponse à Trois Questions Religieuses et Morales Concernant l’Analgésie* [Address in Response to the Three Religious and Moral Questions Regarding Analgesia], Vatican City, February 24, 1957. Retrieved September 22, 2017 from http://w2.vatican.va/content/pius-xii/fr/speeches/1957/documents/hf_p-xii_spe_19570224_estesiologia.html.

pain can be harmful, and can also be an occasion of new faults. Thus, Pope Pius XII expressed major concern for the sick to be alleviated of their pains:

The increase of the love of God and the abandonment to His will do not proceed from the sufferings themselves, that one accepts, but from the voluntary intention supported by grace. This intention, for the dying, can be strengthened and become more vivid and alive, if their sufferings are attenuated, for the pains worsen the state of weakness and physical exhaustion, block the impulse of the heart and undermine the moral courage instead of supporting it. On the other hand, the suppression of pain gives organic and psychic relief, facilitates prayer and makes possible a more generous gift of oneself.¹⁶

Pope Pius XII emphasized the efforts of medicine in alleviating pains and sufferings to the extent that this specific end of medicine seemed more important to him. But he did not at the same time forget the other end of medicine: to cure. By mentioning the great progress of medicine, he reminded the people that the new knowledge must be placed at the service of the sick, namely cure and alleviation of the sufferings of man. These two ends are linked to each other: “In order not to overlook this progress, the physician continually looks for all the means to cure, or at least to alleviate the pain and sufferings of man.”¹⁷ Cure becomes an end only when it is possible. In all

¹⁶Translated from French by the researcher: “La croissance de l’amour de Dieu et de l’abandon à sa volonté ne procède pas des souffrances-mêmes que l’on accepte, mais de l’intention volontaire soutenue par la grâce ; cette intention, chez beaucoup de moribonds, peut s’affermir et devenir plus vive, si l’on atténue leurs souffrances, parce que celles-ci aggravent l’état de faiblesse et d’épuisement physique, entravent l’élan de l’âme et minent les forces morales, au lieu de les soutenir. Par contre la suppression de la douleur procure une détente organique et psychique, facilite la prière et rend possible un don de soi plus généreux.” Pope Pius XII, *Discours en Réponse à Trois Questions Religieuses et Morales Concernant l’Analgesie* [Address in Response to the Three Religious and Moral Questions Regarding Analgesia], Vatican City, February 24, 1957. Retrieved September 22, 2017 from http://w2.vatican.va/content/pius-xii/fr/speeches/1957/documents/hf_p-xii_spe_19570224_anesthesiologia.html.

¹⁷Translated from Italian by the researcher: “Solleciti di nulla trascurare dei vantaggi di tale progresso, il medico è senza posa all’erta, per spiare tutti i mezzi atti a guarire o

cases, whether the illness is curable or not, one must seek the alleviation of pain and suffering. When Pope Pius XII mentioned cure as an end of medicine, he did so in contrast to the temptation that some physicians succumb to, when they believe that they are the masters of life. This is similar to the danger of desiring omnipotence:

That is why a doctor, worthy of his profession, rising to the full height of unselfish, fearless devotion to his noble mission of healing and saving life, will scorn any suggestion made to destroy life, however frail or humanly useless it may appear, knowing that unless a man is guilty of some crime deserving the death penalty,¹⁸ God alone, no power on earth, may dispose of his life.¹⁹

Pope Pius XII used the word healing and not cure. He connects healing to saving, but this is perhaps to be interpreted metaphorically. It is like an act of saving a life, of prolonging it, but not an act of salvation. However, this reference to salvation is not insignificant especially when one talks about heal and the act of killing. When a physician believes that he is there only to heal, even to save, and that the patient's illness is incurable, there is a greater risk to insist in curing at all costs or even to suggest that death is the only means for deliverance from illness. The desire for omnipotence and the fantasy of believing oneself as a healer and savior comprise a real danger for some physicians who act as if they are truly the masters of life.

almeno ad alleviare i mali e le sofferenze umane.” Pope Pius XII, *Discorso ai Medici Cattolici Convenuti a Roma per il Loro Quarto Congresso Internazionale* [Address to Catholic Doctors Appointed to Rome for Their Fourth International Congress], Vatican City, September 29, 1949. Retrieved September 22, 2017 from http://w2.vatican.va/content/pius-xii/it/speeches/1949/documents/hf_p-xii_spe_19490929_votre-presence.html

¹⁸Pope Pius XII was the last Pope to accept the death penalty. Pope Francis is against the death penalty absolutely.

¹⁹Pope Pius XII, *Address to Members of the Army Medical Corps*, Vatican City, February 13, 1945. Retrieved September 19, 2017 from http://w2.vatican.va/content/pius-xii/en/speeches/1945/documents/hf_p-xii_spe_19450213_medici-chirurgi.html.

For Pope Pius XII, the healing that physicians and healthcare professionals must aim at must go beyond the cure of the human body which is treated as a machine. It is true that healing is the end result of illness or restoration of health. In his address to surgeons, the Pope said: “[God] who created that fever-consumed or mangled frame, now in your hands, who loves it with an eternal love, confides to you the ennobling charge of re-storing it to health.”²⁰ But the Pope did not stop there. He emphasized in another address the importance of considering the person in all his dimensions. He proposed a reflection on the medical act:

Spirit and dust compounded to form an image of the Infinite; living in time and space, yet headed towards a goal that lies beyond both; part of the created universe, yet destined to share the glory and joy of the Creator, that man who places himself in the care of a doctor is something more than nerves and tissue, blood and organs. And though the doctor is called in directly to heal the body, he must often give advice, make decisions, formulate principles that affect the spirit of man and his eternal destiny. It is after all the man who is to be treated: a man made up of soul and body, who has temporal interests but also eternal; and as his temporal interests and responsibility to family and society may not be sacrificed to fitful fancies or desperate desires of passion, so his eternal interests and responsibility to God may never be subordinated to any temporal advantage.²¹

Pope Pius XII did not limit himself to defining healing as restoration of health. For him, healing encompasses more because it considers the totality of the person. When a physician treats the human person as body and soul, taking into consideration natural life and supernatural destiny, then healing is

²⁰Ibid.

²¹Pope Pius XII, *Address to a Group of Specialized Physicians from Several Allied Nations*, Vatican City, January 30, 1945. Retrieved September 19, 2017 from http://w2.vatican.va/content/pius-xii/en/speeches/1945/documents/hf_p-xii_spe_19450130_m edici-specialisti.html.

not merely a restoration of health but a human and deep existential experience. It can even become a spiritual experience as well as one of salvation.

The Popes who followed Pope Pius XII also discussed the question on the ends of medicine, in particular Saint Pope Paul VI. But it was Pope Saint John Paul II who shed new light on the ends of medicine.

2. Teaching of John Paul II

Like Pope Pius XII, Pope Saint John Paul II considers the mission of medicine as going beyond the simple limits of corporality. The human person is not defined merely in relation to his body, but the human person is a substantial and indivisible unity made of body and soul, having a natural and a supernatural life. When he discussed the question of the end of medicine in his address to the participants in the World Congress for Catholic Doctors in 1982, Pope Saint John Paul II emphasized the broad limits of this concept: “If, indeed, service to life defines the final aim of medicine, the limits of such service can be set only by the true and integral concept of life. In other words, the service to which you are called must include and, at the same time, transcend corporality precisely because this is not all there is to life.”²² For Saint Pope John Paul II, the end of medicine is service to life. He repeats the

²²Translated from Italian by the researcher: “Se infatti il servizio alla vita definisce la finalità della medicina, i confini di tale servizio non potranno che essere tracciati dal vero ed integrale concetto di vita. In altre parole: il servizio a cui siete chiamati deve comprendere ed insieme trascendere la corporeità, proprio perché questa non esaurisce la vita.” Pope John Paul II, *Discorso ai Partecipanti al Congresso Mondiale dei Medici Cattolici* [Address to the Participants in the World Congress of Catholic Physicians], Vatican City, October 3, 1982, 2. Retrieved September 24, 2017 from http://w2.vatican.va/content/john-paul-ii/it/speeches/1982/october/documents/hf_jp-ii_spe_19_821003_medici-cattolici.html.

idea of service to life as the end of medicine from a text whose teaching authority is more important than its simple discourse. This is encyclical *Evangelium Vitæ* where he denounces crimes against life: “Even certain sectors of the medical profession, which by its calling is directed to the defense and care of human life, are increasingly willing to carry out these acts against the person. In this way the very nature of the medical profession is distorted and contradicted, and the dignity of those who practice it is degraded.”²³ In the same encyclical, he confirms that physicians and healthcare professionals are guardians and servants of human life: “A unique responsibility belongs to health-care personnel: doctors, pharmacists, nurses, chaplains, men and women religious, administrators and volunteers. Their profession calls for them to be guardians and servants of human life.”²⁴

Service to life is a very general concept which covers a range of realities. Pope Saint John Paul II extends service to life to several ends, among which is care:

The growing knowledge of these phenomena which rule over life has widened the limits of medicine whose services are unfolded in the domains of prevention, care, re-education with endless efforts in predisposing, defending, correcting and recovering living conditions in the support of the human being from the first stages of existence until his inevitable decline.²⁵

²³Pope John Paul II, *Encyclical Letter Evangelium Vitæ*, March 25, 1995, 4. Retrieved September 24, 2017 from http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_e_vangelium-vitae.html.

²⁴Ibid.

²⁵Translated from Italian by the researcher: “L’accreciuta conoscenza dei fenomeni che presiedono alla vita ha allargato di molto i confini della scienza medica, il cui servizio si muove negli ambiti della medicina preventiva, curativa, riabilitativa, con inesauribile sforzo di predisporre, di difendere, di correggere, di recuperare le condizioni vitali, accompagnando l’essere umano dai primissimi stadi dell’esistenza fino all’inevitabile tramonto.” Pope John Paul II, *Discorso ai Partecipanti al Congresso Mondiale dei Medici Cattolici* [Address to the

By developing all that can cover the concept of service to life, the Pope does not make reference to cure as an end of medicine, but to care and the importance of accompanying the human being in his sufferings. It is all about showing concern for the suffering person. This is what he said in another address to physicians: “Your mission as doctors puts you in daily contact with the mysterious and wonderful reality of human life, prompting you to be concerned for the sufferings and hopes of our many brothers and sisters.”²⁶ But the accompaniment given in medicine cannot be limited to alleviation of physical pain. Accompaniment and alleviation encompasses the entire person, in the corporal and spiritual dimensions, in natural and supernatural life:

The sick must be helped to regain not only their physical health, but also psychological and moral well-being. This presupposes that the doctor, in addition to his professional skill, also has an attitude of loving concern inspired by the Gospel image of the Good Samaritan. With every suffering person, the Catholic doctor is called to bear witness to those higher values which have their firmest foundation in faith.²⁷

Physicians cannot just be contented with healing one part of the person. The whole person must be cared for: “Concretely, each one of you cannot limit yourself to be a doctor of an organ or an apparatus, but he must consider

Participants in the World Congress of Catholic Physicians], Vatican City, October 3, 1982, 2. Retrieved September 24, 2017 from

http://w2.vatican.va/content/john-paul-ii/it/speeches/1982/october/documents/hf_jp-ii_spe_19_821003_medici-cattolici.html.

²⁶Pope John Paul II, *Speech to the Congress of the Catholic Doctors*, Vatican City, July 7, 2000, 2. Retrieved September 25, 2017 from

http://w2.vatican.va/content/john-paul-ii/en/speeches/2000/jul-sep/documents/hf_jp-ii_spe_2_0000707_catholic-doctors.html.

²⁷Ibid.

the whole person and even the interpersonal relations which contribute to the person's well-being."²⁸

According to Saint Pope John Paul II, alleviating sufferings and accompanying those who suffer are essential. This necessitates first of all a technical competence. But that is not all. Physicians and healthcare professionals must be concerned with the human person in its totality. This can even reach the care of the spiritual dimension of the person: "From the beginning, the Church has always regarded medicine as an important support of its own redemptive mission with regard to man."²⁹ Such holistic medicine has the means to cure, but also to care, to alleviate sufferings and accompany those who suffer.

C. CONCEPT OF CARE: THEOLOGICAL AND ETHICAL DEVELOPMENTS

In the light of the Magisterium, specifically in the discourse of Pope Pius XII and the teachings of Saint Pope John Paul II, it is clear that the alleviation of sufferings and the accompaniment of those who suffer comprise the final end of medicine. The word care summarizes this end. However, one

²⁸Translated from Italian by the researcher: "In concreto: ciascuno di voi non può limitarsi ad essere medico di organo o di apparato, ma deve farsi carico di tutta la persona e, di più, dei rapporti interpersonali che contribuiscono al suo benessere." Pope John Paul II, *Discorso ai Partecipanti al Congresso Mondiale dei Medici Cattolici* [Address to the Participants in the World Congress of Catholic Physicians], Vatican City, October 3, 1982, 4. Retrieved September 24, 2017 from

http://w2.vatican.va/content/john-paul-ii/it/speeches/1982/october/documents/hf_jp-ii_spe_19_821003_medici-cattolici.html.

²⁹Translated from Italian by the researcher: "La Chiesa, sin dal suo sorgere, ha sempre guardato alla medicina come ad un sostegno importante della propria missione redentrice nei confronti dell'uomo." Ibid., 3. Retrieved September 24, 2017 from

http://w2.vatican.va/content/john-paul-ii/it/speeches/1982/october/documents/hf_jp-ii_spe_19_821003_medici-cattolici.html.

must first find a good definition of this concept because care covers multiple realities. According to Rev. Fr. Fausto B. Gómez, OP, “‘care’ may refer to integral care (including the biological, psychological, social and spiritual dimensions). There are different kinds of care according to the paths of living Christian faith and praxis of love as caring, such as, pastoral care, humanitarian care, health care, etc. There are also different kinds of health care, such as, preventive care, curative care, end-of-life care, palliative care, hospice care among others. When we speak of care we usually mean the integral, holistic care of the patient.”³⁰ But here, it is not about summarizing all that the notion of care encompasses. It is about shedding light on what is the theology of care, and in particular, it is about showing that the idea of alleviating sufferings and accompanying those who suffer summarizes in itself the overall reality of that care includes.

The etymology of the word “care” is, in itself, interesting because the word comes from Teutonic and Old English roots *Caru* or *Cearu*, whose synonym in English is “sorrow.” “Care” means “to be sorrowful,” “grieved,” “to lament,” but also “to be concerned,” “to feel interest,” “to care for,” and “to take care of.”³¹ For Carol Gilligan, “care” corresponds to the translation of the Heideggerian concept *Sorge*, which means “concern.” Thus, care represents a spiritual state of a sentiment, as well as an act (one speaks of caring, the act of giving care), which can be used as a technical term.³² Clearly, care is connected with the sufferings of the other. It concerns the person who is administering care. The person who administers care has the

³⁰Fausto B. Gómez, OP, “The Terminally Ill: Care, Comfort and Pain Relief,” in *Forum in Bioethics*, vol. 5, *Conscience. Cooperation. Compassion*, eds. Fausto B. Gómez, OP, Angeles Tan-Alora and Anniela Yu-Soliven (Manila: Department of Bioethics, Faculty of Medicine and Surgery, University of Santo Tomas, 1998), 109.

³¹*Oxford English Dictionary*, vol. 2, 1961, s.v. “Care,” 115-116.

³²Jean-Manuel Morvillers, “Le Care, le Caring, le Cure et le Soignant,” [The Care, the Caring, the Cure and the Caregiver], *Recherche en soins infirmiers* 122 (2015): 77.

mission of alleviating the sufferings of the other and he accompanies the person who is suffering.

1. Alleviating Pain and Sufferings

Care implies alleviation of sufferings. Alleviating the sufferings of the other is first of all to know how to use the appropriate technical means with competence and professionalism. Care is above all technical treatment which is taught and learned. This is what led Pellegrino and Thomasma to say that competence is one of the meanings which must be attributed to the word care in medical practice.³³ In the Apostolic Letter *Salvifici Doloris*, Pope Saint John Paul II explained the importance of alleviating pain and sufferings with expertise, by all the necessary technical means which are placed at the disposal of physicians and healthcare professionals, by citing the parable of the Good Samaritan: “A Good Samaritan is one who brings help in suffering, whatever its nature may be. Help which is, as far as possible, effective. He puts his whole heart into it, nor does he spare material means.”³⁴ The act of caring is not reserved only for healthcare professionals. It is a human duty, a universal duty of each human toward his fellow human who suffers in the name of human solidarity. But because the act of alleviating sufferings must be effective and because it needs technical means which are more and more sophisticated, the mission of alleviating sufferings is primordial for

³³See Edmund Pellegrino and David Thomasma, *The Christian Virtues in Medical Practice* (Washington, D.C.: Georgetown University Press, 1996), 94-95.

³⁴Pope John Paul II, *Apostolic Letter Salvifici Doloris on the Christian Meaning of Human Suffering*, Vatican City, February 11, 1984, Ch. 7, 28. Retrieved September 11, 2017 from https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_1102_1984_salvifici-doloris.html.

physicians and healthcare professionals. Pope Saint John Paul II still referring to the parable of caring, emphasized this activity on behalf of the suffering and the needy. He specifically addressed physicians and healthcare professionals:

In the course of the centuries, this activity assumes organized institutional forms and constitutes a field of work in the respective professions. How much there is of “the Good Samaritan” in the profession of the doctor, or the nurse, or others similar! Considering its “evangelical” content, we are inclined to think here of a vocation rather than simply a profession. And the institutions which from generation to generation have performed “Good Samaritan” service have developed and specialized even further in our times. This undoubtedly proves that people today pay ever greater and closer attention to the sufferings of their neighbour, seek to understand those sufferings and deal with them with ever greater skill. They also have an ever-greater capacity and specialization in this area. In view of all this, we can say that the parable of the Samaritan of the Gospel has become one of the essential elements of moral culture and universally human civilization. And thinking of all those who by their knowledge and ability provide many kinds of service to their suffering neighbour, we cannot but offer them words of thanks and gratitude.³⁵

The word “suffering” is derived from the Latin *suffere* or *sub-ferre*, meaning “to bear.” In effect, the patient bears the suffering. Indeed, the word “patient” is derived from the word *pati*, which means “to undergo.” So, the sufferer is a bearer of burdens. But one must distinguish pain from suffering. Pain is exclusively physical or corporal while suffering touches the human person in all its dimensions. Thus, it is possible to affirm that the term suffering is more general and encompasses pain. Technical care essentially allows an alleviation of physical and corporal pain. Some medicines or

³⁵Ibid.

therapies can also alleviate physical and psychological pain. But it is difficult to reassure the sick person that all his pain and suffering can be alleviated. Total alleviation is never a certainty. Total alleviation is even illusory. In spite of all the efforts, residual pain and suffering will persist. It would be unrealistic to imagine that physicians and healthcare professionals have the power to eliminate all the sufferings in the world. The objective which seems reasonable is to try to alleviate suffering in the best possible way, then assist those who suffer. Pope Benedict XVI says in his encyclical *Spe Salvi*:

Certainly we must do whatever we can to reduce suffering: to avoid as far as possible the suffering of the innocent; to soothe pain; to give assistance in overcoming mental suffering [...]. Indeed, we must do all we can to overcome suffering, but to banish it from the world altogether is not in our power. This is simply because we are unable to shake off our finitude and because none of us is capable of eliminating the power of evil, of sin which, as we plainly see, is a constant source of suffering. Only God is able to do this: only a God who personally enters history by making himself man and suffering within history.³⁶

On the one hand, some physical and corporal pain like neuropathic pain turn out to be resistant to treatment. On the other hand, in spite of treatments administered and despite the technical sophistication of some therapies, some sufferings persist because there is no treatment for them. For example, some major depressive disorders persist despite psychotropic treatment which are correctly conducted.

In spite of all the efforts to assist the sick, some residual pain and suffering which affect the human person in all its dimensions often persist.

³⁶Pope Benedict XVI, *Encyclical Letter Spe Salvi*, Vatican City, November 30, 2007, 36. Retrieved October 28, 2017 from http://w2.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20071130_spe-salvi.html.

Residual bodily pain which are chronic, affect man in his very being. For example, on the psychological aspect, chronic pain can cause depression. It gnaws from the inside. This is also true for sufferings which cannot be treated by medicine or other therapies. It can be existential suffering because illness places a person face to face with his finiteness and intrinsic vulnerability. In a way, illness is a confrontation with the possibility of death, and it can be a source of suffering. This can be spiritual suffering when pain and excessive suffering becomes unbearable for man in his relationship with God. It can also be socio-economic suffering because medication, treatment, consultations and hospitalizations are expensive and can sometimes undermine one's budget which is already precarious. This can take the form of sufferings affecting one's family and their relationship with one another because although the sickness affects the patient, the people around the patient are also affected. The sufferings are numerous and the human person is affected in his totality.

With regard to the sufferings which deeply affect the human person, the health care team and his family must find the treatments tailored to the sick person. For example, social benefits can be given to the patient and these can help alleviate the socio-economic suffering, at least partially. Another example is the request for a priest or a chaplain who can be helpful in alleviating spiritual and daily sufferings.

The totality of these sufferings needs real accompaniment of the person by the caregivers and the people around him. This accompaniment does not begin when it is no longer possible to alleviate the pain and sufferings, but the accompaniment must begin at the onset of the illness. In fact, accompaniment can contribute to the alleviation of pain and sufferings.

2. Accompanying the Suffering Patient

The idea of accompaniment finds its true meaning in the Apostolic Letter *Salvifici Doloris* because it deals with human suffering. Pope Saint John Paul II links the parable of the Good Samaritan to the Gospel of suffering. Accompaniment is first of all acceptance that one is touched by the suffering of the other and that one is determined to stop and be present along the road of suffering, a being-there, near the one who suffers:

The parable of the Good Samaritan belongs to the Gospel of suffering. For it indicates what the relationship of each of us must be towards our suffering neighbour. We are not allowed to “pass by on the other side” indifferently; we must “stop” beside him. Everyone who stops beside the suffering of another person, whatever form it may take, is a Good Samaritan. This stopping does not mean curiosity but availability. It is like the opening of a certain interior disposition of the heart, which also has an emotional expression of its own. The name “Good Samaritan” fits every individual who is sensitive to the sufferings of others, who “is moved” by the misfortune of another.³⁷

Accompaniment is first to stop and then be there. It is first a meeting, then a journey. It is all about accompanying the person on his path, not imposing on him another path, for example, “my” path. Accompaniment does not allow the sick to be alone in suffering. This is the solution to loneliness and isolation. Accompaniment is connected to compassion.

Pope Benedict XVI, in his encyclical *Deus Caritas Est*, again refers to the image of the Good Samaritan as the model of Christian charity and as an

³⁷Pope John Paul II, *Apostolic Letter Salvifici Doloris on the Christian Meaning of Human Suffering*, Vatican City, February 11, 1984, Ch. 7, 28. Retrieved September 11, 2017 from https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_1102_1984_salvifici-doloris.html.

example of the act of caring. In alleviating sufferings, technical competence is fundamental because it has to work. But that is not all. Accompaniment of those who suffer is primordial and this is why physicians and caregivers must develop heartfelt concern:

Individuals who care for those in need must first be professionally competent: they should be properly trained in what to do and how to do it, and committed to continuing care. Yet, while professional competence is a primary, fundamental requirement, it is not of itself sufficient. We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity. They need heartfelt concern.³⁸

Heartfelt concern, as cited by Pope Benedict XVI largely speaks of depth of compassion. Pope Francis established a clear relationship between accompaniment of persons who suffer and the virtue of compassion:

I would like to focus on one aspect that is fundamental, especially for those who serve the Lord by caring for the health of their brothers and sisters. While a well-structured organization is essential for providing necessary services and the best possible attention to human needs, healthcare workers should also be attuned to the importance of listening, accompanying and supporting the persons for whom they care. In the parable of the Good Samaritan, Jesus shows us the practical approach required in caring for our suffering neighbour. First, the Samaritan “sees”. He notices and “is moved with compassion” at the sight of a person left stripped and wounded along the way. This compassion is much more than mere pity or sorrow; it shows a readiness to become personally involved in the other’s situation. Even if we can never equal God’s own compassion, which fills and renews the heart by its presence, nonetheless we can imitate that compassion by “drawing near”, “binding wounds”, “lifting up” and “caring for” our neighbour. A

³⁸Pope Benedict XVI, *Encyclical Letter Deus Caritas Est*, Vatican City, December 25, 2005, Part 2, 31a. Retrieved September 25, 2017 from http://w2.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est.html.

healthcare organization that is efficient and capable of addressing inequalities cannot forget that its *raison d'être*, which is compassion: the compassion of doctors, nurses, support staff, volunteers and all those who are thus able to minimize the pain associated with loneliness and anxiety.³⁹

Compassion is justified by the fact that the caregiver recognizes the sick as his neighbor, a brother in humanity, a fellow creature. It would be unbearable for a sick person to see that those around him remain insensitive or indifferent to his suffering. Being alone adds to the suffering. The suffering of the sick is subjective because he is the only one who feels it. But with the presence of another person, suffering exists outside of him, it acquires a certain objectivity.

With compassion, being-there becomes being-with. Compassion corresponds to being mindfully present. The physician or the healthcare provider enters into a special relationship with the patient where he uses himself as the main tool. This is translated into concrete acts. But one must not consider that compassion implies great acts of bravery. Compassion is shown through gestures, simple acts, attending behaviors, listening attentively to what is said and what is left unsaid, total attention, and sometimes, simple words. Being-there becomes being-with, but this must be transformed to suffering-with.

Accompaniment is first of all presence, being-there, being-with, but this needs a kind of openness of heart which recognizes the other's suffering. The accompaniment of a patient is therefore possible only with a certain interior disposition of the heart which becomes sensitive to the other's suffering.

³⁹Pope Francis, *Message to the Participants in the 32nd International Conference on the Theme: "Addressing Global Health Inequalities,"* Vatican City, November 18, 2017. Retrieved December 8, 2017 from http://w2.vatican.va/content/francesco/en/messages/pont-messages/2017/documents/papa-francesco_20171118_conferenza-disparita-salute.html.

Compassion means suffering-with (others). This is what Pope Francis explained in his discourse to the members of the Latin American Medical Associations: “A doctor’s identity and commitment are not based solely on his knowledge and technical expertise, but also and above all on his merciful attitude of compassion — suffering-with — toward those who are suffering in body and in spirit. Compassion is in a certain sense the very soul of medicine. Compassion is not pity, it is suffering-with.”⁴⁰ In concrete terms, suffering-with means taking responsibility for a sick person: compassion is undertaking to bear (a part of) the burden. But suffering-with does not mean suffering instead of. Compassion is not bearing the suffering of the other on one’s shoulders. Only Christ the Sufferer, the God-Man, has the power to bear all the suffering of the world. It is impossible for a physician, even for all physicians and healthcare professionals, to bear all human suffering. However, active involvement during illness certainly alleviates the sufferings of the sick who knows he is being accompanied. In a way, the Cross is less heavy when the sick person is not alone. In a way, Simon of Cyrene who helped Jesus carry the Cross to Calvary best exemplified this. He accompanied the Christ on the road to Calvary. For Pope Francis, compassion is of tremendous importance that it becomes the soul of medicine, i.e. its form. Without compassion, medicine cannot exist. Pope Francis emphasized: “I enjoy blessing the hands of doctors as a sign of appreciation of this compassion which becomes a healing touch.”⁴¹

⁴⁰Pope Francis, *Address to Directors of the Orders of Physicians of Spain and Latin America*, Vatican City, June 9, 2016. Retrieved September 18, 2017 from https://w2.vatican.va/content/francesco/en/speeches/2016/june/documents/papa-francesco_20160609_ordini-medici-spagna-america-latina.html.

⁴¹Ibid.

3. Most Important Virtue in Medicine: Compassion

Many Catholic theologians recognize the importance of compassion as a virtue of healthcare professionals. Virtue is defined as a good operative habit. For Rev. Fr. Fausto B. Gómez, OP, the most important virtues of a physician in Philippine context are honesty, humility, prudence, respectfulness, courage, patience, prayerfulness, hope and love.⁴² But he identifies love with compassion by adding that it is the most important virtue:

Love is the most important virtue of every human being, including the healing professionals [...]. It is love of benevolence and of beneficence, both acts of love, also of most perfect love, that is, charity: love of God and love of neighbor. The effects of charity are joy, peace and mercy. Mercy is compassion, or sympathy, that is, “suffering with” (others); it is, according to St. Thomas, the greatest virtue concerning the neighbor. The object of compassion is the remedy of the misery of others. It is connected with charity and justice.⁴³

Most authors consider care or caring as a virtue connected with compassion and, therefore, with virtue ethics. For Maria Socorro S. Guan Hing, a nurse, compassion is “a force which motivates one to care. It is caring with passion.”⁴⁴ Rev. Fr. Fausto B. Gómez, OP, identifies caring and compassion plainly: “Caring is compassion, an essential quality of true love of neighbor, or solidarity, which is the most significant social virtue for every human being, including healing professionals.”⁴⁵ This identity with caring and

⁴²Fausto B. Gómez, OP, *Promoting Justice Love Life* (Manila: UST Social Research Center and UST Publishing House, 1998), Ch. 5, 79-82.

⁴³Ibid., Ch. 5, 81.

⁴⁴Maria Socorro S. Guan Hing, “Compassion in Healthcare: A Nurse’s Perspective,” *Bioethics Newsletter* 16, no. 5 (2004): 1.

⁴⁵Fausto B. Gómez, OP, “The Terminally Ill: Care, Comfort and Pain Relief,” in *Forum in Bioethics*, vol. 5, *Conscience. Cooperation. Compassion*, eds. Fausto B. Gómez,

compassion holds true for physicians as well as for healthcare professionals. There is no need to make a distinction between them. In a way, caring and compassion are not the sole domain of nurses.

Compassion is an affective state, feeling something of another's suffering, suffering along with another, and making some of another's suffering our own. But this feeling need to be under the control of reason if it is to be a real virtue. For Rev. Fr. Fausto B. Gómez, OP, this is true compassion: "True compassion goes beyond compassion as mere feeling or emotion, to evolve into virtuous compassion when it is a positive attitude or good habit guided by reason and faith, and permeated by human love or charity."⁴⁶ Compassion becomes a virtue when it inclines a person to make good moral choices among the means used to relieve suffering. The same holds true for Edmund D. Pellegrino who says that the virtue of compassion turns toward the good: "As a virtue, Christian compassion disposes us to do all we can to relieve the natural course of suffering, but only in a way that also helps the sufferer to attain the ultimate good for which humans were created – union with God."⁴⁷ In a way, the virtue of compassion recognizes that the objective is not the alleviation of all pain and suffering because that is impossible, but the accompaniment of the sick person on his way to the Cross. Charity is the wellspring which makes one recognize Christ in the one who suffers. Without charity, compassion ceases to be a virtue and becomes a vice that blinds us to the true needs of the suffering person. Saint Pope John Paul II, in his encyclical *Evangelium Vitæ*, appealed for compassion as Christ

OP, Angeles Tan-Alora and Anniela Yu-Soliven (Manila: Department of Bioethics, Faculty of Medicine and Surgery, University of Santo Tomas, 1998), 109.

⁴⁶Ibid.

⁴⁷Edmund D. Pellegrino, "The Moral Status of Compassion in Bioethics: The Sacred and the Secular," *Ethics & Medics* 20, no. 9 (1995): 4.

was compassionate, to relieve suffering: “True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear.”⁴⁸

When one talks about true compassion, it is understood that false compassion exists. False compassion remains at the stage of sentiment and never surpasses it and never becomes a virtue under the control of reason. It is a sentiment of compassion. But as a sentiment, compassion can do harm in judging. Suffering becomes the greatest of evils and its alleviation the greatest human good. To be compassionate is to eliminate suffering by whatever means and in whatever sense suffering is interpreted. Compassion can become an instrument of death. Consequently, using compassion as an excuse, some physicians today use euthanasia of persons to radically put an end to their sufferings: “There are also those who hide behind supposed compassion in order to justify and approve the death of a sick person.”⁴⁹ In this case, the objective is to annihilate all suffering and to choose death to put an end to the suffering of the other, Edmund D. Pellegrino mentioned the idea of false compassion that some physicians invoke to justify the voluntary death of some human beings in order to totally alleviate their sufferings, or even worse, the sufferings of others: “Compassion justifies taking the life of the sufferer, helping him to take his own life, or taking the lives of others to relieve suffering by aborting the unwanted or genetically imperfect fetus,

⁴⁸Pope John Paul II, *Encyclical Letter Evangelium Vitæ*, Vatican City, March 25, 1995, 66. Retrieved October 20, 2017 from http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_e_vangelium-vitae.html.

⁴⁹Pope Francis, *Address to Directors of the Orders of Physicians of Spain and Latin America*, Vatican City, June 9, 2016. Retrieved September 18, 2017 from https://w2.vatican.va/content/francesco/en/speeches/2016/june/documents/papa-francesco_201609_ordini-medici-spagna-america-latina.html.

creating embryos for research purposes, and using aborted embryos for tissue transplantation.”⁵⁰

Accompaniment with true compassion is lived by real commitment over time. It does not focus on total alleviation of sufferings because this is an illusion, but it focuses on active presence which in itself partially alleviates the sufferings of the sick person. This presence demands time, availability, commitment and devotion. Those who have undergone this experience of accompaniment know the difficulty and at times, the pain. They do not find it hard to understand the idea of suffering-with.

4. Thomasma and Pellegrino: To Care

For Pellegrino and Thomasma, “to care” covers several realities which begin with competence which is essential in alleviating pain. But for them, the term also covers three other realities, assurance, assistance in living and compassion. Assurance is “to take care of the problem, to invite the patient to transfer to the physician or nurse responsibility and anxiety about what is wrong and what can and should be done.”⁵¹ For the physician and the healthcare professional, care consists of having a good relationship with the patient so that the latter will trust their knowledge and ability that what will be done is for the patient’s good. In a way, the patient is urged to place some of his sufferings in the hands of the physician, to open himself. The third meaning that is attributed to care by Pellegrino and Thomasma is assistance in living. For them, it is “to do for another what he or she cannot do for himself

⁵⁰Edmund D. Pellegrino, “The Moral Status of Compassion in Bioethics: The Sacred and the Secular,” *Ethics & Medics* 20, no. 9 (1995): 3.

⁵¹Edmund Pellegrino and David Thomasma, *The Christian Virtues in Medical Practice* (Washington, D.C.: Georgetown University Press, 1996), 94.

or herself. This entails assisting with all the activity of daily living compromised by illness – feeding, bathing, clothing, meeting personal needs, physical, social, and emotional.”⁵² The physician, and all the more the healthcare professional, are at the side of the patient to assist him in his most basic needs, which alleviates his sufferings and his accompaniment. Being-there also assumes satisfying the basic needs of the patient. Moreover, physicians and healthcare providers make themselves available and respond promptly to the patients’ needs. Lastly, for Pellegrino and Thomasma, care means compassion, i.e. “being concerned for another person, feeling, sharing something of his or her experience of illness and pain, being touched by the plight of another person.”⁵³ It is here where Pellegrino and Thomasma meet the concept of accompaniment.

Pellegrino and Thomasma expand the word care to four meanings. These four meanings point to one and the same object, alleviate sufferings and accompany those who suffer. The technical means used in care with professional competence, assistance in living, assurance and compassion come together to alleviate sufferings and to accompany those who suffer. This is the reason for which it is possible to affirm that the word care signifies alleviating sufferings and accompanying those who suffer.

This accompaniment is not limited to patients who are terminally ill. In fact, some incurable illnesses cause sufferings and are not necessarily terminal like HIV/AIDS or diabetes. Other illnesses are potentially terminal like cancer, but can be cured. The hope of healing does not hinder the presence of sufferings, which makes accompaniment necessary. Suffering touches all sick persons, even those who expect to be cured. Thus, in the aspect of care, alleviation of sufferings and accompaniment of those who

⁵²Ibid.

⁵³Ibid.

suffer comprise the main end of medicine and this concerns all the sick. The other end of medicine is cure but this is not always possible.

D. CONCEPT OF CURE: THEOLOGICAL AND ETHICAL DEVELOPMENTS

The Magisterium of the Church often cites cure as one of the ends of medicine. Cure is sometimes defined in the Magisterium as a simple return to health. But more often, the texts emphasize the importance of considering the human person in all his dimensions. Physicians and healthcare professionals cannot be contented with physical cure.

In fact, the concept of cure is not well delineated. One needs to begin by distinguishing what cure is in itself and what it is in the eyes of the sick person. The sick person does not necessarily view cure in the way the physician does, and the physician is not satisfied with the same concept of state of health as perceived by the sick. From the sick person's point of view, cure is considered as the disappearance of symptoms. But from the physician's point of view, cure corresponds to the total and irreversible disappearance of the illness itself. However, this characteristic remains an illusion. This is one reason why the word cure is rarely used in oncology. The concept of cure is thus ambiguous and tends to be defined firstly by a metaphysical approach then by a phenomenological approach.

1. Formulating a Metaphysical and Phenomenological Definition for the Word “Cure”

From a metaphysical approach, cure corresponds to a return to health, i.e. a return to the integrity of nature. Cure is restoration to order, a reparation. It consists of giving back the perfection which has been lost, reorganizing matter. It is restitution of lost corporal perfection, corporal referring to physical and psychological illness. Cure is an accidental change and not substantial change. It is not the subject that changes, not what he is but what he has. Cure sees the subject who is deprived of perfection as becoming the same subject but endowed with a new form. This new form necessarily comes from an agent who possesses this form: for example, a heart transplant replaces a sick heart with a healthy one. The surgeon reintroduces the missing perfection, i.e. the transplanted organ. But the physician may also be contented with a simple stimulation of vital forces of the sick by administering medicine which does not hold the lost perfection.

But cure cannot be defined uniquely as a return to the previous state of health nor in terms of *restitutio ad integrum*. The metaphysical approach of cure allows the introduction of some elements but this is of course restricted. This metaphysical definition is therefore not sufficient. A definition of cure cannot be limited only to a metaphysical approach. Neither can it be understood in terms of suitability to an ideal and unique model because the equilibrium that health implies differs from one person to another: “The normal does not have the rigidity of a fact of collective constraint but rather the flexibility of a norm which is transformed in its relation to individual conditions.”⁵⁴ The state of health of a child is not the same as that of an adult,

⁵⁴Georges Canguilhem, *The Normal and the Pathological*, trans. C. R. Fawcett (New York: Zone Books, 1991), 182.

nor is the state of health of an athletic woman the same as that of an obese man.

From a phenomenological approach, the person before the illness is not the same person after the illness. On the one hand, the body which has been repaired is not the same body before the illness. The new state of health is not the same as the old one. On the other hand, the person whose health was restored after a bout of illness does not come out unscathed from the experience. If health is not restored, it is because life is characterized by its irreversibility: "Life does not recognize reversibility. But if life does not admit of reestablishments, it does admit of repairs which are really physiological innovations."⁵⁵ All wounds leave scars and all illnesses leave biological traces in the organism. Cure is therefore not a real return to health but cure attains a new state of health, characterized by traces, scars, after-effects, frailties and a new stability. Memory is definitely marked by the bout with illness and by the experience of cure. The person is different before and after the illness.

Cure involves subjectivity not only in the person's unique experience but also in some aspects of his psychology. Cure integrates some criteria from which the quality of life is evaluated. In other words, cure integrates some criteria which do not belong to the sphere of the scientifically measured. In an experience of cure, health is found in a new way that cannot be measured. The person who has suffered for a long time rediscovers health. Health is no longer an evidence of life but life becomes a fragile miracle. The person who has experienced cure is convinced that one must be deaf to reduce health to the silence of the organs. He experiences a transformation because what he experienced before in a carefree way is transformed into a marvel. It is no

⁵⁵Ibid., 196.

longer the original state of health. Thus, cure cannot be reduced to a simple peaceful return to original strength.

Therefore, cure is an analogical concept. It involves a gradation, more or less. There are degrees of health in the same way that there are degrees of cure. A person is more or less in good health as he is more or less cured. This allows for a better comprehension of the notion of after-effects. There are partial improvements which are relative cures. Sometimes even a partial improvement may be interpreted by a patient as a cure, but not in the eyes of physicians. For example, a treatment may allow a significant improvement in some abilities even if they are not completely satisfactory. The sick person can feel he has been cured without actually recovering his health. A person whose legs have been amputated and fitted with prosthetics by a physician and is able to walk has not recovered his health because there is a loss of integrity which cannot be brought back; and yet the person can walk. From the sick person's point of view, there is cure. Cure is therefore not always the equivalent of perfect recovery of health nor to the restoration of integrity. Cure is possible in situations where health is not restored because "experiences of chronification of the illness, accommodation for the handicapped or success of the prosthetic restoration show that medicine really attains its end when it succeeds in restoring the capacity-to-being of the patient such that his living conditions will allow him to lead an authentic existence."⁵⁶ This notion of capacity-to-being is essential when persons are afflicted with an incurable or terminal illness.

⁵⁶Translated from French by the researcher: "Les expériences de chronicisation de la maladie, d'aménagement des handicaps ou de réussites prothétiques montrent que la médecine atteint réellement sa fin quand elle parvient à restaurer le pouvoir-être du patient, à lui offrir des conditions de vie lui permettant de mener une existence authentique." Dominique Folscheid, Jean-Jacques Wunenburger, *La Finalité de l'Acte Médical* [The End of the Medical Act], in Dominique Folscheid, Brigitte Feuillet-Le Mintier and Jean-François

In all, cure may be defined as recapturing a new and dynamic balance. Consequently, health is a dynamic equilibrium, a compromise which is both flexible and stable to allow the living person to exercise his functions in a suitable and satisfactory interaction with his environment. Thus, cure corresponds to the adaptation of new norms, i.e. new regulatory physiological principles. Cure corresponds to the totality of processes by which the organism attempts to surmount the limitation of his capacity to which illness has constrained him. Cure is this process of passage from a rigid and unsuitable normativity (the illness) to a more flexible normativity which is easily adjustable to his environment (the health).

2. Different Kinds of Cure

In the English language, there are two verbs: “to cure” and “to heal.” The verb “to cure” is used especially in physical recovery, while the verb “to heal” expresses recovery of the whole person. The verb “to heal” comes from the old English *healan* which relates to the idea of wholeness which means “integrity of the person.” *Healan* also relates to good health and to hail (like in the prayer Hail Mary). This same word *healan* gave rise to holy which means “free from injury.”

One usually speaks of physical health and mental health, but one may also speak of spiritual health. This means that there are physical, mental and spiritual illnesses. It therefore follows that physical cure is related to physical health, psychological healing to mental health and spiritual healing to spiritual health. There is a link between medical anthropology and anthropology of

Mattéi, *Philosophie, Éthique et Droit de la Médecine* [Medical Philosophy, Ethics and Law], (Paris: PUF, 1997), 145.

religion when one speaks of cure because it involves a physical and moral dimension. Thus, cure implies a very complex and broad occurrence.

One must be careful not to compartmentalize the different forms of healing because there are anthropological concerns regarding the links and relationships among physical, psychological and spiritual health. The danger here would be to reduce medicine to take charge only of organic disorders. This is why medicine cannot only be limited to physical cure. With psychosomatic medicine, the link between the body and the psyche is taken into account. In psychosomatic illness, the *psyché* uses the body to express itself because it is incapable of doing so verbally: “With psychosomatic illness emerged the idea of adding psychological factors as reflected in bodily disorders. Here, the body is seen as a mirror of the mind, a neutral surface on which are reflected problems of a psychological nature.”⁵⁷ It is noteworthy that even the word “psychosomatic” itself gives the impression that the relationship between *psyché* and *soma* is inevitably pathological. This does not correspond with reality. The link between *psyché* and *soma* may be in harmony. But both mental and physical dimensions are insufficient in providing a truly holistic approach.

One must consider a third dimension that is more spiritual and which is interwoven and defined with the two previously mentioned dimensions. This is about one’s relationship with God.⁵⁸ What is spiritual corresponds to what relates to the mind and the soul. It has to do with what concerns a person’s life, its manifestations, that which belongs to the domain of moral and intellectual values. The *spiritus* maintains a delicate relationship with what

⁵⁷Translated from French by the researcher: “Avec la psychosomatique a émergé l’idée d’une traduction du sens dans le corps. Le corps y est vu comme le miroir de l’esprit, surface neutre sur laquelle se reflètent les difficultés d’ordre psychique.” Laurent Denizeau and Jean-Marie Gueullette, OP, *Guérir: une Quête Contemporaine* [To Heal: a Contemporary Quest] (Paris: Cerf, 2015), 118.

⁵⁸There is also a spirituality without God: secular spirituality, New Age, etc.

the Greeks call πλύνω (*pneuma*), i.e. breath or respiration. The spiritual is the inspiration of the interior movement in a person, i.e. that which makes him live, that which allows him to breathe, to resist, to hope. This inspiration leads the person to view fundamental questions about life: its beginning, its meaning and accomplishments.

Spiritual illness, or the illness of the soul, is equivalent to sin and the consequences of sin. The wound refers to the obstacle which hinders one's relationship with God. Spiritual illness is voluntary and free whereas corporal or psychological illnesses are not. The expression "spiritual illness" is merely a concept which is analogous to corporal or psychological illness. In fact, the term "illness" refers to passions and habitual sins which come from it. The Greek term πάθος (*patos*) which means passion shares the root word with *patès* and *patènas*, which mean "illness." For Evagrius of Pontus and John Cassian, there are eight spiritual illnesses: gluttony, fornication, avarice, sadness, anger, acedia, vainglory and pride.⁵⁹

Spiritual healing corresponds to the restoration of the relationship with God. Interior healing is the spiritual path of conversion wherein one asks God to fully restore relationship with him, to overcome resistance to the Holy Spirit, to fortify the person in spiritual battle. This spiritual healing, which is different from psychoanalytic therapies, is closer to salvation. But spiritual healing is inevitably linked to physical and mental cures: the distinction is needed in words, but it is impossible in the real world. There is an inevitable interference on the corporal, psychological and spiritual levels. Consequently, the three are deeply connected such that one cannot think of one without the others. Spiritual healings have psychological repercussions, on the contrary

⁵⁹The seven capital sins plus sadness. See *Nicene and Post-Nicene Fathers, Second Series*, eds. Philip Schaff and Henry Wace, vol. 11, *Sulpitius Severus, Vincent of Lerins, John Cassian* (New York: Cosimo Classics, 2007), *The Conferences of John Cassian, Conference V*, Ch. 10., 333.

spiritual healings occur in most cases by shedding light on psychological problems which interfere with spiritual life. Psychological healing can also have physical repercussions. For example, a child who is battered by his father can have difficulty in experiencing the infinite mercy of the Father. If psychotherapy or psychoanalysis resolves this conflict with the father, there is then the possibility of easing the relationship with God the Father.

Healing can also equally be social in nature. Many patients consider themselves healed at the end of their work interruption and they once again return to work: “For many patients, cure is synonymous to going back to work, i.e. going back to social space and position which were suspended at the onset of the illness.”⁶⁰ Healing is not really a return to health, rather it is a return to normal life.

The concept of healing is therefore not unequivocal. Of course, the cure targeted by physicians and healthcare professionals are physical and psychological in nature. But said cure cannot be reduced to physical and psychological dimensions. Social healing is not to be neglected. Especially since the human person is not merely a body, its existential, social and spiritual dimensions are integral parts of life. The physician definitely does not have the mission nor the power to give the grace of salvation. But the Magisterium of the Church constantly reminds the faithful that medicine must be holistic. The person must be considered in all dimensions because the human person is an integral whole. The spiritual dimension must also be taken into consideration. Spiritual healing is not the end of medicine but it should be considered in care, if the sick person believes in it: “Doctors can meet certain spiritual needs of their patients only if they have developed a

⁶⁰Translated from French by the researcher: “Pour beaucoup de malades, guérir est synonyme de retourner travailler, c’est-à-dire réinvestir un espace social et une position du sujet suspendus par l’irruption de la maladie.” Ibid., 155.

genuine religiosity.”⁶¹ For Edmund D. Pellegrino, this consideration for the spiritual dimension is an obligation:

There is an obligation to take religious commitment into account if one professes to practice “wholistic” medicine. Unfortunately, many who most vigorously champion the inclusion of psycho-social dimensions in “wholistic” care specifically exclude the spiritual and religious dimension. This would be a peculiar form of “wholism” since it is impossible to separate the spiritual from the personal and psycho-social elements in a patient’s life. If the full dimensions of personhood are to be respected, then the spiritual dimensions cannot be ignored, even by the non-believing physician.⁶²

This type of holistic medicine can facilitate healing. This is probably why there is primacy of care over cure.

E. PRIMACY OF CARE OVER CURE

In his address to physicians, Pope Francis deplored the actual imbalance between the two ends of medicine by denouncing some kind of primacy of cure over care:

There is no doubt that, in our time, due to scientific and technical advancements, the possibilities for physical healing have significantly increased; and yet, in some respects it seems that the capacity for “taking care” of the person has diminished, especially when one is sick, frail and helpless. In effect, medical and scientific

⁶¹James F. Drane, *Becoming a Good Doctor. The Place of Virtue and Character in Medical Ethics* (Kansas City: Sheed & Ward, 1988), 124.

⁶²Edmund. D. Pellegrino, “The Catholic Physician in an Era of Secular Bioethics,” *The Linacre Quarterly* 78, no. 1 (2011): 17.

achievements can contribute to improving human life, provided that they are not separated from the ethical root of these disciplines. For this reason, you, Catholic doctors, commit to practicing your profession as a human and spiritual mission, as a true lay apostolate.⁶³

For the Pope, if there concretely exists a primacy of cure, it is because the increase in cure is due to technological advancements. This discourse discussed the theoretical existence of an ethical balance between the two ends of medicine, which is in theory in favor of care. For Pope Francis, it appears that care is part of the ethical root of medicine. Alleviating sufferings and accompanying those who suffer are primordial. Care is primordial. This is shown with persons who are at the end of their life where alleviation of sufferings, under certain conditions, is the most important.

1. To Alleviate Sufferings at End of Life

According to Pope Saint John Paul II, the end of medicine is service to life. Yet, alleviation of sufferings is so important that, in cases of incurable and deadly diseases, it is possible to use (under very specific conditions) narcosis even if this could hasten death. This shows the high moral value of alleviating pain in the medical profession. It was Pope Pius XII who explained the conditions by using the double effect principle:

If between the narcosis and the shortening of life there is no direct causal bond, decided by the will of the parties or by the nature

⁶³Pope Francis, *Address to Participants in the Commemorative Conference of the Italian Catholic Physicians' Association on the Occasion of its 70th Anniversary of Foundation*, Vatican City, November 15, 2014. Retrieved October 23, 2017 from https://w2.vatican.va/content/francesco/en/speeches/2014/november/documents/papa-francesco_20141115_medici-cattolici-italiani.html.

of the things (what would be the case, if the suppression of pain could be obtained only by the shortening of life), and if on the contrary the administration of narcosis has by itself two distinct effects, on the one hand the relief of pain, and on the other hand the shortening of life, it is licit; however there it would remain to be seen whether there were between these two effects a reasonable proportion, and if the advantages of the one compensate for the disadvantages of the other.⁶⁴

Several bioethicists systematized the criteria to invoke the double effect principle. Rev. Fr. Nicanor Pier Giorgio Austriaco, OP, synthesized the classical four criteria:

First, the object of the act must be morally good or at least morally indifferent or neutral [...]. Second, the intention of the agent must be directed toward realizing the beneficial effect and avoiding the foreseen harmful effect of his actions [...]. Third, the beneficial effect must not come about as a result of the harmful effect [...]. Finally, the beneficial effect must be equal to or greater than the foreseen harmful effects.⁶⁵

Of course, death is never desired. Death can never be a means to alleviate sufferings. But in cases where cure is clearly no longer possible, death is tolerated as the harmful effect, associated with the beneficial effect

⁶⁴Translated from French by the researcher: “Si entre la narcose et l’abrègement de la vie n’existe aucun lien causal direct, posé par la volonté des intéressés ou par nature des choses (ce qui serait le cas, si la suppression de la douleur ne pouvait être obtenue que par l’abrègement de la vie), et si au contraire l’administration de narcotiques entraîne par elle-même deux effets distincts, d’une part le soulagement des douleurs, et d’autre part l’abrègement de la vie, elle est licite ; encore faut-il voir s’il y a entre ces deux effets une proportion raisonnable, et si les avantages de l’un compensent les inconvénients de l’autre.” Pope Pius XII, *Discours en Réponse à Trois Questions Religieuses et Morales Concernant l’Analgésie* [Address in Response to the Three Religious and Moral Questions Regarding Analgesia], Vatican City, February 24, 1957. Retrieved September 22, 2017 from http://w2.vatican.va/content/pius-xii/fr/speeches/1957/documents/hf_p-xii_spe_19570224_anesthesiologia.html.

⁶⁵Nicanor Pier Giorgio Austriaco, OP. *Biomedicine and Beatitude. An Introduction to Catholic Bioethics* (Washington, D.C.: The Catholic University of America Press, 2011), 38-39.

that is voluntarily included, which is the alleviation of sufferings. Even if this principle is controversial,⁶⁶ the fact remains that Pope Pius XII admitted that it is lawful to use pain medication to alleviate the sufferings of a patient at the end of life, even if the medication can hasten the onset of death.

This means that according to very specific conditions, the alleviation of sufferings can sometimes be put over life. Care is a primordial end of medicine which takes precedence over cure.

2. To Cure when Possible, Always to Care

It was in his address to the participants of the International Congress on life-sustaining treatments and vegetative state that Pope Saint John Paul II clearly announced the primacy of care over cure:

Distinguished Ladies and Gentlemen, in conclusion I exhort you, as men and women of science responsible for the dignity of the medical profession, to guard jealously the principle according to which the true task of medicine is “to cure if possible, always to care”. As a pledge and support of this, your authentic humanitarian mission to give comfort and support to your suffering brothers and sisters, I remind you of the words of Jesus: “Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me.”⁶⁷

⁶⁶See Nicanor Pier Giorgio Austriaco, OP. *Biomedicine and Beatitude. An Introduction to Catholic Bioethics* (Washington, D.C.: The Catholic University of America Press, 2011), 39-41.

⁶⁷Pope John Paul II, *Address to the Participants in the International Congress on “Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas,”* Vatican City, March 20, 2004. Retrieved September 19, 2017 from http://w2.vatican.va/content/john-paul-ii/en/speeches/2004/march/documents/hf_jp-ii_spe_20_040320_congress-fiamc.html.

This is a reminder of the famous quotation attributed to Hippocrates: “Good medicine cures sometimes, palliates often, and comforts always.” Several theologians have repeated this, specifically Edmund D. Pellegrino: “The purpose of the physician-patient relationship is healing, i.e., curing when possible, caring always, relieving suffering, and cultivating health.”⁶⁸ Cure exists only as possible, whereas care exists as a necessity. To care cannot not be, but to cure is contingent. The end of medicine in Catholic theology is always to care, but also to cure if possible. This confirms what the Bible reveals and what the Fathers of the Church support, namely that care is the permanent end of medicine which is to be included in both cases when the illness is incurable or when there is still hope for cure. Pope Saint John Paul II said: “Even when it cannot cure, science can and must care for and assist the patient,”⁶⁹ and the United States Conference of Catholic Bishops said: “The task of medicine is to care even when it cannot cure.”⁷⁰ This is perfectly correct because care already begins at the onset of illness even when cure is believed to be possible. The hope of cure does not hinder care. This is written in the *New Charter for Health Care Workers*: “If recovery is impossible, the

⁶⁸Edmund D. Pellegrino, “Professionalism, Profession and the Virtues of the Good Physician,” *The Mount Sinai Journal of Medicine* 69, no. 6 (2002): 381.

⁶⁹Translated from Italian by the researcher: “La scienza, anche quando non può guarire, può e deve curare e assistere il malato.” Pope John Paul II, *Discorso ai Partecipanti ad un Corso Internazionale di Aggiornamento Sulle “Preleucemie Umane”* [Address to the Participants in a Course on Human Pre-Leukemias], Vatican City, November 15, 1985, 5. Retrieved February 7, 2018 from

http://w2.vatican.va/content/john-paul-ii/it/speeches/1985/november/documents/hf_jp-ii_spe_19851115_preleucemie-umane.html.

⁷⁰United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services* (Washington, D.C., 2009), Part 5, Introduction, 29. Retrieved October 17, 2017 from

<http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf>.

health care worker must never give up taking care of the person. He is obliged to provide all ordinary and proportionate care.”⁷¹

Consequently, the task of medicine is to care and to cure, but only to care when it cannot cure. The end of medicine is always to care. There is no medicine without care.

3. To Care over to Cure

Why does care come over cure? One must distinguish between curable and incurable illnesses. For incurable illnesses, the question of primacy of care over cure is not a problem because cure is no longer an end. In that case, the only one end of medicine is caring and not curing. Physicians and healthcare professionals accept, in this case, to put an end to cure the disease. But if the sickness cannot be cured, the sick can still, in some way, be healed on the psychological, existential, social and spiritual dimensions. Care would then be either a gesture to alleviate pain or to accompany the sick. Technical care is done without hope for cure and without the intention to cure. The only end in view is alleviation of sufferings. This is for example the case of injecting a patient at end of life with analgesic or putting bandage on sacral pressure sore which is meant to alleviate pain rather than to cure the wound. But care does not only involve end-of-life patients. It also concerns patients with chronic incurable illnesses which are not necessarily terminal. For example, a diabetic patient who receives daily insulin injections will not be cured by such treatment, but the treatment is done to prolong life under the

⁷¹Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers*, trans. The National Catholic Bioethics Center (Philadelphia: The National Catholic Bioethics Center, 2017), 86, p. 63.

best possible conditions by avoiding serious and painful complications. Technical care demands real technical competence on the part of healthcare professionals. Alleviation of sufferings as well as accompaniment of the sick make sense in cases involving incurable illnesses, be they chronic or terminal.

The question of primacy of care over cure is posed only for illnesses which can be cured. But one must distinguish between the order of intention and the order of execution. Consider first the order of intention. If the end of medicine is above all the alleviation of sufferings and the accompaniment of those who suffer, it is then possible to affirm that the best way to attain this objective is to put an end to the cause of the suffering, namely the illness. Consequently, cure is not the end of medicine but it becomes the best way to alleviate sufferings. Cure is the ideal way of alleviating the sufferings of humanity. In a sense, the main end of medicine would solely be the alleviation of sufferings, the best way to obtaining it is being cured when this is possible. This would include preventive medicine since it would avoid sufferings by preserving health. In the order of intention, care which is defined as the alleviation of sufferings and accompaniment of those who suffer, would be the first to be included. This final end is achieved by means of cure. Consequently, in the order of intention, care comes before cure.

In the order of execution, however, it is not possible to establish a hierarchy between care and cure. The worst mistake would be to begin by cure and to wait before administering care.⁷² Care does not begin when cure is no longer possible. The two ends of medicine must be concurrently administered because in the order of execution, care and cure are linked.

⁷²There is always the danger that cure may be considered the only option by some healthcare professionals. This is why the relation of cure with care should be emphasized. The medical doctor should never say: "I cannot do anything anymore." Care continues.

4. Relationship between to Care and to Cure

Pope Saint John Paul II reminds us that in order for physicians and healthcare professionals to be efficient, it demands professionalism, a real competency and excellence in a technical domain. But that would not be sufficient, and care can also facilitate healing:

You have firsthand experience that in your profession medical care and technical services are not enough, even if provided with exemplary professionalism. You must also be able to offer the sick that special spiritual medicine which is the warmth of genuine human contact. This can restore the love of life to your patients, inspiring them to struggle for it with an inner determination that is sometimes decisive for their recovery.⁷³

The human person, not being only a body, needs medicine which is the warmth of genuine human contact. This type of holistic medicine which tries to consider the whole person can facilitate healing when it is possible.

Most of the time, in the order of execution, care is given in order to cure. It is possible to speak about curative care.⁷⁴ This is what Pope Benedict XVI said in his encyclical *Deus Caritas Est* when he discussed the parable of the Good Samaritan: “Following the example given in the parable of the Good Samaritan, Christian charity is first of all the simple response to immediate needs and specific situations: feeding the hungry, clothing the

⁷³Pope John Paul II, *Speech to the Congress of the Catholic Doctors*, Vatican City, July 7, 2000, 2. Retrieved October 24, 2017 from http://w2.vatican.va/content/john-paul-ii/en/speeches/2000/jul-sep/documents/hf_jp-ii_spe_2_0000707_catholic-doctors.html.

⁷⁴Cure – curative care – is an essential part of health care and, therefore, under a wider and deeply influencing overarching umbrella of health care. But it is an essential element of health care, and therefore, when cure is possible – and often it is – ought to be provided. Moreover, it should also be usually provided when cure is reasonably hopeful and even doubtful.

naked, caring for and healing the sick, visiting those in prison, etc.”⁷⁵ The Latin text is much clearer and points to an error in the English translation. “Caring for and healing the sick” is a bad translation of “*Infirmi in sanationis spe curandi*.”⁷⁶ Care is administered in order to cure, in the hope of a cure. This holds true for technical care like in the alleviation of sufferings and the accompaniment of those who suffer.

When technical care is administered in view of healing, caring is in order to cure. For example, a nurse who cleans a wound, then dresses it does so to cure the wound. The same holds true for a plaster cast which immobilizes a broken limb in order to strengthen the limb without causing any serious after effects. All these acts link care and cure even if sometimes healing remains hypothetical. For example, following an accident which leads to paralysis of a part of the body of the victim, all the procedures during rehabilitation are done for the most effective recovery of the person but no one can evaluate beforehand the level of recovery or the consequences which will persist in spite of all the efforts of the patient and the healthcare team. Yet, what leads to administering care is the hope of recovery, i.e. even partial healing. Care and cure work concurrently.

Chapter Summary

The Magisterium of the Catholic Church is not unreceptive to medicine and even proposes a beautiful reflection on its place in the world and its ends. It is found in the continuity of biblical Revelation and the Tradition of the

⁷⁵Pope Benedict XVI, *Encyclical Letter Deus Caritas Est*, Vatican City, December 25, 2005, Part 2, 31a. Retrieved September 25, 2017 from http://w2.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est.html.

⁷⁶Ibid.

Fathers of the Church. All of texts of the Magisterium stress the importance of alleviating human sufferings and accompanying those who suffer. It never commends suffering but always commends compassionate love. The alleviation of pain and suffering is justified because they prove to be harmful to spiritual life itself. The principal mission of medicine is therefore the alleviation of human suffering. But it is illusory to want to alleviate all sufferings. Some sufferings which cannot be treated by technical care will persist. But where technical means fail, man has a role to play. This is the aim of accompaniment which is related to the virtue of compassion. This consists in being-there, being-with and suffering-with the sick person. Accompaniment recognizes the suffering of the other: it is a sign of reality and gives it an objective consistency. This is how the sick person is recognized as a human person who needs to be cared for in all dimensions, physical, psychological, relational, socio-economic, existential and spiritual. Thus, care is defined as an act of alleviating human sufferings and accompanying those who suffer.

For the Church, the mission of medicine is always to care, and to cure if possible. In cases of incurable or terminal diseases, the only end is care. In cases where there is still hope for cure, the two ends, care and cure, must be implemented concurrently. There is a link between care and cure in the order of execution. But in the order of intention, care comes before cure. In practice, it is very difficult to separate so clearly care and cure, even when total cure is not possible.

CHAPTER V

INCLUSION OF CURE IN CARE FOR EACH PHYSICIAN

Introduction

In the order of intention, the end of medicine in Catholic theology is care before cure. This is true in theory in God's Plan for the world. But one must distinguish between God's Plan in general and God's Plan as it is exemplified concretely. In a way, if physicians and healthcare professionals really want to become cooperators of God in his works, they must participate in God's Plan as particular causes and practice it concretely. If one can speak of a general mission of medicine as alleviation of sufferings and accompaniment of those who suffer, this mission must be lived personally by each physician and healthcare professional. The ends of medicine, which are care and cure, comprise the mission of medicine but they must also become the mission of each physician and each healthcare professional.

When one speaks of the medical profession, one affirms that medicine is to be lived as a vocation. One also admits that each physician and each healthcare professional is free to abide by it or not. In theory, care precedes cure in the order of intention, but there is a danger if the hierarchy of the ends of medicine is reversed. If cure becomes the primordial end, this would entail adverse consequences. For example, for a patient at the end of life, there is the danger of extending life at all costs by therapeutic obstinacy. Or on the contrary, there is also the danger of withdrawal of care.

One must thus begin with an explanation of what is the medical vocation and its link with the concept of profession. Then, one needs to

understand how the reversal of the hierarchy of the ends of medicine becomes possible. Lastly, one must deduce what are the consequences of this reversal.

A. MEDICINE AS A VOCATION

It is true that all work is noble, but medicine is not just any ordinary work. Neither is it a hobby, nor a summer job, nor even employment. Employment can be defined as a composite of work assignments of a relatively permanent nature based on a hierarchy which is fixed according to a logic of production. But medicine does not produce anything, and certainly not health. It is a distinct occupation, a person-centered profession, *ad hominum utilitatem*. Medicine is a profession which can be lived as a vocation. When it concerns Christian physicians, Edmund D. Pellegrino affirms:

For the Christian doctor, medicine is always more than a career or occupation. It is truly a vocation – a response to a divine call to manifest God’s love for others through fulfilling the obligations of a medical life. This in turn requires living a personal life consistent with Gospel teaching and incorporating that teaching in the personal care for the patient and the moral choices that are integral to that care.¹

The concept of vocation truly corresponds to this profession, but not to an occupation, much less to employment. But this seems to apply not only to Christian physicians but to all physicians and healthcare professionals as well.

¹Edmund. D. Pellegrino, “The Catholic Physician in an Era of Secular Bioethics,” *The Linacre Quarterly* 78, no. 1 (2011): 14.

1. Medicine as a Particular Profession

According to Eliot Freidson, sociologist, professions have often been defined in common usage in the following terms: “Possession of a body of special knowledge, practice within some ethical framework, fulfillment of some broad societal need, and a social mandate which permits a significant discretionary latitude in setting standards for education and performance of its members.”² But medicine is far from being the only profession which fits this definition. The traditional professions are medicine, ministry, law, and sometimes military and teaching. But other occupations claim the title of profession today: “That special claim lies in their dedication to something other than self-interest while providing their services [...]. They are in this sense professed, i.e., publicly committed to the welfare of those who seek their help.”³ For Benedict M. Ashley, OP, Jean Deblois, and Kevin D. O’Rourke, the title of profession that other occupations claim is but a symbol: “Today the term profession is used for almost any prestigious occupation because it has the aura of an ideal. It is a symbol rather than a reality.”⁴ Eliot Freidson even goes so far as to affirm: “I assume that if anything ‘is’ a profession, it is contemporary medicine.”⁵

The first book that used the word profession in relation to medicine was in AD 47 in the preface of *Compositiones Medicæ* written by Scribonius

²Edmund D. Pellegrino, “Professionalism, Profession and the Virtues of the Good Physician,” *The Mount Sinai Journal of Medicine* 69, no. 6 (2002): 378. See also Eliot Freidson, *Profession of Medicine. A Study of the Sociology of Applied Knowledge* (Chicago: The University of Chicago Press, 1988).

³Edmund D. Pellegrino, “Professionalism, Profession and the Virtues of the Good Physician,” *The Mount Sinai Journal of Medicine* 69, no. 6 (2002): 378-379.

⁴Benedict M. Ashley, OP, Jean Deblois, and Kevin D. O’Rourke. *Health Care Ethics. A Catholic Theological Analysis* (Washington, D.C.: Georgetown University Press, 2006), 205.

⁵Eliot Freidson, *Profession of Medicine. A Study of the Sociology of Applied Knowledge* (Chicago: The University of Chicago Press, 1988), 4.

Largus, doctor in the court of Claudius, Roman Emperor. He identifies himself as a recipient of the Hippocratic ethics. In a few short pages having to do with the reluctance of his contemporaries to use medications, Scribonius referred to the profession of medicine as a commitment to compassion, benevolence, and clemency in the relief of human suffering. For him, the physician must have the knowledge of drugs so as not to betray his *professio* as defined by the profession of faith through allegiance to the Hippocratic Oath: “Hippocrates, the founder of our profession, began his apprenticeship with an oath: in this oath, it is sacred for all physicians that no medication which will kill the child conceived be given nor prescribed to pregnant women, this oath having trained the hearts of students to be human for a long time.”⁶ Scribonius also outlines other moral principles that he links to the Hippocratic profession, the bans on abortion and euthanasia, and the requirement to always act to help the ill by whatever means are available. Scribonius presents a humanistic interpretation of the profession and links that humanism to certain virtues like compassion, benevolence, and competence in the use of treatment.⁷ Therefore, the word profession has been linked with the virtues from its first usage, it essentially has a moral center.

Medicine is thus a profession in the strict sense of the word, and this is for two reasons. On the one hand, it is a profession explicitly. Indeed, the new doctor solemnly takes the Hippocratic Oath. Without this public profession,

⁶Translated from Latin by the researcher: “*Hippocrates conditor nostræ professionis, initia discipline ab iureiurando tradidit: in quo sanctum est, ne prægnanti quidem medicamentum, quo conceptum excutitur, aut detur, aut demonstretur a quoquam medico, longe præformans animos discentium ad humanitatem.*” Scribonius Largus, *Compositiones Medicæ*, ed. Johannes Rhodius (Patavii: Paulus Frambottus, 1655), 2-3. Retrieved November 5, 2017 from <http://www.biusante.parisdescartes.fr/histoire/medica/resultats/index.php?cote=05131&p=30&do=page>.

⁷Edmund D. Pellegrino, “Professionalism, Profession and the Virtues of the Good Physician,” *The Mount Sinai Journal of Medicine* 69, no. 6 (2002): 379-380.

medicine would remain as an occupation and would not be a profession. The new doctor thus enters an organized corporation, a new Order, which shares a moral commitment. On the other hand, medicine is a profession implicitly, because the profession still has to be declared in practice in the daily encounter with patients. On the side of the physician, this consists of putting into practice medical knowledge and using that competence in the best interests of the patient. On the side of the patient, this consists of giving his confidence in an implicit manner to the physician precisely by his public profession.

Medicine is therefore a profession, and in the strongest sense of the word, it is the profession.

2. Medicine as a Professional Vocation

If medicine is a profession, it can also be lived as a vocation. But the notion of vocation is unclear when taken between two extremes. On the one hand, the concept of vocation in its highest meaning applies to an exceptional situation, firstly to the priestly or religious life. It thus signifies separation from family life and the conduct of professional career. On the other hand, the Second Vatican Council had to break with this elitism, by highlighting that the word vocation is appropriate for all Christians, and even for everyone. The unique vocation of everyone, i.e. his unique calling, is to be a saint: “Thus it is evident to everyone, that all the faithful of Christ of whatever rank or status, are called to the fullness of the Christian life and to the perfection of charity.”⁸ Between these two extremes, the concept of vocation is also applied

⁸*Dogmatic Constitution on the Church Lumen Gentium*, Vatican City, November 21, 1964, 40. Retrieved November 4, 2017 from

to certain professions, in particular to the medical profession. Saint Pope Paul VI relates the two concepts of medical profession and vocation in one of his discourses:

In the fabric of our civilization there exists a class of learned, valiant and good-hearted persons who have made the science and art of medicine their vocation and profession. They are the Doctors, and those who study and work with them and under their direction for the sake of the existence and welfare of humanity. Honour and gratitude to these wise and generous guardians of human life.⁹

The concept of profession refers to, first of all, the profession of religious faith. To profess is to carry forth the word. It is the action of declaring faith openly. But the term became secularized and at the same time became more democratized. It always refers to a declaration but this declaration consists of professing or teaching opinions and theories from the pulpit. The word is close both to the German word *Beruf* which can be translated as profession or vocation,¹⁰ and the English word calling. According to Rev. Fr. Fausto B. Gómez, OP, a vocation is “a repeated interior call to do a concrete kind of work, to a particular profession.”¹¹ In fact, the word vocation is polysemous and covers four meanings: calling, consecration, passion and mission. The four meanings of this word perfectly fit the definition of religious life. But they also apply, in a certain way, to what can

http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_1964_1121_lumen-gentium_en.html.

⁹Pope Paul VI, *Message for the Celebration of the Day of Peace*, Vatican City, January 1, 1978, 2. Retrieved November 4, 2017 from

http://w2.vatican.va/content/paul-vi/en/messages/peace/documents/hf_p-vi_mes_19771208_xi-world-day-for-peace.html.

¹⁰See Max Weber, *The Protestant Ethic and the Spirit of Capitalism*, trans. T. Parsons (London and New York: Routledge Classics, 2005).

¹¹Fausto B. Gómez, OP, “The Mission of the Catholic Physician,” *The Philippine Scientific Journal* 24, no. 2 (1991): 2.

be called the medical vocation. Thus, there is a certain analogy between religious vocation¹² and medical vocation.

a. Medical Vocation as Calling

The word “vocation” traces its roots from the Latin words *vocatio*, *vocationis* was formed around 1190 from the supine *vocatum* from the verb *vocare* which means “to call.” In the beginning, *vocatio* referred to the act of calling since the word comes from the root *vox* and it is formed from its association with *vocis actio* which can be translated literally as “an action of the voice.”

In the ordained ministry, it is the bishop who calls the person who will become deacon or priest by virtue of obedience. In religious life, superiors need to recognize that there is a calling from God, based on the different criteria of the Orders and congregations. The calling is intimate and personal, hard to share. The call does not come from without, but it resounds at one’s innermost core. It is an inner voice, which is silent, inaudible, with no frequency, one that is heard only by the one who listens. And the one who listens cannot but listen to it: this is the necessity of the inner voice. For Saint Augustine, this is the voice of God which is found deep in the conscience of each human: “*Tu autem interior intimo meo et superior summo meo.*”¹³ The conscience is a sanctuary, where God is present and makes his voice heard. But God sometimes uses mediations. The voice of conscience then becomes perceptible because of the other.

¹²This analogy works better for religious life than for priestly life. In priestly life, priests are all male while there are women doctors. Physicians never work alone, but with a team. In the religious life, members live with a community, so the emphasis is on team work.

¹³Saint Augustine, *Les Confessions* [The Confessions] (Paris: Desclée de Brouwer, 1962), Book 3, Ch. 6, 11, p. 382.

Some physicians and healthcare professionals affirm having heard a call. Many explain that they are touched by the sufferings of others and they feel called to alleviate the sufferings. There are many examples found in literature:

The wretched condition of the countryside had filled me with pity, and during the night it seemed as if these thoughts had been sent to me by God, and that thus He had revealed His will to me. I had known something of the joys that pierce the heart, the happiness and the sorrow of motherhood; I determined that henceforth my life should be filled with these, but that mine should be a wider sphere than a mother's. I would expend her care and kindness on the whole district; I would be a sister of charity, and bind the wounds of all the suffering poor in a countryside. It seemed to me that the finger of God unmistakably pointed out my destiny; and when I remembered that my first serious thoughts in youth had inclined me to the study of medicine, I resolved to settle here as a doctor. Besides, I had another reason. For a wounded heart-shadow and silence; so I had written in my letter; and I meant to fulfil the vow which I had made to myself.¹⁴

Yet, only beauty can call. The etymology of the word “vocation” brings to mind “the act of calling.” In Greek, to make an appeal is *kalein* but this word approximates *kalon* which means “beauty.” There is a foundation of the *kalon* in the *kalein*, beauty in the act of calling.¹⁵ Beauty calls because it attracts. Beauty is a visible voice because something beautiful says something. Only beauty can call through its voice.

On the contrary, suffering is ugly. It does not attract nor does it call because it is not a voice, it is a scream. By definition, a scream is deafening

¹⁴Honoré de Balzac, *The Country Doctor*, trans. E. Marriage and C. Bell, Ch. 4, *The Country Doctor's Confession*, 219. Retrieved November 7, 2017 from <https://www.gutenberg.org/files/1350/1350-h/1350-h.htm>. (an eBook)

¹⁵See Jean-Louis Chrétien, *The Call and the Response*, trans. A. A. Davenport (New York: Fordham University Press, 2004).

and hinders one from hearing the voice. It is painful to the ears but makes one more aware of it when it stops. Afterwards, it increases auditive sensitivity, it increases the capacity to be ready to listen to the other. It makes one lend a listening ear. The scream of suffering predisposes one to listen to the voice. It makes one's heart ready to listen. Suffering strikes and its scream creates a central alteration in one's being. What provokes this major change in one's heart is found in the other and not in oneself. Another being reaches out and transforms the other. It touches the other. This need, this change in the heart of one's intimate self makes one attentive to the voice that calls. That is when the voice can call, but only after the screaming stops. The inner voice exists only by an alteration of the intimate. This change in one's innermost self is a real predisposition to listen attentively to the voice that calls.

It is never the suffering of the sick that calls. The patient's suffering screams inside me and alters me. On the other hand, the response to evil is a voice that calls. The beauty of care is a call to alleviate suffering and to accompany those who suffer. It is the beauty of compassion that calls. It is duty that calls.

b. Medical Vocation as Consecration

In the religious life, vocation is consecration. To consecrate one's life means to renounce oneself in order to entrust one's existence to another, God himself. Consecration is a total gift of self to God given as a pure gift. God gave his being out of kindness in Creation, then he gave his only Son to save humanity from sin. Christ gave his life for his sheep to the point of death. The

sacrifice of martyrs represents on earth the fullness of a gift. But offering of a pure gift seems difficult because man often expects something in return.¹⁶

For some, medicine can be lived as a priesthood. Consecration is in the form of devotion and self-giving. This is how the famous Dr. Schweitzer, among many others, devoted his life to Africa's sick.¹⁷ Physicians like him want to consecrate their lives alleviating suffering and accompanying those who suffer.

But the gift of self cannot be total yet almost always expecting something in return. Strictly speaking, this gift of self implies total and exclusive surrender of oneself to another. But one need not be too idealistic and so believe that total giving is impossible. Physicians and healthcare professionals first give their knowledge and their competency. Then they give a part of their time. But patients cannot be the sole focus of a doctor's life. And no matter how dedicated a physician is, he cannot give all his time to his patients. This would not work for one nor the other. A gift is given only once, this is proof that it is not total. The gift of self which is given to another thus can only be partial, never total.

Moreover, by the nature of his profession, the physician necessarily expects something in return. He does not render his services without cost. Money is not necessarily his sole goal, but the job allows him to earn a living. One must live by the fruits of his labor. If money is not expected, one can at most hope for some expression of gratitude for service rendered. But giving one's time in anticipation for something is different from accepting recognition for the time spent with the patient. One would become suspicious

¹⁶See Marcel Mauss, *The Gift. The Form and Reason for Exchange in Archaic Societies*, trans. W.D. Halls (London and New York: Routledge Classics, 2002).

¹⁷See Patricia Lantier-Sampon, James Bentley, and Patricia Lantier, *Albert Schweitzer. The Doctor Who Devoted His Life to Africa's Sick (People Who Made a Difference)* (Milwaukee, Wisconsin: Gareth Stevens Pub, 1991).

of the physician who would but expect recognition from his patients. The one who is contented with simple acknowledgement would be seen as polite.

The accompaniment of patients is demanding and involves true dedication on the part of physicians and healthcare professionals. Giving time and being-there presuppose that one has the time and the means. Good feelings are not enough. Accompaniment demands real commitment, a kind of self-giving even if it cannot be total. It is therefore an error to want to accompany another by oneself. This is why accompaniment is teamwork. With a multi-professional and interdisciplinary team, in cooperation with the persons closest to the patient, there are more people, competencies, time, means and presence. Accompaniment becomes less difficult and more effective.

c. Medical Vocation as Passion

In the religious life, vocation is *sequela Christi*. This Latin expression means (walking) in Christ's footsteps. It is often used to refer to religious life, in which men and women strive voluntarily to imitate the model of Christ as closely as possible, even in his Passion. This is linked with desire and love which is compassion.

For some physicians and healthcare professionals, the medical vocation may correspond to a desire felt in childhood which became a reality in adult life. For them, it would have been unimaginable to become something else other than a physician or healthcare professional. The desire took the form of a personal motivation coming from within, leading to self-fulfillment. This vocation then appears as a desire to do, a desire to be or a desire to become. But one must not forget that psychoanalysis affirms that desire must be that of

meeting the Other (uppercase), the Other who is irreducible to self. Jacques Lacan affirms: “It must be posited that, occurring only in an animal at the mercy of language, man’s desire is the desire of the Other.”¹⁸ The other (lowercase) is the one who is both near and similar. The other is the object of a need, constantly reduced to self-knowledge. The Other (uppercase) is part of the other who is elusive, not recognizable, outside the field of knowledge, always overlooked, totally Other. The other is in the similar, the Other in radical otherness. All humans are alike and at the same time no one is identical: not all humans are the same and yet they belong to the same species. The other is always a greater power, a beyond oneself.

But most physicians and healthcare professionals have learned to love their profession while they practice it. Love for the profession can unfold with time: love is not necessarily at the start of the profession but the practice of medicine can stimulate love and thus the vocation. The experience in work transforms the subject: one is not born a physician, one becomes one. One becomes a physician through the practice of the profession. The vocation appears from experience. But love appears more from the relationship with patients than from work.

This is shown very clearly in the testimony of Dr. Anne-Laure Boch, a neurosurgeon, whose medical vocation was not brought about by a spontaneous love for the sick:

Like many other adolescents of my time and milieu, I became a doctor because this profession appealed to me intellectually and socially. When I was eighteen years old, I was not attracted by the sick. I felt an aversion, even disgust towards them. They didn’t seem to be lovable. Objectively I saw them as dreadful, dirty, even bad.

¹⁸Jacques Lacan, *The Seminar. Book XI. The Four Fundamental Concepts of Psychoanalysis*, 1964, trans. A. Sheridan (London: Hogarth Press and Institute of Psycho-Analysis, 1977), 235.

They seemed whiny, even annoying. I had no intention of devoting myself to suffering, like Mother Teresa.¹⁹

Love is born from an encounter with those who suffer. The person who said this admits that by the daily practice of medicine, she discovered a true vocation by loving her patients more and more and, consequently, her profession:

It is in practicing medicine for these – bad – reasons that I discovered the mysterious pleasure of giving real service to real people, people who by the miracle of care that I gave them rose above their ugliness, dirt and misfortune to become worthy of love. Even their complaints which I found unbearable touched me when I had something to offer them, something to do for them to alleviate their suffering.²⁰

Love surfaces when confronted by the other's sufferings. Love reveals itself gradually. For Aristotle, it is by the acquisition of virtue that the human being is made. It is thus in the practice of medicine that the habitus is acquired, especially the virtue of compassion which is love with the one who suffers. Through the acquisition of virtues, man finds full growth. He

¹⁹Translated from French by the researcher: "Si je suis devenue médecin c'est que, comme pour tant d'autres adolescents de mon époque et de mon milieu, cette profession me semblait intellectuellement et socialement séduisante. À dix-huit ans, je n'avais nulle attirance pour les malades. Les malades m'inspiraient plutôt du dégoût. Ils ne me semblaient pas aimables ; objectivement, je les voyais comme affreux, sales, voire méchants ! Et en plus geignards, donc exaspérants ! Je n'avais nulle intention de me dévouer, telle une mère Teresa, pour l'humanité souffrante." Anne-Laure Boch, *Généalogie de l'Amour en Médecine* [Genealogy of Love in Medicine,] in Éric Fiat and Michel Geoffroy, *Questions d'Amour. De l'Amour dans la Relation Soignante* [Questions of Love. Love in the Caring Relationship,] (Paris, Parole et Silence/Lethielleux, 2009), 21.

²⁰Translated from French by the researcher: "C'est en pratiquant la médecine pour ces – mauvaises – raisons que j'ai découvert le mystérieux plaisir de rendre des services réels à des hommes réels, des hommes qui, par le miracle des soins que je leur prodiguais, s'élevaient au-dessus de leur laideur, leur saleté et leur méchanceté pour devenir dignes d'amour. Même leurs plaintes, que j'avais imaginées insupportables, devenaient touchantes depuis que j'avais quelque chose à offrir, quelque chose à faire pour soulager la souffrance." Ibid., 22.

becomes passionate, i.e., in love. This love arises from the encounter with the suffering of the other.

d. Medical Vocation as Mission

According to the *New Charter for Health Care Workers*, this professional vocation is necessarily linked to the idea of mission:

Animated by the Christian spirit and outlook, the health care worker discovers the transcendent dimension peculiar to his profession in its everyday practice. In fact, it surpasses the purely human level of service to the suffering person and takes on the character of Christian witness, and therefore of mission.

Mission is equivalent to vocation; that is, it is a response to a transcendent call that takes shape in the suffering face of the other.²¹

Some physicians and healthcare professionals are touched by the sufferings of others and feel the call to alleviate them. Some may want to dedicate themselves and devote themselves to alleviation of pain and the accompaniment of those who suffer while others want to practice medicine and thereby acquire virtues, especially compassion which is the love for those who suffer. But not all physicians and healthcare professionals practice medicine as a professional vocation. This is not necessarily a sign of lack of competence, but rather the consequence of a choice in life. The medical vocation is by no means a guarantee of medical excellence, neither is it an absence. Competence is gauged on the basis of work or actions according to objective and measurable criteria. It is good to put one's heart in one's daily

²¹Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers*, trans. The National Catholic Bioethics Center (Philadelphia: The National Catholic Bioethics Center, 2017), 8, p. 9.

work, but that is not a guarantee of competence. There are very good physicians who do not have a vocation, and there are bad ones who have a vocation.

Nevertheless, all physicians and healthcare professionals, without exception, are concerned with the medical mission, i.e. the ends of medicine. Medicine cooperates with God's work for man's well-being. Its primordial end is care, i.e. the alleviation of sufferings and accompaniment of those who suffer. But this general objective in God's Plan must be embodied in each physician and healthcare professional. There is a distinction between the God's Plan as a whole and the God's Plan as incarnated in a system which depends on a particular cause that puts it in operation. Every physician and healthcare professional must make a personal choice to cooperate with God in his Providence. For a vocation to come to fulfillment, it is necessary that the conscience is aware of its purpose and that this purpose takes on the characteristic of a calling. Vocation is possible only when one is conscious of a mission that one must fulfill. In concrete terms, one makes the choice of alleviating sufferings and accompanying those who suffer. And one must make a choice, at least in the order of priority, of care over cure. In the order of intention, every physician and healthcare professional must first seek care, which is alleviation of sufferings and accompaniment of those who suffer. This choice is made when one has a physical encounter with the patient. That is the mission of each physician and healthcare professional. That is their vocation.

But if God has a general Plan for the world, and if each physician were to concretely apply it, is it possible to remain free? Are physicians free despite God's Plan for medicine? Why is there a difference between the ends of medicine according to God's Plan and the existing ends of medicine?

B. RELATIONSHIP BETWEEN INDIVIDUAL FREEDOM AND PLAN OF GOD

In scholastic theology, God is Subsistent Being Itself, *Ipsum Esse Subsistens*. He is the primary cause of all that is positive in the form of being which is the free act of man in general, and thus in particular, of the physician. If God acts in the midst of man's acts, then he is present and active at the very heart of his free act. All this gives rise to the problem of the relationship between divine Providence and man's freedom.

This problem is truly insoluble if the action of God and the free action of physicians and healthcare professionals are placed on the same plane according to a pattern of competitive behavior, according to the principle of communicating vessels. If such were the case, it is either that God's absolute sovereignty is privileged, which leads to some sort of theological determinism where God is substituted to human freedom, or, in an opposite manner, that God's sovereignty is underestimated to allow man a bigger space to be free since Providence is perceived as a menace to human freedom.

For Saint Thomas Aquinas, following Augustinian thought, the question of the relationship between divine Providence and human freedom must fall within metaphysical reflection. It should be noted that Saint Thomas never directly discussed the question regarding the ends of medicine. On the contrary, he frequently used medical metaphors in explaining a concept.

1. Relationship between Divine Providence and the Contingent Acts of Man

For Saint Thomas Aquinas, the free acts of man in general and those of physicians in particular are contingent acts. The concept of contingent

signifies that the act is actually accomplished but could have been not done. This is opposite to what would be a necessary act. The concept of necessary signifies a given act or an act that is impossible not to happen. Free acts of man are therefore not necessary but are contingent. Neither divine Prescience nor the will of God, nor his Providence make the acts of physicians and healthcare professionals necessary.

Physicians and healthcare professionals, like each human being, possess the gift of free will, i.e. the ability of self-determination, to choose for themselves to decide by the goods chosen from other goods. Yet, divine causality does not suppress the contingency of a person's free acts. Here is Saint Thomas' reasoning from the point of view of divine Providence:

Divine Providence imposes necessity upon some things; not upon all, as some formerly believed. For to Providence it belongs to order things towards an end. Now after the divine goodness, which is an extrinsic end to all things, the principal good in things themselves is the perfection of the universe; which would not be, were not all grades of being found in things. Whence it pertains to divine Providence to produce every grade of being. And thus it has prepared for some things necessary causes, so that they happen of necessity; for others contingent causes, that they may happen by contingency, according to the nature of their proximate causes.²²

For Saint Thomas, Providence does not make secondary causes superfluous. Providence disposes things in such a way that some events happen out of necessity while others happen in a contingent manner. In fact, the contingency of an act is defined in relation to its proximate cause and not in relation to remote causes. These remote causes can be necessary, and yet the act remains contingent. The most remote cause is obviously the primary

²²Saint Thomas Aquinas, *Summa Theologica*, tr. Fathers of the English Dominican Province (New York: Cosimo Classics, 2007), I^a, q. 22, a. 4, resp.

cause, God, the necessary Being. The acts are really contingent because the proximate causes are contingent whereas the primary cause is necessary.

God is the master of all events because, as the absolute primary cause, he masters from within the composite of secondary causes. If the result is contingent, it is because God wanted it to be as such. For that, God disposed contingent secondary causes. But he was not contented in creating contingent causes and free causes:

The effect of divine Providence is not only that things should happen somehow; but that they should happen either by necessity or by contingency. Therefore whatsoever divine Providence ordains to happen infallibly and of necessity happens infallibly and of necessity; and that happens from contingency, which the plan of divine Providence conceives to happen from contingency.²³

The existence of contingent events is thus positively willed by God. God positively wants the contingent acts of humans by which they freely consent to be ordered by him. For Saint Thomas Aquinas, it is the absolute force of divine Providence and not his weakness, which explains that some events are contingent: “For when a cause is efficacious to act, the effect follows upon the cause, not only as to the thing done, but also as to its manner of being done or of being [...]. Since then the divine will is perfectly efficacious, it follows not only that things are done, which God wills to be done, but also that they are done in the way that He wills.”²⁴

²³Ibid., I^a, q. 22, a. 4, sol. 1.

²⁴Ibid., I^a, q. 19, a. 8, resp.

2. Relationship between Divine Providence and Human Providence

What is explained here about man in general is also true for the physician and the healthcare professional in particular. For Saint Thomas Aquinas, human freedom is not a little god. It is not an absolute. The human will cannot cause an action whose author is not God. Otherwise, it would mean that the human will would be the primary cause. One must therefore view freedom for what it is, which is the faculty of man (as secondary cause) for self-determination. Thus, man is always under the influence of God (primary cause). In a way, God makes man his own Providence. The dignity of man is to freely build himself and to build with his fellow beings the city of men. In this way, man achieves the work of Creation:

When it is said that God left man to himself, this does not mean that man is exempt from divine Providence; but merely that he has not a prefixed operating force determined to only the one effect; as in the case of natural things, which are only acted upon as though directed by another towards an end; and do not act of themselves, as if they directed themselves towards an end, like rational creatures, through the possession of free will, by which these are able to take counsel and make a choice [...]. But since the very act of free will is traced to God as to a cause, it necessarily follows that everything happening from the exercise of free will must be subject to divine Providence. For human Providence is included under the Providence of God, as a particular under a universal cause.²⁵

According to saint Thomas Aquinas, human Providence is included under the Providence of God. To define free will, Saint Thomas resorts to a comparison between natural physical beings and men. Both act with an end in view because for him, this is the law of all action. But there is a difference in

²⁵Ibid., I^a, q. 22, a. 2, sol. 4.

the degree of interiority where the acts springs from: inanimate objects are allowed to lie still, animals act according to their instinct or because of external *stimuli*, but man has an inner life. His actions take their source from his innermost self, from his reason and will. He is master of all his acts. Man is not the creator of himself because the nature which he received is not from himself. This human nature is an organic whole of natural inclinations and ends that man did not choose. It is also a composite of active powers which allow him to reach this end.

Man's will is determined by the Absolute Good. The will is attracted by all created goods as long as they participate in the Absolute Good. But in time, the will remains master of its choices. After deliberation, the will consents to being attracted by a particular good. In this process, the will acts in constant synergy with the intelligence. On the one hand, intelligence moves the will by manifesting its object: it shows the good and expresses the hierarchy of goods. On the other hand, loving will moves the intelligence in this act, particularly in the deliberation of the choice of adequate means to attain the desired end.

Only God has the power to move man's will, i.e. to act on it. On the one hand, God is the Absolute Good and the only one with the power to attract effectively man's will to him. On the other hand, God is the Creator of the spiritual soul, he is the efficient cause of the will and thus the only one who has the power to act from within the will:

The power of willing is caused by God alone. For to will is nothing but to be inclined towards the object of the will, which is universal good. But to incline towards the universal good belongs to the First Mover, to Whom the ultimate end is proportionate; just as in

human affairs to him that presides over the community belongs the directing of his subjects to the common weal.²⁶

God is present in each human will. Certainly, it is in the nature of the will to move itself and not be bound by whatever is outside of it: “For whatever is moved from without, is forced.”²⁷ Consequently, the danger would be to believe that the will cannot be moved by God. On the contrary, for Saint Thomas, “a thing moved by another is forced if moved against its natural inclination; but if it is moved by another giving to it the proper natural inclination, it is not forced [...]. God, while moving the will, does not force it, because He gives the will its own natural inclination.”²⁸ God’s act does not assault the human will because God acts according to the natural inclination of the human will. This prompting of God does not intervene in the making choices on the level of secondary causes. On the contrary, the action of God at the heart of human freedom makes the will to self-determination real as a secondary cause. God does not suppress freedom. On the contrary, he makes it real and effective.

The free mode of human acts is safeguarded, which is also true for the act of each physician. More than that, the free act is caused by God in man and with man. Man’s free act comes totally from man as secondary cause and totally from God as primary cause.

²⁶Ibid., I^a, q. 105, a. 4, resp.

²⁷Ibid., I^a, q. 105, a. 4, obj. 1.

²⁸Ibid., I^a, q. 105, a. 4, sol. 1.

C. POSSIBLE REVERSAL IN HIERARCHY OF THE ENDS OF MEDICINE

Each physician and healthcare professional is therefore free to decide conscientiously his acts. For that, the will acts in constant synergy with intelligence. Intelligence shows to the will the good to be valued, i.e. to care and to cure, and it explains the hierarchy between the goods, namely care before cure. Intelligence also deliberates on the choice of adequate means to arrive at this end. In this way, the physician or the healthcare professional can become practically a cooperator of God in his Providence. The intention of each physician must be the pursuit of the end of medicine: care before cure.

But intellect and will may be negatively influenced by the passions of the lower appetites and thus darken and weaken intellect and will respectively. Sin alters also man's judgment in choosing the right course of action *hic et nunc*. Thus, one may be mistaken with regard to the desired good and especially on the order in the hierarchy of these goods. If physicians and healthcare professionals prioritize cure before care, the consequences may prove to be harmful in their actions towards patients. It is important to give the reasons and consequences of such a reversal in the hierarchy of the ends of medicine.

1. Reasons for a Reversal in Hierarchy of the Ends of Medicine

The confusion that can exist in the relationship between cure and salvation and the relationship between health and salvation is the basis of possible errors of judgment in choosing the best medical treatment for a patient.

When one refers to the relationship between cure and salvation, it is not the same as referring to the relationship between health and salvation. Cure and health are not equivalent to each other. In fact, cure cannot be considered as a return to health, so much so that the one who is cured does not necessarily regain his former state of health. The person who is cured is in another state of health. Cure is a process whereas health is a state (of equilibrium). Cure can be a long process, which is spread over time. Salvation, on the other hand, is both a state and a process. In fact, man is both already saved, yet not saved. He awaits eternal salvation. The salvation which is yet given to him is still to be received. Consequently, the relationship between health and salvation is more of a state, a kind of stable equilibrium, whereas in the relationship between cure and salvation the emphasis is more on the process. In this case, the notion of time is very important. Time is primordial in the healing process, much like salvation which is already at hand and yet not quite there. The person who is in the process of healing is somehow already cured and yet not quite. It is possible to speak of cure as a path which leads toward a new state of health. In the same way, the man who is saved is on the path toward total salvation.²⁹

a. Identifying Salvation with Health

The French words for health (*santé*) and salvation (*salut*) come from the Latin word *salus* which is derived from *salvus*, which in turn comes from the

²⁹See: “Total salvation, of the body and of the soul, is the final destiny to which God calls all of humanity.” Congregation for the Doctrine of the Faith, *Letter Placuit Deo to the Bishops of the Catholic Church on Certain Aspects of Christian Salvation*, Vatican City, February 22, 2018, n° 15. Retrieved March 18, 2018 from http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_2018_0222_placuit-deo_en.html

Greek word σωτήρ (*sôter*) which can be used in reference to gods, persons and even things that save. It is Christianity which dissociates the two by upholding that salvation is the act of obtaining eternal life by being preserved from damnation.

“Health” is difficult to define. The World Health Organization (WHO) tried to define it in 1946, quite unsuccessfully: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”³⁰ Such a definition³¹ merely states that the entire human race is not healthy. The supreme good of man falls back to what medicine is capable of doing. Happiness, salvation and a good life are used interchangeably with well-being. The idea is unrealistic, ideological and totalitarian because this definition of health treats it as the supreme end of humanity and thus places an enormous burden on medicine. Is not the idea of complete well-being what religion aims to achieve when it speaks of *šālôm* or even salvation? Health and salvation appear to have been mixed up.

There is thus a risk in the identification of salvation with health. This identification would exclude sick people from salvation. Consequently, reconciliation of salvation with the state of health can mean that those who are not healthy cannot obtain salvation neither. Salvation is reserved only for those who are not sick. If salvation is identified with health, what becomes of

³⁰*Constitution of the World Health Organization*. The Constitution was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States and entered into force on 7 April 1948.

³¹In Thailand's health reform movement, the conventional definition of health as “a complete state of physical, mental, and social well-being” has been reconceived and expanded to include spiritual dimension of life as an essential component of a healthy state of being. Health is thus defined as a “dynamic state of physical, mental, social and spiritual well-being.” See Komatra Chuengsatiansup, “Spirituality and Health: an Initial Proposal to Incorporate Spiritual Health in Health Impact Assessment,” *Environmental Impact Assessment Review* 23, no. 1 (2003): 3-15. Retrieved March 18, 2018 from <https://www.sciencedirect.com/science/article/pii/S0195925502000379?via%3Dihub>

the chronically ill or the dying? Consequently, a link is established between illness and sin. In fact, if the sick person is excluded from salvation, it is because sin seems to be responsible for the illness. The radical identification between health and salvation involves a going back to the archaic vision of illness. It is a return to an Old Testament schema where the Hebrews considered illness as chastisement or punishment for personal sin. For example, some patients who are afflicted with bronchial cancer blame themselves for having smoked a lot or they are blamed by those around them. The same holds true for obese patients who are judged as having overindulged in the good things of life.

Identifying salvation with health can also make one hope for perfect or total health. This concept is related to what Friedrich Nietzsche predicted and called supremely or overflowing health in *Thus Spoke Zarathustra*. Health is erected as a god to be adored. But perfect health is only a dream. Medicine enhanced by techno sciences which is able to heal an increasing number of illnesses contributes to building this illusion. The expectation is the infinite extension of longevity (life expectancy), to create the enhanced human, one who is immortal. This philosophy corresponds to the transhumanism. The NBIC³² (nanotechnology, biotechnology, information technology and cognitive science) or rather the interaction among these four key sciences (by a convergence of NBIC) allows one to hope for perfect health, humanly speaking. Medicine would no longer be therapeutic but would become medicine of enhancement (or enhanced medicine). Cosmetic surgery is at the crossroads of these two types of medicine. As corrective or reconstructive

³²Cognitive science is also artificial intelligence and neuroscience. We should also add robotics to NBIC. See Mihail C. Roco and William Sims Bainbridge, *Converging Technologies for Improving Human Performance. Nanotechnology, Biotechnology, Information Technology and Cognitive Science* (Dordrecht, The Netherlands: Kluwer Academic Publishers, 2003).

surgery, it is still therapeutic medicine. As medicine treating ugliness and aging, it can already be classified as enhanced medicine since neither ugliness nor aging is an illness. In fact, enhanced medicine is not medicine. It is another discipline.

b. Identifying Salvation with Cure

Cure sometimes takes the place of salvation. But to affirm that cure is identical in all aspects to salvation causes several difficulties. On the one hand, there is a link between illness and perdition. On the other hand, this leads to a refusal of finiteness. One must underscore that identifying salvation with cure is more often found among patients than among physicians and healthcare professionals even if one ought not generalize.

1) Illness and Doom

Identifying salvation with cure means that the person who is cured is saved. But at the same time, this also affirms that the person who remains ill, without any cure, is not saved. By definition, the person who is not saved is doomed.

By affirming that cure is identical to salvation on all accounts is to exclude from salvation those who will not be cured. This is the case of those afflicted by chronic illnesses like diabetics or more recently those with HIV/AIDS which are not fatal diseases but for which there is no cure. The patient will always live with the illness. The patient does not die of the illness but with the illness. This is also the case of persons who die with their illness

without ever being cured. If cure is totally identified with salvation, then there would be an insoluble paradox because life needs to experience death. In some way, the person who does not end up being cured does not end up dying.

This risk of misinterpretation is the corollary of radically identifying health with holiness. The presence of illness creates a doubt with regard to holiness. It must be emphasized that Christian Tradition never identified health with holiness nor illness with doom. On the contrary, illness and the sufferings it entails can be lived in union with the sufferings of Christ. The Christo-conformation becomes a way (of the Cross) of holiness: “The lives of many saints in fact underscore the important place of illness in their spiritual journey, and never did the presence of illness cast a doubt on their holiness.”³³ In Christianity, the sick may become saints and become examples to emulate. Illness often leads people to recognize their finiteness, i.e., their condition as creatures and with limitations. If cure is identified totally with salvation, the risk is the refusal to accept one’s finiteness.

2) Desire for Immortality

If cure is radically identified with salvation, the risk is always to hope that cure will delay death for the longest possible time, to the extent that one thinks oneself as immortal. When cure is thought to be the only possible salvation, one refuses the inherent limits of being a mere creature. The battle

³³Translated from French by the researcher: “Beaucoup de vies de saints, en effet, soulignent la place importante de la maladie dans leur itinéraire spirituel, et ne déduisent jamais de la présence de la maladie des doutes sur la sainteté.” Laurent Denizeau and Jean-Marie Gueullette, OP, *Guérir: une Quête Contemporaine* [To Heal: a Contemporary Quest] (Paris: Cerf, 2015), 264-265.

against death then becomes a challenge to humanity which puts its salvation on immortality.

Every person seeks happiness. It is but natural to look for this happiness on earth because this is the fullness that one seeks:

Every person, in his or her own way, searches for happiness and attempts to obtain it by making recourse to the resources one has available. However, this universal aspiration is not necessarily expressed or declared; rather, it is often more secret and hidden than it may appear, and is ready to reveal itself in the face of particular crises. Often it coincides with a hope for physical health.³⁴

Since man is first an animal, he has the natural desire to live. Desire is directed toward life. It is in one's lifetime that one can enjoy life: "Better be a live dog than a dead lion" (Eccle 9:4). Death repulses man as it does animals. Animals have the instinct of fleeing when faced with death because a creature is meant to live. That is why it is in this earthly life that one seeks happiness. Those who find it wish that this happiness would never end; and those who have not found it wish that life would not end so that they are given a chance to find happiness. Consequently, this desire for happiness can easily be transformed to a desire for immortality, i.e. life without death, life with endless days.

Techno scientific progress in medicine makes some people believe in the possibility of immortality. It hopes to totally put to an end to bodily sufferings, to maintain the freshness of youth for the longest possible time and to prolong life even to infinity. This permanent search finally leads one to refuse to accept the human condition: old age becomes an illness to battle,

³⁴Congregation for the Doctrine of the Faith, *Letter Placuit Deo to the Bishops of the Catholic Church on Certain Aspects of Christian Salvation*, Vatican City, February 22, 2018, n° 5. Retrieved March 18, 2018 from http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_2018_0222_placuit-deo_en.html

suffering becomes an absolute evil to totally eliminate, death is seen as a medical failure and no longer as a natural reality to be accepted. Man wants to create man in his own image through medicine and the techno sciences. The enhanced man or the new man who is emancipated from being torn between life and death would attain immortality (and no longer eternity). Man will do away with God and would become god instead. Science would take the place of a demiurge.

Unfortunately, this desire for immortality is unrealistic, one which can never console anybody. In identifying cure with salvation, one forgets that man is a being who was saved and made for eternal life. Eternal life is a promise to happiness. Man is not made for immortality but for eternity, an eternity with endless happiness. Death is merely a passing to eternal life and promised happiness.

In radically identifying salvation with cure, the desire for eternal life after death becomes a desire for immortality without dying. But there is still another risk, that of totally separating salvation from cure.

c. Total Separation from Curing and Salvation

For many physicians and healthcare professionals, cure belongs to the domain of medicine and science while salvation to belief and faith. When one believes that salvation has nothing to do with cure, it is a refusal of the encroachment of what is religious in nature in the domain of medicine. It is a refusal that faith can penetrate science and reason. The principal claim lies in the legitimate autonomy of science and medical research. But that can lead to a disjunction between science and faith, as well as a disjunction between soul and body.

1) Disjunction between Science and Faith

Very often, faith is falsely considered as falling under the domain of opinion and belief, belonging to the private sphere. On the other hand, science is seen as falling under established truth, always at the service of the common good, thus belonging to the public sphere. There are many reasons in excluding salvation from the semantic field when one speaks of cure.

If cure has nothing to do with salvation, cure then is understood as a process which can be explained through successive natural or medical sequences. The physician and the healthcare team intervene in a rational way by following protocols or recommendations from experts whose efficacy has been proven by scientific studies. For some of doctors and scientists, cure is never miraculous, even if it cannot sometimes be explained. The explanation of a cure which defies all scientific reasoning is not divine intervention but the present state of knowledge which is negatively affected. A rational explanation will exist in the future even if it is inaccessible at the moment. The state of research is never advanced enough to give reliable explanations instantaneously. Science will one day give the explanation but cannot give it immediately.

One must recognize that the range of beliefs must not be absorbed too rapidly to that of religion and matters relating to faith. There are processes of belief in therapeutic relationship which have nothing to do with religion, but which simply involve adoption or non-adoption of scientific ideas or having confidence in persons or in their healing power.

2) Disjunction between Soul and Body

To affirm that salvation has nothing to do with cure is to affirm that the soul has nothing to do with the body. In this case, salvation is for the soul and cure is for the body. There exists a fundamental otherness between soul and body.

Here, salvation is considered as a separation of the soul from the body as tomb (*soma sema*), i.e. a deliverance from the matter that imprisons it. The soul must escape this prison because the incarnation is a fall and a punishment. This vision of the heavy body is not surprising because during the time of the Greek philosophers and especially of Plato, the body grew old rapidly because medicine then was not efficient in alleviating pain. The body was not well taken care of and thus suffered pain. Many consequences arose and caused many debilitating effects. The body and its relationship with the soul were thought to be in a body which is subject to hopelessness. According to Plato's philosophy, the end goal here below was to die to one's body and passions, but this liberation of the soul is done through wisdom and not through salvation. Plato's anthropological dualism materializes in the affirmation of the conflict between soul and body. Clearly, the body is a substance of a lower nature and the soul, which is of a superior one, is alien to the body. The soul is indifferent to the body. Because the soul is an eternal and divine element, the body proves to be the main obstacle to the knowledge of Ideas, and the ideal of man consists of removing himself from the physical and being alienated from the world. Man is composed of a perishable body which is subject to the laws of nature and an imperishable soul which is not born, which does not grow and which does not rot. Consequently, one speaks of the eternity of the soul and not its immortality.

A physician or healthcare professional who considers that cure has nothing to do with salvation takes the risk of falling into the Platonic and Cartesian dualism by taking into account that no relationship exists between the body and the soul. In this case, medicine cures the body without any relation with the soul. The physician cures an illness but not the sick person. This kind of medicine is more like the practice of veterinary medicine or an engineering science.

It fact, it is impossible to think of the body without the soul and the soul without the body. One must view the human person in its totality even if the soul takes primacy over the body. One must add that in Christian theology, salvation does not merely concern the soul, but the whole person because the *Credo* mentions one's belief in the resurrection of the body (the flesh).

2. To Cure before to Care

The choice in the hierarchy of ends is done during the personal encounter with the patient through the doctor-patient bonding. This means that the physician or healthcare professional is never alone in making choices because he also meets the patient's request. The physician and the healthcare professional must intentionally seek care over cure because care includes cure. But some confusion in the relationship between health and salvation as well as the relationship between cure and salvation can lead to error in judgment which makes the physician or the healthcare professional to intentionally seek cure before care.

a. *To Cure before to Care: Viewpoint of Patients*

One must refrain from exaggerating situations because each patient is unique. It is not true that all patients identify cure with salvation. In fact, some patients want salvation without asking for cure. This is true for patients who know they are afflicted with terminal illness and who are stripped of the illusion of immortality. It is the precious time at the end of life when the desire for salvation can grow and be expressed in prayer. But this may also be the case of a patient who wants to commit suicide or asks for suicide assistance: the patient no longer wishes cure but sees death as deliverance, i.e. salvation. Other patients ask for cure without wanting salvation. They have a real hope for cure with the possibility of delaying death. In this case, it is possible that the person does not feel the need for salvation, at least in the eschatological sense since salvation seems to be still far off. Sometimes there is also the voluntary desire to delay death because of a total lack of hope, but there is hope of conquering the illness. Lastly, some sick persons want neither cure nor salvation.

But it seems that the request for cure of many patients includes a desire for salvation. But the risk here is to totally identify cure with salvation. This can be expressed by the patient to his doctor with the words: “Doctor, save my life.” In this case, the patient asks for cure before care.

From the sick person’s point of view, illness is perceived as a passing dysfunction of the body’s machinery. This concept of illness, seen as an external aggression, comes from the idea of reversibility of disorder, be it due to the *vix medicatrix naturæ* or to medical intervention whose objective would be the restoration *ad integrum* of the former state of health.

The sick person who identifies cure with health will feel isolated from society which advocates perfect health and which desires immortality. The

sick person will then have no other choice but to desire and ask for cure. He will ask for it yet going to his physician. Under these conditions, the patient expects his physician to cure him but it is not certain that he will obtain it.

The will to be cured can sometimes be so strong that the sick person also has recourse to other persons. An increasing number of the sick turn to alternative or complementary medicine. And if cure seems impossible through man's intervention, then the sick calls for divine grace. He may call God directly or ask for the sacrament of the sick to obtain cure. Indeed, after the resurrection, Christ explicitly gave the power to heal to the Church: "Go out to the whole world; proclaim the gospel to all creation [...]. These are the signs that will be associated with believers: in my name [...], they will lay their hands on the sick, who will recover" (Mk 16:15-18). This is the scriptural passage of the institution of the sacrament of the anointing of the sick which is a sacrament of healing. Bodily cure is but a hypothetical effect of the sacrament of the sick: experience shows that cure is not always obtained. The *res sacramenti* of the anointing of the sick cannot be bodily cure. It would be better to speak of a comforting grace as well as a grace focusing on Christo-conformation in his Passion so that one becomes a cooperator in the redemption by participating in Christ's suffering on the Cross: "It makes me happy to be suffering for you now, and in my own body to make up all the hardships that still have to be undergone by Christ for the sake of his body, the Church" (Col 1:24). The Sacrament of the Sick does not primarily focus on supernatural bodily cure. This belongs to charisms, i.e. spiritual gifts given by grace *gratis data*, given to some persons in the Church.

b. To Cure before to Care: Viewpoint of Physicians

In the medical and paramedical milieux, the word “salvation” is practically never used. It would be inappropriate to inject medical terminology with the lexical field of salvation: this is tantamount to mixing science and faith. Scientific discourse would lose its credibility if religious words were introduced to alter it. Consequently, some healthcare professionals refrain from confusing cure and salvation. Thus, for many, cure and salvation are not related. Cure belongs to the medical and scientific domain while salvation to the domain of belief and faith.

A tendency of the medical profession would be to establish the fundamental distinction between cure and salvation. But the separation between science and faith, and between the soul and the body which is implied by such dissociation often brings physicians to consider the body of their patient as a simple machine. Faced with a commodified body, the objective would be cure-repair. For the physician trained in the idea of defaulting organs, cure consists first and foremost of total eradication of the injury or the correction of a functional disorder.

That does not mean that there is no room for care. Physicians and healthcare professionals are not inhuman. But because the body is believed to be separate from the soul, the objective can only be the total alleviation of all pains and all sufferings. Suffering is considered as a great evil to be totally eradicated. Compassion is invoked but very often, it is false compassion, one that considers all means as good to totally eradicate pain and suffering. If compassion is false, then the end would justify the means, whatever the means.

3. Consequences of a Reversal in Hierarchy of Ends of Medicine at the End of Life

If the patient has the tendency to confuse cure with salvation, it is possible that he desires and wants cure at all costs. And if the physician has a tendency to make a radical distinction between cure from salvation, this can make him want to cure the patient at all costs. In the order of intention of the physician or the healthcare professional, cure comes before care. This can have many harmful consequences in the field of medicine. Taking the example of end of life, the one who reverses the order of hierarchy of the ends of medicine takes the risk of wanting cure at all costs and to relief at all costs. The expression at all costs implies that all means are good in order to achieve an end.

a. To Cure at All Costs

At the end of life, the physician must constantly maintain an equilibrium between two temptations (two tendencies): unreasonable obstinacy and abandonment (or withholding) of care. If the physician or the healthcare professional seeks cure before care in the order of intention, he takes the risk of vacillating between obstinacy and abandonment.

Unreasonable obstinacy is obliging the patient to be cured even if he can no longer be cured. In the case of an incurable illness, and sometimes, under some pressure from the patient who demands cure at all costs, the physician or the healthcare professional can show a desire for power when confronted by such anxiety. The physician can impose cure even if the patient is already at that stage where the illness can no longer be cured. Cure is

therefore imposed on the patient as a categorical imperative. The physician's "I want" quickly becomes "you must." This desire for power is often manifested by an excessive use of techniques. The obstinacy to cure becomes unreasonable as shown among cancer patients who die sometimes with chemotherapeutic infusions still dripping. These chemotherapeutic treatments are prescribed by oncologists even if they know that they have no effect and thus are called chemotherapy of compassion. This reveals the loss of meaning of the word. Compassion is no longer a virtue that allows the accompaniment of the person who suffers, but it becomes the justification of useless and unreasonable use of technical means. Death is seen as a medical failure. In this case, the risk is to do everything so that the patient recovers health. The person himself becomes a means to attain health. The medical act then becomes susceptible in sacrificing the person in the name of health.

The opposite is the abandonment of care. If the physician considers it his mission to cure at all costs, his sense of mission ceases when he can no longer cure. He feels bound to cure but he can no longer cure. The physician who is distraught by his helplessness when confronted with an incurable illness can reach the point when he cannot face the patient. To escape this lack of well-being, he flees from the patient who will die. He feels that there is nothing more he can do. The patient's death is expected to be a deliverance, both of the patient and the medical team. In some hospital units, one often sees that the doors of the rooms of patients at end of life are closed. Even the physician does not dare enter the room and sees the next patient instead. However, in palliative care units, where impending death is often encountered, when patients are agonizing, doors are wide open so as to better watch over the patient and to best react in case the patient suffers discomfort.

b. Death as a Means of Care

The physician who wants to cure at all costs is not necessarily deprived of a feeling of compassion when he is faced with the suffering of a person afflicted with an incurable illness. But his intention of wanting to cure before care can lead him to totally and radically alleviate all sufferings. Since he is confronted by his incapacity to fulfill his mission to cure which he set for himself, he wants to act effectively against these sufferings. To a certain extent, he wants to cure sufferings. To do that, he considers all means as good even if they are unreasonable. This is how, in a paradoxical manner, a physician who wants to cure at all costs can end up capable of causing someone's death in order to put an end to the life of a sick person whose sufferings are judged as unbearable. The feeling of compassion is often invoked to justify an act of euthanasia, although this is not the true virtue of compassion. Such acts are now being legalized in some countries in the world.

When a physician or a health care provider practices euthanasia, he performs an act which deliberately ends the life of a human with the intention of putting an end to a situation that is deemed unbearable. Nevertheless, the term euthanasia³⁵ can be unclear. For this reason, it is preferable to distinguish the following terms: murder, physician-assisted death and sedation.

³⁵The term euthanasia can be unclear, this is why many authors today prefer euthanasia without adjectives, especially without the distinction active/passive which is differently understood. Hence, euthanasia to mean direct, procured euthanasia.

1) Murder

The physician himself is the sole judge in causing death to put an end to the patient's alleged sufferings. This kind of euthanasia is forbidden in all the countries in the world because it is in fact murder because the patient did not make any prior request. Despite this, there are cases when a physician or a health care provider may decide on his own to cause the death of a person whose life he deems as no longer worth living. These physicians often invoke compassion to justify such an act.

2) Physician-assisted Death

If the patient expresses his desire to die to put an end to suffering, by invoking the right to control his own body, this is a case of physician-assisted death. Here again, the physician generally invokes compassion to justify assistance in dying. The objective is to answer the patient's request and to put an end to his sufferings through death. This act is often seen as the last effective act that is possible when cure is impossible. In some countries the law authorizes such acts.

In some countries, legislation authorizes the physician to prescribe lethal medications that are self-administered by the patient. For example, on October 27, 1997 Oregon enacted the *Death with Dignity Act*³⁶ which allows terminally-ill Oregonians to end their lives through the voluntary self-administration of lethal medications, expressly prescribed by a physician for

³⁶*Death with Dignity Act*, Oregon Public Health Division, October, 27, 1997. Retrieved November 18, 2016 from <https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/index.aspx>.

that purpose. In other countries, the physician is authorized to administer the lethal medication. This is the case for the Netherlands where request for the termination of life and assisted suicide are subject to prosecution except when these acts are done by a physician who respects the need for rigor as stipulated by the law promulgated in 2002. This is also the case in Colombia which adopted a Resolution³⁷ in 2015 which gives patients who are facing terminal or grave illnesses the right to physician-assisted death. The physician is authorized to administer substances which will cause the person's death. Nevertheless, the number of countries in the world which authorize physician-assisted death remains small, but – it appears – unfortunately growing.

3) Deep Palliative Sedation

When a patient at the end of his life suffers unbearable pain, whose symptoms are resistant to treatment and can no longer be relieved by normal means, deep palliative sedation³⁸ is the last resort which can ease passing or lasting pain. The aim of deep palliative sedation is to ease the pain and suffering by sedative medication which diminishes the consciousness of the patient. The patient is informed³⁹ that said sedation may have an irreversible effect and that it may hasten death. Deep palliative sedation can refer to the

³⁷In 2015, the government of Colombia published Resolution 1216 which presents a detailed federal policy as guide in the practice of euthanasia. This includes procedures to be followed by health care professionals and some definitions. Retrieved November 17, 2016 from https://www.minsalud.gov.co/Normatividad_Nuevo/Resolución_1216_de_2015.pdf.

³⁸In reality, the terminology is vague because there was no consensus regarding the use of a common term to qualify this practice. It is sometimes called sedation for uncontrolled symptoms in terminally ill patients, palliative sedation in end-of-life, palliative sedation or terminal sedation. The expression terminal sedation which is most frequently used is somewhat confusing because it seems to suggest that there is the intention to end life.

³⁹Reference to the principle of free and informed consent.

double effect principle. The intended effect of sedation is pain alleviation but it may also lead to the patient's death. It is not that death is targeted but it is a risk to be considered. Under these conditions, deep palliative sedation is not euthanasia because the primary intention is to care and not to cause death. In France, deep palliative sedation is frequently practiced especially in oncology departments and palliative care. But, in February 2016, the Claeys-Leonetti Law introduced a new terminology, deep and continuous sedation which causes an alteration of the consciousness done until death, which is associated with an analgesic:

Upon the patient's request that pain be alleviated and the patient desires not to undergo unreasonable obstinacy, deep and continuous sedation is applied. This may lead to an altered state of consciousness maintained until the patient's death, associated with an analgesic and the discontinuation of treatment to save the patient's life.⁴⁰

Such a phrase could be interpreted as meaning either sedation intended for terminally ill patients or sedation for the purpose of terminating the patient's life. The boundaries between deep and continuous sedation and voluntary euthanasia is unclear. If indeed the intention of the physician or the health care provider who administers deep and continuous sedation is to precipitate death by such act, even upon the patient's request, then this is

⁴⁰Translated from French by the researcher: "À la demande du patient d'éviter toute souffrance et de ne pas subir d'obstination déraisonnable, une sédation profonde et continue provoquant une altération de la conscience maintenue jusqu'au décès, associée à une analgésie et à l'arrêt de l'ensemble des traitements de maintien en vie, est mise en œuvre." *Journal Officiel de la République Française n°00283* [Official journal of the French Republic], Law no. 2016-87 of February 2, 2016 which created new rights for the sick and terminally-ill patients, article 3, article L. 1110-5-2, February 3, 2016. Retrieved November 19, 2016 from https://www.legifrance.gouv.fr/affichTexteArticle.do;jsessionid=D247435059CC0AD2F919CA3DC44044EF.tpdila11v_1?idArticle=JORFARTI000031970264&cidTexte=JORFTEXT00031970253&dateTexte=29990101&categorieLien=id.

terminal sedation (it is actually voluntary euthanasia). Here again, this act is often justified by the feeling of compassion when faced with the extreme suffering of the patient. In concrete terms, the same drugs are used in both cases. However, the dosage used is different which differentiates real deep palliative sedation from voluntary euthanasia.

The ambiguity of the term euthanasia thus corresponds to the three cases enumerated above. There is murder, an illegal act, when the physician or the health care provider himself decides to cause death. There is also physician-assisted death when the physician prescribes or administers a lethal drug cocktail upon the patient's request. Lastly there is terminal sedation when the physician decides to shorten life to put an end to the patient's sufferings. Some physicians or health care providers perform acts in the exercise of their profession which intentionally cause death of human beings. They consider this practice as a means of alleviating suffering. On the one hand, this shows that the feeling of compassion is not always virtuous because it is invoked to justify any means to attain the end. On the other hand, the primary intention of the physician or healthcare professional is not to care but to cure. The purpose is no longer to cure the illness but to cure the absolute totality of the sufferings.

Chapter Summary

Medicine has for its mission the alleviation of sufferings in the world and the accompaniment of those who suffer. But each physician and healthcare professional still has to make God's Plan in the world his own. Each one is free to live his profession as a vocation. Everyone is free to choose the way medicine is to be practiced. Some physicians want to live it as a vocation, others don't, which do not mean that they are not good physicians.

However, each one receives the mission of care before cure in the order of intention. This end must be applied at all times by the physician or the healthcare professional in consultation with the patient himself. It is during the doctor-patient bonding that the physician chooses voluntarily the end of his actions and consequently the means to achieve it. In the hierarchy of ends, if care is placed before cure, the physician becomes a cooperator of God in his Plan for the world. But a confusion in the relationship between cure and salvation can be at the origin of an error in judgment on the choice of the end of medicine and the means to achieve this end. If cure is before care, there is a risk in choosing inappropriate means to achieve the end. This is the open door to all excesses.

CHAPTER VI

CONCLUSION

This study does not in any way condemn the practices of a physician, an healthcare team, an hospital nor a country. But this study merely reveals the difficulties of physicians and healthcare professionals in choosing the best mindset when faced with a particular patient and under specific conditions. It shows the primary importance of reflecting on the ends of medicine and the hierarchy in the order of intention between care and cure.

The aim of the study is to formulate a theology of medicine which focuses on the question of the relationship of two ends of medicine. Its objective is to show that the end of medicine in Catholic theology is care which includes cure. One must always care, but cure only if it is possible. In a way, the intention must always aim for care before cure, to care always, and to care by curing (curative or healing care) when cure is possible, or even doubtful. To show this, it is important to answer several sub problems enumerated in Chapter I under the main section Statement of the Problem.

A. SUMMARY AND FINDINGS

Chapter II seeks to answer: **How does the Bible interpret illness and medicine?**

The Hebrews understood illness as being very much influenced by the Assyro-Babylonian civilization. For them, illness was a punishment for

personal sin. If illness originated from God, then only God can cure it. In this view of the world, which sees God as healer, there is no place for medicine which was frowned upon. Going to a physician revealed a lack of faith in the God who heals.

But illness afflicts everyone, not just sinners. This caused one to ponder on the wisdom of God and of the world since the Old Testament. Medicine was no longer a rival of God but a cooperator in his Plan for the world toward well-being. The revelation of the New Testament confirmed this vision of the wisdom of medicine. Christ clearly brought down the relationship between illness and personal sin in such a way that medicine could take its rightful place. The ends of medicine are both care and cure, cure as a part of care. The parable of the Good Samaritan, which is also called as the parable of care, has an important place in Christ's preaching. In the parable, care is seen as the primordial end of medicine. However, it is not possible to say that cure is only a secondary end since after all, cure is important.

Chapter III's seeks to answer: **How does the title Christ the Physician, which was given by the Fathers of the Church, enrich the reflection on the ends of medicine?**

If the Fathers of the Church attribute the title of physician to Christ, it is first of all because Christ introduced himself as one. But it is also because Christ, throughout Scripture, healed the sick. This could lead one to think that the only end of medicine is cure.

But even if Christ approached the sick, he did not cure all of them. He reveals to us that God is not foremost a God who heals but he is over and above, a God of compassion. He chooses to face death by taking upon himself the sufferings of the world. Christ is the God-Man who suffered. He exhorts his apostles to be near human suffering and to alleviate it. The acts of Christ revealed who is God. If physicians are cooperators of God in his Plan for the

world, their mission is to follow Christ's mission, i.e to alleviate the sufferings of the world and to accompany those who suffer. Thus, cure cannot be the only end of medicine. Care seems to be its primordial end.

Sometimes physicians see themselves as saviors. If Christ cures, it is because he saves. Cure is an imperative, a sign, an experience and an anticipation of salvation. In his way, Christ underscores the deep relationship which unites cure and salvation. But Christ is the only Savior. This means that physicians and healthcare professionals cannot be saviors and that salvation cannot be an end of medicine. This does not mean that salvation is outside the domain of physicians. On the contrary, holistic medicine must try to take into consideration all the dimensions of the human person, including the spiritual dimension.

Chapter IV was developed to answer the specific question: **What kinds of cure and care does the Magisterium of the Church put forward when it states the ends of medicine?**

The first significant view regarding medicine in the Magisterium of the Catholic Church is not in praise of medicine. But when Pope Honorius III forbade the regular clerics to study medicine, it was not a condemnation of medicine itself. His objective was to protect the religious life of some monks who were attracted more to material gain than to God.

The Magisterium of the Catholic Church honors medicine for its importance to the world. Its two important ends are care and cure. Cure cannot be a simple return to health. Healing encompasses the totality of the human person and not only the physical dimension. Care can be defined as the act of alleviating pain and suffering and the accompaniment of those who suffer.

Some important texts in the Magisterium as well as in papal discourses emphasize the end of medicine which is always to care, and to cure if

possible. There is clearly a primacy of care over cure. It does not mean that cure is secondary. But if care is the primordial end, it is because cure is the best way to alleviate suffering because the progression of the illness stops. In the order of intention, physicians and healthcare professionals must focus on care before cure because cure is the best way to alleviate suffering and pain. Compassion consequently appears as the main virtue in the practice of medicine. It is being-there, being-with and suffering-with.

Chapter V was envisaged to answer: **How are the ends of medicine as intended by God translated to concrete action by each physician?**

God's Plan for medicine is to alleviate the sufferings of the world and to accompany those who suffer. But this general Plan must also be embodied in practice by each physician and healthcare professional. In this way, medicine can be considered as a vocation, as a mission. Some physicians can live their profession as a calling, a consecration or a passion and this is very similar to religious vocation. But all physicians receive the same mission to alleviate the sufferings of the world and to accompany those who suffer.

Each physician and healthcare professional is free to choose the way he will exercise medicine. It is during the personal encounter with the patient that the physician will decide the course of action to be taken with regards to the ends of medicine, care or cure. This is the hierarchy in the order of intention between care and cure which will affect one's choices.

But an error in judgment is always possible because of an inversion in the order of the hierarchy of ends. There is a possibility that a confusion regarding the relationship between cure and salvation may lead to such an inversion. If the physician intentionally focuses on cure before care, there is the risk of wanting to use all means to cure at all costs. This is why some physicians and healthcare professionals, sometimes at the request of their patients in terminal cases, give in to unreasonable obstinacy or to euthanasia.

Some physicians have a problem accepting the limitations of medicine to cure, and they want to try cure at all costs, even when they know the treatment is useless. In fact, beneficial treatment should be ordinarily given; doubtful treatment is recommended (it is preferred to be on the side of possible health and life), and useless or futile treatment should not be usually given (extraordinary means).

B. CONCLUSION

Our main question was: **What is the relationship between caring and curing as ends of medicine in Catholic theology?** It is possible to answer that the end of medicine in Catholic theology is care which includes cure. In the order of intention, the alleviation of the sufferings of the world and the accompaniment of those who suffer are the primordial end of medicine. The whole of divine Revelation and the Tradition of the Catholic Church illustrate this.

There is a deep relationship between care and cure. To affirm that care is the primordial end of medicine does not mean that cure is a secondary end. Cure becomes the essential means in alleviating suffering and pain. In the order of intention, saying that care comes before cure does not minimize the importance of cure, when this is possible. Moreover, in the order of execution, care and cure must be concomitant. Care without cure in the case of a curable illness would not make any sense. And cure without care would be inhuman. That would reduce the body of the patient to an object or a machine capable of being repaired. Such a view of medicine would appear cut off, deprived of one of its important components. Cure alone is not what medicine is about.

The desire to be cured is very understandable, whether it is asked by the patient or it is the physician's wish. But it is not good to want cure at all costs. When one follows this mindset, there may be dramatic consequences. Unfortunately, if cure comes before care in the order of intention, there may be a predisposition to want cure at all costs. Paradoxically, this risk exists even in cases of incurable illnesses. Logically, the only possible end is care, yet some physicians reverse the order of hierarchy between the ends of medicine instead of focusing on care.

Therefore, medicine has to be an ethical profession. Two approaches are distinguished: first, a teleological approach, which sees medicine as a practice with an inherent Τέλος and second, a consensual approach, which aims at assembling a list of goals of medicine that are identified in a deliberative process. But these two approaches are not contradictory because in the end, it is always during the personal encounter with the patient that the physician or healthcare professional must choose and to specify at all times the approach that is desired. Each physician and healthcare professional is free to choose the kind of medicine he wants. In this case, medicine is both a science and an art which allows itself to be shaped based on the personal choices of each one. However, this choice is never final.

In this way, medicine is also a vocation. It is not a calling, a consecration or a passion for everyone, but it has to be a mission for each one. This mission is to find the best ethical way for each patient according to the ends of medicine, to care always and to cure when it is possible. The medical doctor or the health care provider should always seek first to alleviate the sufferings and to accompany the one who suffers.

That is why medical doctors and health care professionals have to be compassionate. Medicine is a compassionate profession. The Gospel parable which is of great importance to medicine is that of the Good Samaritan. The

most essential virtue of the physician is compassion, according to the image of God who is a compassionate God and not only a God-Healer.

Finally, medicine is a participation in the healing ministry of Christ. When one always specifies care before cure in the order of intention, one makes the free choice in practicing holistic medicine, i.e. medicine fit for the whole man. This recognizes that the human person is a whole that cannot be reduced to merely a body. This recognizes that medicine is not the master but the servant of a Plan which surpasses it.

C. RECOMMENDATIONS

It is always difficult to say what makes a good physician. The physician that each patient chooses is probably the best in his opinion. But is the good physician intrinsically one who is competent, human, virtuous, compassionate? He is perhaps all of the above, but the good physician is probably the physician-philosopher, i.e. the physician who has control of his passions and one who uses reason and right judgment in choosing the best medical act in accordance with the ends of medicine. The good physician is therefore the one who reflects on the Τέλος of medicine, on the end for which medicine exists.

Consequently, it is recommended that physicians and healthcare professionals make a philosophical reflection on medicine. This reflection can be personal or better still, communal in a deliberative process. Christian or Catholic physicians can go further in engaging in theological reflection. A philosophical and/or theological reflection on the ends of medicine seems essential because it affects all the free decisions and course of action to take. This subject is not necessarily the domain of philosophers or theologians. But

physicians must take responsibility as well. There is nothing better than a reflection based on experience.

All throughout this study, the deep relationship which links health and salvation as well as that between cure and salvation were highlighted. These relationships appear essential and fundamental for a theological reflection on the ends of medicine. The objective here is to maintain the links and balances without going to the extreme, confusion or dissociation. These relationships need to be deepened and eventually become the subject of further study. This type of research is urgently needed in order to respond to the ideology of transhumanism which seeks to create a man-god, *homo deus*, an enhanced human who is a creator of himself. This is the challenge of medicine in the future, and even the challenge of humanity itself. Therefore, it is urgent to elaborate a true theology of medicine in creating a universal ethic which will be the only possible safeguard in the face of techno-scientific progress of modern medicine. Philosophy and theology are the only keys which exist which will help medicine to remain true to itself.

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