

Annunciation Lent Course 2024: Making Moral Decisions

Talk 4. The Church and the Sick

Jesus and the Sick

The Jewish laws in the Old Testament often treat the sick as a threat to the community; contact with them brings ritual pollution (death and sickness were seen as consequences of sin) so the sick are to be kept at a distance. Only in the later Old Testament writings is there some concern for the sick. The approach of Jesus is radically different. One third of Saint Mark's Gospel (the earliest Gospel) is taken up with healing miracles. Jesus healed by word and by touch (even touching a leper - Lk. 5:13), and often his healing of the body was combined with the forgiveness of sins. He also highlighted care of the sick in the parable of the sheep and the goats: "For I was hungry and you gave me food, I was thirsty and you gave me drink, a stranger and you welcomed me, naked and you clothed me, ill and you cared for me, in prison and you visited me" (Mt. 25: 35-36, now codified as the "corporal works of mercy"), and He added the explanation (v. 40): "whatever you did for one of these least brothers of mine, you did for me".

Jesus commanded the Twelve to heal the sick in his name (Mt. 10: 1 and 8; Luke 9: 1-6). Although there is no description in the New Testament of Jesus himself anointing the sick, the disciples did anoint (Mk. 6: 12-13: "So they went off and preached repentance. They drove out many demons, and they anointed with oil many who were sick and cured them"). There is plenty of evidence of the continuation of the joint ministry of healing and forgiveness in the Acts of the Apostles and, in addition, we have a clear description of the faith and practice of an early Judeo-Christian community in the Letter of James (5: 14-15): "Is anyone among you sick? He should summon the presbyters of the church, and they should pray over him and anoint [him] with oil in the name of the Lord, and the prayer of faith will save the sick person, and the Lord will raise him up. If he has committed any sins, he will be forgiven".

As the *Catechism* (1421) rightly says: "The Lord Jesus Christ, physician of our souls and bodies, who forgave the sins of the paralytic and restored him to bodily health, has willed that his Church continue, in the power of the Holy Spirit, his work of healing and salvation, even among her own members. This is the purpose of the two sacraments of healing: the sacrament of Penance and the sacrament of Anointing of the Sick". The continuation of what Jesus did has also gone far beyond these two sacraments.

The Church and Healthcare

In a 2013 presentation to its twenty-seventh international conference in 2013, the President of the Pontifical Council for Health Care Workers said that “The Church, adhering to the mandate of Jesus, ‘Euntes docete et curate infirmos’ (Mt 10:6-8: “Go, preach and heal the sick”), during the course of her history, which by now has lasted two millennia, has always attended to the sick and the suffering”.

Justin Martyr, writing about 150 A.D., mentions the Church’s financial support of the sick. In the fourth century the acceptance of Christianity as one of the religions in the Roman Empire, and then as the religion, drove an expansion of the provision of care. Following the First Council of Nicaea in 325 A.D. construction of a hospital in every cathedral town was recommended. Saint Fabiola built the first public hospital in Rome about 390. Saint Jerome wrote about her: “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... 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.” A hospital dedicated to Saint Bartholomew was built later on the ruins of the pagan temple of the Greek God of healing and medicine, Aesculapius, sited on an island in the River Tiber in the center of Rome. Chapter 36 of the monastic Rule of Saint Benedict (c. 530-540) is about “The sick brothers”; it foresees a special room and attendant for their care, an allowance of meat, and baths, and says: “Care of the sick must rank above and before all else, so that they may be truly served as Christ... sick brothers must be patiently borne with, because serving them leads to a great reward. Consequently the abbot should be extremely careful that they suffer no neglect”.

From this time onwards monasteries became the great centers of European civilization, providing an early version of a welfare state. The monks ran schools, cared for the poor and had hospitals for the people of their locality (at the Reformation the same buildings were often taken over by the national authorities to become the first public schools and hospitals). About 800 the Emperor Charlemagne also ordered that hospitals should be attached to cathedrals. Medical science was at a primitive stage, and different saints were invoked for every body part in the hope of miraculous cures, but we have already mentioned how Saint Albert the Great (1206-1280) was a pioneer of biological field research. In the later Middle Ages specific religious orders were founded for the care of the sick, such as the Knights Hospitaller, the Order of Saint John of God, and the Camillians.

In the nineteenth century, with a strengthening of the Church and new forms of religious life available for women, Catholic health care expanded. Women's religious institutes such as the Sisters of Charity, Sisters of Mercy (Dublin, 1831), Little Sisters of the Poor and Sisters of St Francis opened and operated some of the first modern general hospitals, outstanding for their standards of cleanliness. In 1862 Barbara Koob joined The Sisters of Saint Francis of Syracuse, New York, as Sr. Marianne Cope (now Saint). They founded St. Elizabeth's Hospital in Utica (1866) and St. Joseph's Hospital in Syracuse (1869), with the unique charter for their time that they were open to caring for the sick without distinction as to a person's nationality, religion or color. Later she took a group of nuns to Hawaii to work with Saint Damien of Molokai in the care of lepers. Even with the fall in vocations, the Roman Catholic Church is the largest non-government provider of health care services in the world, managing 26% of the world's health care facilities. It has 117,000 facilities around the world, including 18,000 clinics, 16,000 homes for the elderly and those with special needs, 5,500 hospitals, 18,000 pharmacies and 512 centers for the care of those with leprosy. 65% of them are located in developing countries; for example, the Church is the major provider of health care to HIV/AIDS sufferers in Africa. The Catholic Church is still the largest private, not-for-profit provider of health care in the United States of America (in the 1990s it provided about one in six hospital beds in America and still accounts for 14.5% of all admissions); and it has always carried a disproportionate number of poor and uninsured patients at its facilities. The American bishops first called for universal health care in America in 1919.

The Church and the Dying

The *Catechism* states: (2299) “The dying should be given attention and care to help them live their last moments in dignity and peace. They will be helped by the prayer of their relatives, who must see to it that the sick receive at the proper time the sacraments that prepare them to meet the living God”.

The Catholic Church has always understood that health care includes spiritual as well as physical care. So, in addition to opposing euthanasia, the Church has made a positive effort to give people total care in the last stages of their lives. In fact, the Church has been at the forefront of the hospice movement and of palliative care, designed to alleviate the suffering of the sick and dying. The term ‘hospice’ was initially used in the 19th century by a French Catholic woman, Madame Jeanne Garnier, to describe a place for the dying. In 1842 she founded the Dames du Calvaire, a group of widows who opened their first hospice for the dying in Lyons in 1842. In 1874 Madame Aurélie Jousset, inspired by Madame Garnier and also

assisted by widows, founded the Calvaire de Paris. In 1899 a small group of widows in New York, having heard of the work in France, began caring for destitute women with terminal diseases. They took care of the women first in their own homes, then in two brownstone houses on Perry Street in Greenwich Village. Dominican Sisters helped with the care from 1910 to 1972. The House of Calvary moved to Macombs Road in the Bronx in 1915, became fully accredited in 1965, and officially changed its name to Calvary Hospital in 1969; it has occupied its present site at 1740 Eastchester Road in the Bronx since 1978. Calvary Hospital is the country's only fully accredited acute care specialty hospital exclusively providing palliative care for adult patients with advanced cancer; it has 225 beds.

In 1900 five Sisters of Charity travelled from Dublin to the disease-ridden east end of London to care for the suffering and dying poor, thanks to the founding gift of a Jewish convert to Catholicism, Miss Grace Goldsmid. At first they cared for the dying in their homes but from 1905 there has been a residential hospice in Mare Street, Hackney, dedicated to Saint Joseph. One of the founders of modern palliative care in the United Kingdom, Dr Cicely Saunders (an Anglican), acquired much of her experience and knowledge through working and carrying out research on pain treatment at Saint Joseph's. In 1967 she founded the first modern hospice - Saint Christopher's Hospice in South London - and began the practice of what has now been termed 'palliative medicine'. A few years before Dr. Saunders opened Saint Christopher's she delivered a lecture at Yale University about her ideas. That lecture helped launch modern hospice care in America: Florence Wald, then dean of Yale's School of Nursing, heard the lecture, went to work at Saint Christopher's to learn its approach to patient care and to study the hospice's organization, and then, in 1974, founded Connecticut Hospice in Branford, on the outskirts of New Haven, the first hospice in the United States. Within ten years there were 516 hospices in the USA. With the creation of a federal benefit under Medicare in 1982 for patients with terminal disease and a prognosis of six months, there was a stimulus for more not-for-profit and commercial hospices. By the end of the twentieth century, around 3,000 hospice organizations were operating in the USA.

The high standard of care for the dying which we now expect was largely pioneered by Catholics. As Pope John Paul II said in *Evangelium Vitae* (1995), when we are facing suffering and death, what we need is "companionship, sympathy and support in the time of trial" (s. 67) - not a suicide pill.

The next two pages are the Catholic Advanced Directive (designation of health care surrogate and living will) which are recognized by Florida Law. Please fill them out and give a copy to your primary doctor and to your family or other health care surrogate.

CATHOLIC DECLARATION ON LIFE AND DEATH ADVANCE DIRECTIVE (HEALTH SURROGATE DESIGNATION/LIVING WILL) OF

(Name)

Introduction

I am executing this *Catholic Declaration on Life and Death* while I am of sound mind. It is intended to designate a surrogate and provide guidance in making medical decisions in the event I am incapacitated or unable to express my own wishes.

Statement of Faith

I believe that I have been created for eternal life in union with God. The truth that my life is a precious gift from God has profound implications for the question of stewardship over my life. I have a duty to preserve my life and to use it for God's glory, but the duty to preserve my life is not absolute, for I may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.¹ If I should become irreversibly and terminally ill, I request to be fully informed of my condition so that I can prepare myself spiritually for death and witness to my belief in Christ's redemption.

Designation of Health Care Surrogate

In the event that I become incapacitated, I designate as my surrogate for health care decisions (if no surrogate is to be appointed, please write "none" in place of "name" below):

Name: _____

Address: _____

Phones (H, W, C): _____

If my surrogate is unwilling or unable to perform his or her duties or cannot be contacted, I wish to designate as my alternate surrogate (if no alternate surrogate is to be appointed, please write "none" in place of "name" below):

Name: _____

Address: _____

Phones (H, W, C): _____

This directive will permit my surrogate to make health care decisions, and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; to receive my personal health care information; and to authorize my admission to or transfer from a health care facility. My surrogate is further appointed as my "Personal Representative."² This directive is not being made as a condition of treatment or admission to a health care facility. This document must be signed and witnessed on the other side to be valid.

¹ Cf United States Conference of Catholic Bishops, *Ethical & Religious Directives for Catholic Health Care Services* (USCCB: Washington, DC 2018), Part Five.

² As defined by 45 CFR 164.502(g), for purposes of compliance with Federal HIPAA Laws and Regulations (the Health Insurance Portability and Accountability Act of 1996).

Living Will

The following gives guidance for carrying out my wishes at the end of life. If at any time I am incapacitated and I have a terminal condition or I have an end-stage condition, and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition(s), my health care surrogate (designated above, if any) will be authorized to make decisions for me in accordance with my wishes expressed in this Declaration. If my surrogate cannot be contacted (or I have not named a surrogate), then I request and direct that each of the following be considered in making a decision for me.

That:

1. I be provided care and comfort, and that my pain be relieved.
2. No inappropriate, excessively burdensome nor disproportionate means be used to prolong my life. This can include medical or surgical procedures.
3. There should be a presumption in favor of providing nutrition and hydration to me, including medically assisted nutrition and hydration, unless:
 - They cannot reasonably be expected to prolong my life; or
 - The means used to deliver the nutrition and hydration are excessively burdensome and do not offer sufficient benefit or would cause me significant physical discomfort; or
 - I am imminently dying from an irreversible condition.
4. Nothing be done with the intention of causing my death.
5. Spiritual care be provided, including sacraments whenever possible.

Additional Instructions

Signatures Required

It is my intention that my surrogate, family and physicians honor this declaration as the expression of my treatment wishes. I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

DECLARANT Signature
Last 4 Social Security Number: _____

Date

Witness Signature

Witness Signature

Printed/Typed Name

Printed/Typed Name

The Health Care Surrogate cannot serve as a witness; at least one witness must not be a spouse or blood relative of the person signing.

November 6, 2018

Copies of this form are available from the Florida Catholic Conference, 201 West Park Avenue, Tallahassee, FL 32301-7760
(850) 222-3803, www.flacathconf.org