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THE CATHOLIC HOUR

THE CHURCH AND THE SICK

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The Church in Action in the care of the Sick, is Christ in action in the world of today, as He was in action in the days of Capernaum and Jerusalem. Nothing is more striking in the Gospel narratives than the proportionate space devoted by the Evangelists to the narration of Christ's miracles. Among the latter the miracles of the restoration to health occupy by far the larger share of the Evangelists' attention. No fewer than twenty-two miracles dealing with individual sick persons are narrated by the three historical Evangelists: Matthew, Mark, and Luke. In all four of the Gospels there are passages summarizing days upon days of Christ's ministry on earth in such simple statements as: that the sick flocked to Him or were brought to Him or were sent to Him and He healed them.

The ministry of healing continues as one of the moral miracles of the Church, as one of the moral notes characteristic of the true Church of Christ. There never has been a time or a place from the apostolic days in Palestine to our own day in every country upon which the light of Christianity has dawned where the ministry of healing has not flourished among pioneers and apostles, and mis-

sionaries who have gone forth to bring the light of Christ and His teaching to our less favored brethren.

Throughout the history of the Church her teaching and her life externalized the teaching and the life of Christ. The teaching of the Church on the care of sickness emphasizes and stresses thoughts that are foreign enough to the teachings and thoughts current in a materialistic civilization. For the Catholic, suffering of itself is not an evil. Suffering and pain are creatures of God to be used according to God's designs, and the evil lies not in pain and suffering, but it lies in the use which self-terminating man makes of pain and suffering. If he uses suffering as Christ used it in Olivet and on Calvary, man becomes more Christ-like; if he abuses it as a conquered and subdued and vanquished man is apt to use it, suffering debases man and reduces him to a hopeless helplessness. What we do with suffering depends on ourselves. Each moment of pain might be a stepping stone to the heights of self-realization; it might also be a stepping stone to self-debasement.

This fundamental viewpoint which flows from a philosophy enlightened by faith finds its most far-reaching application in the life

of Christ and in the imitation of that life as practiced by the Christian. Christ deliberately chose a life of privation and suffering through which to redeem the world. The Christian who imitates Christ at least accepts suffering and uses it to the extent to which, in his limited endurance, he might be capable; but to the extent that he uses it and loves it, endures and cherishes it, he reaches an ever greater Christlikeness.

And all this teaching, transfused as it is by the viewpoint of faith, is consonant with a sound psychological approach to the problem of suffering. Even the psychologist, the psychiatrist, the physician knows the difference between patient and patient—the difference between the man whose every day of silent agony makes of him a greater and a better man and the man for whom each day of restless and agonizing pain makes of him, sooner or later, a distorted caricature of his former self. In no realm of human experience is it more important that the Gospel of the captaincy of one's own soul, of man's ability to determine his own development, should be preached than in the realm of human suffering.

Such are the approaches to the problem of sickness which the Church has accepted as her own. Hers is a viewpoint that encom-

passes the whole human being, that views man as man, man as a composite of the physical and mental, as a being that has a dual destiny—the destiny of earthly success and the eternal destiny of heavenly beatitude. The Church, therefore, must be intolerant of all partial viewpoints regarding sickness as she must be intolerant of all partial viewpoints in any human experience. There can be no un-mixed evil in the world except only sin. Poverty and the loss of power and even disgrace may make better and greater men of us provided the resources of the individual are such that they can be called upon to meet sometimes the most profound disillusionments of life. Therefore, to emphasize sickness simply as a welfare problem, simply as an economic problem, or a scientific problem, or a medical one must appeal to the Church as inadequate. The Church must encompass all of these, but she must synthesize and combine and integrate them all through her insistence upon the supernatural viewpoint in which all these partial viewpoints find their true and their deepest meaning.

The Church deals realistically with man as man. She lays down no abstract speculations about disease or sickness; that is not her field. That is scientific medicine. She does, however, concern herself

intimately with the sick human being, the individual who is sick. She surrounds him with the abundant gifts of her Christlike charity; she places at his disposal the most select of her devoted adherents; she brings to him the supernatural assistance of prayer and especially of the Sacrament of the Sick, Extreme Unction, which sanctifies the soul while it strengthens the sufferer and, after restoration of complete peace of mind through the Sacrament of Penance, eases him, if that be God's provident will, on the pathway to his eternal destiny, even in the company of the Christ Himself in Holy Viaticum.

As a necessary corollary to all this thinking, it is obvious that the Religious Orders of the Church, the orders of Sisters and Brothers, personify in their dedicated lives the teachings of the Church regarding sickness and suffering. From that earliest day when, upon the emergence of the Church from the life of the catacombs, the first flowerings of the liberated life of her children blossomed forth into the anchoritic life, that same contemplative ideal produced the men, the motives, and the zeal for the creation of the first hospitals of Christendom and also of the first children's hospitals. It is a provocative thought that the Catholic Hospital of history is the product of the contemplative rather than

of the pragmatic life of the Church. From that day to this the tradition of life's dedication to the service of the suffering is unbroken in the Church of Christ.

In our country, the astounding fact of the unprecedented development of the Sisterhoods and Brotherhoods devoting their lives to the care of the sick confronts the student of medical history. Almost two hundred Sisterhood jurisdictions have been founded or have been continued from previous foundations in the Old World, in this country of ours, all devoted to the care of the sick exclusively or devoted to the care of the sick and to the work of education. Twenty-eight thousand of these Sisters and Brothers are now required by their self-imposed vows to give to the sick their whole life of self-dedication and of self-sacrifice and, if need be, of self-immolation. In nearly a thousand institutions they are taking care of almost one-third of the hospitalized sick of the nation. The Catholic hospital numerically represents not quite 11% of the hospitals of the land, and these hospitals contain scarcely more than 7% of the bed capacity of all the hospitals, yet they care for 30% of those who are seeking the restoration of their health in the hospital. How vast is the responsibility carried by the Catholic hospital may be understood

from this fact alone, that these Catholic hospitals during this last year cared for 43% of the patients of all the hospitals organized not for profit, and they cared for as many as 87% of the patients who last year sought the restoration to health in the church-controlled hospitals. Surely Christ lives in this hospital work which is the continuation of the work which He did at the crossroads of Judea, in the valleys and on the mountainsides of Galilee.

Not only in hospitals, but in nursing schools as well, has the Catholic heart of the Sister or Brother found opportunity for continuing in a mystical but overpoweringly effective manner the health-giving miracles of the life of Christ. Time was when an older generation distinguished between educational and welfare vocations, assuming, in that older day, that certain activities, such as teaching, were predominantly intellectual and that others, such as nursing, were predominantly manual. The one was thought to require the mind, the other the emotions; one was thought to require knowledge, the other skills. But we have been disabused of such easy and simple distinctions, and the conviction has grown upon us that education is welfare work and welfare work is education.

Barren and unproductive truth

cannot today be defined as the objective of education any more than skills unenlightened by knowledge can be made useful in the complexities of modern life. And so, in connection with more than half of the Catholic hospitals of the land, there is a school of nursing having professional, intellectual, moral, and social ideals that merit the approval of Catholic and non-Catholic alike. During last year the 369 Catholic schools of nursing enrolled a total of 27,979 student nurses, fully one-third of the total number of nurses enrolled in all of the schools of nursing of the land. Today as the call to arms re-echoes in the heart of the nurse to be answered by pledges of allegiance and loyalty to the country and its rulers and by pledges of self-dedication to the purposes of the War, these students in our Catholic schools of nursing, we may confidently predict, will rise to their opportunity in the service of God and country, military and civilian alike. We may confidently expect that the enrollments in our Catholic schools of student nurses in the United States Cadet Nurse Corps will represent more than a proportionate share of volunteers and enlistees.

Not content with all of this, many of our Catholic schools and Catholic hospitals have enlarged their programs of activity to in-

clude both welfare and education work in other fields as well. Our Catholic hospitals have offered opportunities for development in practically every modern health endeavor, from dietetics to therapy, from technology to hospital administration. These opportunities are being used not only by all groups but most enthusiastically by the members of the Sisterhoods particularly.

In all of this we have a perfect illustration of the principle that faith in the hereafter and in the supernatural cannot and does not in the mind and heart of the wise man destroy his concern for the natural and the temporal. Rather it is a paradox, most emphatic and striking, that the more supernatural is man's concern, the more will he emphasize the worth and dignity of the natural. By reason of their supernatural character have our Catholic sisterhoods created the great, progressive, and most productive institutions, as alone worthy of the cause to which these institutions are dedicated, the service of the sick, imitative of the life of Christ. No standard can be too high or too exacting in the achievement of such an ideal.

Not only schools of nursing and hospitals, but nurses' organizations and a far flung hospital association as well, have been used by the Church in this country to carry on

the age-old traditions to maintain continuity in the ideals and the achievements of the centuries. The Church is ever eager in her emphasis upon her purpose to use every human means at her disposal; and so she has placed her benediction upon an organization such as a Catholic Hospital Association, which has merited the approval of several Pontiffs, a commendation of the whole Catholic Hierarchy during the quarter century of that Hospital Association's existence. And today the Church of this country is placing her endorsement upon the organization of nurses—the National Council of Catholic Nurses—made up of the graduates of our Catholic schools of nursing and of the Catholic graduates of other schools as well.

Yet even this is not all. In our own country we have the unique distinction among contemporary nations of having developed five schools of medicine under the control and guidance of one of the Religious Orders of men of the Church. For the Society of Jesus (or the Jesuit Order) conducts five such schools and has maintained an unbroken tradition of interest in and concern for the medical profession and medical education from the pioneer days on the Western Frontier of 1839 right down to our own day—a century of endeavor in training those who will care for the

sick, a century of translating into practical programs of educational and welfare activity the fundamentally basic and sound philosophies which we have briefly touched upon at the beginning of this resume. And in those schools about two thousand students each year receive their medical education. But something more is done; for it may be confidently asserted that an imprint has been left upon these students which will characterize them as imbued with a strong sense of the basic ethical fact of the physician's responsibility for his patient.

In all of this development the form of the Church's organization has not been lost sight of. In practically every one of the 113 archdioceses and dioceses of the continental United States there is some official who is concerned predominantly, as the Bishop's representative, with the health care and the sickness care of that diocese. Sometimes it is the Director of Catholic Charities; sometimes it is the Diocesan Hospital Director; sometimes, especially in the larger dioceses, both officials share the responsibility for the work of the Church in action in the health field. Whatever the form of the organization might be, of this we may be assured, that through such officials there is effected a coordination of effort and unanimity of

purpose, a constancy and persistence in motivation, which permit progressive growth and the establishment of continuing and sound policies. It is thus that the developments of the last two or three decades can be best explained.

To be sure, there is room for further developments. School hygiene programs, child welfare, maternal welfare, the co-ordination of health care with general welfare, the further amplification of efforts in many specialized fields—all of this is part of the vision of the future. But we have the satisfaction of knowing that that vision is not a tenuous illusion. It is a vision made up not merely of hopes and velleities, but also of solid achievements and successes. Within the framework of the Catholic Church of the future in this country every trend indicates an extension of concern for the care of the sick, the prevention of disease, and the procedures of developmental medicine.

Lastly, we cannot close without just a word concerning the participation of the Church in the development of legislation in the health fields, looking towards increased social security. Conformable to the teachings of the Pontiffs, particularly those since Leo XIII, and to the teachings of the great social encyclicals, such as

Rerum Novarum and *Quadragesimo Anno*, the Church in this country has encouraged its leaders to participate in the drafting of sound national policies. As the Church has interested itself in the problems of labor and employment, of security and social stabilization, so she has seen all of these problems as having a bearing upon sickness care and health development. She has not only encouraged her leaders, the Sisters and Brothers, in the hospital and professional education fields, to study these broader and deeper aspects of their work, but she has interested herself actively in the formulation of policies and in the development of programs. In these activities the Church is guided by fundamental principles: first, the dignity and majesty of the human individual who must not be deprived of the only basis upon which that dignity and majesty can rest, namely his personal responsibility; and secondly, the principle that the individual to be true to that majesty and dignity must be mindful ever of the majesty and dignity of other individuals. Each man according to the mind of the Church must achieve his own self-realization while he labors effectively, unreservedly, and zealously for the development of his fellow man. Man's responsibility for himself and man's responsibility for his

fellow man are not two responsibilities but one: "Thou shalt love thy neighbor as thyself." And if the Church has been critical at times of legislation in the health field, as she has been of legislation in the welfare field, it is because she has been aware of the inadequacies of projected legislation to achieve the unified and integrated ideal which she has ever held up before the eyes of the world. The Church cannot but insist that it is the function of government to serve the individual man, not the converse, to make the individual man the servant of government.

The work of caring for the sick is the work of Christ. The work of caring for the sick leads the worker to Christ and makes him more Christ-like. But what is even more to the point, sickness itself under the care of a Christlike worker makes the patient more Christlike. Christ has insisted that "As long as you did it to one of these my least brethren, you did it to me" (*Matthew 25:40*). In this work the Church, according to the words of St. Paul, is urged on by the charity of Christ. Those words have become the motto and the driving force of the Church in Action in the Service of the Sick: "*Caritas Christi urget nos*"—"The charity of Christ urges us onward."