

Palliative Care: The Biblical Roots

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Studies show that palliative care can increase quality of life by clarifying the goals of care; reducing intrusive medical interventions; avoiding unnecessary testing; managing pain and other symptoms; attending to spiritual and sacramental needs of the patient, family and caregivers; and increasing patient and family satisfaction; while decreasing unnecessary readmissions and length of stay in the acute care setting.¹ This approach to care, if replicated, can significantly decrease the cost of health care in our nation, which resonates with the understanding that our system is too acute-care-centric and must be radically transformed into person-centered care.² Such care has been shown to transform the patient experience and overall quality of life and, in some cases, actually increase life expectancy.³ Catholic health care is uniquely positioned to provide the kind of person-centered, holistic care that is the promise of palliative care. Palliative care has been called a hallmark of Catholic health care.⁴ That is, when delivered according to the vision of the Supportive Care Coalition,⁵ palliative care represents the best of what the Catholic faith has believed and emphasized throughout the centuries about who we are as human beings, about our relationship with God and each other, about our destiny, about the meaning and purpose of the Catholic healing ministry. Palliative care also reflects our understanding that it is a matter of our vocation and of the church's teaching to reach out to and care for the sick, the poor, the marginalized, the vulnerable and the dying because we recognize in them both the face of God and our sisters and brothers in Christ.

ORIGINS OF THE CATHOLIC APPROACH

Think for a moment about the founders of our health ministries. They were quite conscious of the fact that the work they were doing was the healing ministry of Jesus and his Apostles. Think, then, of how they brought that vision to America, how they ministered to soldiers in the Civil War or how they sailed on ships and rode in wagons to the West, in constant danger of disease, death and hostility. As stewards of this healing ministry of the church, they believed they had a mission to act on behalf of the church, on behalf of Jesus, responding to the teaching of Jesus to love our neighbor, especially the poorest among us — those whose humanity, whose inherent dignity, were most at risk, most vulnerable. They took seriously the command of Christ "to proclaim the reign of God and heal the afflicted" (Luke 9:2), "to cure sickness and disease of every kind" (Matthew 10:1), "to raise the dead and heal the leprous..." (Matthew 10:8). They took to heart Jesus' teaching that whatsoever we do to the least, we do to him (Matthew 25:40).

But it was something much more than the command of Jesus that has inspired people over the centuries to heal, to comfort and to care, and it must be something more for us today if we are to succeed in carrying on this ministry. The example and teaching of Jesus shows how the law is insufficient. The law helps us see right from wrong, but it doesn't inspire us. To find that inspiration, we need to turn to the healing stories of Jesus. When we see those stories lived out in the lives of others today, that is when we are truly be inspired.

THE HEALING MINISTRY OF JESUS

In Jesus' day and culture, illness was generally understood to be related to and even caused in some way by sin — a manifestation of spiritual ailment. This is why in John's Gospel, upon seeing a blind man, the disciples of Jesus asked him, "Rabbi, was it his sin or that of his parents that caused him to be born blind?" (9:2) The spiritual, the physical and the social are intertwined, inseparable. And so it is with Jesus' healing ministry. The 17th-century Cartesian dichotomy between body and spirit, which still influences the way we tend to think of our bodies today, especially in modern medicine, doesn't exist in the biblical stories I will examine here. The healing stories of Jesus in the Gospels still form the foundation for our understanding of care in the Catholic healing tradition. So let's turn now to one of those healing stories.

THE WOMAN WITH THE HEMORRHAGE

The story of the woman with the hemorrhage is recounted in the Gospel according to Mark (also in Matthew 9:18-26 and Luke 8:41-56). Jesus meets this woman while he is on his way to heal the daughter of a synagogue official. The two stories are related, but for our purposes, I will focus mostly on the first story: One of the synagogue officials named Jairus came up, and on seeing Jesus, fell at his feet and implored him earnestly, saying, "My little daughter is at the point of death; please come and lay your hands on her, so that she will get well and live." And [Jesus] went off with him; and a large crowd was following him and pressing in on him.

A woman who had had a hemorrhage for 12 years, and had endured much at the hands of many physicians, and had spent all that she had and was not helped at all, but rather had grown worse — after hearing about Jesus, she came up in the crowd behind him and touched his cloak. For she thought, "If I just touch his garments, I will get well." Immediately the flow of her blood was dried up; and she felt in her body that she was healed of her affliction. Immediately Jesus, perceiving in himself that power had gone out from him, turned around in the crowd and said, "Who touched my garments?" His disciples said to him, "You see the crowd pressing in on you, and yet you say, 'Who touched me?'" And he looked around to see the woman who had done this. But the woman, fearing and trembling, aware of what had happened to her, came and fell down before him and told him the whole truth. And he said to her, "Daughter, your faith has made you well; go in peace and be healed of your affliction."

Scripture scholars tell us that the recounting of this story, as with other such healing stories, serves another purpose besides the simple recollection of miracles. The story demonstrates Christ's power over evil, over the world, over suffering, over life and death. It also demonstrates that he is greater than just another prophet. Notice, for example, that he did not implore God to heal the woman (as the prophet Elijah did). Rather, power goes out from him, the story says, where there is faith placed in him. Jesus heals by his own power. But we need to be very careful here to avoid any claim that Jesus was healing people in order to display his power, his divine nature or his authority. That would suggest that Jesus was using people for his own purposes — something that does not suggest authentic love or compassion.

So, we need to be careful to distinguish between what Jesus did and taught, and the particular meaning that the author of the Gospel may have been trying to convey through the recounting of the story, as well as the deeper meaning that we discover and might even impose on the story through our own study, culture, experience and inspired insight. Assuming this is an actual event which took place as described by Mark, he uses this passage as he uses all the Gospel healing stories, primarily to establish Jesus' authoritative credentials among the members of the community for whom he writes. This would, in turn, give Mark's Jesus the power (the credentials) to be creative concerning rules of ritual impurity, healing on the Sabbath, touching the dead, etc. Multiple interpretations should be expected from such healing stories, even beyond Mark's intention. Faith is what helps us to hold all of this together in tension.

Still further, following the conventions of the Mosaic Law, the woman in Mark's Gospel was ritually unclean. In the book of Leviticus (Chapter 15), we read that both men and women with a chronic flow from their private parts shall be considered unclean. A woman with a menstrual flow shall be considered unclean for seven days, and anyone who touches a woman during her menstrual flow shall be unclean until evening (verse 19). It goes on to say that "as long as she suffers this unclean flow she shall be unclean" (verse 25). To be cleansed, then, meant that the woman could be admitted back into community; it rescued her from a solitary life as a social outcast.

There is another aspect of Jewish life at that time which can shed more light on the story. In the book of Numbers, for example, we hear God speaking to Moses, saying, "Speak to the children of Israel and tell them that they and their descendants must put tassels on the corners of their garments, fastening each corner tassel with a blue cord" (Numbers 15:37-41). The passage goes on to say that these tassels were to remind the Israelites that they were bound to the law of the Lord. So, touching the hem, a tassel, of Jesus' garment, was like touching him — but even worse: it could have been interpreted as an open defiance of the law of the Lord, something highly offensive. Yet, she was desperate. She had been unclean for 12 years, cut off from society, from her family, from worship, from the market. It is against this backdrop that she reaches out to

touch the one whom she believed could cleanse her, unlike the many physicians for whom she spent everything she had. She had to have great courage, great faith and even a certain audacity, because in moving through the crowd with the hope of touching the mere hem, a tassel, of Jesus' garment, she was risking much. So it is no wonder that the text says she was afraid and trembling when Jesus asked, "Who touched me?"

Then follows a more detailed account of Jesus raising Jairus' daughter from the dead. At first glance, the two stories appear to be unrelated. But the theme of ritual impurity continues. Again, in the Book of Numbers, we read that anyone who touches a dead body or is in a room with a dead body was to be ritually unclean for seven days (19:11, 14). At the end of the passage, Mark adds what appears to be a kind of afterthought: He says the little girl was 12 years old. The woman with the hemorrhage had been sick for 12 years. The number 12 carries great significance for the first Jewish followers of Jesus reading or hearing this story. The 12 tribes of Israel had already been dispersed long before Christ, mostly lost since the Assyrians conquered the northern kingdom of Israel more than seven centuries before. So Jesus' act of naming 12 Apostles and his restoration of these two women were powerful symbols and statements about restoring what was lost.

This Gospel story, therefore, tells us something about Jesus' desire to restore us. He addresses the woman as "daughter," and he heals the daughter of Jairus: They are identified in terms of their relationship to God, to their family and to the community. One author goes on to suggest, "You might say that Jesus plunders the realm of the afflicted and even the realm of the dead to restore these two women to abundant life,"⁶ a life in relationship. They were both outcasts, unclean outsiders who have now been restored to their dignity, their inheritance, as daughters of God.

THE GOOD SAMARITAN

There is another Gospel story that has had one of the most dramatic impacts on how Christians have thought for centuries about their duty to reach out to and care for the poor, the sick and the suffering. It is a parable found only in the Gospel of Luke, Chapter 10:25-37:

On one occasion a lawyer stood up to test Jesus: "Teacher, what must I do to inherit everlasting life?" Jesus answered him: "What is written in the law? How do you read it?" The man replied: "You shall love the Lord your God with all your heart, with all your soul, with all your strength and with all your mind; and your neighbor as yourself." Jesus said, "You have answered correctly. Do this and you shall live." But because he wished to justify himself, he said to Jesus, "And who is my neighbor?" Jesus answered, "A certain man was going down from Jerusalem to Jericho, and he fell prey to robbers. They stripped him and beat him, and departed, leaving him half-dead. By chance a certain priest was going down that same way. When he saw him, he passed by on the other side. In the same way, a Levite also, when he came to the place, and saw him, passed by on the other side. But a certain Samaritan, as he traveled, came where he was. When he saw him, he was moved with compassion at the sight, came to him and bound up his wounds, pouring on oil and wine. He then hoisted him onto his own animal, brought him to an inn and took care of him. The next day, before he departed, he took out two [silver coins], and gave them to the innkeeper with the request: 'Take care of him. Whatever you spend beyond that, I will repay you when I return.' Now which of these three, in your opinion, was neighbor to the man who fell among the robbers?" The answer came, "He who treated him with compassion." Then Jesus said to him, "Go and do the same."

He was moved with compassion (verse 33). The original Greek word for compassion in this verse is *splagchnizomai* (σπλαγχνιζομαι): literally, to be moved to the depths of one's bowels, understood to be the seat of pity, tenderness and courage. Quite remarkably, in the New Testament this word is used only in reference to Jesus and the Good Samaritan. And every time it is used, the result of the compassion is not just a detached concern, pity, or kind word, but involvement and action.⁷

So, who was this person who treated the victim with such compassion? In Jesus' day and culture, Samaritans and Jews generally despised each other. They both considered the other to be foreigners, strangers; certainly not neighbors. To the Jew, a Samaritan was a "half-breed" — descendants of those Jews who stayed behind after the Assyrians conquered the northern kingdom, mixing with their captors and becoming syncretic in their belief system.⁸

Jesus tells the parable in response to the question, "and who is my neighbor?" The lawyer, a scholar of the law, knew full well what the law said. The text says he was testing Jesus. The Book of Leviticus (19:18) says,

"Take no revenge and cherish no grudge against your fellow countrymen. You shall love your neighbor as yourself." But notice that the story does not tell us who the man in the parable was who was beaten and left for half-dead — it just says that he was a traveler. It doesn't indicate whether he was a Jew or a foreigner. Notice also that after telling the story, Jesus flips around the scholar's question about who is his neighbor — according to Leviticus, one's fellow countryman — and instead asks who was acting as a neighbor to the man who was beaten, robbed and left half-dead. Portraying a Samaritan in such positive light would have come as a shock to Jesus' audience.⁹

Recall from the story of Jesus raising Jairus' daughter from the dead, that in Jesus' culture, contact with a dead body made one unclean. Priests, in particular, were enjoined to avoid such defilement.¹⁰ Not a few scholars have suggested that the priest and Levite in the story may have assumed that the fallen traveler was dead and so would have wanted to avoid him to keep themselves ritually clean.¹¹ But another commentator points out that they were leaving Jerusalem, which makes this interpretation of the parable unlikely.¹² The Jewish New Testament scholar Amy-Jill Levine agrees that since they were both leaving Jerusalem, there was no real or apparent concern in the parable with ritual impurity.¹³ She dismisses such an interpretation as missing the point of the story. The scholar of the law with whom Jesus spoke would have known that saving a life — loving your neighbor as yourself — always trumps any concern about ritual impurity. In the final analysis, Levine argues, the point of the parable is that Jesus is teaching us to have compassion not only for our fellow believers, but even for our enemies.

Beginning with the earliest church fathers, the allegorical interpretation of this biblical parable was favored over the literal, moral and anagogical interpretations so common in those days, with the Good Samaritan being interpreted as representing Jesus, who saves the sick, the sinful and the lost.¹⁴ Scholar John Welch points out that this allegorical reading was taught not only by ancient followers of Jesus, but it was virtually universal throughout early Christianity.¹⁵ The parable of the Good Samaritan was known throughout the ancient and medieval Christian world as a model for understanding Christ's compassion for us — and therefore a model of compassion that believers felt compelled to imitate. The concept of the Good Samaritan continues to strike a powerful metaphor, even for secular society today — so much so, that we typically refer to laws that give legal immunity from liability to those who help strangers as Good Samaritan laws.

CATHOLIC-SPONSORED PALLIATIVE CARE

So what can we conclude about the healing and teaching of Jesus? What can we conclude from the practices and teachings of the church from the early centuries to our time? What do they tell us about our work in palliative care today? There are many constitutive features we could identify and much more that we could explore, and you are already familiar with many of them, for example: solidarity with the poor; reverence and love for the inherent sacredness and dignity of life; treating persons holistically — recognizing they are a body-spirit unity; hunger and thirst for justice; commitment to the common good; hospitality for the foreigner or stranger. These six constitutive features are evidenced by the healing and teaching stories we have examined here, in the broad sweep of early Christian history and in the traditions and stories and commitments of the founders of our health ministries.

But I would suggest that there are four additional constitutive features of the Gospel healing narratives and of our living tradition that also represent the distinguishing characteristics of the Catholic healing ministry. These are not discussed with the same frequency and care, but they would need to be emphasized in palliative care if it is to be a hallmark of Catholic health care. Whether we embody and live out these constitutive features well depends on reflection and prayer, vision and leadership, courage and stewardship, determination and humility and on friendship and community.

First, the healing ministry of Jesus is incarnational. We don't reach out to heal the poor and vulnerable, the sick and the downtrodden, simply because of sympathy. Rather, we believe we are reaching out to Christ when we reach out to the sick and poor, and that we, ourselves, are the body of Christ in the world — groaning with the Spirit of God for its renewal and restoration. In his 1995 encyclical, *Evangelium Vitae*, Pope John Paul II wrote:

As disciples of Jesus, we are called to become neighbors to everyone (Luke 10:29-37), and to show special favor to those who are poorest, most alone and most in need. In helping the hungry, the thirsty, the foreigner,

the naked, the sick, the imprisoned — as well as the child in the womb and the old person who is suffering or near death — we have the opportunity to serve Jesus. He himself said: "As you did it to one of the least of these my brethren, you did it to me" (Matthew 25:40).¹⁶

Second, the healing ministry of Jesus is the work of evangelization. By "evangelization," I don't mean reaching out to the poor and vulnerable in order to convert them or to proselytize. Rather, the healing ministry of Christ brings about the reign of God in other important ways: by restoring persons to their communities; by loving and caring and showing people they are loved and cared for. Love must be our motive. Nothing else will sustain the ministry. Even today, many of our founders still use this as their motto: The love of Christ compels us (2 Corinthians 5:14). Again, in the encyclical, *Evangelium Vitae*, we read: "The mission of Jesus, with the many healings he performed, shows God's great concern even for [our] bodily life. Jesus, as 'the physician of the body and of the spirit,' was sent by the Father to proclaim the good news to the poor and to heal the brokenhearted (Luke 4:18; Isaiah 61:1). Later, when he sends his disciples into the world, he gives them a mission, a mission in which healing the sick goes hand in hand with the proclamation of the Gospel: 'And preach as you go, saying, "The kingdom of heaven is at hand." Heal the sick, raise the dead, cleanse lepers, cast out demons.'" (Matthew 10:7-8; Mark 6:13; 16:18).¹⁷

Third, the healing ministry of Jesus is the work of compassion. Compassion is connected closely with reverence and love for the inherent sacredness and dignity of life, but it is distinctive. I am referring here not only to *cumpati*, the Latin root of our word compassion, which means "to suffer with," but to the Greek word *splagchnizomai*: compassion that goes beyond mere sympathy or pity; being moved to action; compassion that is not reserved only for one's friends or fellow-believers, but is especially reserved for those who are marginalized, forgotten or abandoned in any way — whose suffering cries out for a response. As it says in John's Gospel (13:35): "This is how all will know that you are my disciples, if you have love for one another." This is what especially drew people to the Christian faith in its early centuries — not great preaching; not great miracles; not rational arguments or intricate philosophies or theologies; rather, seeing how Christians loved and cared not only for each other, but for the stranger, the forgotten, the abandoned.¹⁸

Fourth, the healing ministry of Jesus is the work of restoration. By this, I mean to say that when we reach out to heal, to comfort and to care, even when there is no cure, we are restoring people to community — this is a constitutive feature of the reign of God. Not only are we restoring people to community, but we form community among ourselves by the very activity in which we participate. We are called to be peacemakers. We are called to restore people to their relationship with God and to their relationship with their families, loved ones and communities. In a real sense, we are called to help restore them to themselves. Sickness and death separate people. But they also can bring people together if, through that suffering and death, they experience our caring hands, our competent treatment, our compassionate care, our tender voice, our attentive listening — and so experience the love and compassion of God.

If we have great clarity around these 10 constitutive features of Catholic health care, then our contribution to the field and practice of palliative care will truly be distinctive. Certainly, not all of these features will speak to people of every faith or spirituality. But the more we know who we are and what tradition we represent and bring to practice, the easier it will be for us to engage in learning conversations with both confidence and humility. If we truly believe in the inherent sacredness and dignity and destiny of every person we meet, and live according to the Golden Rule that forms the basis of every ethic of every major religion across the globe, if we understand the vision of our founders on whose shoulders we stand, and if we embrace the awesome responsibility we have for continuing that vision, then we can be confident that palliative care is a hallmark of Catholic health care.

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NOTES

1. This definition of palliative care incorporates concepts from The Center to Advance Palliative Care, based on research conducted by Public Opinion Strategies in 2011 (posted on www.capc.org), as well as from the research and mission commitment of the Supportive Care Coalition (<http://supportivecarecoalition.org>). See also the Oct. 12, 2013, media release by Palliative Care Australia at www.palliativecare.org.au/Portals/46/media/2013/PCA%20Media%20Release%20-%20WorldDay%20121013.pdf, describing important facts and research on palliative care.
2. R. Sean Morrison et al., "Palliative Care Consultation Teams Cut Hospital Costs for Medicaid Beneficiaries," *Health Affairs* 30, no. 3 (March 2011): 454-463; and R. Sean Morrison et al., "Cost Savings Associated with U.S. Hospital Palliative Care Consultation Programs," *Archives of Internal Medicine* 168, no. 16 (2008): 1783-1790.
3. Jennifer Temel et al., "Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer," *New England Journal of Medicine* 363, no. 8 (2010): 733-42.
4. This paper is a condensed version of a talk I gave to the participants of the Fifth National Palliative Care Congress of the Supportive Care Coalition, in June of 2013.
5. "We envision a society in which all persons living with or affected by a chronic or life threatening condition receive compassionate, holistic, coordinated care. This will include relief of pain, suffering and other symptoms from the time of diagnosis throughout the process of living and dying. Such excellent care will be provided according to need, respecting the values and goals of individuals, their families and other loved ones. It will assist them to live fully in community and will support survivors in their bereavement. Through such care, we believe that God's healing love is revealed."
6. Lewis Galloway, "Taking Jesus Seriously: Mark 5:21-43," viewed at <http://odysseynetworks.org/news/onscripture-the-bible-mark-5-21-43>.
7. Hampton Keathley IV, "Raising the Widow's Son from Nain," from the series, *The Miracles of Jesus*, viewed at <http://bible.org/seriespage/raising-widow%E2%80%99s-son-nain>.
8. See *The Word in Life Study Bible*, New Testament Edition (Nashville: Thomas Nelson Publishers, 1993), 340-341, viewed at: <http://bible.org/illustration/hatred-between-jews-and-samaritans>: "In 722 B.C. Assyria conquered Israel and took most of its people into captivity. The invaders then brought in Gentile colonists 'from Babylon, Cuthah, Ava, Hamath, and from Sepharvaim' (2 Kings 17:24) to resettle the land. The foreigners brought with them their pagan idols, which the remaining Jews began to worship alongside the God of Israel (2 Kings 17:29-41). Intermarriages also took place (Ezra 9:1-10:44; Nehemiah 13:23-28). Meanwhile, the southern kingdom of Judah fell to Babylon in 600 B.C. Its people, too, were carried off into captivity. But 70 years later, a remnant of 43,000 was permitted to return and rebuild Jerusalem. The people who now inhabited the former northern kingdom — the Samaritans — vigorously opposed the repatriation and tried to undermine the attempt to reestablish the nation. For their part, the full-blooded, monotheistic Jews detested the mixed marriages and worship of their northern cousins. So walls of bitterness were erected on both sides and did nothing but harden for the next 550 years."
9. Robert W. Funk, Roy W. Hoover and the Jesus Seminar, *The Five Gospels* (San Francisco: HarperCollins, 1993), 271-400.
10. Geza Vermes, *The Authentic Gospel of Jesus* (London: Penguin Books, 2004), 152-154.
11. Vermes.
12. Joel B. Green, *The Gospel of Luke* (Grand Rapids, Mich.: Wm. B. Eerdmans Publishing Co., 1997), 430. Greg W. Forbes, *The God of Old: The Role of the Lukan Parables in the Purpose of Luke's Gospel* (Sheffield, U.K.: Sheffield Academic Press, 2000), 63-64.

13. Emily Perper, "Levine: Good Samaritan Parable Teaches Compassion for the Enemy," Chautauquan Daily, Aug. 17, 2011. <http://chqdaily.com/2011/08/17/levine-good-samaritan-parable-teaches-compassion-for-the-enemy>.
14. G. B. Caird, *The Language and Imagery of the Bible* (London: Gerald Duckworth & Co. Ltd., 1980), 165.
15. John W. Welch, "The Good Samaritan: Forgotten Symbols," *Liahona* (February 2007), 26-33.
16. John Paul II, *Evangelium Vitae*, n. 87, www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html.
17. *Evangelium Vitae*, n. 47.
18. This reflects the scholarship of Adolf von Harnack, *Medicinisches aus der ältesten Kirchengeschichte*, (Leipzig: Hinrichs, 1892); of Guenter B. Risse, "Christian Hospitality: Shelters and Infirmarys," in *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999), 69-116; of Amanda Porterfield, "Healing in Early Christianity," in *Healing in the History of Christianity* (New York: Oxford University Press, 2005), 43-65; and of Rodney Stark, *The Rise of Christianity: How the Obscure, Marginal, Jesus Movement Became the Dominant Religious Force in the Western World in a Few Centuries* (Princeton, N.J.: Princeton University Press, 1996).

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