Symposium Proceedings

Healing and hope in the midst of suffering and death*

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I recently celebrated my first anniversary of ordination to the priesthood, and I wanted to share a story related to this milestone. A couple weeks ago, around two o'clock in the morning, I received a phone call from the on-call chaplain at the hospital where I work. Calls in the middle of the night are rare, because most situations can wait until the following day, when I am scheduled to be in the hospital, so I suspected this case was urgent.

The chaplain explained to me that a patient in one of the oncology units was actively dying. His condition had deteriorated rapidly during the night, and the patient's medical team did not think he would survive into the next day. His wife asked that a priest come to offer last rites in his dying moments. I could tell that there was no question of waiting, so I told the on-call chaplain (a Protestant minister) that I would be there in twenty minutes. Shaking off sleep and getting dressed, I headed out the door.

When I arrived at the hospital, things were quiet, as they usually are in the middle of the night. As I entered the

patient's room, the staff was doing everything they could for him, to maintain his blood pressure, to keep him free of pain, and at the same time trying to console the patient's family members as he endured his final agony. Over the preceding year, I had seen this kind of situation more times than I could count. But dying never gets old. As Psalm 116 declares, "Precious in the eyes of the Lord is the death of his faithful ones" (v. 15). I had never met this patient or his wife before, and would perhaps never see them again, but I could at least extend to them some words of consolation and the ministry of the Church. Donning my little violet stole, I proceeded to administer the sacrament of Anointing of the Sick and imparted the apostolic pardon for the dying.

The date of this encounter is imprinted firmly in my memory. It happened in the wee hours of the morning of my first anniversary of ordination. In the Catholic Church, when a man is newly ordained, there is a venerable custom of seeking a first priestly blessing from him. There is some debate about how long a priest can give these "first blessings": days, perhaps, or weeks? The most generous interpretation seems to be that these can take place anytime during the first year of his priesthood. I had thought this question to be

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merely speculative, but it occurred to me that in his dying moments, this man might have received my last “first blessing.” Of course, the blessing—and indeed the greatest of all blessings present in the sacraments of the Church—comes from Christ and merely flows through the hands of a priest. On that day, I received the greatest anniversary present a priest could receive: nothing less and nothing more than a reminder of why I was ordained, namely to bring Christ and his sacraments to the ones who are so precious in his eyes.

I would like to take as my theme for this brief talk the healing and hope that take hold, even in the midst of suffering and death. The purpose of the noble art of medicine is to bring healing and comfort to those who are sick and suffering, ideally by preserving and improving physical health. But we know all too well that this goal of physical well-being is a transitory one. None of us will live in perfect health forever (this side of the resurrection). But this reality of suffering and death, despite our best efforts to banish and forestall them, should not destroy our hope. They merely give our hope a new goal direction. As Catholic Christians, our hope should shine most strongly *precisely* in moments of suffering and death. This is why God gave that hope to us in the first place. This is what hope is for.

What I mean can best be borne out by the stories of a couple patients I’ve had the privilege of meeting along the way. One day last fall, I was called to the pediatric intensive care unit (ICU) to see a three-year-old girl, whom we will call Katie. Katie had been diagnosed with an advanced stage of retinoblastoma and was undergoing treatment in the pediatric oncology unit when she suddenly began to experience seizures. She was immediately transferred to the ICU for more aggressive monitoring and testing, and it was there

that I met her and her father for the first time. Katie’s father, sitting in shock at the bedside explained to me that, while he himself had grown up Catholic, he had fallen away from the practice of his faith and that Katie had never been baptized. Fearing the worst, he sensed with a father’s instinct that this was the time to do for her what had not been done before. Later that day, with both of Katie’s parents present, I baptized her and claimed her for Christ and his Church. There was a great deal of uncertainty that day, but we were at least relieved to know that Katie had been reborn in the sanctifying waters of baptism.

Katie never got better. Over the course of a week, testing revealed that her tumor had spread to the brain, and that her prognosis was grave. In a situation such as this a priest is permitted, indeed he ought to administer the sacrament of Confirmation, even for a child as young as Katie. Confirmation is often treated as a rite of passage into Christian adulthood, but the true effect of the sacrament is that God himself confirms what he did for the person in baptism, conferring a spiritual strength and the power to bear public witness to the Christian faith in the world. With her rapid deterioration, Katie could no longer speak, but that did not prevent her from bearing witness to Christ from her hospital bed. Whatever suffering she endured in her last few days was a quiet, but powerful witness that Christ, and he alone, has conquered sin and death. While her untimely death could rightly be regarded as a tragedy, she nevertheless stands out as a witness to the virtue of hope.

What exactly is it that we, as Christians, hope for when things are at their worst? Gary (not his real name) was in his late seventies, in remission from leukemia for five years when he experienced a relapse. He asked for a priest to visit him when he was admitted to the hospital in preparation for a

bone marrow transplant. He was a retired professor of organic chemistry—I had begun to suspect as much when would tell me about his “nucleophile” counts, rather than his *neutrophil* counts. Gary was a devout Catholic and a daily communicant, and he asked that I visit as often as possible during his hospital stay.

Whenever I came by, he would stop whatever he was doing and sit me down for a conversation, the topic of which would change with the day: his family, a question about Church doctrine, his experiences as a chemistry teacher. Sometimes, the conversation was more intimate, and he would talk about his fear that he would not survive this bout of leukemia. His hope waxed and waned as he awaited recovery of his counts. At some point, his oncologist broke the news to him that his transplant had not been successful, and he was devastated. He knew the only way he would survive was by a miracle, and so he put his hope in just such a miracle. He enrolled in a phase I drug trial, in the hope that this would at least buy him enough time for the miracle to occur.

He was discharged to home, and I wondered if I would ever see him again. About a month later, I saw him on the patient census and found out that he had been re-admitted because of an infection. When I visited to check on him, he seemed to be in miserable shape, but was still hoping for a miracle. When the doctor told him that the experimental drug was having no beneficial effect and recommended that he stop taking it, again he was devastated. He told me that the doctor had taken away his hope, and he feared he had fallen into despair. As a faithful Catholic, he understood that despair can be a serious sin. Over our remaining visits, I had to remind him, that hope—true *theological* hope—does not look forward to something finite. It is not hope for a cure. It is not hope for a long

life. As Christians, we hope for an *infinite* good—the attainment of eternal life with God in heaven. Nothing less than God will do. In Gary’s mind, he equated the realization that he was going to die with the sin of despair. I had to convince him, ever so gently, that so long as we hold out hope that God is there for us on the other side of death, despair has no hold on us. Indeed, it could be that forsaking the possibility of a (bodily) cure, all the while trusting in God’s goodness and mercy, is the act of hope *par excellence*.

Thus far, we have explored the theme of hope largely from the patient’s perspective. With so many healthcare professionals present at this symposium today, we would do well also to consider this theme from the perspective of those who make it their lives’ work to care for those who are sick and suffering. When we speak about “Catholic health care,” we most often refer to care in settings that are explicitly Catholic, institutions whose mission in some sense flows from a commitment to the Catholic faith. We should be grateful for these institutions, and they deserve our wholehearted support.

At the same time, I would like to suggest that Catholic health care is something that can be provided in other places as well. I serve as a chaplain at a hospital with no religious affiliation, but nevertheless, I see Catholic health care offered there every day. I see it in the work of dedicated doctors, nurses, therapists, social workers, and technicians—people whose skilled and compassionate work is a manifestation, at least implicitly, of a deep religious faith. While the culture of a secular hospital may pose challenges to the outward expression of faith, it is possible, even in such an environment, to witness to the faith. Many healthcare workers I know find their own particular ways to do this. I am not talking about proselytizing or preaching. The Catholic faith is borne witness, first and foremost, by genuinely compassionate care. The

care, concern, and yes, even love, that health-care workers have for their patients can be powerful sign of God's love.

Prayer is another powerful means of connecting faith and the practice of health care. Sometimes, patients themselves might ask members of their healthcare team to pray with or for them. As a chaplain, I am always heartened when patients tell me about their conversations with healthcare providers about faith and prayer. While delivering high-quality health care should be the first priority, we should never forget that patients need our *prayers*, too. This goes for all of us, whatever our job title may be: chaplain, doctor, nurse, social worker: whatever our role, our prayers make a difference.

This prayer need not be out loud. It does not even need to be made known publicly. Our prayers can have an effect, even if we never mention it to the person for whom we are praying. Remember the passage in the Gospel where four men carry a paralyzed man lying on a stretcher to Jesus. They break through the roof of the house where Jesus is staying, and place him in front of the Lord. The Gospel says, "When Jesus saw their faith, he said to the paralytic,

"Child, your sins are forgiven....rise, pick up your mat, and go home" (Mark 2:5, 11). Notice that it is the faith of the people who carry the sick man to Jesus that evokes his mercy.

Perhaps we can accomplish something similar with our prayers. Even if we were never to utter a word about this to our patients, we can still carry them in prayer. We can still place them before the Lord Jesus Christ and say, "I want you to help this person. I know that you can do anything, and this person needs your love." What better means of living out a commitment to Catholic health care and witnessing to the faith than to place those who are sick and suffering at the feet of the Lord and implore his merciful help? As Catholic healthcare workers, may this always be our aim.

BIOGRAPHICAL NOTE

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