Practicing Medicine in Light of the Gospel*

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John M. Travaline, MD^{1,2}

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Recognizing Jesus and Joy in the Practice of Medicine

Then they told what had happened on the road, and how he was made known to them in the breaking of the bread. While they were talking about this, Jesus himself stood in their midst and said to them, “Peace be with you.” They were startled and terrified and thought that they were seeing a ghost. Then he said to them, “Why are you frightened, and why do doubts arise in your hearts? Look at my hands and my feet; see that it is I myself. Touch me and see, because a ghost does not have flesh and bones as you can see that I have.” And when he had said this, he showed them his hands and his feet. While in their joy they were disbelieving and still wondering, he asked them, “Have you anything here to eat?” They gave him a piece of broiled fish; he took it and ate it in their presence. (Lk 24: 35–42)¹

An old orthodox Christian story tells of a monk sitting in his dimly lit cell, his eyes closed, deep in prayer. After some time, the monk opened his eyes and saw before him a figure radiant in appearance, robed in triumphant majesty, with a face filled with both great strength and compassion. The monk cried out, “Jesus!” But suddenly he averted his face and shut his eyes abruptly, declaring, “Depart from me!” When he lifted his head and opened his eyes again, he saw that the figure was gone. That figure was Satan. When the monk related his experience to his brother monks, they asked him, “How did you know it was Satan?” He answered, “Because he had no wounds.”

We recognize Jesus, the risen Lord, God in our midst, in and by His wounds; thus, our openness to the wounds around us allows us to recognize Jesus in our world. We as health-care workers are especially privileged to be in a profession that so often puts us close to the woundedness in others.

My personal experience of practicing medicine has been intertwined with the joy revealed to us in the gospel. The Good News of scripture can powerfully enrich and inform our practice of medicine and our work with patients who are most vulnerable. In the following reflections, I invite you to meditate on the words of Scripture in the following selected passages and to consider how you, perhaps, may be inclined to enrich your care for patients and others whom you encounter.

The word “vulnerable” derives from the Latin *vulnus*, meaning wound. It is in our own vulnerability and that of our patients, in the woundedness of our culture and the brokenness of humanity, where we are sure to find Jesus. Part of the great joy we experience in medicine is the privilege of touching Jesus in the woundedness of others, whether their wounds be physical, psychological, or spiritual. Practicing medicine in light of the gospel is about

¹ Lewis Katz School of Medicine, Temple University, Philadelphia, PA, USA

² Archdiocese of Philadelphia, Philadelphia, PA, USA

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Corresponding Author:

John M. Travaline, Lewis Katz School of Medicine, Temple University, Philadelphia, PA, USA.

Email: john.travaline@temple.edu

this vulnerability and is directly tied to the joy we are privileged to experience as physicians and health-care professionals. By recognizing Christ in our patients by their woundedness, we open ourselves to the fullness of the salvific mystery of redemption.

Reflecting upon wounds and brokenness can sound very depressing, intense, weighty, and even gloomy. Yet practicing medicine in light of the gospel can be a true joy if we challenge ourselves to remain mindful of God's presence at our side throughout our day in our encounters with patients. How can this be joyful, entering into the suffering and brokenness of others? As Christians, we have the option to transcend the suffering we see; not to be left there in its raw state, but to enter into it knowing that it has been transformed; that in and through suffering, redemption is achieved. Jesus' passion, death, and resurrection offer all of us restoration and healing. This is the joy of Easter; the joy of Christ's victory over death, darkness, and despair.

When Do We See Jesus?

When the Son of man comes in his glory, and all the angels with him, then he will sit on the glorious thrones of his glory. All the nations will be gathered before him, and he will separate people one from another as a shepherd separates the sheep from the goats, and he will place the sheep at his right hand and the goats at the left. Then the king will say to those at his right hand, "Come, you that are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me." Then the righteous will answer him, "Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? And when did we see you a stranger and welcomed you, or naked and gave you clothing? And when did we see you sick or in prison and visited you?" And the King will answer them, "Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me." (Mt 25: 31–40)

This account from the Gospel according to Matthew always gives me pause. It raises a challenge and poses a question: have I recognized Jesus in others as

much as I could? The words of Jesus reinforce the call to all of us to love our neighbor and prompt us to take inventory of our actions toward others. Matthew reminds us that all our acts of charity, love, mercy, and compassion are done to Jesus himself. I find this translation of the gospel to be especially profound in its immediacy: it uses the preposition "to" rather than "for." We do, or do not do, these things *to* Jesus, not *for* him. In a sense, we are not working on his behalf, as the preposition "for" might connote. Rather we are acting or are doing things to him directly.

I recently met a homeless man in my office for a medical evaluation. He was 54 years old, poorly clothed and with straggly hair; he was cachectic and had metastatic lung cancer. He was too weak to sit up on the exam table in the office, so to exam him, I stood behind him, listening to his lungs from the back. Looking down at him, I could not help but see the image of the crucified Jesus.

Another time, I examined the feet of a middle-aged woman while rounding in the hospital. As I removed and then replaced the hospital-issued sock-slippers, it brought to my mind the account of Jesus washing the feet of his apostles, and the account of having his own feet washed with the tears of the penitent woman (Lk 7:38).

Frequently while rounding in the intensive care unit, I see patients lying on their hospital bed, connected to a ventilator, sometimes with a chest tube in their side, their arms outstretched and catheterized. In these suffering patients, I can clearly see the image of our crucified Lord Jesus on the cross, nearing the end of his life. When I am placing a chest tube, invariably this calls to my mind the pierced side of Jesus on the cross. If a chest tube in the side of a patient calls to my mind the pierced side of our crucified Lord, then imagine what this image (Figure 1) evokes.

Dignity of Personhood

They came to the other side of the sea, to the country of the Gerasenes. And when he had come out of the boat, immediately out of the tombs a man with an unclean spirit met him. He lived among the tombs; and no one could restrain him any more, even with a chain; for he had often been restrained with shackles and chains, but the chains he wrenched apart, and the shackles he broke in pieces; and no one had the strength to subdue him. Night and day among the tombs and on the mountains, he was always howling and bruising himself with stones. And when he saw Jesus from afar, he ran and bowed down before

Figure 1. A patient in intensive care.

him; and he shouted at the top of his voice, “What have you to do with me, Jesus, Son of the Most High God? I adjure you by God, do not torment me.” For he had said to him, “Come out of the man, you unclean spirit!” And Jesus asked him, “What is your name?” He replied, “My name is Legion; for we are many.” And he begged him eagerly not to send them out of the country. Now a great herd of swine was feeding there on the hillside; and they begged him, “Send us to the swine, let us enter them.” So he gave them permission. And the unclean spirits came out, and entered the swine; and the herd, numbering about two thousand, rushed down the steep bank into the sea, and were drowned in the sea.

The herdsmen fled, and told it in the city and in the country. And people came to see what it was that had happened. And they came to Jesus, and saw the demoniac sitting there, clothed and in his right mind, the very man who had had the legion; and they were afraid. (Mk 5: 1–15)

Does this sound familiar? Can we imagine encountering the Gerasene demoniac, as Jesus did?

There is a lot going on in this account from Mark, but if we read it in the context of medical practice, this passage profoundly illustrates the case for the dignity of the person.

This man is naked, out of his mind, taken over by demons, living among the dead; he appears angry and disturbed that Jesus (whom he presumably knows is God) is about goodness and truth, healing and restoration. Yet, even though he is trapped, shackled, enslaved, and imprisoned, the Divine Physician breaks through and restores him to manhood by commanding the unclean spirits to come out of *the man*.

I suspect that many of us who practice medicine encounter patients like this, that is, the so-called difficult patient; the patient who appears to have lost all human dignity, the patient no one wants to be around. We are challenged though to meet the patient whose condition may be extraordinarily complicated. We are challenged to meet the patient who continues to decline despite all medical efforts. We are challenged to meet the patient who has undergone innumerable medical consultations and made multiple doctor visits, alas, with no clear course of effective therapy. We tell this patient, “There’s

nothing more we can do.” But if we are honest with ourselves, we feel frustrated and reluctant to face this patient, thinking there is nothing more we can offer. Yet we are obliged to encounter them. What is our disposition in these encounters?

Might this passage also call to mind the challenges in caring for patients with mental illness? Does it, in some ways, make us think of the stigma, and shame so often attached to mental illness? The particular complexities of mental illness seem to especially exert a dehumanizing effect on the person who suffers from the illness. Practicing in light of the gospel prompts us to work through these challenges with humility, compassion, and resolve in upholding the dignity of the person.

What are other barriers that dehumanize patients, that prevent us from seeing them as persons? What factors or circumstances must we push through and overcome in order to see the patient before us as the loved son or daughter of the Father?

The absence of a patient’s family is one obstacle. All too often, I see patients in the intensive care unit at our hospital for days before anyone from their circle of family and friends even notices that they are hospitalized. Many times, no one ever comes around to visit during their stay. If the patient survives to discharge from the hospital, they return home to a socially isolated life, alone with few or no meaningful relationships.

Life-sustaining medical technology, ironically, can be another obstacle. Our patients may be surrounded by all sorts of advanced specialized devices and “machines,” connected to the mechanical ventilator, the continuous dialysis machine, the balloon pump, or extracorporeal membrane oxygenators, with every central vein in the neck and groin cannulated, not to mention the arterial lines connected to various monitors, and wrapped in a “bear hugger” warming blanket. The patient in the middle of all of this equipment is scarcely visible to anyone walking into the room, so obscured by the devices, he or she appears depersonalized.

Patients themselves may erect barriers that make it harder to discern their dignity as persons. We meet patients who have a poor view of themselves; perhaps because of their addictions they feel guilty that they have reached their state of illness through their own fault. They may feel unworthy, even though they are in so much need of forgiveness; forgiveness of themselves and perhaps from others. Are they like the Gerasene demoniac, whom some do not recognize as a person, shunning others, even God himself? But once the demoniac encountered Jesus, he was healed, restored to a right relationship with others,

freed from the demons, and clothed with proper dignity. And in and through his encounter with Jesus, he became a witness of God’s awesomeness to others.

As practitioners of medicine, one of the most prominent and influential of professions, we are in a position to uphold the truth of about man’s identity. We are in a position to ensure that patients are treated with respect for their dignity as persons and to take corrective action when such respect is diminished or absent. We are in a position to defend against views, actions, policies, and procedures that assail the dignity of the human person. In many ways, we are on the front line in the struggle to maintain respect for patients’ dignity.

This truth opens a wide range of issues that could occupy our conversation *ad infinitum*. But here I offer a few points on treating patients with dignity and respect, gleaned from my personal experience as a practitioner.

Medicine today is facing pressure to succumb to increasing economic and financial concerns. Physicians must ensure that their primary duty as a physician is to serve their patients. With increasing economic pressures on physician practices, often there are attendant moral hazards concerning the interests of the “business” of the practice in conflict with the interests of patients. In facing these challenges, gospel values must again be a part of the moral decision-making calculus. We need to be especially careful to avoid a utilitarian ethic, and there are several simple ways to do this.

One policy that has occurred to me over the past few years is not double booking patients for office visits. I used to do this without a second thought; certainly this sort of thing is done in other “industries.” But in the context of medical practice and the fiduciary relationship we ought to maintain with our patients, I cannot see how double booking appointments can be either an ethical practice or respectful of our patients.

Another simple but powerful way to imbue our medical practice with virtue is to pay attention to how we speak about patients in conversation with colleagues. We know we should refer to patients as “a person with diabetes” or “the person with angioedema,” rather than identifying them solely by the diagnosis—“the overdose in room 204” or “the pneumonia in 227.” Instead, we can humanize our patients by referring to them not as “male” or “female” but as “man” or “woman” and by speaking of them in the context of their relationships—mom or dad, brother or sister, and husband or wife. One especially egregious term that strikes at the personhood of patients is “vegetative.” Instead of

“persistent vegetative state,” we should say the patient is in a “state of minimal consciousness.”

The patient is always a person, even after they have died. When my recent class of first-year medical students completed gross anatomy, we discussed their experience with their human cadaver. I was very gratified to hear them refer to the cadaver as their first patient and explain what that person taught them. They intuitively understood the concept of personhood and felt respect for the body of that patient/person. Maintaining the primacy of the patient as person is a critical need in our medical profession.

Being Present

Then Jesus went with them to a place called Gethsemane, and he said to his disciples, “Sit here, while I go yonder and pray.” And taking with him Peter and the two sons of Zebedee, he began to be sorrowful and troubled. Then he said to them, “My soul is very sorrowful, even to death; remain here, and watch with me.” And going a little farther he fell on his face and prayed, “My Father, if it be possible, let this cup pass from me; nevertheless, not as I will, but as thou wilt.” And he came to the disciples and found them sleeping; and he said to Peter, “So, could you not watch with me one hour? Watch and pray that you may not enter into temptation; the spirit indeed is willing, but the flesh is weak.” Again, for the second time, he went away and prayed, “My Father, if this cannot pass unless I drink it, thy will be done.” And again he came and found them sleeping, for their eyes were heavy. So, leaving them again, he went away and prayed for the third time, saying the same words. Then he came to the disciples and said to them, “Are you still sleeping and taking your rest? Behold, the hour is at hand, and the Son of man is betrayed into the hands of sinners. Rise, let us be going; see, my betrayer is at hand.” (Mt 26: 36–46)

Those of us who are trained in sleep medicine talk about sleep pressure, the biological urge to sleep; and we all know from personal experience how strong it can be. For Peter, James, and John in the garden of Gethsemane, it must have been quite intense. But we cannot afford to be “asleep” to our patients. We must make every effort to be present to them.

Being present to others in our everyday life, and particularly to our patients in our professional practice, is of compelling importance. This is especially true when we can think of a 101 reasons not to be present, and perhaps most especially true for that complex patient, for whom we feel we have nothing to offer. I personally find this to be a great challenge; sometimes it is very easy for me to be present to patients and their families. Other times, I must admit I am sound asleep. But living and practicing in light of the gospel is an ongoing process. Sometimes we have arrived, and we are right on the mark; and we can imagine hearing the king say, “Come, O blessed of my Father, inherit the kingdom prepared for you” (Mt 25:34). At other times, in other circumstances, we are not sure if we are moving at all, nor do we even know which way to go.

Active, empathic listening in all our encounters with patients is perhaps the most effective means of being present to our patients. In my experience, patients immediately know whether the physician with whom they are talking is listening to them, understanding them, and caring for them in a way that they need at that time. This is an essential feature of being present to our patients. Another way of being present is by enlisting the support and collaboration of other medical staff (office assistants, nurses, social workers, and others) who, with the physician, ensure that patients know that others are truly, and in fact, available to them in their time of need.

One other very practical way of being present is to give patients easy access to your e-mail or work phone number, so they know that if they need you, they will be able to reach you and you will be there for them. I know we must be careful here in terms of maintaining professional boundaries. But I do think there are times when it is appropriate to facilitate access for selected patients who you deem will respect your privacy. Those patients want to know that in their time of serious need, you are present and not asleep. Remember, in those times they are Jesus. Do we want to be sleeping like Peter, James, and John?

Sharing the Good News

The word “gospel” in Greek is *euaggelion* or in Latin *evangelium*, the same root as the word “evangelization” which means to announce and make known the Good News and to live it in the world. So how can we find joy in practicing medicine in light of the gospel and share that gospel joy with our patients?

There are opportunities to do this all around us. One of my favorite ways is through dropping what I call “God phrases” into my conversations with patients. For example, a patient may express their concerns for their family member who is not well, or their joy in the birth of a baby, or their pride in a parent who just turned 97 years old. In response, I might simply say “God bless them.” Sometimes I may tell the patient, “I’ll keep them in my prayers” or “I’ll keep you in my prayers.” If a patient asks me in so many words how long they have to live, I may respond by saying “There’s only one person who knows how long any of us will live.” This reference to God often brings them comfort and leads to some expression of faith on both our parts.

One of my patients once engaged me in conversation about “her” God. I interjected (gently and agreeably) “There’s only one God.” She gave me a broad smile and said, “Oh, I see you believe like me!”

Not only are these phrases okay to say aloud, but we need to say them when it is appropriate. We cannot be completely private with our faith, and we certainly must not be silent about it. The Good News is meant to be shared—the good news about God who is personal and relational and loves us, who wants to enter our woundedness. As those on the front lines in dealing with the woundedness of others, we need to convey this good news to our patients.

Compassion

Now when Jesus came, he found that Lazarus had already been in the tomb four days. Bethany was near Jerusalem, about two miles off, and many of the Jews had come to Martha and Mary to console them concerning their brother. When Martha heard that Jesus was coming, she went and met him, while Mary sat in the house. Martha said to Jesus, “Lord, if you had been here, my brother would not have died. And even now I know that whatever you ask from God, God will give you.” Jesus said to her, “Your brother will rise again.” Martha said to him, “I know that he will rise again in the resurrection at the last day.” Jesus said to her, “I am the resurrection and the life; he who believes in me, though he die, yet shall he live, and whoever lives and believes in me shall never die. Do you believe this?” She said to him, “Yes, Lord; I believe that you are the Christ, the Son of God, he who is coming into the world.” (Jn 11: 17–27)

This beautiful account of Jesus at the tomb of his friend Lazarus gives us one of the most hopeful lines in the gospels: “I am the resurrection and the life; he who believes in me, though he die, yet shall he live, and whoever lives and believes in me shall never die.” I cannot help but recall this passage and meditate on it whenever I attend a memorial service, wake, or funeral Mass. As I attend to patients and their families during the process of dying and at the moment of death, this particular “I AM” revelation of Jesus is being repeated over and over in my thoughts.

One very concrete expression of compassionate sensitivity and “suffering with” our patients is attending the funeral services for our deceased patients when possible. Similarly, making an additional phone call to the patient’s bereaved family, beyond the mere notification of death, can serve as an expression of our compassion. Many doctors already do this; if you do not and the idea resonates with you, it is worth considering.

Concluding Remarks

Medicine is a virtuous profession, in part because we have so many opportunities to develop behaviors that lead us to see the divine in our work. This way of encountering Jesus in others is a privilege; we are prompted by the Holy Spirit alive in us, and in the Church, to step out and share the joy of the gospel. By recognizing Christ in our patients, we can both experience joy ourselves and bring that joy to others. If we tend to look at our personal faith lives and our professional lives as two overlapping, but still separate, spheres, perhaps we should strive, instead, to envelop our professional life completely within our faith. In doing so, we may then regard ourselves not so much as physicians who are Catholic but as Catholic physicians.

As Catholic physicians, we are especially privileged to see Jesus in the woundedness of others, to contemplate the mystery of suffering and do our best to uphold and safeguard the dignity of the human person. We can experience joy in our encounters with patients and share that with them, giving them a glimpse of joy in the crucified and risen Christ.

Like all Catholics, we are privileged to participate in a rich sacramental life. As we receive an abundant outpouring of grace through the sacraments, especially the Eucharist and Confession, we can heroically practice living those great cardinal virtues, sharing our faith, providing hope, and acting in love in all we do.

Mindful of these opportunities and of the virtues we are called to cultivate in our lives, especially the virtues of humility and compassion, we clearly

recognize medicine as the virtuous profession it is. Pope Francis (2013) in *Evangelii Gaudium* tells us: “Before all else, the Gospel invites us to respond to the God of love who saves us, to see God in others and to go forth from ourselves to seek the good of others. Under no circumstance can this invitation be obscured! All of the virtues are at the service of this response of love” (no. 39).

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1. Scripture citations throughout are from the New Revised Standard Version Catholic Edition.

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Francis, Pope. 2013. *Evangelii Gaudium* (On the Proclamation of the Gospel in Today’s World). https://w2.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html.

Biographical Note

John M. Travaline, MD, is a professor of Thoracic Medicine and Surgery at the Lewis Katz School of Medicine at Temple University, Philadelphia, PA, and a Roman Catholic deacon of the Archdiocese of Philadelphia, PA.