Pastoral Care in Health and the

New Evangelization

for the Transmission of the Faith

The Pontifical Council for Health Care Workers

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This course can be summed up in Padre Pio's comments about his House for the Relief of Suffering

"caring for bodies . . . to save souls"

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How to Use This Course

Why do physicians and nurses need a course about pastoral care of patients based on the principles of the New Evangelization? (Because they need it)

This discussion-based course was written for Catholic physicians, nurses, and other health-care professionals to

1) Understand the current problems in today's medical system related to pastoral care of patients

2) Learn what the Church's vision is for pastoral care of patients and

3) Learn concrete ways, both from the course and your colleagues, to apply the New Evangelization in your own practice of medicine.

Why Can't I Just Learn This on My Own? (You can, but . . .)

This course will comprehensively take the participant through the 45 pages of the *Pastoral Care in Health* document from the Pontifical Council for Health Care Workers in six interactive lessons. This course was written to be given in a group setting because

1) It gives people the opportunity to learn from others (many of the practical suggestions will come from your colleagues, not the pages of this manual)

2) It helps people to be more attentive and more responsible while learning

3) There is a great need for fellowship among like-minded Catholic medical professionals

How Does a "Discussion-Based" Course Work? (Very well, Thank you!)

This course is *not* a didactic course with a teacher lecturing and showing powerpoint slides. As you will see from the structure of each lesson, there is *no* lecturing, and the essential content of each lesson will be read aloud in a shared fashion by all participants. This allows for a maximum of focused discussion based on a maximum of shared background material in a finite amount of time.

Each lesson possesses the following sections, and each serves a particular purpose:

OPENING PRAYER

For this course, I have chosen the prayer to Our Lady of Sorrows because Mary weeps when the sick and suffering are ignored or treated as objects instead of subjects with infinite dignity.

SESSION GOALS

Too often, we go into reading or learning without the need to answer a specific question. If we do seek the answer to a question, we are more likely to remember what we learned. Three goals are chosen per session in honor of the Holy Trinity. Reflect on these goals before and after each session.

GOSPEL REFLECTION and QUESTION

A Gospel passage is chosen that incorporates one or more of the themes from the section of the document to be covered in that lesson. In this way, we "prime the pump" of our minds to look at a subject from the perspective of Christ instead of the perspective of the world.

And yes, you really do have to spend FIVE WHOLE MINUTES reflecting on it in silence before discussing it. For those not accustomed to silence, this will be incredibly painful, but it is the "good pain" an athlete encounters as his body is honed to perform actions it could not do before. This silence will hone our spirits to hear God speak to us in the "still, small voice" of our souls.

This action will also prepare people to follow Pope Benedict XVI's call for a return to the ancient prayer form of *Lectio Divina* (Divine Reading) (*Verbum Domini* 87). This ancient and incredibly fruitful form of prayer contains the following steps

1 - *Lectio* (Reading a text of scripture to see what it says *in itself*.)
2 - *Meditatio* (Meditation on a text of scripture to see what is says *to us*.)
3 - *Oratio* (In prayer, we speak to the Lord in response to his word.)
4 - *Comtemplatio* (We silently contemplate reality as God sees it and ask what conversion of mind, heart, and life is the Lord asking of us?)
5 - *Actio* (Because of what we have received in prayer, we act in our lives to give ourselves to others in charity.)

Listening to the Gospel and reflecting in silence will enable us to perform steps 1 and 2. By answering the Gospel Reflection Question and all the Discussion Questions, we begin to fulfill steps 3 and 4. By fulfilling the commitment in each week's *Make it Your Own* section, we achieve step 5.

PASTORAL CARE IN HEALTH AND THE NEW EVANGELIZATION FOR THE TRANSMISSION OF THE FAITH

The entire original document is contained within the pages of this course. The council's letter is broken into six sections. This part of each lesson is printed is smaller font, since it will not be read during group settings. *However*, since all will benefit from hearing the document's actual words, a section directly from the document (in regular size font instead of small font) will be read aloud before starting the **Summary and Explication.**

This section comprises the "pre-work" to be done before each meeting. It is not essential to read this before meeting, but it will make each session more fruitful, since reading the original document will not only raise questions in your mind but also give you insights that are unexpected. The course is written so that **no remote preparation is necessary** to benefit from the meetings.

SUMMARY AND EXPLICATION OF *Pastoral Care in Health*

This is the meat of the course; what preceded were appetizers and salad. A *summary* covers the main points of a longer document. An *explication* analyzes and develops an idea or principle. In this section, the document's main points are put into language that might be easier for the average non-theologian health care professional to understand. These ideas are also embellished with stories, quotes, and explanations that hopefully will bring them home.

The **Discussion Questions** are embedded within this section. After reading a series of paragraphs, the group stops at each question and discusses it. Questions are or two types: One type is based on the past - what has the participant experienced or observed. The other type is future focused - how can we apply what we have learned to future situations. The questions do not involve repeating points of the Catechism (as important as those are). This is where you will learn many practical tips from your colleagues.

MAKE IT YOUR OWN

In this section, we commit to action and accountability. We commit to action because so many course become simply a form of mental massage that may make us feel good but really doesn't change our lives. We commit to accountability, because after the first lesson, there will always be a question about what people learned from performing the previous week's commitment. However, nobody is button-holed and forced to answer.

CLOSING PRAYER

Paintings are set off from their vulgar, every-day surroundings by a picture frame.

Music is set off from the cacophony of mundane life with a frame of silence.

When we engage in activities that are meant to help us grow in wisdom and virtue, we frame that with prayer.

I have chosen a prayer to a physician-saint, Saint Gianna Molla, who will be a strong intercessor for us. She suffered and gave up her life for the life of her child. Of course, in the Opening and Closing Prayers, we call on Our Lady - for wisdom in the Opening Prayer and to comfort the afflicted in the Closing Prayer.

Modes of Learning

Each person learns better in certain ways, and no one learns equally well in all ways. This course allows people the opportunity to learn by several modes.

Visual Reading the word on the page (or computer tablet)

Auditory Hearing the prayers, Gospel, summary and explication, discussions, etc.

Kinesthetic Writing down answers to questions before, during, or after meetings, and performing each weekly commitment

Oral Praying the prayers, answering discussion questions aloud, reading the Gospel or portions of the summary and explication

TIME COURSE OF EVENTS

I recommend meeting around tables instead of seated in cozy sofas and cushy chairs. As the body is inclined, so is the spirit. If the body is lazy, the mind will tend toward laziness. If the body is alert, the mind is more likely to be alert.

If the group is 12 or less, you can meet around one table. If there are more than 12, I suggest meeting around more than one table. All sections except the discussion questions are done as a whole group. Each discussion question is discussed at each table. This enables more intimate interaction and more opportunities for people to speak.

This “play-by-play” is an outline or goal. You should not adhere to it with a stopwatch.

0:00 **Opening Prayer** (Pray aloud together while standing)

0:01 **Session Goals** (Person to Leader’s left reads aloud while all stand)

0:02 **Gospel Reflection** (Next person to left reads Gospel aloud while all stand)

0:04 **Silence** (Five minutes while seated; stay seated until Closing Prayer)
0:09 Leader reads **Gospel Reflection Question** and people discuss it

0:20 **Summary and Explication** (Continue having people on the left take turns reading a paragraph at a time. When a discussion question in **bold** is reached, the leader reads that question, and each table takes time to discuss it. When the leader thinks the time is appropriate, he then has the next person to left continue reading. Reading and discussions alternate until this section is completed.)

1:20 **Make it Your Own** (Except for the first week, the Leader reads the commitment from the prior week and asks the question(s) assigned. There is discussion. Then, the leader reads the new commitment to be performed before the next lesson and those present discuss what it means and how they might carry it out.)

1:29 **Closing Prayers** (Pray aloud together while standing)

1:30 **Adjourn** (Meetings should start on time and run no more than 90 minutes. Discussions can be curtailed if a shorter period of time is necessary.)

If you have questions about this course or suggestions for its improvement, please e-mail the author: twmcgovern@comcast.net.

LESSON ONE

Preface/Introduction
(pages 5-12)

OPENING PRAYER to Our Lady of Sorrows [Stand]

> O most holy Virgin, Mother of our Lord Jesus Christ: by the overwhelming grief you experienced when you witnessed the martyrdom, the crucifixion, and death of your divine Son, look upon me with eyes of compassion, and awaken in my heart a tender commiseration for those sufferings, as well as a sincere detestation of my sins, in order that being disengaged from all undue affection for the passing joys of this earth, I may sigh after the eternal Jerusalem, and that henceforward all my thoughts and all my actions may be directed towards this one most desirable object. Honor, glory, and love to our divine Lord Jesus, and to the holy and immaculate Mother of God. Amen.

SESSION GOALS [Stand] [Read aloud]

1. Learn why this document was written

2. Understand what 'The New Evangelization' means

3. Commit to being an agent of Christ for the Evangelization of your patients and colleagues

GOSPEL REFLECTION (Luke 9:1-6) [Stand] [Read aloud]

> 1 And he called the twelve together and gave them power and authority over all demons and to cure diseases, 2 and he sent them out to preach the kingdom of God and to heal. 3 And he said to them, "Take nothing for your journey, no staff, nor bag, nor bread, nor money; and do not have two tunics. 4 And whatever house you enter, stay there, and from there depart. 5 And wherever they do not receive you, when you leave that town shake off the dust from your feet as a testimony against them." 6 And they departed and went through the villages, preaching the gospel and healing everywhere.

[Reflect in silence for 5 minutes] [Sit down]

GOSPEL REFLECTION QUESTION: Why do you think Jesus sent out his disciples to both preach *and* heal? How is it significant that Luke mentions

healing (v. 1) before preaching (v.2)? (Note: Luke the physician mentions *healing* first; Matthew the tax collector mentions *preaching* first - Mt. 10:6-8).

Pastoral Care in Health - Preface and Introduction

(This is the basis for this lesson's discussion. While participants will benefit more if they read this before meeting, it is not essential to benefit from the discussion.)

PREFACE

The Thirteenth Ordinary General Assembly of the Synod of Bishops took place in the Vatican on 7-28 October 2012. Its theme was 'The New Evangelization for the Transmission of the Christian Faith'. At the end of their deliberations, the Synod Fathers addressed a Message to the whole world in which specific 'places' for the new evangelization were identified.

First of all reference was made to the family as the first setting for the transmission of the Christian faith. In the view of the Synod Fathers, indeed, 'Family life is the first place in which the Gospel encounters the ordinary life and demonstrates its capacity to transform the fundamental conditions of existence in the horizon of love'.

Another setting of the new evangelization is parishes, as a presence of the Church in local areas where men live, 'village fountains' as Saint John XXIII loved to call them, where everyone can drink, finding there the freshness of the Gospel. Their role remains *ineluctable*, even though changed conditions may require them to be organized in small communities and to have ties of cooperation in larger contexts. When speaking about parishes, many Synod Fathers emphasized the importance of catechesis for the transmission and the deepening of *faith*.

The Synod Fathers also pointed to the world of health as a 'specific' and 'proper' place for evangelization. On this subject they wrote: 'The Gospel also illuminates the suffering brought about by disease. Christians must help the sick feel that the Church is near to persons with illness or with disabilities. Christians are to thank all who take care of them professionally and humanely'.

In addition to the Message, the Synod Fathers drew up 'Propositions' which were presented to the Holy Father Benedict XVI as a first summary of the deliberations of the Synod. One of these, in particular, explicitly addressed the subject of the role of the new evangelization in the specific field of pastoral care in health: 'The New Evangelization must be ever aware of the Paschal Mystery of the death and Resurrection of Jesus Christ. This mystery sheds light on the suffering of people who can find in the Cross of Christ understanding and acceptance of the mystery of suffering that gives them hope in the life to come. In the sick, the suffering, persons with disabilities and those with special needs, Christ's suffering is present and has a missionary force. For Christians, there must always be place for the suffering and the sick. They need our care, but we receive even more from their faith. Through the sick, Christ enlightens His Church, so that everyone who enters into contact with them will find reflected the light of Christ. This is why the sick

are very important participants in the New Evangelization. All those in contact with the sick need to be aware of their mission. We cannot forget when we build new hospitals to pay attention so that we do not lack a consoling and supportive environment and a place for prayer'.

One would not understand some points of this 'Proposition' if one did not refer to the rich teaching of the Church on suffering and illness in relation to the mystery of the Cross of Christ. This is a teaching that found especial emphasis in the Saint John Paul II. In *Salvifici doloris* he specifically said: 'The theme of suffering…a universal theme that accompanies man at every point on earth: in a certain sense it co-exists with him in the world, and thus demands to be constantly reconsidered'.

For the reasons indicated above, the Holy Father Benedict XVI wanted to give to the twenty-seventh international conference of our Pontifical Council (15-17 November 2012) the title: 'The Hospital, Setting for Evangelization: a Human and Spiritual Mission'.

'Euntes docete et curate infirmos' (Mt 10:6-8) – go, preach and heal the sick, is the mandate of Jesus on which are based two of the fundamental activities which are always of contemporary relevance engaged in by the Church, that is the preaching of the Word and care for the sick. These are commitments which are always conjoined, both in local areas that are traditionally seen as being of mission, and in specific institutions such as centers for care and more precisely hospitals. Hospitals and centers for care are indicated therefore, in harmony with the current Year of Faith and the recent Thirteenth Ordinary General Assembly of the Synod of Bishops, as being privileged settings for evangelization in technologically advanced countries as well, where today they constitute more than ever before crossroads of cultures and religions, fields for the profound expression of union of the divine and the human, and the implementation of the apostolate of Mercy, as defined by the Saint John Paul II who in 1985 instituted the Pontifical Council *pro Valetudinis Administris*.

During the final reflections of the above-mentioned international conference, the following recommendations were drawn up as regards hospitals:

- The formation and updating of hospital personnel as regards new medical technologies.
- The formation of hospital personnel in relation to the principles, the foundations and the values of bioethics.
- The formation of hospital chaplains in relation to bioethics and in particular health-care bioethics.
- The creation of pastoral teams made up of chaplains.
- The celebration of the sacraments in hospitals.
- The creation within hospitals of places for healthy recreation and entertainment.
- The sensitization of civil society to support for sick people in hospitals.
- The development of systems for the control of pain so as to block the way to euthanasia.
- The promotion of respect for life in hospitals: from the conception of the human person until death.
- Leading a sick person to live his or her own illness in a Christian way so that he or she becomes in his or her turn an evangelizer of his or her environment.

I am convinced that this booklet 'Pastoral Care in Health and the New Evangelization for the Transmission of the Faith' can meet the recommendations drawn up at the end of the Thirteenth Ordinary General Assembly of the Synod of Bishops and by the twenty-seventh international conference and find appropriate application.

On this subject, I believe that the eternal link between faith and suffering can also be found in the recent encyclical letter *Lumen Fidei* by Pope Francis, in particular in nn. 56-7 which are reproduced in the appendix of this booklet. Indeed, suffering constitutes a witness to faith and faith, for its part, supports and gives meaning to the mystery of suffering. This indissoluble tandem thus constitutes a task which always calls on the Church, and pastoral care in health in particular, in the work of evangelization entrusted to them by the Lord.

+ Zygmunt Zimowski
President of the Pontifical Council
for Health Care Workers

INTRODUCTION

> He went around all of Galilee,
> teaching in their synagogues,
> proclaiming the gospel of the kingdom,
> and curing every disease and illness
> among the people. (Mt 4:23).

The Example and the Mandate of Jesus

Care for the sick and activity involving healing, as is borne witness to by the gospels, are important moments of the unique evangelizing action of Jesus and a visible sign of the presence of the Kingdom of God amongst us. Faithful to the mandate received, and following the example of Christ, her Lord, who in welcoming the sick predisposed the multitudes to listening to the Word, to the conversion of lives and to believing in the Gospel, the Church over the course of the centuries 'has felt strongly that service to the sick and suffering is an integral part of her mission, and not only has she encouraged among Christians the blossoming of various works of mercy, but she has also established many religious institutions within her with the specific aim of fostering, organizing, improving and increasing help to the sick. Missionaries, for their part, in carrying out the work of evangelization have constantly combined the preaching of the Good News with help and care for the sick'. Faced with good works, above all those inspired by divine mercy, such as care and help for the sick, even those who do not believe render glory to God and are predisposed to encounter with Jesus.

The Year of Faith and the Thirteenth Ordinary Assembly of the Synod

In continuity with this important, relevant and constant presence of the Church in the health-care world, and following a consolidated practice of updating at a theological and pastoral level typical of the Second Vatican Council, as was done at the end of the first Special Assembly for Europe of the Synod of Bishops, through the following observations the Pontifical Council for Health Care Workers seeks to offer its own specific contribution to the task of conversion and pastoral renewal which is needed today by the Church in order to bring the Gospel to those men and women of our time who are living a season of illness and suffering.

Indeed, the Holy Father Benedict XVI wanted the Year of Faith to be first of all ‘a time of particular reflection and rediscovery of the faith’. With the aim of involving the whole of the Church in the commitment to *the new evangelization* and to meeting the challenges of a world that is in continual transformation, where in so many contexts and in so many countries ‘God is completely or partially left out of life and human consciousness’, during the first days of its opening His Holiness inaugurated and presided over the celebration of the Thirteenth Ordinary Assembly of the Synod whose theme was: ‘The New Evangelization for the Transmission of the Christian Faith’.

Benedict XVI invited us to see the Year of Faith as ‘a pilgrimage in the deserts of today’s world, taking with us only what is necessary: neither staff, nor bag, nor bread, nor money, nor two tunics – as the Lord said to those he was sending out on mission (cf. Lk 9:3), but the Gospel and the faith of the Church, of which the Council documents are a luminous expression, as is the Catechism of the Catholic Church, published twenty years ago’. He strongly emphasized that ‘Living faith opens the heart to the grace of God which frees us from pessimism. Today, more than ever, evangelizing means witnessing to the new life, transformed by God, and thus showing the path’.

Pastoral Care in Health for the New Evangelization

During the last ordinary assembly the Synod Fathers dedicated time to reflecting on the importance that the mystery of suffering and the presence of the sick in the Church have for the new evangelization. In Proposition n. 32, which was given to the Holy Father at the end of the deliberations of the assembly, we read: ‘The New Evangelization must be ever aware of the Paschal Mystery of the death and Resurrection of Jesus Christ. This mystery sheds light on the suffering of people who can find in the Cross of Christ understanding and acceptance of the mystery of suffering that gives them hope in the life to come. In the sick, the suffering, persons with disabilities and those with special needs, Christ’s suffering is present and has a missionary force. For Christians, there must always be place for the suffering and the sick. They need our care, but we receive even more from their faith. Through the sick, Christ enlightens His Church, so that everyone who enters into contact with them will find reflected the light of Christ. This is why the sick are very important participants in the New Evangelization. All those in contact with the sick need to be aware of their mission. We cannot forget when we build new hospitals to pay attention so that we do not lack a consoling and supportive environment and a place for prayer’. These observations highlight the extraordinary contribution that pastoral care in health can and must offer to the new evangelization.

The Points of Reference

The first, fundamental and solid basis for an internal impetus for the new evangelization is the documents of the Second Vatican Council. To return to ‘the “letter” of the Council’, that is to say to the authentic spirit in which these documents had their origins, ‘allows what is new to be welcomed in a context of continuity’.

It is equally important to bear in mind the wealth of observations and recommendations regarding evangelization that are present in the apostolic exhortation *Evangelii Nuntiandi* of Blessed Paul VI.

Because of the special character of the subjects and contexts of pastoral care in health, other points of reference that cannot be avoided are the encyclical letter *Evangelium Vitae* and the apostolic letter *Salvifici doloris*, both by the Saint John Paul II. A convinced proclaiming of the *Gospel of life* and of the *Gospel of suffering* opens up areas of exchange and dialogue in which faith in the Lord Jesus who rose again, is alive

and is present amongst us, is shown to be a gift of grace for those who suffer, an invitation to treatment and care that is attentive and loving towards the sick on the part of medical doctors, nurses and all health-care workers, and a light that directs the research of men of science, in a world that increasingly runs the risk of being without love and without God. Christians and men of good, in meeting each other around a man who suffers, who is a special way for the Church, can work together to make medicine and health-care systems more human and above all direct them towards the integral salvation of the person for the contemporary and future good of humanity.

The Structure

The first chapter of this work describes the impact of secularization on the health-care world; the second seeks to engage in an analysis of the *Gospel of mercy* as a foundation and a precept that is always of value for the encounter of man with the Lord Jesus with a view to the new evangelization. The third chapter offers and proposes a paradigmatic model of the 'health-care/therapeutic catechumenate' whose task is to highlight and foster in a better way the purpose of pastoral care in health, directing it towards the rediscovery, the transmission and the strengthening of faith. The fourth chapter points to the specific areas of pastoral care in health and the subjects that are called to carry out their mission of proclaiming and bearing witness in a way that is effective as regards the Gospel. The horizon of the *new culture of life*, which is invoked in the fifth chapter, is the indicator for pastoral action in the health-care field which conforms to the new evangelization. As the Lord Jesus says in the Gospel, you know a tree by its fruits.

SUMMARY AND EXPLICATION OF *Pastoral Care in Health -* Preface and Introduction (pages 5-12) [Read aloud]

Preface

(Reasons for this Document)

Face it. Our patients *expect us* to be experts in suffering, *their* suffering. They are disappointed when we treat them only as a menagerie of symptoms, clinical findings, and test results. They want us to understand and address their suffering. Few of us received training in dealing with suffering. Few of us received training in how to evangelize in the midst of our work with patients. And perhaps few of us even realize that it is our mission to evangelize the suffering (and to be evangelized by them)! The Church has thrown us a life-line with the document we are studying.

During the last weeks of the Year of Faith called by Pope Benedict XVI, the 13th Ordinary General Assembly of the Synod of Bishops met at the Vatican from October 7-28, 2012 to discuss *The New Evangelization for the Transmission of the Christian Faith*. After discussing the primary importance of the family and the significant role of the parish as settings for transmitting the Christian faith, the Synod Fathers pointed to "the world of health as a 'specific' and 'proper' place for evangelization."

One of the propositions the Synod Fathers forwarded to Pope Francis specifically addressed the field of pastoral care in health:

> "The New Evangelization must be ever aware of the Paschal Mystery of the death and Resurrection of Jesus Christ. This mystery sheds light on the suffering of people who can find in the Cross of Christ understanding and acceptance of the mystery of suffering that gives them hope in the life to come." (Preface, pp 5-6)

All health care workers who have personal contact with the sick must be aware of the mission that their suffering patients bear. In the sick, we see Jesus Christ suffering *and* enlightening his Church. We health care workers not only give to the sick; they give to us.

On September 26, 2014, Archbishop Zygmunt Zimowski, responsible for the publication of this document, addressed the Catholic Medical Association annual conference in Orlando, Florida. He told us the we need courage where secularization seems to have taken the upper hand in society; we need courage to witness to Christ in our work. He said that this courage must be coupled with the formation of our consciences according to the mind of Christ as deposited in the Church. He encouraged us to continue to swim against the current of our culture to relentlessly live and proclaim the New Evangelization. This document is another step in equipping those of us who work in the healing professions.

Question 1. Are you comfortable dealing with your patients' suffering? Why or why not? Did anyone teach or mentor you in the alleviation of suffering in others? What do you want to learn regarding the suffering of patients?

Jesus commanded his followers to "go, preach and heal the sick" (Matthew 10:6-8). Hospitals and medical clinics are therefore "privileged settings for evangelization".

A recent secular website (**www.medscape.com**, August 22, 2014) published an article recognizing the importance of addressing religious and spiritual issues for patients:

> The spiritual component of care is one that patients are asking for, noted Robert Klitzman, MD, professor of clinical psychiatry and director of the masters of bioethics program at the College of Physicians and Surgeons at Columbia University in New York City. "It is extremely important to many patients with cancer and other chronic illnesses, and doctors need to be aware of that," he told Medscape Medical News.
>
> In the late-19th century, medicine distanced itself from what is now considered holistic treatment, he commented. "American medicine wanted to become very scientific and distanced itself from what it saw as quackery," he said. "They rejected anything that wasn't scientific."
>
> But the reality is very different for the patient, Dr. Klitzman continued. "Someone experiencing cancer and possibly facing the end of life doesn't think of science as one thing and spiritual issues as something else — they are seen as one and the same."
>
> "We as doctors need to be aware of that; a patient's experience of illness involves the scientific medical aspect as well as the spiritual and existential aspect," he explained. "We need to educate doctors to be aware of that."

If even the secular medical community is recognizing the importance of addressing each patient's spiritual life, how much more should we who are believers and followers of Jesus Christ!

This document is meant to be read *and* applied in our lives and those of our patients as we care for their bodies (medical care) and souls (pastoral care).

Question 2. How does your work environment *foster* or *discourage* engaging patients on religious or spiritual needs? In what ways have patients let you know they have deep concerns regarding God and eternity?

Introduction

The Example and the Mandate of Jesus

> "He went around all of Galilee,
> teaching in their synagogues,
> proclaiming the gospel of the kingdom,
> and curing every disease and illness
> among the people" (Mt 4:23)

Religion and health care, preaching and healing have proceeded hand-in-hand since the beginning of organized health care (http://en.wikipedia.org/wiki/History_of_hospitals), and it is only a recent phenomenon that has seen a disconnect between religion and medicine.

When Jesus welcomed the sick, he "predisposed the multitudes to listen to the Word, to the conversion of lives and to believing in the Gospel" (p. 9). Service to the sick and suffering is an integral part of the Church's mission. Missionaries have constantly combined preaching the Good News and caring for the sick, and in doing so, even non-believing patients become open to learning about Jesus Christ.

Question 3. Give an example of a patient who became more interested in learning about God because of the care they received? If you cannot think of such an example, what *might* that mean the effectiveness of our health care?

The Year of Faith and the Thirteenth Ordinary Assembly of the Synod

Because the 13th Ordinary Assembly of the Synod of Bishops took place at the end of the Year of Faith, the Pontifical Council for Health Care Workers offers this document as

> "its own specific contribution to the task of conversion and pastoral renewal which is needed today by the Church in order to bring the Gospel to those men and women of our time who are living a season of illness and suffering" (p. 10)

Pope Benedict XVI noted that in many countries, "God is completely or partially left out of life and human consciousness" and desires all Christians to embrace and commit to the New Evangelization by "witnessing to the new life, transformed by God, and thus showing the path" (p. 10).

What is the New Evangelization?

Saint John Paul II first used the phrase "New Evangelization" in 1983 during a speech to the bishops of Latin America gathered in Port-au-Prince, Haiti when the Church in America was preparing to commemorate the 500th anniversary of the first evangelization of the American continent. In 1990, he invited the Church throughout the world to respond to this call in his encyclical Mission of the Redeemer (*Redemptoris Missio*)"

> I sense that the moment has come to commit all of the Church's energies to a new evangelization and to the mission *ad gentes* [to the nations]. No believer in Christ, no institution of the Church can avoid this supreme duty. (RM 3)

The Church herself is the first recipient of this New Evangelization, for many baptized Catholics were never evangelized or never made a personal commitment to Christ. Many Catholics have been formed in the values of the secular culture, have lost their sense of faith, or have become alienated. In addition to Catholics, all human cultures must be transformed in Christ through the New Evangelization.

Joseph Cardinal Ratzinger (Pope Benedict XVI) spoke on the New Evangelization December 12, 2000, during the Jubilee of Catechists. This was the feast day of Our Lady of Guadalupe who Saint John Paul II proclaimed the patroness of the New Evangelization.

Cardinal Ratzinger said that the New Evangelization is necessary, because the art of living remains unknown to so many people who do not know the path to happiness and fulfillment. <u>Evangelization means teaching the path to happiness</u>, and that path is Christ. Unfortunately, the world has experienced significant de-Christianization and a loss of human values. Worse yet, many of the world's people "do not find the Gospel in the permanent evangelization of the Church."

The New Evangelization is not a grand program promoted with a flashy advertising campaign and over-the-top promises. It instead grows organically at God's pace, as the mustard seed grows. Its method is that of expropriation, every Catholic giving his whole person to Christ for the salvation of men. The content of the New Evangelization is fourfold:

1. Personal conversion from sin
2. The Kingdom of God (meaning God himself)
3. Jesus Christ (if you have a question, he is the answer)
4. Eternal life (we will all be judged after death and go to Heaven or Hell)

Question 4. What was your understanding and experience of the *New Evangelization* before reading this passage? Why do you think it is important (or

unimportant) to learn about how to apply the New Evangelization in your vocation as a Health Care Worker?

Pastoral Care in Health for the New Evangelization

Our mandate as health care workers was clearly given in proposition 32 delivered by the Synod Fathers to Pope Francis:

> "The New Evangelization must be ever aware of the Paschal Mystery of the death and Resurrection of Jesus Christ. This mystery sheds light on the suffering of people who can find in the Cross of Christ understanding and acceptance of the mystery of suffering that gives them hope in the life to come. In the sick, the suffering, persons with disabilities and those with special needs, Christ's suffering is present and has a missionary force. For Christians, there must always be place for the suffering and the sick. They need our care, but we receive even more from their faith. Through the sick, Christ enlightens His Church, so that everyone who enters into contact with them will find reflected the light of Christ. This is why the sick are very important participants in the New Evangelization. All those in contact with the sick need to be aware of their mission. We cannot forget when we build new hospitals to pay attention so that we do not lack a consoling and supportive environment and a place for prayer" (p. 11)

Question 5. What does it mean that "In the sick, the suffering, persons with disabilities and those with special needs, Christ's suffering is present and has a missionary force?" What is the nature of this missionary force? How is it related to the *missionary force* of Christ on the Cross?

The Points of Reference

This document gleans wisdom from multiple sources
- The documents of the Second Vatican Council
- The practical apostolic exhortation on evangelization by Blessed Paul VI, *Evangelii Nuntiandi*

- Saint John Paul II's encyclical *Evangelium Vitae* (The Gospel of Life) and his apostolic letter on the Christian Meaning of Human Suffering (*Salvifici Doloris*)
- Pope Francis' Encyclical Letter *Lumen Fidei* (The Light of Faith)

The Structure

Professor Peter Kreeft (pronounced 'Krayft') of Boston College, who has probably done more than anyone else to help average people understand and apply philosophy to their everyday lives, notes that there are four steps to addressing any problem, and he uses medical terminology in doing so.

Step One	**Symptoms**	What is the problem? What are the bad effects?
Step Two	**Diagnosis**	What is the cause of the problem and bad effects?
Step Three	**Prognosis**	What is the good effect and outcome we desire?
Step Four	**Prescription**	What can we do to yield the good effect?

In Chapter One - Steps One and Two are examined. The **Symptoms** include a lack of solidarity with society's weakest members, reduced respect for human dignity, freedom detached from the truth, worsening spiritual suffering, and increased powerlessness of those who are suffering. These symptoms are known collectively as The Culture of Death. The **Diagnosis** is the Dictatorship of Relativism and its allies secularism and materialism.

Chapter Two discusses the **Prognosis**, the outcome we Christians desire in working with the suffering. The document puts flesh on the bones of what the *Gospel of Mercy* is within the horizon of the "*new culture of life"* (p. 12).

Chapters Three and Four presents us with the **Prescription**, specific ways we can effectively carry out our mission to proclaim and bear witness to the Gospel among our patients and how *Pastoral Care in Health* can achieve the *Transmission of the Faith.*

Chapter Five motivates the **Prescribers**, those who carry out the prescription, and gives us a 'new interior impetus' for this New Evangelization.

Question 6. What are you hoping to learn in the coming lessons from this document and discussions?

MAKE IT YOUR OWN

Commitment for Lesson One: At the beginning of each day, pray that God and your guardian angel show you at least one individual who wants to talk to you about his or her suffering and God's role in it. Be willing to talk to at least one individual a day about it and show him or her that (at least on some level) you understand and empathize.

CLOSING PRAYERS [Stand]

Saint Gianna, heroically Christlike wife, mother and physician, I ask the help of your prayers, as I strive to follow your holy example in my physical and spiritual trials.

Help me, by your prayers, to recognize the suffering of the Cross as the way to pure and selfless love of God and my neighbor. May your practice of medicine with priestly care of both body and soul inspire physicians to see the Face of the suffering Christ in their patients.

May your loving acceptance of illness and death help patients to know and do God's will in all things, uniting their sufferings to the Passion and Death of Christ for the salvation of the world.

Saint Gianna, pray for us always that we may have a heart, meek and courageous, like the Heart of Jesus, in Whom we find our healing and strength. We ask this through Christ our Lord. Amen

Our Lady, Comfort of the Afflicted, Pray for Us.

LESSON TWO
Chapter One: Changes and Transformations Caused by New Scenarios in the Field of Pastoral Care in Health
(pages 13-20)

OPENING PRAYER to Our Lady of Sorrows [Stand]

> O most holy Virgin, Mother of our Lord Jesus Christ: by the overwhelming grief you experienced when you witnessed the martyrdom, the crucifixion, and death of your divine Son, look upon me with eyes of compassion, and awaken in my heart a tender commiseration for those sufferings, as well as a sincere detestation of my sins, in order that being disengaged from all undue affection for the passing joys of this earth, I may sigh after the eternal Jerusalem, and that henceforward all my thoughts and all my actions may be directed towards this one most desirable object. Honor, glory, and love to our divine Lord Jesus, and to the holy and immaculate Mother of God. Amen.

SESSION GOALS [Stand] [Read aloud]

1. Understand that you are an answer to Jesus' prayer to send laborers into the harvest

2. Learn that **Symptoms** of the problems in modern health care can be categorized as the **Culture of Death** and what this means

3. Learn that the **Diagnosis** or cause of the Culture of Death is **Relativism**, even a Dictatorship of Relativism, and what this means

GOSPEL REFLECTION (Matthew 10:35-38) [Stand] [Read aloud]

> And Jesus went about all the cities and villages, teaching in their synagogues and preaching the gospel of the kingdom, and healing every disease and every infirmity. When he saw the crowds, he had compassion for them, because they were harassed and helpless, like sheep without a shepherd. Then he said to his disciples, "The harvest is plentiful, but the laborers are few; pray therefore the Lord of the harvest to send out laborers into his harvest."

[Reflect in silence for 5 minutes] [Sit down]

GOSPEL REFLECTION QUESTION: When do you have compassion for others? How are you an answer to the prayer of Jesus for the Lord to send more "laborers into his harvest"?

Pastoral Care in Health Chapter One

(This is the basis for this lesson's discussion. While participants will benefit more if they read this before meeting, it is not essential to benefit from the discussion.)

> At the sight of the crowds,
> his heart was moved with pity for them
> because they were troubled and abandoned,
> like sheep without a shepherd. (Mt 9:36).

With the Compassion of Jesus for the Man of Today

In wanting to take on 'The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted', the Church today looks at the world of health, which is characterized by so many changes and problems, with the same compassion with which Jesus received the troubled and abandoned crowds of Galilee. Bringing to that world the light of the Word made flesh, and the charity of the Good Shepherd, she recognizes it and transforms it into a 'place to proclaim and witness to the Gospel'.

Here the aim is certainly not to present and explore all the numerous forms of cultural, social and scientific blindness and partial vision that today influence the world of health. However, the presentation of points and stimuli will help in various contexts to acquire a better awareness, assessment and definition of situations of values and anti-values that are present in those contexts.

Human Life and the Anthropological Problem

Imagining human life without any reference to God and transcendence, which is induced by secularized culture today, has led to a grave attack on the Christian anthropological vision and has profoundly changed, in some cases even overturned, the shared way of understanding the value and the meaning of life, of health, of illness, of suffering and of death. This is a revolution which in a transversal way has affected all the contexts of pastoral care in health.

Described by the Saint John Paul II in the first part of *Evangelium Vitae*, this is a cultural phenomenon which has led to a 'tendency for people to refuse to accept responsibility for their brothers and sisters', to 'the lack of solidarity towards society's weakest members – such as the elderly, the infirm, immigrants, children', and to the 'indifference frequently found in relations between the world's peoples'.

Stigmatized by this Pope as the ‘culture of death’, it is opposed in a dramatic and epochal clash to the ‘culture of life’. This is a very vast reality whose real size many more people are aware of today than was previously the case. It is a ‘structure of sin’, supported economically and politically by those people who promote a conception of society based on an exaggerated view of efficiency. It is an authentic war of the powerful against the weak: ‘A person who, because of illness, handicap or, more simply, just by existing, compromises the wellbeing or life-style of those who are more favored tends to be looked upon as an enemy to be resisted or eliminated. In this way a kind of “conspiracy against life” is unleashed’.

The ‘culture of death’ has its roots in that mentality ‘which carries the concept of subjectivity to an extreme and even distorts it, and recognizes as a subject of rights only the person who enjoys full or at least incipient autonomy and who emerges from a state of total dependence on others’, and in an idea of freedom which is totally individualistic and ‘which exalts the isolated individual in an absolute way, and gives no place to solidarity, to openness to others and service of them’. When freedom rejects its ‘essential link with the truth’ it denies itself, it destroys itself and moves towards the destruction of the other. The supporters of this ‘conspiracy against life’ can rely upon broad social consensus obtained through an almost total and powerful complicity of the mass media, and upon legal approval provided by national governments which are often influenced, if not even conditioned, by international institutions. This is a legitimization smuggled in as a moral entry permit.

Human life ends up by being seen as being on the level of ‘simple“biological material”’. A ‘materialistic and mechanistic’ understanding, the expression of the will to dominate, which in denying the least dignity to the person at the beginning, end and every moment of his or her existence, claims the most absolute availability of that person to justify any practice in the name of an arbitrary utilitarianism. We are faced here with the dictatorship of relativism which does not in any way tolerate being called into question. The so-called *ethically sensitive issues* regarding the beginning and the end of human life, the reality of the family, the rights of the weakest, that is to say those who are socially and legally less protected, which today are at the centre of sharp cultural, social and political clashes,have their origins in the cultural hegemony of relativism.

Health, Illness, Suffering and Death

Health care, as a consequence, also comes to lose any reference to the transcendent destiny of man. Recognized as a right guaranteed by law, the protection of health has often led, above all in Western countries, to health-care models that are characterized by an excessive medicalization of life, to the point of generating ‘a certain Promethean attitude which leads people to think that they can control life and death’.

From this approach comes a vision of health as an absolute good which is self-enclosed, without a future horizon of meanings. Almost obsessive care for the body, understood simply as a pre-condition and guarantee for the enjoyment of one’s own material goods, often leads to a mere temporal extension of existence and as a consequence to the rejection of that pathway towards the fullness of life that Jesus promised.

Even though today it appears to have become a model that is not very much appreciated, being, instead, ignored, we must have the courage to offer, and the strength to bear witness to, the prospect of a good life, directed to that future and eternal life,

which is daily lived out in the implementation of those moral values based on Christianity and marked by respect for the other and solidarity with the weakest, pursued through the exercise of the virtues and personal sacrifice, as the Apostle Paul himself recommended to the favorite disciple. This is a matter of appreciating in the best way possible the exemplary character of so many Christian communities and the bearing of witness to faith by individuals in various contexts who proclaim the possibility and the joy of living a life based on the Gospel.

In opposition to so much exaggerated emphasis on health, today illness is experienced as one of the most upsetting situations that man can address during his existence. In altering the normal psycho-physical functions, and above all the perception of our corporeal image, it generates a dramatic and unbridgeable gap between projects, wishes and aspirations and the narrowed conditions in which people are forced to live. Paradoxically, hospitalization makes a sick person the hostage of modern medicine which in proceeding by classifications, various indicators and conceptual definitions of symptoms and pathologies, ends up by isolating the patient in a total passivity. Despite the repeated proclamations of its definitive end, illness continues to be a threat to personal autonomy. It inexorably drags the individual towards human powerlessness and social marginality. It was once again the Saint John Paul II who reminded us that 'When the prevailing tendency is to value life only to the extent that it brings' pleasure and well-being, suffering seems like an unbearable setback, something from which one must be freed at all costs'.

Although suffering is sought refuge from, death is even more unacceptable:'it suddenly interrupts a life still open to a future of new and interesting experiences'. Paradoxically, 'it becomes a "rightful liberation" once life is held to be no longer meaningful because it is filled with pain and inexorably doomed to even greater suffering'. For the contemporary world it is always an unwelcome guest, an absurdity that is absolutely irreconcilable with human existence. Secularized culture tends to remove it, to make it socially invisible, and to expropriate the individual of his or her awareness of it at the moment of dying. Other opinions try to exorcise its dramatic character, reducing it to an event that is naturalistic in a banal way. Paradoxically, its morose conversion into a spectacle by the mass media reaffirms its marginality and its denial.

Spiritual Pathologies:Depression and Drug Addiction

The spiritual suffering of giving meaning to one's own existence often takes the pathological form of an illness. As regards depression, which is also called the dark malady, and which today is very widespread in the West, it is predicted that in the years to come it will increase even more. Women suffer more from it in percentage terms than men, with heavy repercussions for the family and society. Even more alarming is the fact that for almost two-thirds of the people affected by this illness pharmacological and psychological therapies have a low level of efficacy.

Associated with spiritual sufferings are the abuse of alcohol, medical products, psychotropic drugs, and drug consumption, forms of behavior which, in addition to causing in individuals physical and psychological addiction from which it is difficult for them to escape, also cause grave physical injury with a consequent increase in government expenditure.

Medicine and Secularization

The 'new scenarios' derived from secularization have changed many things on the health-care front as well. It was again the Saint John Paul II who denounced a degeneration of medicine 'which by its calling is directed to the defense and care of human life, *some of its sectors* are increasingly willing to carry out these acts against the person. In this way the very nature of the medical profession is distorted and contradicted, and the dignity of those who practice it is degraded'. The art of medicine of our days is the child of that cultural turning point which witnessed man dominate nature by the experimental method, which then led on to the ideology of progress, according to which everything that comes from science is always, and whatever the case, good and positive, thereby claiming for itself absolute freedom. Faced with growing ethical responsibilities, the medical doctor tends increasingly to be a technician who offers solutions outside any possible horizon of meaning and with a vision of man. The image of the *Good Samaritan*, commonly associated with the medical profession and the health-care professions in general involved in relationships of help, remains, in fact, a rather extrinsic and totally personal reference point, with all the implications of a spiritual and moral character that are involved in this. The nursing world, and more in general the world of professional care and voluntary work, without denying their own roots in solidarity, today are very exposed to the influence of the human sciences, above all psychology and sociology, which promote models of care and of accompanying that are marked by visions of man that are without any horizon of transcendence and Christian hope.

After the advantages brought about by the advances of science, today medicine owes much of its success to the extraordinary development of technologies over recent years. Although, on the one hand, this represents an undoubted advantage for everyone, it is not true that the *standardization* imposed by technology always works to the benefit of patients.

The mass media have also helped medicine to grow, facilitating and increasing the exchange of information, augmenting the comparison of experiences and knowledge, and eliminating geographical, ideological and cultural distances, differences and forms of diffidence. Today it is possible to share knowledge and experiences and compare therapeutic protocols for the treatment of any pathology from one corner of the planet to another in a very short space of time. On the other hand, the democratic character of these media has fostered the spread of health-care information amongst people who are not involved in the provision of health care, that is to say potential patients. This is a phenomenon that often causes conflicts between medical doctors and their patients who, indeed, quite often make a court case not only to obtain justice but also to try to obtain something. To defend themselves against the risk of possible legal actions, many medical doctors today practice so-called 'defensive medicine', to the detriment of the quality of treatment, care and the health of everyone and with a concomitant unjustified increase in health-care expenditure.

Politics, Economics and Health-care Systems

At the moment of organizing and administering health-care systems, it is politics and economics that have a significant impact on medical activities and more in general on respect for life. The coefficient of costs and benefits conditions the goals of prevention and the protection of public health. The more the minimum levels of care are reduced, the more the spaces for treatment and care entrusted to private parties are expanded and social differences increase as a consequence.

No less problematic is the pharmaceutical sector. The recent grave financial crisis has induced a reduction of investments in research and development as regards

new medical products, and this has involved privileging products and countries which assure a greater economic return. The embarrassing problem of access to medical products, from which, indeed, most of the world's population remain excluded, has still today not found a solution. Those who pay the consequences for this are naturally the weakest parts of society: children, women, elderly people and above all sick people of all age bands.

Health Care and Migrations

No less important is the phenomenon of migration as a result of which the normal epidemiological frame of reference has changed. The modified ethnic geography of our countries and frequent traveling by people have made the problem of possible great pandemics part of daily news. The phenomenon of migration and the vast presence of the mass media have further highlighted the enormous disparity and the geopolitical differences that today exist in health care between the West and so-called developing countries. In many of these countries, and above all in Africa, health-care institutions are almost totally owned or managed by religious institutes, Church bodies or Christian faith-based agencies. Why should we not see this presence as an extraordinary opportunity offered to the Church to evangelize the poor, transforming this reality into a great system of solidarity, within the horizon of Christian charity? Beyond the differences to be found in the various countries of the world, and faced with the numerous challenges that exist today in the health-care field, the Church and Christians are called to be the bearers of loving treatment and care for every person and of a message of hope that find their source in the God of life, of love and of mercy.

SUMMARY AND EXPLICATION OF *Pastoral Care in Health* Chapter One (pages 13-20) [Read aloud] [Sit down]

Changes and Transformations Caused by New Scenarios in the Field of Pastoral Care in Health

This lesson explores the Problems (**Symptoms**) with Pastoral Care in the Health Care culture today and makes a keen **Diagnosis** of their cause.

With the Compassion of Jesus for the Man of Today

In Vatican II's Pastoral Constitution, *Gaudium et Spes*, the Council Fathers laid out their vision for the renewed relationship between the Church and Society beginning with the stirring lines

> The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ. Indeed, nothing genuinely human fails to raise an echo in their hearts. (GS 1)

Just as Jesus received the "troubled and abandoned crowds in Galilee", so the Church today receives the troubled and abandoned with the same compassion (p. 13). Many men suffer from "cultural, social and scientific blindness" in today's health care culture and have become deaf to many of the echoes of suffering that reverberate in the hearts of men (p. 13). While writing this course, news outlets even reported that a prominent atheist considers it *immoral* to give birth to children with Down's Syndrome.

Question 1. Give examples from your own experience in medicine where you witnessed "culture, social, and scientific blindness". This blindness may have been in others or in you.

Human Life and the Anthropological Problem

Anthropology is the study of what a human person is, what his purpose is, and how he should act. Modern man's primary anthropological problem is that human life is conceived of as a good *without any reference to God*. When man is no longer seen in relation to God, "the value and the meaning of life of health, of illness, of suffering and of death" are turned on their heads (p. 14).

Saint John Paul II wrote that the "heart of the tragedy" culminating in the culture of death is the "eclipse of the sense of God and of man" (the anthropological problem).

Man has forgotten God, and this has led to a "progressive darkening of the capacity to discern God's living and saving presence" (EV 21). Man thinks that he can build the earthly city without God, but as St. Paul wrote about such men, "they became futile in their thinking" so that "their senseless minds were darkened...claiming to be wise, they became fools" carrying out works deserving of death, and "they not only do them but approve those who practice them" (Romans 1:21,22, 32).

Ideas have consequences: Saint John Paul II said that a view of man without God is responsible for the lack of solidarity society has with its weakest members - "the elderly, the infirm, immigrants, children and the indifference frequently found in relations between the world's peoples" (p. 14). Man is seen as valuable if he is powerful and as expendable if he is weak. Efficiency and productivity become the Culture of Death's hallmarks of what gives a person dignity or even the right to live.

> The 'culture of death' has its roots in that mentality 'which carries the concept of subjectivity to an extreme and even distorts it, and recognizes as a subject of rights only the person who enjoys full or at least incipient autonomy and who emerges from a state of total dependence on others', and in an idea of freedom which is totally individualistic and 'which exalts the isolated individual in an absolute way, and gives no place to solidarity, to openness to others and service of them'. When freedom rejects its 'essential link with the truth' it denies itself, it destroys itself and moves towards the destruction of the other. The supporters of this 'conspiracy against life' can rely upon broad social consensus obtained through an almost total and powerful complicity of the mass media, and upon legal approval provided by national governments which are often influenced, if not even conditioned, by international institutions . . . Human life ends up by being seen as being on the level of 'simple "biological material"'(p. 14)

Question 2. In the paragraph quoted above, what statements especially strike you and why?

In the Homily Cardinal Ratzinger gave at the mass before going into conclave to elect Pope Saint John Paul II's successor, he diagnosed the cause of the Culture of Death:

> Today, having a clear faith based on the Creed of the Church is often labeled as fundamentalism. Whereas relativism, that is, letting oneself be "tossed here and there, carried about by every wind of doctrine", seems the only attitude that can cope with modern times. We are building a **dictatorship of relativism** that does

> not recognize anything as definitive and whose ultimate goal consists solely of one's own ego and desires. (April 18, 2005)

Relativism is defined as “the doctrine that knowledge, truth, and morality exist in relation to culture, society, or historical context, and are not absolute.” You have your truth, and I have my truth. There is no absolute - except that there is no absolute! The Dictatorship of Relativism and the Culture of Death go hand-in-hand; one leads to the other. They do not tolerate having their legitimacy questioned. The Culture of Death (and its disregard for human dignity at the beginning and end of life, for the rights of the weakest, and for the reality of the family) is the primary symptom of the disease known as Relativism.

Question 3. In what ways has our culture become a “dictatorship” of relativism? How is relativism forced on us? What kind of dialogue is possible in a “dictatorship of relativism”?

What is the Culture of Death?

Saint John Paul II first used the term “culture of death” during his homily on August 15, 1993 at the Denver World Youth Day:

> This marvelous world - so loved by the Father that he sent his only Son for its salvation - is the theater of a never ending battle being waged for our dignity and identity as free, spiritual beings...Death battles against Life: a “**culture of death**” seeks to impose itself on our desire to live, and live to the full. There are those who reject the light of life, preferring “the fruitless works of darkness” (Eph 5:11). Their harvest is injustice, discrimination, exploitation, deceit, violence. In every age, a measure of their apparent success is the death of the Innocents. In our own century, as in no other time in history, the **culture of death** has assumed a social and institutional form of legality to justify the most horrible crimes against humanity: genocide, “final solutions”, “ethnic cleansings” and the massive taking of lives of human beings even before they are born, or before they reach the natural point of death.
>
> A **culture of life** means service to the underprivileged, the poor and the oppressed, because justice and freedom are inseparable and exist only if they exist for everyone. The culture of life means thanking God every day for his gift of life, for our worth and dignity as human beings, and for the friendship and fellowship he offers us as we make our pilgrim way towards our eternal destiny.

Question 4. During the last 20 years, how have you seen the terms "Culture of Life" and "Culture of Death" used by yourself and others?

Health, Illness, Suffering and Death

When health care agents (hospital systems and individual caregivers) lose the sense of man's eternal destiny and view the entirety of life as what is experienced here on the earth, health-care models become excessively medicalized. Life must be prolonged at all costs, and health is treated as an *absolute* good, not as a *relative* good. (Isn't it ironic that the "Dictatorship of Relativism" absolutizes the value of health?!) This leads to an obsessive care for the body that rejects preparation for the life hereafter with Christ.

As Christians, we must have the courage to offer the view that a human life is judged as good *relative* to God and eternal life; *that* is a relativism we can believe in! We Christians are relativists, too, but in the sense that we view and judge everything in relation to God. This view leads to solidarity with the weak and treating others with unconditional dignity.

Because health is treated as an absolute good, illness is treated as an absolute evil that so upsets some people that they have no holistic way to address it. Hospitalized patients become "hostages of modern medicine" who are "isolated in total passivity" (p. 16). As illness threatens a patient's personal autonomy, the patient becomes drawn toward the margins of society as one who is neither productive nor efficient nor even capable of experiencing pleasure. Suffering is treated as an absolute evil "from which one must be freed at all costs" (p. 17). Once again, the "Dictatorship of Relativism" does possess its own absolutes.

However, once a return to autonomy, productivity, and the experience of pleasure is deemed impossible, the Culture of Death stops trying to preserve life at all costs and seeks to end it prematurely. The Culture of Death sees no purpose or meaning in a life of suffering, and so the end of life is hidden and made "socially invisible" (p. 17). While the Culture of Death seeks to run from or ignore suffering, it makes suffering even worse by adding the spiritual suffering of *meaninglessness* to the physical suffering endured by patients.

Question 5. Why is health not an end in itself? In other words, what purpose does health serve beyond itself? How have you seen the Culture of Death make the end of life "socially invisible"?

Spiritual Pathologies: Depression and Drug Addiction

The spiritual suffering of meaninglessness can be severe and contribute to depression. Major depression is on the rise and expected to affect 15% of adults worldwide by 2020. The STAR*D study (Sequenced Treatment Alternatives to Relieve Depression) of the National Institutes of Mental Health revealed that only one-third of depression patients are successfully treated by drugs and psychotherapy. In other words, a chemical cause for the majority of cases of depression has not been demonstrated or found treatable.

Spiritual suffering has led to the ever-increasing abuse of alcohol, narcotics, psychotropic drugs, pornography, and other behaviors that lead to both physical and psychological addiction that only add to one's spiritual suffering.

Question 6. How have you seen modern healthcare succeed or fail in treating depression and addictions because of how our health care culture views man and God?

Medicine and Secularization

Today's culture has placed Science in the place of God, and therefore, anything Science discovers and can translate into technology must be allowed, in fact it must be considered "good". Just as in the Creation account in Genesis, "God saw everything that he had made, and behold it was very good" (Genesis 1:31a), today Science and its partner Technology consider everything that they create and behold it as "very good", just because man has created it. This is an idolatrous attitude that puts man in the place of God. This type of thinking has led to *in vitro* fertilization, designer embryos, embryonic stem cell research, and nuclear bombs.

The absolute freedom claimed by science has led to a degeneration of medical care in which doctors and nurses become agents of death instead of agents of life. Physicians are viewed as technicians who treat a body, not a person. Through their training in modern understandings of psychology and sociology, nurses are trained to care for patients without any reference to God or eternity.

As more patients learn about medicine through the Internet, they seek more diagnostic and treatment options from their physicians, many of which are not appropriate. Because some of these patients sue their physicians, more physicians are practicing "'defensive medicine' to the detriment of the quality of treatment, care and the health of everyone and with a concomitant unjustified increase in health-care expenditure" (p. 19).

Politics, Economics and Health-Care Systems

The Synod of Bishops acknowledged the inequities in medical care between countries and socioeconomic levels due to political and economic decisions. When a lower level of health care is guaranteed, social differences in available health care will rise. The reduction of pharmaceutical research and the high prices of many drugs that assure greater economic return has reduced the accessibility of treatment for many people. Even the recent increased in generic costs of medications five to twenty times what they were a few years ago is now affecting patient care in the United States.

Health Care and Migrations

The ease of international travel and the increasing migration of peoples has made the problem and possibility of pandemics worse. Think of the H5N1 (avian flu) viral epidemic and how fast the HIV epidemic spread around the globe. Because the majority of health-care institutions in developing countries, particularly in Africa, are run by the Church or Christian faith-based agencies, we should see this time as "an extraordinary opportunity offered to the Church to evangelize the poor" (p. 20).

Question 7. How have you seen health care affected by secularization (placing Science in the place of God), politics, economics, and migrations?

MAKE IT YOUR OWN

From Lesson One: At the beginning of each day, pray that God and your guardian angel show you at least one individual who wants to talk to you about his or her suffering and God's role in it. Be willing to talk to at least one individual a day about it and show him or her that (at least on some level) you understand and empathize.

Would someone like to state how they accomplished this resolution?

Commitment for Lesson Two: Ask God how he wants you to be a “laborer” working in the harvest of our health care culture. Discuss the answer you hear with a spouse, close friend or spiritual director.

CLOSING PRAYERS [Stand]

Saint Gianna, heroically Christlike wife, mother and physician, I ask the help of your prayers, as I strive to follow your holy example in my physical and spiritual trials.

Help me, by your prayers, to recognize the suffering of the Cross as the way to pure and selfless love of God and my neighbor. May your practice of medicine with priestly care of both body and soul inspire physicians to see the Face of the suffering Christ in their patients.

May your loving acceptance of illness and death help patients to know and do God's will in all things, uniting their sufferings to the Passion and Death of Christ for the salvation of the world.

Saint Gianna, pray for us always that we may have a heart, meek and courageous, like the Heart of Jesus, in Whom we find our healing and strength. We ask this through Christ our Lord. Amen

Our Lady, Comfort of the Afflicted, Pray for Us.

LESSON THREE

Chapter Two: The Gospel of Mercy for the New Evangelization

pages 21-26

OPENING PRAYER to Our Lady of Sorrows [Stand]

> O most holy Virgin, Mother of our Lord Jesus Christ: by the overwhelming grief you experienced when you witnessed the martyrdom, the crucifixion, and death of your divine Son, look upon me with eyes of compassion, and awaken in my heart a tender commiseration for those sufferings, as well as a sincere detestation of my sins, in order that being disengaged from all undue affection for the passing joys of this earth, I may sigh after the eternal Jerusalem, and that henceforward all my thoughts and all my actions may be directed towards this one most desirable object. Honor, glory, and love to our divine Lord Jesus, and to the holy and immaculate Mother of God. Amen.

SESSION GOALS [Stand] [Read aloud]

1. Understand the essential link between words and works, dogma and deeds, or preaching and healing for effective evangelization.

2. Know and understand the three different levels of life on which we human beings live.

3. Understand what human dignity is and how we are to address it as medical professionals on the levels of biological, spiritual, and eternal life.

GOSPEL REFLECTION (Matthew 9:9-13) [Stand] [Read aloud]

> As Jesus passed on from there, he saw a man called Matthew sitting at the tax office; and he said to him, "Follow me." And he rose and followed him. And as he sat at table in the house, behold, many tax collectors and sinners came and sat down with Jesus and his disciples. And when the Pharisees saw this, they said to his disciples, "Why does your teacher eat with tax collectors and sinners?" But when he heard it, he said, "Those who are well have no need of a physician, but those who are sick. Go and learn what this means, 'I desire mercy, and not sacrifice.' For I came not to call the righteous, but sinners."

[Reflect in silence for 5 minutes] [Sit down]

GOSPEL REFLECTION QUESTION: Imagine that you are Matthew? Why do you think the Lord called you? Why did you respond to his call?

Pastoral Care in Health Chapter Two

(This is the basis for this lesson's discussion. While participants will benefit more if they read this before meeting, it is not essential to benefit from the discussion.)

> Jesus said: "Those who are well do not need a physician,
> but the sick do. Go and learn the meaning of the words,
> 'I desire mercy, not sacrifice.'
> I did not come to call the righteous but sinners".
> (Mt 9:12-13).

Starting Afresh from the Proclaiming of the Kingdom of God

Following the example of Jesus who at the beginning of his mission preached 'This is the time of fulfillment. The kingdom of God is at hand. Repent, and believe in the gospel' and expressed by his deeds and words the presence of the kingdom of God in the world, moving hearts to conversion and faith, in order to proclaim the Gospel in an incisive way to the men of today one should start afresh from this first proclamation. It is still the signs of his divine merciful presence that reveal today, as well, in an effective and credible way, the reality and the contemporary character of the kingdom of God amongst us. It is these same signs which set in motion in the heart of man that change of conversion and that process of purification that gradually open him to encounter with the Lord and the full adherence of his life to the Word.

To live service to the sick and to the poor as a fundamental moment of the unique mission of salvation to which we have been sent by the Lord certainly constitutes one of the ways by which today it is possible to renew the proclaiming of the kingdom. If we turn to the founding witness of the apostolic Church, there is an evident need to make this link between preaching and service to the sick increasingly intrinsic.

The Gospel of Life

'The Church transmits the faith which she herself lives, celebrates and professes and to which she bears witness'. Only starting with this premise, from a constant welcoming of the Word of God and the meekness of the Holy Spirit which guides her towards *the whole truth*, does the Church rediscover the apostolic strength needed to carry out her mission today. Reflection on this revealed message led the Saint John Paul II to the conclusion that 'In Jesus, the "Word of life", God's eternal life is thus proclaimed and given. Thanks to

this proclamation and gift, our physical and spiritual life, also in its earthly phase, acquires its full value and meaning, for God's eternal life is in fact the end to which our living in this world is directed and called. In this way the Gospel of life includes everything that human experience and reason tell us about the value of human life, accepting it, purifying it, exalting it and bringing it to fulfillment'. Later on in Evangelium Vitae Saint John Paul II added: 'God has granted to man a dignity which is near to divine. In every child which is born and in every person who lives or dies we see the image of God's glory'.

According to the design of God, in the concept of life three fundamental levels of meaning are to be discerned: the biological level (*bios*), which man shares with the other living beings; the level of the spiritual life (*psyche*), which in man derives from the spiritual principle of the soul and which confers on him the quality of being a unique and never to be repeated person; and lastly the new level of participation in divine life (*zoè*), through the grace of supernatural life. These three levels have a relationship with each other and are strictly connected to each other because each one is the foundation of what follows it and the outcome and completion of what precedes it. The biological dimension, for example, because of its development and fulfillment is directed towards the other two. In its turn, it is their foundation.

Reflection on the *Gospel of life* tells us that in every human life, during its earthly stage as well, because it is open to its divine and eternal fulfillment – which was proclaimed and communicated by Jesus, the *Word of life*, by making himself man and above all else through the mystery of his passion, death and resurrection – the encounter between man and God already takes place. Man's almost *divine dignity* is the premise of that encounter where 'everything is different as a result of *metanoia*, that is, the state of conversion strongly urged by Jesus himself '. Now, because nobody from the moment of conception onwards cannot *'not live'*, and the lives of everyone are much more than what over the course of earthly existence they are able to develop, to achieve, to express, to manifest and to enjoy, much more even than psychological and moral self-awareness, we have to recognize that *every man is an icon of Jesus Christ.* As Jesus says in the Gospel, God draws us to Himself even if only by means of life because of this 'almost divine' quality. We would be tempted to say that life leads us to God more than we ourselves can draw near to Him through our affections, morality and religiosity.

The Gospel of Life for the New Evangelization

The religious foundation of human life, highlighted by reflection on the *Gospel of life*, touches and concerns its every dimension, its every aspect and its every expression. When Jesus, in his infinite mercy as the Good Samaritan, bent down to heal the men and women of his time who had sores and wounds in their bodies and their spirits, *looking them in the eyes*, he looked at their total – *human, divine and eternal* – reality in order to find in it the foundation of his salvific action. And after renewing and transforming the whole of their lives with the power of the Holy Spirit, to the point of the greatest fullness, he gave them

proof that the 'salvific encounter' had taken place by saying, 'Daughter, your faith has saved you'.

This mystery of mercy, which is able to open any heart to the encounter with God, was expressed, and is still expressed to us, above all in the witness of very many saints, such as for example the witness of St. Pio de Pietrelcina. His fixing of his eyes on the souls of people, as Jesus did, constitutes for the Church not only an example but also, and above all else, a paradigm to be conjugated on a pathway of evangelization that is able to reach the heart of every man of every epoch and every place, in order to direct him to conversion in the encounter with his God, Creator and Savior.

Indeed, if it is the case that 'the proclamation of the Gospel is primarily a spiritual matter', the Church in order to renew herself in her 'fundamental spiritual character', and appear before her spouse 'in splendor, without spot or wrinkle or any such thing, that she might be holy and without blemish' , needs first of all to rediscover and adopt anew the wise divine design as regards human life which has only one name: Jesus Christ. This project, in its simplicity and through the dynamics inscribed by the Creator in its three separate levels – the biological, the spiritual and the eternal-divine – constitutes the foundation and the right premise for the development of a life according to the Holy Spirit and in the image of the new Adam. To sum up: the Church must go back to taking care first and foremost of her own soul so as to be able then to 'heal' the souls of those to whom she is sent.

Evangelization and Knowledge

Bearing in mind that a life project based on the Gospel 'includes everything that human experience and reason tell us about the value of human life', it accepts that value and exalts it, bringing it to its fulfillment, we should observe that despite the difficulties that the Church encounters above all else today in her evangelizing mission at the level of dialogue with the scientific and cultural world in general there should never be a lack of trust in the presence and the salvific plan of God the Creator and the merciful Father. We, as disciples of Christ, are asked to live and proclaim the Gospel in every situation, with a capacity for welcoming listening, respectful dialogue and sincere esteem for people and the different approaches at the level of thinking that they espouse.

SUMMARY AND EXPLICATION OF *Pastoral Care in Health* (pages 21-26) [Read aloud] [Sit down]

In this lesson we move from **Symptoms** (Culture of Death-related problems) and **Diagnosis** (Relativism) to **Prognosis** - a culture that understands and respects human dignity, especially in the field of health care.

Starting Afresh from the Proclaiming of the Kingdom of God

When Jesus walked among us, he began his mission by proclaiming

> "This is the time of fulfillment.
> The kingdom of God is at hand.
> Repent, and believe in the gospel" (Mk 1:15)

It was not his preaching alone that moved hearts to believe his message; it was deeds backing up his words that moved hearts to conversion and faith. For Jesus, it wasn't an option of preaching *or* performing merciful deeds; he always preached *and* he always healed. Evangelization requires deeds to be effective. The saying falsely ascribed to Saint Francis, "Preach at all times; if necessary, use words" has been used by many to excuse their lack of words in proclaiming the Gospel. For conversion, the words require the actions; the actions require the words.

Blessed Paul VI summed this up superbly in *Evangelii Nuntiandi,* which Pope Francis called (on June 22, 2013) "the greatest pastoral document that has ever been written to this day":

> Modern man listens more willingly to witnesses than to teachers, and if he does listen to teachers, it is because they are witnesses. (EN 41)

- or in 21st Century American lingo -

> They won't care how much you know,
> unless they know how much you care.

We have been called in our health care vocations to serve the sick "as a fundamental moment of the unique mission of salvation" (pp. 21-22). Like the apostolic Church, we need to "make this link between preaching and service to the sick increasingly intrinsic" (p. 22).

Q1. Why are people sometimes reluctant to use words to evangelize? Is it sometimes because they realize that their actions do not witness to the message they want to preach?

Q2. What "evangelizers" have had the greatest influence in your life? What was it about them that persuaded you to change your beliefs or actions?

The Gospel of Life

The Church receives the apostolic strength she needs to carry out her mission by constantly welcoming and reflecting on “the Word of God and the meekness of the Holy Spirit which guides her towards *the whole truth*” (p. 22). The fullness of the Gospel of Life is present in Jesus, the “Word of Life”. Only through, with, and in Jesus do our physical and spiritual lives receive their “full value and meaning” (p. 22). In receiving the life of Christ in our souls, we are divinized and become like God:

> The Word became flesh to make us "partakers of the divine nature” (2 Pt 1:4).
>
> “For this is why the Word became man, and the Son of God became the Son of man: so that man, by entering into communion with the Word and thus receiving divine sonship, might become a son of God” (St. Irenaeus).
>
> "For the Son of God became man so that we might become God” (St. Athanasius).
>
> “The only-begotten Son of God, wanting to make us sharers in his divinity, assumed our nature, so that he, made man, might make men gods” (St. Thomas Aquinas). (All from CCC 460.)

This is why human dignity is infinite. One human soul is worth more than the entire universe (excluding all other human beings).

The physical life of the body serves as the foundation for the spiritual life of the soul, and the life of the body and soul together serve as the foundation for the divine life that we receive through supernatural grace in baptism. Every man during his earthly life encounters God because every man is “open to [his] divine and eternal fulfillment . . . *every man is an icon of Jesus Christ*” (p. 23). Life naturally “leads us to God more than we ourselves can draw near to Him through our affections, morality and religiosity” (p. 23).

Q3. How do you think the average person in our culture views human dignity? How do you think your co-workers in health care view human dignity?

Q4 How has your own understanding of human dignity developed?

The Gospel of Life for the New Evangelization

Contrary to the beliefs of our secular and relativistic culture, "the religious foundation of human life . . . touches and concerns its every dimension, its every aspect and its every expression" (p. 23). When Jesus healed someone, as the woman cured of a hemorrhage (Mark 5), he looked into her eyes and he saw a woman's complete reality - "*human, divine, and eternal"* and then confirmed that the healing had taken place by telling her, "Daughter, your faith has saved you" (p. 23).

A human person is a living being comprised both of a material body and an immaterial soul. The human soul is a spirit and has no material parts and therefore, no material limitations. It is immortal, because it cannot disintegrate; it has no *parts* to fall *apart*! It is directly created by God and cannot arise from material things. It is the part of us that makes each of us unique, individual human beings. It possesses the capacities to know and to love because the soul has a mind and will. It is the location of our memory, imagination, and emotions. Although the human soul does not owe its existence to anything material, a human person is human only as a unity of a soul and body.

Like Jesus, Saint Pio of Pietrelcina healed many bodies and many more souls. When he met someone in confession or spiritual direction, he fixed his eyes on the person's soul so that the he could be converted through an encounter with God. God has written into man three levels of life - first, the biological life of the body that we share with animals. The next two levels of life are both lives of the soul (our spiritual life): one natural, the other supernatural. The natural life of our soul includes our mind, will, memory, imagination and emotions, present in all human beings. All human souls are also destined for - and have the capacity for - supernatural life. When modern man says that he can be 'spiritual without being religious', he is right. A man cannot help but be spiritual, for his soul is a spirit and the life of the soul *is* a spiritual life. Thoughts, emotions, conscience, and making choices are all spiritual acts. Modern man is often not religious; he does not put his soul in loving submission to God who created him.

Supernatural life is the life of God himself infused into us as divine grace. Supernatural life may also be called *eternal life* or *divine life*. As God has inscribed in man life on three different levels - biological, spiritual, and eternal-divine - the Church must meet man on all three levels to spread the Gospel of Life in the world.

> To sum up: the Church must go back to taking care first and foremost of her own soul so as to be able then to 'heal' the souls of those to whom she is sent (p. 23).

Q5. How does the Church help take care of people's bodies?

Q6. How does the Church help take care of people's *natural* spiritual life?

Q7. How does the Church help take care of people's eternal-divine life (*supernatural* spiritual life)?

Q8. How can we as members of the Church take care of our own souls so that we can heal the souls of those to whom we are sent?

Evangelization and Knowledge

Blessed Paul VI gave us a great image and definition of what evangelization is:

> "Evangelizing means bringing the Good News into all the strata of humanity, and through its influence transforming humanity from within and making it new: "Now I am making the whole of creation new." But there is no new humanity if there are not first of all new persons renewed by Baptism and by lives lived according to the Gospel. The purpose of evangelization is therefore precisely this interior change, and if it had to be expressed in one sentence the best way of stating it would be to say the Church evangelizes when she seeks to convert, solely through the divine power of the Message she proclaims, both the personal and collective consciences of people, the activities in which they engage, and the lives and concrete milieux which are theirs." (EN 18)

Even though the Church encounters difficulties in dialogue with the scientific and cultural world, we must trust our merciful Father's plan to imbue all facets of society with the Gospel of Life. We must preach the Gospel of Life "in season and out of season" (2 Tim 4:2) in every situation and learn to listen to those who disagree with us in a welcoming, respectful fashion.

Q9. In our individual practice settings and as members of a Catholic Medical Guild, how can we evangelize, or "seek to convert . . . the consciences of people,

the activities in which they engage, and the lives and concrete milieux which are theirs"?

MAKE IT YOUR OWN

From Lesson Two: Ask God how he wants you to be a "laborer" working in the harvest of our health care culture. Discuss the answer you hear with a spouse, close friend or spiritual director.

Commitment for Lesson Three: Use words to tell someone about the Catholic faith this week that you have never talked to about the Catholic faith. It can be very simple, basic, or brief. But to it.

CLOSING PRAYERS [Stand]

> Saint Gianna, heroically Christlike wife, mother and physician, I ask the help of your prayers, as I strive to follow your holy example in my physical and spiritual trials.
>
> Help me, by your prayers, to recognize the suffering of the Cross as the way to pure and selfless love of God and my neighbor. May your practice of medicine with priestly care of both body and soul inspire physicians to see the Face of the suffering Christ in their patients.
>
> May your loving acceptance of illness and death help patients to know and do God's will in all things, uniting their sufferings to the Passion and Death of Christ for the salvation of the world.
>
> Saint Gianna, pray for us always that we may have a heart, meek and courageous, like the Heart of Jesus, in Whom we find our healing and strength. We ask this through Christ our Lord. Amen
>
> Our Lady, Comfort of the Afflicted, Pray for Us.

LESSON FOUR
Chapter Three: Pastoral Care in Health for the Transmission of the Faith
(pages 27-34)

OPENING PRAYER to Our Lady of Sorrows [Stand]

O most holy Virgin, Mother of our Lord Jesus Christ: by the overwhelming grief you experienced when you witnessed the martyrdom, the crucifixion, and death of your divine Son, look upon me with eyes of compassion, and awaken in my heart a tender commiseration for those sufferings, as well as a sincere detestation of my sins, in order that being disengaged from all undue affection for the passing joys of this earth, I may sigh after the eternal Jerusalem, and that henceforward all my thoughts and all my actions may be directed towards this one most desirable object. Honor, glory, and love to our divine Lord Jesus, and to the holy and immaculate Mother of God. Amen.

SESSION GOALS [Stand] [Read aloud]

1. Learn what is the fundamental purpose of pastoral care in health
2. Understand what the *kerygma* is and why it is important in the process of healing
3. See why a communion of love is important for a patient to experience the redemptive nature of suffering.

GOSPEL REFLECTION (Luke 9:14-29) [Stand] [Read aloud]

And when they came to the disciples, they saw a great crowd about them, and scribes arguing with them. And immediately all the crowd, when they saw him, were greatly amazed, and ran up to him and greeted him.

And he asked them, "What are you discussing with them?"

And one of the crowd answered him, "Teacher, I brought my son to you, for he has a dumb spirit; and wherever it seizes him, it dashes him down; and he foams and grinds his teeth and becomes rigid; and I asked your disciples to cast it out, and they were not able."

And he answered them, "O faithless generation, how long am I to be with you? How long am I to bear with you? Bring him to me."

And they brought the boy to him; and when the spirit saw him, immediately it convulsed the boy, and he fell on the ground and rolled about, foaming at the mouth.

And Jesus asked his father, "How long has he had this?" And he said, "From childhood.

And it has often cast him into the fire and into the water, to destroy him; but if you can do anything, have pity on us and help us."

And Jesus said to him, "If you can! All things are possible to him who believes."

Immediately the father of the child cried out and said, "I believe; help my unbelief!"

And when Jesus saw that a crowd came running together, he rebuked the unclean spirit, saying to it, "You dumb and deaf spirit, I command you, come out of him, and never enter him again."

And after crying out and convulsing him terribly, it came out, and the boy was like a corpse; so that most of them said, "He is dead."

But Jesus took him by the hand and lifted him up, and he arose.

And when he had entered the house, his disciples asked him privately, "Why could we not cast it out?"

And he said to them, "This kind cannot be driven out by anything but prayer."

[Reflect in silence for 5 minutes] [Sit down]

GOSPEL REFLECTION QUESTION: What does it mean to you that some kinds of healing can only be achieved by prayer?

Pastoral Care in Health Chapter Three (pages 27-34)

(This is the basis for this lesson's discussion. While participants will benefit more if they read this before meeting, it is not essential to benefit from the discussion.)

> 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. (Jn 5:14-15).

Pastoral Care in Health as a Process of Evangelization

Pastoral care in health, in placing itself in direct continuity with the therapeutic ministry of Jesus and with the founding exemplariness of the apostolic Church, and having as a privileged icon of reference the *Good Samaritan*, is fully qualified to take part in, and contribute to, the processes of bringing the faith to the men of today, specifically in the pastoral renewal of the new evangelization.

More than twenty years ago the Saint John Paul II, in his post-synodal exhortation *Christifideles Laici*, hoped for a re-launching of pastoral care in health, indicating as a primary goal of its action *support for faith in God and in His love as a Father when they are severely tested by illness and suffering and seeing its most important expression as the celebration of the sacraments with and for the sick.* The relationship pointed out by the Saint John Paul II between support for the faith in God of a sick person and the celebration of the sacraments places in pastoral care in health the same question that the Church poses to herself today as regards the sacraments of Christian initiation and the transmission of the faith.

In giving priority to the celebration of the sacraments over any other form of expression, pastoral care in health affirms that its fundamental purpose is to make Christ present so that everyone, above all sick people, can encounter him as the Physician of the body and the spirit and as the 'final Adam' who, as the Second Vatican Council observed, 'by the revelation of the mystery of the Father and His love, fully reveals man to man himself and makes his supreme calling clear'. The living presence of Christ assures the revelation of the mystery of the loving mercy of God the Father for the men of today and makes possible that encounter where he understands that he is a creature of God, saved by Christ, in his 'intimate relationship with the Father and the Spirit'. Although illnesses and suffering sorely test faith in God and His love as a Father, only the living presence of Christ is able to attract man to himself to the point of touching his soul, transforming the encounter into an event of salvation, provoking that faith that saves, according to the very many examples that are borne witness to in the gospel narratives.

When the contents, the form and the way followed by our pastoral activity is Jesus Christ, the proclaiming of his Kingdom and the experience of the fullness of life that he gives to us, we can be certain that we give concreteness to that source of hope that comes from the living experience of God for us and for our contemporaries. Indeed, the gospel teaching of the parable of the mustard seed which despite its very small size in the end becomes a tree which gives shelter to the birds of the air remains always valid. As to method, priority should always be given to faithfulness to Christ, to acting in his name and never in a personal capacity, even at the cost of seeming inadequate. Placing

ourselves at the centre of the encounter with man in the name of certain skills or to stand out or simply because of a more than justifiable need for gratification, means to obstruct the encounter with the Lord Jesus. For this reason, those ways of approaching the sick person that start, for example, from assumptions taken from the human sciences, from purely philosophical arguments or from needs derived from organizational/managerial pathways, to which at times we entrust ourselves thinking that on these ways we can more easily encounter the men of our day, in the end turn out to be not fully adequate or even failures because as the parable of the sower teaches, despite good will, in their development pastoral intentions become suffocated by other hegemonic cultural imperatives or by compromises that do not have anything to do with evangelization.

Pastoral Care in Health and Initiation in the Faith

In the tradition of the Church the celebration of the sacraments for and with the sick is to the utmost expressed in the anointing of the sick. The text of the Apostle James, which according to the traditional teaching of the Church 'recommends and promulgates' practice that has come down to our times. As its most important expression, one can see anointing of the sick as a paradigm to be conjugated on an authentic itinerary directed towards generating faith in God and His love. Or its purification, confirmation and support, when this faith is sorely tested by illness, as though, indeed, it were a special form of *therapeutic/health-care catechumenate*. Jesus, the centre of the celebration of the sacraments, as 'Physician of the body and the spirit', draws to himself all men, the sick, the healthy and workers, without any distinction, and as the *new Adam* he is the model, example and goal to which any pathway of healing/salvation that one wants to undertake should refer. It is always the Lord Jesus who in identifying himself with the sick calls the Church, in her wholeness as ministry and as a people, so that through this sacrament she may transmit to those who suffer the relief of the grace of his resurrection and the forgiveness of sins. This is why, as the Saint John Paul observed, every suffering person is one of the most important ways for the Church for the encounter with man. In answering the appeal of a sick person, the therapeutic ministry of the Lord Jesus is actualized again and the Church rediscovers and takes on anew her evangelizing mission.

Welcoming, Listening and Initial Proclaiming

The Church must be welcoming at this encounter, retrieving to the full that valuable patrimony represented by the *culture of hospitality* which has been matured in centuries of experience in service to the poor, to the sick and to pilgrims. Welcoming is made up principally of concern for the sick person, motivated by the value and the meaning of that presence – the image of the Lord himself, and of openness to dialogue, which expresses interest in the other and readiness to help as regards his or her needs, to obtain in exchange a credit of credibility for our making ourselves responsible for that person. True welcoming is always expressed in a personal encounter, a representation and proclaiming of the encounter with the heavenly Physician, whose characteristics are reciprocity, between what is given and what is received, and the transparency of 'who' that person that one serves is, and of the 'why and for who' one is doing it.

Before freeing His people from slavery in Egypt, God listened to the cries of their suffering. Jesus, before explaining Holy Scripture to the disciples of Emmaus, also listened to what they had to say, their bitterness and their disappointment. The Church must know how to listen today and always to that cry and to 'the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted'. Listening expresses the sincerity and the authenticity of our faith, trusting love towards the person who is speaking to us, and the wish to listen according to the commandment of God and

to be inwardly present for the other and his or her needs. Listening is the premiss for the "initial proclamation", understood to be an explicit statement, or more precisely, a proclamation of the fundamental content of our faith'. The *initial proclaiming* is defined as a therapeutic pathway whose aim is to help people to open themselves to their horizon of transcendence, to the point of receiving it as a concrete possibility in their lives. A kerygmatic proclaiming of the Gospel helps the person to recognize and to receive the vocation and mission to which each one of us is called by God, through Jesus Christ, during our time on earth. A deeper knowledge of Jesus, on the other hand, fosters a voluntary, conscious and affective adherence, like that which we affirm every time we say the Lord's Prayer: 'your kingdom come, your will be done, on earth as it is in heaven'.

Mercy and Healing

For those who work in the health-care field, it is as important as it has ever been to know how to accompany people through the great mystery of inequity [sin] in which they see themselves immersed and by which they feel oppressed, above all during moments of illness, in order to direct them towards the regenerating experience of the mercy of God, which is as extraordinary and surprising for every man as it is equally fundamental for the faith of each one of us. One can easily hear sick people or their family relatives accuse God of being unjust or of being responsible for the malady they are suffering from. Victimism, however, keeps man tied to sin. In order to remove this yoke and to find a way out of slavery it is important to invite people to engage in praise. Through praise one learns to recognize the provident God and the gifts with which He always surrounds us. Only then, like the prodigal son, will it be possible to return to oneself, feel pain for the wrong that has been committed, wish for a new life and begin a deep revision of one's own life. This is the moment of inner healing, the foundation of every other therapeutic process and process of salvation, the consequence of the encounter with the mercy of God and His inner touch, the only love that is able to bend down before every kind of human misery, before that which arises from rebellion or even the denial of God Himself. It is Jesus this time, and not the Apostle Thomas, who puts his finger in our wounds, taking upon himself human finitude in order to renew it and assign to it an eternal destiny. The whole of the mission, and even more the whole of the person of the Only Son of the Father, have a healing value that is communicated through his flesh to those who receive it. An increasing integration of proclaiming, of the celebration of the sacraments and of care for the sick will allow the Church to provide these gifts of grace to men in the best way possible.

Communion, Suffering and Hope

Every experience that one may wish to define as Christian in character cannot depart from the principle of communion, to which everything, indeed, should conform. In order to hear a brother in the faith in the profound unity of the mystical body, to see what there is that is positive in the other, to value him and welcome him as a gift of God, so as to be able to provide space for him and carry each other's burdens, rejecting the selfish temptations of the passions, of jealousy, of envy, of diffidence, of hypocrisy, of falsehood, of competitiveness and of careerism, it is necessary to allow oneself to be guided by Jesus towards the mystery of the Triune life in which, indeed, he has made us participants. Through this reality of communion and of love, the Church expresses herself 'like a sacrament or as a sign and instrument both of a very closely knit union with God and of the unity of the whole human race.' Only inside this communion of love is all suffering redeemed from that absurdity in which it has been confined by the culture of death. To speak about suffering as a call, even to seek to give it a meaning, to the point of speaking about the Gospel of suffering, is an unbearable hazard for today's world, even though in

> the end it remains, whatever the case, a mystery without a solution. For this reason, one should more greatly value the mission of all those who live their suffering in union with the redemptive mystery of Christ, completing what is absent in his passion and compensating for all of us for that huge shortage of love which is to be observed in today's world.
>
> The point of arrival of our therapeutic/health-care catechumenate is the hope that does not disappoint. Christian hope is based upon the certainty of divine promises, in which we are already participants even though not yet to the full. To live thinking about heaven, to wish for it, to look at the ultimate realities of our lives does good to the soul and to the whole of the life of man. Only hope in such an extraordinary goal can be the foundation of an authentic inner freedom as regards all the human realities of which we run the risk of becoming slaves and victims. Christian hope gives meaning 'to life and history and to continue on our way together'. This is the hope that enables us to understand that the victory of Christ over sin, suffering, evil and death has already taken place and is definitive. To proclaim, to celebrate and to serve the Gospel of Hope every day thus becomes the reason for a renewed commitment to continual conversion, for an increasingly evangelical life and the best way by which to participate in the mission of the new evangelization.

SUMMARY AND EXPLICATION OF *Pastoral Care in Health* Chapter Three [Read aloud] [Sit down]

Having reviewed the **Symptoms** of the Culture of Death (reduced respect for human dignity, abortion, euthanasia, etc.), the **Diagnosis** of Relativism, and the **Prognosis** of a culture infused with the Gospel of Life ("Culture of Life"), we now move to the final stage of addressing the problem, the **Prescription**.

Pastoral Care in Health as a Process of Evangelization

Pastoral care refers to the 'care of the soul' and comes from the image of the shepherd (Latin = "pastor") who watchfully attends to the feeding, well-being, and growth of his flock. Pastoral care typically emphasizes meeting the emotional, mental, and spiritual needs of people who are suffering. The **fundamental purpose of pastoral care in health**

> "**is to make Christ present** so that everyone, above all sick people, can encounter him **as the Physician of the body and the spirit** and as the 'final Adam' **who**, as the Second vatican Council observed, 'by the revelation of the mystery of the Father and His love, **fully reveals man to man himself** and makes his supreme calling clear'" [emphasis added] (p. 28).

Q1. How have you seen 'pastoral care', as described above, carried out in the lives of patients?

With the ministry of Jesus as her example, the Church, as the Body of Christ on earth, is fully qualified to bring the faith to men of today. Saint John Paul II pointed out the most important aspect of pastoral care for the sick is the celebration of the sacraments so that those severely tested by illness and suffering could intimately experience the love of God and grow in faith. Only through an encounter with Christ can someone sorely tested by suffering experience his suffering as "an event of salvation" (p. 28).

The contents, form, and way of our pastoral activity must be Jesus Christ. The method of our pastoral care must be "faithfulness to Christ, to acting in his name and never in a personal capacity" (p. 29). When we place ourselves at the center of an encounter with the sick and suffering, we "obstruct the encounter with the Lord Jesus" (p. 29).

Pastoral care fails when it is based on
- "assumptions taken from the human sciences"
- "purely philosophical arguments" and
- "needs derived from organizational/managerial pathways" (p. 29).

To succeed, pastoral care must be based on evangelization.

Q2. In what ways have you seen 'pastoral care' fail patients due to the errors listed above?

Q3. What are some ways in which "we place ourselves at the center of an encounter with the sick and suffering"? What are better alternative ways to encounter the sick and suffering so that Christ is at the center?

Pastoral Care in Health and Initiation in the Faith

The celebration of the sacraments for and with the sick reaches its peak in the Sacrament of Anointing of the Sick, which finds its origin in the Epistle of St. James (5:14-16):

> Is any among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of

> faith will save the sick man, and the Lord will raise him up; and if he has committed sins, he will be forgiven. Therefore confess your sins to one another, and pray for one another, that you may be healed. The prayer of a righteous man has great power in its effects.

This sacrament includes reception of the Sacrament of Reconciliation so that, in the midst of illness, he who receives this sacrament receives the grace of Christ's resurrection and the forgiveness of his sins. Christ identifies himself with the sick (Mt 25:40) and calls us to meet him there.

Q4. What can we do to help our patients receive the sacraments? How well do our local hospitals and nursing homes facilitate their patients' reception of the sacraments?

Welcoming, Listening and Initial Proclaiming

We Catholic health care workers are called to truly **welcome** each sick person. But *how* should we welcome a sick person? A truly welcoming exchange with a patient means that we are

- truly concerned for his well-being
- motivated by the presence of Christ within the sick man
- open to dialogue with interest in his needs
- reciprocal - both the worker and patient give and receive; one is not better than the other
- willing to truly encounter the other person as a subject to love and not as an object 'to treat'

We are called to **listen** to our patients as God listened to the cries of his people's slavery in Egypt and as Christ listened to the bitterness and disappointment of his disciples on the road to Emmaus. In listening to "the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted" (p. 31), we demonstrate the sincerity of our faith and our willingness to be fully present to the other person. Saint John Paul II was said to have a profound ability to listen intensely:

> Throughout our discussions in those two days, he did not speak a great deal, but always listened intently; he was always very present to us, but in a receptive, listening way. Even at meals, he remained in a listening mode, more concerned with drawing his guests out than with asserting himself. (catholiceducation.org/

articles/catholic_stories/cs0161.html) - Dr. John Crosby, University of Steubenville

Q5. Why is listening an important component of evangelization, specifically for the initial proclaiming of the Gospel message? How has the role of listening in your work with patients developed through the years?

Listening becomes the pathway by which we can help our patients open themselves to possibilities beyond themselves, to God, and to his Gospel. When we speak of the essence of the Gospel message (the kerygma or **initial proclaiming**), we call forth a response from the listener in which he recognizes his vocation and mission from God, repents, believes, and decides to follow Christ.

The *kerygma* is the initial proclamation of the Gospel, the essential story of salvation. As Msgr Charles Pope has written

> The basic curricula of the kerygma emphasizes that Jesus is the chosen Messiah of God, the one who was promised. And though he was crucified, He rose gloriously from the dead, appearing to his disciples, and having been exulted at the right hand of the Father through his ascension, now summons all to him, through the ministry of the Church. This proclamation (kerygma) **requires a response from us**, that we should repent of our sins, accept baptism, and live in the new life which Christ is offering. This alone will prepare us for the coming judgment that is to come upon all humanity. There is an urgent need to conform ourselves to Christ and be prepared by him for the coming judgment. (blog.adw.org/2012/10/what-do-we-mean-by-the-term-kerygma/)

Q6. Why is the kerygma so important? Have you ever told anybody the kerygma? Why or why not? What was the response?

We are called as doctors and nurses to accompany our patients who, in the midst of their illnesses, may intensely see themselves immersed in the 'mystery of sin'. In these times of oppression, we can "direct them towards the regenerating experience of the *mercy of God*" (p. 32). Many who are suffering blame God for their troubles, but this attitude "keeps man tied to sin" (p. 32), and it is by inviting patients to engage in praise of God that they will learn to recognize the good God and the gifts he gives.

When a man sees how good God has been to him and how poorly he has responded to God's love, *then* a man will feel pain and remorse for his sin and repent. This recognition of sin and desire to repent is a key "moment of **inner healing,** the foundation of every other therapeutic process and process of salvation" (p. 32). In this moment, God puts his finger in our wounds to heal them, or to give them salvific meaning.

Q7. Why is it so important for us to recognize the goodness of God and the truth of our sin to be healed?

Communion, Suffering and Hope

Communion is a foundational principle of the Christian faith, for the fundamental mystery of our faith is the communion of the Three Persons in one Divine Nature. Just as God himself is a communion of persons, so are we called to be people of communion. With regards to patients and fellow health care workers, we live this communion by seeing what is positive in the other, welcoming him as a gift of God, and providing space for him and helping him carry his burdens. The Church is the sacrament on earth of the communion of God with the whole human race.

"Only inside [the Church], this communion of love, is all suffering redeemed from that absurdity in which it has been confined by the *culture of death*" (p. 33). From the perspective of a materialist, relativist culture, suffering *is* absurd. Then, from the perspective of the Church and of Christ, we can speak of suffering as a *call* and give it a meaning, the meaning of ***redemptive suffering***. By helping others to live their suffering with meaning, they can even say with St. Paul

> Now I rejoice in my sufferings for your sake, and in my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the church (Col 1:24).

And what *is* missing from Christ's afflictions? He has not yet suffered *within your body*, until you let him. He has not suffered *within your patient's body*, until your patient lets

him. Then he will transform your suffering, and that of your patient, into the redemption of yourself, your patient, and others.

Q8. How is this concept of communion and suffering new or confusing to you? Why is love necessary for suffering to be redemptive?

Only within a communion of love can suffering can become redemptive, and in that communion, our suffering patients will experience a "**hope** that *does not disappoint"* (p. 33). Our hope in heaven is based on the "certainty of the divine promises" (p. 33), and having this horizon of heaven before us gives more meaning to the daily reality of suffering and illness. Without a hope in eternity, we become "slaves and victims" (p. 34) to daily realities instead of using our daily trials as stepping stones to eternity. With a hope in eternity, we develop a profound inner freedom that no one can take away. Christian hope believes that in the end, we will see and experience the definitive victory that Christ has already won over sin, suffering, evil and death. Proclaiming and celebrating this hope every day becomes the reason to commit to continual, daily conversion and an increasingly evangelical life in the new evangelization.

Q9. What advantage in life does hope give us over those with relativistic or materialistic world views? Why is the virtue of hope necessary for suffering to have its deepest level of meaning?

MAKE IT YOUR OWN

From Lesson Three: Use words to tell someone about the Catholic faith this week that you have never talked to about the Catholic faith. It can be very simple, basic, or brief. But to it.

Commitment for Lesson Four: Tell someone the kerygma before the next lesson. It can be to someone who has heard it, but you will have then practiced it out loud to prepare to tell it to someone who hasn't heard it. (Evangelical Christians, on average, are much better at the proclamation of the Kerygma than Catholics. We can learn from their drive to proclaim this.)

CLOSING PRAYERS [Stand]

Saint Gianna, heroically Christlike wife, mother and physician, I ask the help of your prayers, as I strive to follow your holy example in my physical and spiritual trials.

Help me, by your prayers, to recognize the suffering of the Cross as the way to pure and selfless love of God and my neighbor. May your practice of medicine with priestly care of both body and soul inspire physicians to see the Face of the suffering Christ in their patients.

May your loving acceptance of illness and death help patients to know and do God's will in all things, uniting their sufferings to the Passion and Death of Christ for the salvation of the world.

Saint Gianna, pray for us always that we may have a heart, meek and courageous, like the Heart of Jesus, in Whom we find our healing and strength. We ask this through Christ our Lord. Amen

Our Lady, Comfort of the Afflicted, Pray for Us.

LESSON FIVE

Chapter Four: The Diakonia of Charity Towards and with the Sick and The New Evangelization

(Pages 35-40)

OPENING PRAYER to Our Lady of Sorrows [Stand]

> O most holy Virgin, Mother of our Lord Jesus Christ: by the overwhelming grief you experienced when you witnessed the martyrdom, the crucifixion, and death of your divine Son, look upon me with eyes of compassion, and awaken in my heart a tender commiseration for those sufferings, as well as a sincere detestation of my sins, in order that being disengaged from all undue affection for the passing joys of this earth, I may sigh after the eternal Jerusalem, and that henceforward all my thoughts and all my actions may be directed towards this one most desirable object. Honor, glory, and love to our divine Lord Jesus, and to the holy and immaculate Mother of God. Amen.

SESSION GOALS [Stand] [Read aloud]

1. Learn what the “diakonia of charity” is

2. Understand the role of the community in the ministry of charity toward the sick and suffering

3. Learn how to fulfill the five needs that every healthcare worker has so that he can serve his patients effectively

GOSPEL REFLECTION (Luke 5:17-26) [Stand] [Read aloud]

> On one of those days, as he was teaching, there were Pharisees and teachers of the law sitting by, who had come from every village of Galilee and Judea and from Jerusalem; and the power of the Lord was with him to heal. And behold, men were bringing on a bed a man who was paralyzed, and they sought to bring him in and lay him before Jesus; but finding no way to bring him in, because of the crowd, they went up on the roof and let him down with his bed through the tiles into the midst before Jesus. And when he saw their faith he said, "Man, your sins are forgiven you." And the scribes and the Pharisees began to question, saying, "Who is this that speaks blasphemies? Who can forgive sins but God only?" When Jesus perceived their questionings, he answered them, "Why do you question in your hearts? Which is easier, to say, 'Your sins are forgiven you,' or to say, 'Rise and walk? But that you may know that the Son of man has authority on

earth to forgive sins"--he said to the man who was paralyzed--"I say to you, rise, take up your bed and go home." And immediately he rose before them, and took up that on which he lay, and went home, glorifying God. And amazement seized them all, and they glorified God and were filled with awe, saying, "We have seen strange things today."

[Reflect in silence for 5 minutes] [Sit down]

GOSPEL REFLECTION QUESTION: How does Jesus give us a profound example of how we should approach the healing of the ill? How is his approach to the paralytic different than the one our modern healthcare culture might give the paralytic today? (i.e., Imagine four friends bringing a paralyzed man to a hospital or clinic today; how would that man be treated?)

Pastoral Care in Health Chapter Four (pages 35-40)

(This is the basis for this lesson's discussion. While participants will benefit more if they read this before meeting, it is not essential to benefit from the discussion.)

> Jesus summoned the Twelve and gave them power
> and authority over all demons and to cure diseases,
> and he sent them to proclaim the kingdom of God
> and to heal the sick. (Lk 9:1-2).

The Sick Person as an Active Participant in the Church

As was observed in the Introduction, in one of the final 'Propositions' of the Thirteenth Ordinary Assembly of the Synod which recently came to an end, explicit reference was made to the importance of the sick person for the Church and for the new evangelization. As a participant in the paschal mystery and because of the presence of Christ in him or her, he or she spreads the light of faith on the mystery of human suffering and becomes a 'missionary force' for anyone who encounters him or her. Despite the authoritativeness of the statements that have been made, we must regrettably observe that within the Church the subject of suffering is not felt to be important by everyone in the same way and it is not yet seen as a privileged way of proclaiming and offering salvation and hope to humanity today. Whereas, to see things as they truly are, it is in fact one of the few realities that can truly represent a point of encounter in the context of the cultural and religious fragmentation of our days as well as an approach that would allow authentic understanding of the whole man and every man.

The *diakonia* of charity towards the sick is based, therefore, upon seeing the sick person as an 'active and responsible participant in the work of evangelization and

salvation' who has a mission to carry out in relation to the Church and to society – to teach the whole world what love lived in illness is. By his or her witness he or she expands space of God and for God in history, proclaims the gospel in a credible and authentic way, and encourages a renewal of the choice for suffering Christ and love of one's life, and this to the point of embracing all the pains of man.

Pastoral Care in Health for a Healing Church Community

In order to be able to support and advance the man who suffers as a participant, pastoral care in health must propose a 'new' way of thinking, that is to say knowledge shared by all believers and operational strategies that are capable of responsibility. Its paradigm to the utmost is the liturgy with at its centre the paschal mystery, offered as an event of salvation to men and able to direct life to following the Lord. In it is thus made present the grace of the resurrection of Christ which transforms the physical dimension of existence as well.

To be a universal sacrament of salvation, the Church must adopt the approach of continual conversion and receive the gift of reconciliation of the Lord, who heals her anew and makes her able to carry out her mission whose efficacy is closely connected with her 'health' and the spirit of peace that animates her.

The more the Church sees herself and presents herself as a wounded and healed community, the more she will be a healing factor in the world. The local Churches must be such above all else. Their task is to help men to find the meaning of illness, to follow a true pathway of healing to the point of accepting that 'which cannot be healed'. Health that is fully human includes a 'yes' to suffering, to compassion and at the same time to healing and supportive action.

Pastoral Care in Health for Society

The centrality of the sick person has a value that is also social and economic in character and requires the investment of resources in order to pursue those values that are summarized in the commandment of love for one's neighbor. To receive the strength of which the weak are the bearers, one needs a profound conversion and a change in mentality which begins with conjoining the need for health of man with that of the need for his salvation.

The Christian community must promote a new form of thought which sees man in his totality. Nothing can turn out to be so disastrous for the faith and for health-care and medical culture than losing sight of the totality of the person. The promotion of spiritual values opens us up to the acceptance of limits, to the settlement of conflicts, and to a balanced complementariness. Above all, today, we need to rediscover how health-inducing it is for the economy and social and health-care organizational models to be based on that solidarity that was taught to us by Jesus in the parable of the Good Samaritan.

Other Participants in Pastoral Care in Health: Chaplains and Health-Care Workers

The vitality of pastoral care in health depends in a decided way on the spiritual, human and professional value of health-care workers.

A strong sign of the living presence of the Church in hospitals is first of all hospital chaplains. Their ministry is a 'vocation within a vocation'. Daily encounter with sick people and with human suffering, in its various expressions, makes them spiritually

nearer to the paschal mystery and more able to provide its grace to those they may encounter, first of all to sick people, and then also to health-care workers, voluntary workers and the family relatives of patients.

A chaplain is the first animator of the *healing Community*. The riches of his spiritual values, which are internally crystallized, must be transformed into a source of inspiration for proposals and initiatives of a pastoral character directed towards care and help for people who have been admitted to hospital, because 'everyone who enters into contact with them will find reflected the light of Christ'.

Health-care workers also need the *celestial Physician* and the help of the Christian community. They should be supported with prayer, their problems should be listened to, and they should be helped in the healing of their wounds. Inhumanity in health care begins with disinterest between people. Above all today, they should be helped not to lose the meaning of their profession which pre-supposes altruism, devotion and empathetic understanding. The health-care profession needs to be rooted in a supportive spirituality which is the foundation of identity and responsible commitment.

Pastoral Care in Health and Formation

Formation offers to the Church an opportunity to be present in the health-care world to connect man to the transcendent when faced with the instability that is produced in him by illness; to proclaim and bear witness to the religious values of life, taken on as an end to which to consecrate one's existence; and to educate people in mutual compassion and mutual solidarity as the beginning of an authentic journey of communion. The joy of loving each other, as Christ taught us, is the privileged way for evangelization.

Hospitals, Parishes, the Family and Sanctuaries for the New Evangelization

Despite the transformations at the level of organization and technology that have taken place in recent years, a *hospital* remains one of the privileged settings for evangelization because the sick person continues to be at the basis of its existence. Pastoral care in a hospital must bring out the mission and the vocation of patients and health-care workers because both of them for their salvation need the Physician of the body and the soul. Only by becoming aware of the centrality of man in his condition of weakness and frailty will a hospital remain 'a place in which the relationship of treatment is not a profession but a mission; where the charity of the Good Samaritan is the first seat of learning and the face of suffering man is Christ's own Face: "you did it to me" (Mt 25:40)'. Health-care action needs a soul, without which it runs the risk of falling into an exasperated exaggerated belief in the technical, as though there was a struggle of man against himself.

It is above all *Catholic religious* hospitals that have to take up the challenge of the new evangelization. Born as apostolic works, they are concrete signs of the presence and the action of the Church in health care. The changed social and legislative conditions, the requirements of an exaggerated emphasis on efficiency, and the restructuring of companies because of a shortage of economic resources have all conditioned the spiritual motivations and goals of these works, to the point at times of obscuring their gospel origins.

Parishes must also learn to take advantage of the 'missionary strength' of sick people, of those who suffer, of the handicapped and of those who have special needs. The parish priests and those priests who work with them have the task 'with particular

diligence' of seeking out 'the poor, the afflicted, the lonely, those exiled from their country, and similarly those weighed down by special difficulties'. The sick should be involved in the whole of parish life, beginning above all with the Eucharist on Sunday, a centre of the parish assembly of the faithful, and not only occasionally.

At the side of every man and every woman who is experiencing illness or any other form of suffering there is a *family*, or a relative who evokes an original family unit, or one that has been belonged to, who shares with him or with her this special moment of his or her life, with all the consequences that are involved. More than any other entity, it is the family that has to bear and pay the human, social and economic costs of an illness. But here as well, even where there is the greatest dedication and readiness to help, people realize that they cannot do everything on their own. There is a need for complete solidarity. The nearest community, which should be the first to accept the cry for help of the family, is the parish. It is the task of the parish to come to the help of the family in the most appropriate ways and forms so that it does not lose its unity and communion but continues to be the fundamental point of reference for those who suffer. To appreciate the presence of the family at the side of a sick person constitutes a factor that works for the humanization of the entire health-care context.

Sanctuaries, and especially Marian ones, are especially important for the *diakonia of charity for the sick* and for the new evangelization. A devout visit to one of these holy places is a sign of a special inner willingness to listen to the Word of God, to reconciliation and to Eucharistic communion. The example of Lourdes, which after more than 150 years continues to be the destination of millions of people searching for faith, comfort and hope, is much more than proof of this. During his pilgrimage to Lourdes on the occasion of the 150th anniversary of the Apparitions, Pope Benedict XVI declared: 'A quiet encounter with Bernadette and the Virgin Mary can change a person's life, for they are here, in Massabielle, to lead us to Christ who is our life, our strength and our light'.

SUMMARY AND EXPLICATION OF *Pastoral Care in Health* Chapter Four

The Sick Person as an Active Participant in the Church

Chapter Four continues our examination of the **Prescription** to treat the cultural disease of relativism**:** concrete ways to establish a vibrant **Culture of Life** and **Culture of Mercy** within society. Within the modern healthcare culture, the patient is often seen as an expensive and time-consuming problem to be solved and whose value is directly related to what he can economically contribute to society. Within the Culture of Life, however, a patient must be seen as he really is - a missionary force who "spreads the light of faith on the mystery of human suffering . . . for anyone who encounters him" (p. 35).

Q1. In what human and sub-human ways have you seen your colleagues and other health care workers view patients? Why is their a difference in the way different workers view patients?

Sanity means seeing life as it really is and planning accordingly; *insanity* means seeing life in a way contrary to reality. Sanity means having a healthy mind. It is literally

not sane to believe that we are not surrounded by Guardian Angels. It is *not sane* to think that the Universe came into existence on its own and that God does not keep it in existence at every moment. It is also *not sane* to see patients and their suffering as meaningless burdens. It *is sane* to see a suffering patient as one who is living a "privileged way of proclaiming and offering salvation and hope to humanity today" (p. 35) including to us doctors and nurses! And in this culture of death in which we live, the suffering patient is a "point of encounter" (p. 35) where our culture and religion meet, for who hasn't asked the question "If there is a good God, why does he allow suffering" or "Why do bad things happen to good people?" By knowing how to address the crisis of suffering, we doctors and nurses can become agents of the New Evangelization.

Q2. How have you seen a time of suffering as a time when a patient or loved one became more open to God?

The document uses the term '*diakonia* of charity" to refer to the practical means of service that we provide the sick; '*diakonia'* is a Greek word used in the New Testament referring to various types of service. The *diakonia of charity* may also be called the *ministry of charity* and is inseparable from the other two essential responsibilities of the Catholic Church: proclaiming the word of God and celebrating the sacraments (*On the Service of Charity,* Motu Proprio, Benedict XVI). The *diakonia of charity* includes not only material assistance but also "refreshment and care for . . . souls" (ibid), and this ministry will be insufficient "unless it visibly expresses a love for man, a love nourished by an encounter with Christ" (*Deus Caritas Est,* 34)

We have our mission of charity toward the patient, but the patient also possesses his mission of charity toward the Church and society - "**to teach the whole world what love lived in illness is"** (p. 36). While a patient "completes what is lacking in Christ's afflictions for the sake of his body, that is, the church" (Col 1:24), *by letting Christ suffer within him*, he demonstrates to the world what love lived in illness looks like.

It might be good to reflect on how Saint John Paul II showed the world in a public way how we are called to suffer with Christ in illness to show others what love lived in illness looks like. He did not hide his illness. He did not think that illness would hide Christ, but instead, that it would show Christ. He did not extend his physical life at all costs, but let "nature take its course" when he saw that his earthly pilgrimage was ending. He did not stop public meetings with world and Church leaders. He embraced his Cross. Who can forget his bent body in his private chapel watching on television the Way of the Cross in Rome on Good Friday, 2005, just eight days before he died?

Q3. What does "love lived in illness" look like to you? How have you been influenced by seeing others live love in their illness?

Pastoral Care in Health for a Healing Church Community

To make this paradigm shift of viewing suffering patients as active participants in the New Evangelization, members of the Church must continually be renewed in the liturgy whose center is the paschal mystery. For it is in the paschal mystery, Christ's suffering, dying, and rising, in which we see the greatest example of suffering as a means of evangelization, for Jesus said, "I, when I am lifted up from the earth, will draw all men to myself" (John 12:32). When our patients are "lifted up" in suffering, they, too can draw men to Christ. By learning to see Christ suffering within the paschal mystery, we will learn to see him better in our suffering patients.

In working with members of our local Diocese and Parish, we must see ourselves as members of a "wounded and healed community" (p. 36) so that we can help to heal the world through our local churches. We must help men to

- find the true meaning of illness
- accept times when healing is not possible
- learn that "health that is fully human includes a 'yes' to suffering" (p. 36)
- learn that "health that is fully human includes a 'yes' to . . . compassion (p. 36)
- learn that "health that is fully human includes a 'yes' to . . . healing and supportive action" (p. 36)

Q4. What do you think is the meaning of the statement: "health that is fully human includes a 'yes' to suffering"?

Pastoral Care in Health for Society

Society needs the strength that the weak bear; this is the strength of Christ suffering in them. "For the sake of Christ, then, I am content with weaknesses, insults, hardships, persecutions, and calamities; for when I am weak, then I am strong" (II Corinthians 12:10). To receive this strength, the mentality that sees the physical health of man as divorced from his spiritual health must be transformed. We who make up society must see and believe that a man not only needs a healthy body but also a healthy soul - he needs salvation.

This view has both cultural and economic implications. If we view human life as possessing an eternal horizon instead of a temporal one, it opens up society to the "acceptance of limits" (p. 37); everything that can prolong physical life need not be done. The ministry of charity does not require maximizing how long we live. If our culture will see the totality of man as coming from God and returning to God, health care decisions will change accordingly.

Q5. A common maxim of modern society says that "If you have your health, you have everything." Is this true or false? Explain your answer.

Other Participants in Pastoral Care in Health: Chaplains and Health-Care Workers

Chaplains provide a strong sign of the "living presence of the Church" within hospitals (p. 37). Due to their daily contact with patients, they live spiritually near to the paschal mystery of Christ, and this allows them to effectively provide the grace of Christ's suffering both to patients and to health-care workers. A chaplain who lives out his "vocation within a vocation" becomes a "source of inspiration" (p. 37) for pastoral initiatives developed to serve hospitalized patients.

What do we health care workers need to perform our work?

1. Jesus Christ
2. The help of the Christian community
3. Prayer for us
4. Our problems listened to
5. Help in getting our own wounds healed

It is easy for health care workers "to lose the meaning of their profession" that includes "altruism, devotion, and empathetic understanding" (p. 38). Our profession *must* be "rooted in a supportive spirituality which is the foundation of identity and responsible commitment" (38); health care isn't just a job or a means to a paycheck.

Q6. Consider each of the five areas above.

a. How do you get help from Jesus Christ in your work?

b. How does the Christian community assist you?

c. Who is praying for you in your work? Have you asked anybody to pray for you?

d. Who do you have to listen to your problems related to your work (frustration, feeling inadequate, burned out, starting to see patients as objects instead of persons, etc.)?

e. Where do you go to get your wounds healed?

Pastoral Care in Health and Formation

We healthcare workers require ongoing formation from the Church so that we can understand and see the connection "between man . . . [and] the transcendent" (p. 38) in the lives of our suffering patients. We doctors and nurses need to understand the "religious values of life taken on as an *end*" (p. 38) to which we consecrate our lives and learn how to be compassionate and live in solidarity with our patients and coworkers.

Hospitals, Parishes, the Family and Sanctuaries for the New Evangelization

> **"Health care action needs a soul, without which it runs the risk of falling into an exasperated exaggerated belief in the technical, as though there was a struggle of man against himself" (pp. 38-39).**

Q7. How do the 'technical aspects' of health care get in the way of caring for the patient holistically as a person and not just a malfunctioning body? Consider the effects of electronic medical records, technology hooked up at the patient's bedside, and the plethora of diagnostic tests that can be performed on patients.

The basis of a **hospital**'s existence is the sick person. It is not primarily a workplace. It is not just a 'cost center'. It is not merely an 'investment opportunity'. Both patients and healthcare workers need the Divine "Physician of the body and soul" (p. 38) for their salvation. In order to see our calling as healthcare workers as a mission, and not just a profession, we must be regularly aware "of the centrality of man in his condition of weakness and frailty" (p. 38). Christ is both the healer and the healed; the Good Samaritan and the man accosted by robbers; the physician and the

patient. Without Christ as the soul of healthcare, we run the risk of becoming technological busy-bodies.

The modern healthcare economic and legislative environment have made it more difficult for ***Catholic religious hospitals*** to carry out their mission. With emphasis on efficiency and profit, the spiritual motivations that should drive healthcare are being lost.

To aid the cultural awareness of the importance of the sick, suffering, and handicapped, **parishes** must seek out such members with particular diligence and involve them in the life of the parish, particularly the Sunday Eucharistic liturgies. They should not live at the periphery of parish life.

Q8. How have you seen parishes successfully incorporate the sick, suffering, and handicapped into the life of the parish?

While the **family** is naturally the first place the ill and suffering turn for help, the family is often not capable of providing everything the patient needs. They must live in “complete solidarity” (p. 39), and the local parish is the first place that should hear and answer their cry for help. A parish helps a family best by respecting the principle of subsidiarity so that the family “does not lose its unity and communion but continues to be the fundamental point of reference for those who suffer” (p. 39).

Visits to **sanctuaries**, especially those dedicated to Our Lady, can provide both the suffering and their caregivers the opportunity to listen to God and receive the sacraments of Reconciliation and the Eucharist. Even today, millions of ill pilgrims and their caregivers trek to Lourdes, France for spiritual and physical healing. There, they may enjoy “a quiet encounter with Bernadette and the Virgin Mary” (p. 40) who can change their lives.

Q9. What benefits have your received or seen in others from those who have made pilgrimages to shrines of Our Lady?

MAKE IT YOUR OWN

From Lesson Four: Tell someone the kerygma before the next lesson. It can be to someone who has heard it, but you will have then practiced it out loud to prepare to tell it to someone who hasn't heard it. (Evangelical Christians, on average, are much better at the proclamation of the Kerygma than Catholics. We can learn from their drive to proclaim this.)

Commitment for Lesson Five: At the end of each day, look at how you treated your patients. Did you view them as persons or problems? What circumstances do you notice that leads you to view patients as problems or burdens instead of persons? How can you overcome such circumstances?

CLOSING PRAYERS [Stand]

Saint Gianna, heroically Christlike wife, mother and physician, I ask the help of your prayers, as I strive to follow your holy example in my physical and spiritual trials.

Help me, by your prayers, to recognize the suffering of the Cross as the way to pure and selfless love of God and my neighbor. May your practice of medicine with priestly care of both body and soul inspire physicians to see the Face of the suffering Christ in their patients.

May your loving acceptance of illness and death help patients to know and do God's will in all things, uniting their sufferings to the Passion and Death of Christ for the salvation of the world.

Saint Gianna, pray for us always that we may have a heart, meek and courageous, like the Heart of Jesus, in Whom we find our healing and strength. We ask this through Christ our Lord. Amen

Our Lady, Comfort of the Afflicted, Pray for Us.

LESSON SIX
Chapter Five: The New Evangelization and the Pathway of Pastoral Care in Health *and* Conclusion
(Pages 41-44)

OPENING PRAYER to Our Lady of Sorrows [Stand]

> O most holy Virgin, Mother of our Lord Jesus Christ: by the overwhelming grief you experienced when you witnessed the martyrdom, the crucifixion, and death of your divine Son, look upon me with eyes of compassion, and awaken in my heart a tender commiseration for those sufferings, as well as a sincere detestation of my sins, in order that being disengaged from all undue affection for the passing joys of this earth, I may sigh after the eternal Jerusalem, and that henceforward all my thoughts and all my actions may be directed towards this one most desirable object. Honor, glory, and love to our divine Lord Jesus, and to the holy and immaculate Mother of God. Amen.

SESSION GOALS [Stand] [Read aloud]

1. Understand how the New Evangelization is new.
2. Learn concrete ways in which we can live out and promote the Culture of Life as health care professionals.
3. Learn how to speak the words of Christ to patients and give them hope, even if they cannot be cured.

GOSPEL REFLECTION (Mark 2:21-22) [Stand] [Read aloud]

> No one sews a piece of unshrunk cloth on an old garment; if he does, the patch tears away from it, the new from the old, and a worse tear is made. And no one puts new wine into old wineskins; if he does, the wine will burst the skins, and the wine is lost, and so are the skins; but new wine is for fresh skins."

[Reflect in silence for 5 minutes] [Sit down]

GOSPEL REFLECTION QUESTION: When have you ever realized that an old, established way of thinking about something was wrong and changed

your mind to think about something in a new way? What helped to bring about this change?

Pastoral Care in Health Chapter Five (pages 41-44)

(This is the basis for this lesson's discussion. While participants will benefit more if they read this before meeting, it is not essential to benefit from the discussion.)

> And Jesus said: "Likewise, no one pours new wine
> into old wineskins. Otherwise, the wine will burst the skins,
> and both the wine and the skins are ruined.
> Rather, new wine is poured into fresh wineskins".
> (Mk 2:22).

With a New Interior Impetus

The first person to speak about a new evangelization was the Saint John Paul II and he did this from the beginning of his pontificate. Subsequently he explained the meaning of 'newness' as regards the missionary action of the Church: 'new in its ardor, new in its methods, new in its expressions'. To these three characteristics Benedict XVI added another: '"new" because of being necessary even in countries that have already received the proclamation of the Gospel'.

In his apostolic exhortation *Christifideles laici*, the Saint John Paul II observed that the task of the new evangelization was to 'assure the growth of a clear and deep faith… *remake the Christian fabric of the ecclesial community itself*… the *formation of mature ecclesial communities*'. This is a program that is still of contemporary relevance and which is applicable to the challenges that today also face pastoral care in health.

The new evangelization, therefore, does not necessarily require the invention of something new to be done, but, rather, the promotion and strengthening in all believers of a common and shared vision of reality which springs from faith, and which in its turn generates 'new' way of thinking about human life and a new way of acting towards it in relation to everything that concerns it and which is very different to what the dominant secularized culture says about it.

A 'new apostolic ardor' is acquired through an increasingly deep union with Christ, the first evangelizer, which culminates in the taking of the sacraments where the joy of communicating the faith to other people helps in addressing various problems in the light of faith, and also leads to a consistency in the Christian life without any form of fanaticism.

The newness of the methods, however, will be a consequence of an appreciation of the various forms of evangelization that already exist and their complementariness, 'if every member of the Church becomes a protagonist of the dissemination of the message of Christ'.

Lastly, as the Saint John Paul II himself observed, the newness of 'its expressions' requires us to have 'our eyes fixed on what the Lord says… to acquire a solid knowledge of Christ', so as to proclaim 'the Good News in a language that everyone can understand'.

When the Saint John Paul II invites us to listen to the Lord who speaks through His Son, through people and through the different signs of life and of epochs; to place at the centre of things Jesus Christ, the Truth and the Life that frees, illumines and saves; to look for a language that is meaningful for the people of today and their specific conditions of life, in order to affirm the faith and bear witness to the hope and Love that come from God, he is pointing out to us a model that we have striven to bear uppermost in our minds in writing this document, whose purpose lies in stimulating the reflection of health-care workers who are interested in a re-launching of pastoral care in health within the horizon of the new evangelization. From these basic points can spring initiatives and operational strategies that are capable of responsibility towards the real situations in which each person lives, according to the missionary mandate that the Church received from the Lord Jesus.

Pastoral care in health, for its part, needs to receive greater consideration and integration first and foremost within the Church herself, starting with the upholding of a specific anthropological vision – the bearer of a transcendent meaning of life which by its special location constitutes a great opportunity for interaction and dialogue with the other sciences, in order to help ethics, medicine, psychology, sociology, the communication sciences, politics and the economy to go beyond the limits of their own self-referential character and direct them towards service to life.

Towards a New Culture of Life

It was the Saint John Paul II himself who reminded us that'We are the people of life because God, in his unconditional love, has given us the Gospel of life'. Only starting with the discovery of this shared identity will we accept that 'we have been sent into the world as a "people for life"'.

This mandate in practical terms means that 'the Gospel of life is to be celebrated above all in daily living'. Once we have accepted that 'God has granted to man a dignity which is near to divine',the service of proclaiming, celebrating and love as regards the Gospel of life should be addressed first and foremost to ourselves, to our own lives, so that we may become, in our turn, credible witnesses to service to the lives of everyone.

The *diakonia of charity towards the sick* also takes form in daily existence, that is to say that caring for the other as a person entrusted by God to our responsibility to the point of coming to take care of the whole of life and the lives of all people. *A commitment through upbringing and education to promoting new forms of charity*, which today is equally urgent and necessary, is closely connected to this. To achieve the results that are hoped for, this needs to be conjugated according to the paradigm of the new culture of life: 'from care for one's own life to faith in the God of life, unto love for the whole of life and the lives of everyone', and to be developed until its ultimate consequences. Confident that Life and faith always win!

Conclusion

Guided by Pope Francis

In the commitment to develop and above all else to live pastoral care in health nourished by God's love towards each one of His children, especially if suffering or sick, there will be the support of the Gospel witness of Pope Francis and his love for the poorest and the most frail.

In his teaching, the invitation to the Church never to close up in herself but to move out so as to bring the proclamation of the Gospel as far as the 'outskirts' of existence, including those of pain and illness, is a constant.

In his meeting with the faithful in St. Peter's Square on Wednesday 5 June [2013] Pope Francis strongly denounced how the instruments of communication themselves today tend to give more emphasis to the value of money, to financial moves, forgetting about the current suffering of people, the growth of poverty in all countries, the lack of jobs and social injustices.

He emphasized how the human person, his or her dignity, and his or her very life, seem not to matter. Often the lives of children and elderly people seem a burden, like the lives of disabled people and sick people.

And yet if one does not start with the person, with his or inviolable dignity, with the stewarding and defense of life, the greatest value disappears, which is humanity, without which none of the problems which we are called to address, socially as well, can find answers.

This is an invitation to acquire new awareness of, and trust in, the light and the strength that can come from the God of love, if received by us with a faith that is truly lived and communicated, as a sign of a hope that never disappoints and as the source of a joy that can be experienced only in God.

The recent encyclical letter (*Lumen Fidei*) signed by Pope Francis can become a valuable instrument for the whole of the Church and for each one of us, to achieve a more motivated and generous commitment in sharing the light and the comfort of the faith with all sick and suffering people.

A strong stimulus for pastoral care in health that is capable of a renewed proclaiming of the Gospel embodied in the lives of people.

SUMMARY AND EXPLICATION OF *Pastoral Care in Health* Chapter Five

In the final chapter of this document, we are given specific **prescription** recommendations to create a **Culture of Life** to combat the relativism of the Culture of Death.

With a New Interior Impetus

The stated purpose of this document is to stimulate

> **"the reflection of health-care workers who are interested in a re-launching of pastoral care in health within the horizon of the new evangelization"** (p. 42).

Saint John Paul II suggested three ways, add Pope Benedict XVI added a fourth way, in which the 'New Evangelization' must be **new**:

1. New Ardor
2. New Methods
3. New Expressions
4. New Geography - to include so-called 'Christian' countries that have already received the Gospel

> Pope John Paul II represented the Church's missionary nature "in the flesh" with his Apostolic Journeys and with the insistence of his Magisterium on the urgent need for a "new evangelization": "new" not in its content but in its **inner thrust**, open to the grace of the Holy Spirit which constitutes the force of the new law of the Gospel that always renews the Church; "new" in **ways that correspond with the power of the Holy Spirit and which are suited to the times and situations**; **"new" because of being necessary even in countries that have already received the proclamation of the Gospel**.
>
> Pope Benedict XVI, 28 June 2010, www.vatican.va

Q1. What did Saint John Paul II teach us through his actions about how we should live out the New Evangelization?

The first focus of the New Evangelization is *within the Church.* We Christians must develop a "clear and deep faith" that fosters a "common and shared vision of reality" that bears fruit in a "new way of thinking about human life and a new way of acting towards it in relation to everything that concerns it" (pp. 41-42).

A new apostolic **ardor** can only come from an "increasingly deep union with Christ" (p. 42).

New **methods** of evangelization will be developed as we gain a better understanding of the current forms of evangelization and then see what methods are necessary to complement them.

The new **expressions** for spreading the Gospel require that we know Christ so well that we can clearly "proclaim the Good News in a language that everyone can understand" (p. 42).

The new **geography** includes the place where each of us lives, even though the Gospel has been proclaimed here and has birthed generations of Christians.

To be effective evangelizers according to Saint John Paul II we must

- listen to the Lord who speaks through
    - Jesus
    - people
    - signs
- place Jesus Christ at the center of all things
- look for a language that makes sense to people today in their specific conditions of life

It is necessary for the Church to take a greater interest in Pastoral Health Care and infuse it with "a specific anthropological vision - the bearer of a transcendent meaning of life" (pp. 42-43). By doing this, the Church, through her Pastoral Care, will have greater opportunities to dialogue and interact with "other sciences, . . . ethics, medicine, psychology, sociology, the communication sciences, politics and the economy" (p. 43) so that they might direct their efforts to the service of life.

Q2. Give an example where you have seen the New Evangelization practiced with
- **a new ardor**
- **a new method or**
- **a new expression**

that seemed effective to you.

Q3. What is one idea you have in which the New Evangelization could be applied to *your* practice of medicine, or the practice of medicine in general?

Towards a New Culture of Life

We are a “people for life” because God “has given us the Gospel of life”. Because God has given man “a dignity which is near to divine”, we are called to celebrate this dignity primarily in our daily lives (p. 43). To successfully become credible witnesses who serve life, we must first imbibe, celebrate, and love the Gospel of life ourselves.

Serving the sick under our responsibility with charity means that “we must care for the other as a *person* for whom God has made us responsible” (EV 87). Our patient is not just the sum of his symptoms or diagnoses, he is a person with a mortal body and an immortal soul bound for heaven; he is a subject, not an object. Our service of charity will render “special favor to those who are poorest, most alone and most in need” (EV 87). Pope Francis has expressed this same idea by saying to pastors

> Do not close yourselves in! Go down among your faithful, even into the margins of your dioceses and into all those “peripheries of existence” where there is suffering, loneliness and human degradation. (7/27/13)

Q4. What habits have we consciously (or unconsciously) developed to avoid going to the “poorest”, “most alone”, or those at the “peripheries of existence”? How can we replace them with new habits?

In the New Culture of Life, we must promote new forms of charity. In the Gospel of Life (EV 86, 88) Saint John Paul II prescribes and recognizes the following concrete actions that characterize and grow the Culture of Life:

- humble and hidden, selfless acts of generosity
- organ donation in an ethically acceptable manner
- brave mothers who unreservedly devote themselves to their families despite a lack of support from the prevailing culture
- promotion of centers for learning methods of Natural Family Planning
- marriage and family counseling agencies run with a Christian vision of the person
- crisis pregnancy and women’s care centers
- drug addiction treatment centers
- residential communities for the mentally ill
- care centers for patients with AIDS
- associations for solidarity with the disabled
- hospice care providing genuinely humane assistance, especially for those who are anxious or lonely

- hospitals, clinics, nursing homes where “suffering, pain and death are acknowledged and understood in their human and specifically Christian meaning”

Q5. What are examples in our local area where these concrete actions are successfully incarnated?

Q6. Which of these concrete actions could be better provided in our local area?

The paradigm for the New Culture of Life flows from

1) “care for one’s own life, to
2) faith in the God of life, unto
3) love for the whole of life and lives of everyone
4) Confident that Life and faith always win!” (p. 43)

Conclusion: Guided by Pope Francis

Pope Francis provides us a tangible example of how to proclaim the Gospel to the poor, those on the “outskirts of existence” where pain and illness are constants (p. 44). He has spoken against the tendency of modern media to emphasize the importance of money and economic gain while the media ignores the suffering of people and the loss of the sense of true human dignity.

Unless all members of society, and especially we in the “caring professions”, do not recognize the inviolable and immeasurable dignity of the human person - *each individual* human person - we will have no firm basis for addressing any problems. Human dignity is the greatest earthly value; if something lesser is put in its place - money, efficiency, power, pleasure - no individual or social problems will be solved.

Saint Padre Pio summed up our role as physician, nurse, or other health care worker when he said that the hospital he founded (called the House for the Relief of Suffering) would "be a temple of prayer and science, where the human race in Jesus crucified congregate as one flock under one shepherd." He said that his hospital’s purpose was “to care for bodies to reach souls.” He recognized the inestimable worth of human dignity as related to medicine when he said that "The medicine I want must be truly human, must consider fully the human person, as a body and a soul.” In his hospital, doctors and nurses treat patients "with the best achievements of science, while

helping them be in the path of God, drawing them in the light of the gospel and teaching them to sanctify their suffering by prayer." (http://www.padrepiocr.org/teachings.html) We cannot do better.

Q7. When do you tend to treat something besides human dignity as more important in your dealings with others?

Q8. How do you "reset your compass" to put human dignity first when you realize that you have been treating money, efficiency, or pleasure before human dignity?

Excerpt from The Light of Faith (*Lumen Fidei* 56-57)

The encyclical letter of Pope Francis, *Lumen Fidei* (The Light of Faith), encourages us to generously commit to share the light and the comfort of faith with all sick and suffering people (p. 45). If we do so, our patients can say with St. Paul "I kept my faith, even when I said, 'I am greatly afflicted'" (see 2 Cor 4:13). Our patients can discover that in the weakness of suffering they can experience God's power and love. The most effective health care providers do "not proclaim ourselves; we proclaim Jesus Christ as Lord" (2 Cor 4:5). Patients are ill-served by physicians with "Messiah complexes"; each of us must remember, there is a Messiah, and I am not him.

Like Saint Francis and Blessed Mother Teresa of Calcutta, we can rely on a faith which does not scatter all darkness; instead, faith guides our steps through the darkness. Christ accompanies each step we take. When patients need to hear the voice of Christ, we are there to speak it to them.

A profound service that faith provides to patients is **hope**. All the sick, even on their death beds, have a future prepared for them with God. Faith is not faith unless it is linked to hope. The admonition to "have faith" requires a faith "in something"; faith seeks an end, it is not an end in itself. And when our faith is in a Christian hope, then "hope does not disappoint" (Rom 5:5).

Q9. Have you ever been guilty of displaying - or tempted to display - a "Messiah Complex"? What happened?

Q10. How can we speak the words of Christ to our patients?

Q11. When a cure is not possible for our patients, how can we give them hope?

MAKE IT YOUR OWN

From Lesson Five: At the end of each day, look at how you treated your patients. Did you view them as persons or problems? What circumstances do you notice that leads you to view patients as problems or burdens instead of persons? How can you overcome such circumstances?

Commitment for Lesson Six: Each day on your way to work, ask God to help you see the human dignity of each patient so that you treat them as more important than any other value such as money, efficiency, power, or pleasure.

CLOSING PRAYERS [Stand]

> Saint Gianna, heroically Christlike wife, mother and physician, I ask the help of your prayers, as I strive to follow your holy example in my physical and spiritual trials.
>
> Help me, by your prayers, to recognize the suffering of the Cross as the way to pure and selfless love of God and my neighbor. May your practice of medicine with priestly care of both body and soul inspire physicians to see the Face of the suffering Christ in their patients.
>
> May your loving acceptance of illness and death help patients to know and do God's will in all things, uniting their sufferings to the Passion and Death of Christ for the salvation of the world.

Saint Gianna, pray for us always that we may have a heart,
meek and courageous, like the Heart of Jesus, in Whom we
find our healing and strength. We ask this through Christ our Lord. Amen

Our Lady, Comfort of the Afflicted, Pray for Us.