
Does Christianity Make a Difference?

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ABSTRACT

The human person makes great demands on the physician and calls for unique attention. Hence the doctor-patient relationship calls for the highest ideals of kindness, patience, trustworthiness, generosity and skill. The Catholic physician brings to these demands a specific meaning: ministering to the sick is to see Christ in them and to show Him to them.

There are any number of ways by which one can construct an answer to this question. I have tried on several previous occasions before (McCormick, 1982, pp. 25-45; 1985, pp. 95-114; 1989, pp. 5-10). To some extent or other those efforts reflect a "norm-consciousness" as if the chief impact of Christian commitment were to be found at the level of concrete casuistic conclusions. Such norm-consciousness reflects the way bioethics was conceived and taught for the past twenty-five years – as dilemma ethics.

Perhaps there is another way of approaching this question. Suppose a Catholic physician (since I am a theologian in the Catholic Christian tradition) asked me this question: "What difference should my Catholic faith make in my practice of medicine?" There are still those who would attempt an answer by paging through the *Ethical and Religious Directives for Catholic Healthcare Facilities*. I do not mean to minimize the problems treated in such directives such as abortion and sterilization. But to regard such issues as definitional is to miss the much more important picture.

I would speak to my physician friend as follows. Let us suppose it is 2 o'clock in the afternoon; you are in your office. Let us say that your office is in one of the office buildings common in any large metropolitan area.

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Let us also imagine that you share your waiting room with Doctor Ignotus, an excellent doctor, technically unsurpassed, a man with a fine reputation, but an irreligious man. In the waiting room is a 30 year old housewife. She sees her doctor and emerges from the office, presses the elevator button and descends. In the elevator is an ubiquitous Jesuit, Father McCormick. He is looking for a definition, an image. So he asks the young woman as they descend. "What is your doctor like?" Here is her answer: "He is an efficient doctor, punctual, careful, cautious, honest, courteous; he is warm, friendly, kind. Medically he is superb. I have great confidence in his judgment; he has never let me down." I ask myself: "Whose office has she been in – your or Ignotus' across the waiting room?" It is difficult to say.

The question bothers me and keeps returning. Therefore, I continue my reflections for my physician-friend. Is there no difference between Ignotus and the Catholic doctor? If there is a difference, what is it? Is it noticeable? Both use the same instruments; both prescribe the same antibiotics; both are kind and courteous; both keep their professional secrets; both charge reasonably. Both seem to be dedicated, selfless men. What does Catholicism mean to the Catholic doctor and his or her practice beyond abstention from a few practices such as therapeutic abortion, direct sterilization, and dolling out contraceptive information and devices? Is the Catholic a different doctor for being a Catholic? Does his Catholicism cut into and give tone to his professional life? The standards of the profession are perched very high as it is; does Catholicism add anything to these ideals? Did the coming of Christ make any real difference to those of His followers who would practice medicine? That is the question.

Pope Pius XII said: "You must not look upon this simply as an extrinsic name without influence on the object of your work itself – as though Catholicism could only offer its adherents a completed code of ethics, a minute and detailed list of acts that are permitted or prohibited. The reality is quite different! In actual fact, Christians are bearers of a message and of a life which confers a specific meaning upon each one of their activities" (Pius, XII, 1958).

"A message and a life..." Here is the difference. His professional ideals make great demands on the doctor. For the doctor is treating not a bag of chemicals, not a muscle, but the human person. The human person makes great demands, calls for unique attention. The human person does not get sick on schedule or during office hours alone; because the human person is an "ensouled body" its problems are as deep as the unconscious, as important as the eternal repercussions. Hence the medical situation, the

doctor-patient relationship calls for the highest ideals of kindness, patience, trustworthiness, generosity, and skill. All doctors worthy of the name strive for these qualities. The Catholic doctor brings to these severe and trying demands of his professional life a message and a life. His professional duties are his way of loving Christ. This is the specific meaning of his work as a Catholic: to see Christ in the sick and to show Him to them!

The lines of Christ's teaching are simple and clear. "By this shall they know that you are my disciples, that you love one another." "Love one another as I have loved you." The words "...as I have loved" might and should startle us. Christ means that His love for us is the example, the example of the love we should have for others. More startlingly still he says that our treatment of others is for all practical purposes our treatment of Him. "Whatever you do to the least of these...you do to me." Not only is He the example; He is the why, the reason, the motive for it all. The Catholic doctor brings to his patient, then, not merely technical skill, professional conduct, and humanitarian attitudes; he brings a message and a life which you will not find in the Ethical Code of the AMA.

"A message and a life." The message is the life and the life is our only message. The life of which we speak is Christ within us. The more we are conscious of this life within us, the more we shall be impressed with Christ's presence in others. The more we are conscious of His presence in others, the more deeply will we understand His magnificent statement that what we do for the least of His brethren we do for Him.

In the Christian understanding, the encounter of persons has a certain structure. It is the categorical moment for the faithful activity in love that describes the very being of the "new creature." It is literally our way of loving God in this context. It is the vertical in the horizontal, or, as the late Joseph Sittler put it, "love is the function of faith horizontally just as prayer is the function of faith vertically" (Sittler, 1958). This is true of both the curing and the caring dimensions of health care. If we do not view health care in this way, we interpret and restrict its reality short of the depths of faith. Vatican II's Decree on the Apostolate of the Laity after noting that Christ made the commandment of love His own and endowed it with new meaning, states: "For He wanted to identify Himself with His brethren as the object of this love when He said, 'as long as you did it for one of these, the least of my brethren, you did it for me'" (Abbott, 1966, p. 498)

The Catholic who is living his Catholicism is a man with a unique point of view. His life tends increasingly to revolve around Christ. But he is not imposing a pattern of thought on the world; he is not superimposing a

meaning on things. He is simply recognizing the reality that is there already, at a deeper level. He is getting to the core of the matter. He is not creating a point of view; he is getting Christ's point of view.

I am not speaking here of a psychological "immediacy" or "break-through." Certainly William May is correct when he notes that physicians, among others, "must often accept without false dismay the incompleteness of their contacts with those over whom they exercise authority" (May, 1967). The same is true of patients. Only a rather inflated religious romanticism would expect a direct, immediate I-Thou encounter in every human relation. I am speaking rather of the profoundest ontological structure of the encounter, fully disclosed in and by Christ, a structure we perceive only dimly (in faith), but one that ought to be the organizing shape and power of our responses. This is nothing more nor less than the encounter to which Christ enjoined his followers. This is exactly what the laity decree cited above meant when it urged professional people to remember that in fulfilling their secular duties of daily life, "they do not disassociate union with Christ from that life." It further urged professionals to "see Christ in all persons whether they be close to us or strangers" (Abbott, 1966, p. 493).

It was this ontological structure that led Pius XII, who may quite accurately be called the Pope of Physicians, to compose his *Doctor's Prayer* which read in part: "Enlarge our hearts with your love that we may behold You in the person of the sick, especially of those most abandoned, and may correspond with unwearying solicitude to the confidence reposed in us" (Pius XII, 1957).

Christianity's primary and profoundest impact on bioethics may never show up in anthologies of cases or in the modification of rules of practice. It just may be far more important than that. At the heart of the practice of medicine is the physician-patient relationship. Indeed, medicine may be called a profession precisely because and insofar as the physician finds physicianly well being in the well being of others. As Leon Kass put it to graduating medical students: "Medicine calls you to intrinsically self-manifesting and self-fulfilling activity, in which your good and the patient's good coincide. In each daily encounter with your patients, you will serve yourself exactly in your efforts to help others" (Kass, 1991).

There are all kinds of indicia in our time that circumstances are transforming the profession of medicine into a business. When that happens, the good of the patient becomes a means to an end, and the physician-patient relationship suffers a sickening erosion. It just may be that by nourishing their faith and seeing Christ in their patients, Christian believing physicians will offer powerful resistance to this erosion. If they do,

they will have helped define what it means to be a Catholic physician. They will also have made a huge contribution to bioethics by helping to preserve the integrity of its core.

In a speech he composed but never gave because death intervened, my friend and colleague Dr. André E. Hellegers put it well:

As the caring branches of medicine were gradually pushed aside by the curing ones, there seemed to be less use for the Christian virtues. I think that shortly the need for those old Christian virtues will return and once again be at a premium. Our patients will need a helping hand and not a helping knife. This is no time to dismantle the low-technology care model of medicine... We must either recapture the Christian virtues of care or we shall be screaming to be induced into death to reach the 'discomfort free society' (Hellegers, Unpublished manuscript).

We have heard those screams lately.

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