



Theological Reflection

Spiritual care of the sick*

FR. JUAN R. VÉLEZ

Northview University Center, Chicago, IL, USA

In the Gospel we see how people bring the sick to Christ to be healed. As physicians, nurses, and chaplains we are God's instruments bringing physical and spiritual healing to the sick. It is important for those of us who care for the sick to ask them about their religious affiliation and spiritual needs, and then following their cues and in a respectful way to encourage them to pray and, in the case of Catholics, to receive the sacraments. We should also pray for our patients, and when we think they would like it, to pray with them.

Summary: Physicians and nurses, not only chaplains, should ask patients about their religious beliefs, offer to find spiritual assistance for them, and when appropriate pray with them.

Keywords: Spiritual care, Prayer, Sacraments, Suffering, Compassion

Many Catholic physicians and nurses will agree that patients are helped with prayer, and many of them do wish to pray. Just a few simple words can draw down upon them the spiritual and physical effects of God's grace. Some studies have been performed to determine if those who pray show improvement in symptoms and quality of life: their attitude, their breathing, heart rate, sleep, and so forth. Despite the difficulties in conducting such research we all have personal experience of the benefit of prayer for and by patients.

Our experience tells us that patients often wish to pray, and that when we overcome human hesitation to do so, it is possible to pray as a physician with

them. We need to learn to read and follow the cues that they give to us. As an instance, when I was a medical resident, I was called very early one morning to see a patient with heart failure who had trouble breathing. After trying to do something for her, the woman, who was in her fifties and was accompanied by a relative, asked me to pray with her, which I briefly did. The chief of the medical residency, a nonpracticing Jew, called me to his office the next morning. He had heard about my visit to the patient, and to my surprise—given the frequent separation between faith and reason—he thought I had done the right thing.

In my following remarks I would like first to comment briefly on two Gospel scenes and the Sacraments in regard to the spiritual care of patients. Next, I will

* Reflection adapted from an address to the Milwaukee Catholic Physicians Guild, Milwaukee, Wisconsin, October 8, 2016.

briefly address the subject of the meaning of suffering. Lastly, I will suggest that we should and must help patients to pray and to find spiritual assistance.

GOSPEL PASSAGES

We know that Jesus is the Divine Physician. We read in the Gospels how Jesus healed many and expelled their demons; he healed them body and soul. The story of the paralytic reveals Jesus' divinity and compassion (Mt 9:2-8). The paralytic's friends take him to Jesus to be healed. It is not hard to imagine the smile on our Lord's face as he saw the friends lowering the man down through the roof. He was moved by their faith. The Gospel tells us, "When Jesus saw their faith, he said to the paralytic, "Son, your sins are forgiven" (Mk 2:5). After healing his soul Jesus cures his body.

All physicians, nurses, pharmacists, and therapists are like the friends of the paralytic. They help the patient, but they know God is the one who cures. Their help is much more involved and sophisticated than that of the paralytic's friends, but, still, they are aiding the healing properties of the body which God in his wisdom has provided.

A friend of mine who is a surgeon tells me that he prays before any surgery; he is aware that God is really the one who heals the body and soul of his patients. I am sure that some of you already do this. It would be good for all of us to say a short prayer, no matter how brief, when visiting a patient. One such prayer, adapted from the prayer of the leper who approached Jesus is, *Lord, if you will, you can cure this patient* (see Mt 8:2).

During the Year of Mercy, Pope Francis has exhorted us to reflect more closely on God's boundless mercy, and on his call for

each one of us to be merciful. The Gospel passage, in the Parable of the Good Samaritan, invites us to exercise compassion with those who are sick. In it Jesus praises the compassion and selflessness of a passing Samaritan who stops to care for someone who has been attacked and left for dead by the wayside (Lk 10: 25-37), while a priest and a Levite have passed by without aiding the fallen man. Perhaps they are afraid to stop or are too concerned with their personal matters to stop and show mercy to another human being.

Physicians have rightly been compared to good Samaritans. Jesus invites you and me to be good Samaritans to those in need, and especially to the sick and their families. When John Henry Newman, as an Anglican clergyman, was traveling in Sicily in 1833, he fell gravely ill, probably with typhoid fever. He was traveling along a country road and a physician passing by stopped to care for him and took him to a nearby inn. Newman eventually recovered. He later became a Roman Catholic priest and then a cardinal. He never forgot the generosity of this physician and the innkeeper.

THE SACRAMENTS

Pope Benedict XVI notes that the Church Fathers often understood the "inn" in this parable as an image of the Church. He writes, "[Christ] pours oil and wine into our wounds, a gesture seen as an image of the healing gift of the sacraments, and he brings us to the inn, the Church, in which he arranges our care and also pays a deposit for the cost of the care" (Ratzinger 2007, 201). The mission of the Church is to bring God's saving power to mankind. The Sacraments are a source of healing; they are Christ's action through the Holy Spirit in the Church.

Patients expect physicians and nurses to look after their bodies, but as Catholics we know that the person is a bodily and spiritual being. The person is not an assemblage of sealed compartments, but one unified whole. What affects the soul affects the body, and vice versa; and we know that grace brings healing to the whole individual. Proceeding from a scientific background it is easy to reduce the person to a purely material being, and to be concerned only with biological processes, symptoms, and treatments; however, we must resist that view and look at the patient as a bodily and spiritual being.

The Sacraments, visible signs of the invisible grace, heal and sustain patients. Three sacraments offer the patient and the medical practitioner many necessary spiritual graces.

First, the Sacrament of Confession and Reconciliation heals the soul, restoring it to the state of grace or friendship with God when it has been lost, or increasing sanctifying grace. Recall how before Jesus cured the paralytic he forgave him his sins. Even though we do not know how the soul and the psyche interact, we perceive a connection between the two and between these and the body. A patient with a stress disorder, depression, or another mental illness often has spiritual and physical manifestations. It also happens that spiritual and physical illnesses are the cause of mental illness. With reference to the connection between the spiritual and emotional dimension of patients, a Swiss psychiatrist once told a Catholic bishop that if the patients in his clinic would have gone frequently to confession many of them would not be ill or hospitalized. He was probably thinking of the peace patients experience when their guilt is removed and they know they have been forgiven.

Second, the Holy Eucharist is Christ himself mysteriously present under the appearances of bread and wine. Jesus, who said, "I

am the bread of life," nourishes our soul and body with his own blood, flesh, soul, and divinity. St. Ignatius of Antioch, at the start of the second century, called the Holy Eucharist "the medicine of immortality and the antidote against death, enabling us to live forever in Jesus Christ" (Ignatius 1970, no. 20). As physicians and nurses we, too, need to receive our Lord frequently in Holy Communion; and thus, more united to him, we can serve him better in the sick and the poor.

Third, the Anointing of the Sick gives the patient grace to suffer with Christ with faith and love. After receiving this sacrament some patients recover their health, but most are strengthened, and sustained in the faith, and united more to the suffering Christ. The Christian should seek to be conformed to Christ beginning with Baptism and Confirmation, and later on also in illness and death. In illness he is not alone; Christ is with him, and the community of the faithful pray with him.

In this manner we, as healthcare professionals, priests, lay persons, and religious ministering to the sick, we are like a sacrament of God's presence to the sick. In our conversations with patients we get to know them, and to understand a little bit their suffering, which goes beyond the physical, affecting their whole being and relationship to God, family, and friends. Medical residents and nursing students need to learn how to speak with patients about their spiritual needs, understandably without imposing their beliefs.¹

MAKING SENSE OUT OF SUFFERING

In the same context, Pope John Paul II wrote in his letter on the *Christian Meaning of Suffering*: "Man suffers in different ways, ways not always considered by medicine, not even in *its* most advanced specializations. Suffering is something which is *still wider* than sickness, more complex and at

the same time still more deeply rooted in humanity itself” (John Paul II 1984, no. 5).

We know that persons who suffer illness, especially chronic or degenerative diseases, can lose their sense of personal dignity and worth, and consider themselves a burden to others and to society (see Sulmasy et al. 2016). With our show of respect and kindness toward them, we can help them to recover their sense of dignity as human beings and God’s children. In this manner, we are God’s instruments, accompanying them in their suffering. Often this consists in listening to a patient speak about his worries, family, or youth.

A patient dying of cancer once asked her oncologist for physician-assisted suicide. Instead, the caring doctor spent extra time with the patient, holding her hand and praying together. The patient accepted hospice care and died peacefully four days later.

With another patient the same oncologist shared the story of the loss of her own father, which allowed the patient to look at death as an opportunity for forgiveness and reconciliation.

For persons suffering, even for those who are not Christian, Leo Tolstoy offers a valuable insight. In *War and Peace*, one of the main characters, Count Pierre Bezukhov, who has suffered many privations, imprisonment, and loss of friends during the French invasion of Russia said:

If I were asked at this moment whether I would rather be what I was before I was taken prisoner, or go through all that again, my answer would be: “For heaven’s sake, let me again have captivity and horseflesh!” We imagine that when we are thrown out of our accustomed grooves that all is lost, but it is only then that what is new and good begins. While there is life there is happiness. There is much, so much before us. (Tolstoy 1968, 1337)

Through suffering people can learn to appreciate the simple blessings and

moments of everyday and the gift of life.² Furthermore, for many, as in the case of Bezukhov, suffering offers a way to become a better person because through it a person appreciates the suffering of others and learns to go out of himself to care for others. It seems that this is what Tolstoy had in mind: life can acquire a higher purpose. It can become a path of love for the person, his family, and friends, and, united to Christ, it has a redemptive value; that is, it brings man back to friendship with God.

Suffering often brings sadness and can trigger anger, loneliness, and despair. As Catholics, we know ourselves to be God’s children, that we are in his hands, that he loves us, comforts us, and strengthens us. We also know that our path to glory (to heaven) is through the Cross, through suffering.

Pope John Paul II notes that the person who suffers often asks, like Job:

the “why” of suffering... This is an extremely important aspect of suffering. It is profoundly rooted in the entire Revelation of the Old and above all the New Covenant. Suffering must serve *for conversion*, that is, *for the rebuilding of goodness* in the subject, who can recognize the divine mercy in this call to repentance. The purpose of penance is to overcome evil, which under different forms lies dormant in man. Its purpose is also to strengthen goodness both in man himself and in his relationships with others and especially with God. (John Paul II 1984, no. 12)

The pope pointed out, however, that the answer to the “why” of suffering passes through the revelation of divine love:

Love is also the richest source of the meaning of suffering, which always remains a mystery: we are conscious of the insufficiency and inadequacy of our explanations. Christ causes us to enter into the mystery and to discover the “why” of suffering, as far as we are capable of grasping the sublimity of divine love. (John Paul 1984, no. 13)

SPIRITUAL CARE

However, for illness to be a time of meaning and spiritual growth, patients need spiritual care. Physicians and nurses are not often prepared to provide that help, which requires study of their own faith, personal spiritual growth, and more time with patients. They can, however, help patients recognizing their needs, and ask them questions such as: how are you dealing with this pain; what is your religion; among others. In addition, depending on the answer, they could ask: do you pray to God or have you spoken with a priest, a pastor, a rabbi. These types of questions can open the door to deeper conversations.

If we have a patient with whom we are especially well acquainted, and who is a Christian, we can gently help him or her with a word of encouragement to be strong and to pray to God for more strength without despairing, and to place their hope in a God who never leaves us. On some occasions, we can say a short prayer with patients, or give them a card with a prayer or a miraculous medal.

With other patients we need to simply spend some time with them. In this same vein a physician friend writes:

In my experience when we offer our time to listen and respond to these needs, it opens the person—even those opposed to prayer—to the suggestion that God is present and wants to be the true source of comfort, consolation, and peace in their suffering.

Once on the feast of the Sacred Heart, St. Josemaría Escrivá said:

we should ask our Lord to give us a good heart, capable of having compassion for other people's pain. Only with such a

heart can we realize that the true balm for the suffering and anguish in this world is love, charity. (Escrivá 2002, no. 167)

As physicians, nurses, chaplains, pharmacists, and other persons who care for the sick, we are witnesses to those moments of suffering, loneliness, vulnerability; and with our words and gestures, a gentle gaze, and a prayer, we can be a great help to those under our care. We are like the friends of the paralytic or the Good Samaritan in the Gospel bringing them closer to God through a personal encounter with Christ in prayer and the sacraments.³

Lastly, and most assuredly not the least, as we practice our noble profession we should keep the Virgin Mary before our eyes. She is Our Lady of Sorrows and our Mother of Hope. Devotion to her will increase our capacity for empathy and compassion, and obtain many graces for our patients from her beloved Son, who is the Divine Physician.

NOTES

1. "Those oncology professionals who are familiar with their own spirituality will be better at recognizing, understanding and attending to their patients' spiritual needs and concerns" (Surbone and Baider 2010).
2. Tolstoy tells us the thoughts of Bezuhov, "in his captivity, he had learned, not by words or reasoning, but by direct feeling what his nurse had told him long ago, that God is here and everywhere.... In the past he had been unable to see the great, the unfathomable, the infinite, in anything. He had only felt that it must exist somewhere, and had been seeking it" (Tolstoy 1968, 1320).
3. Attending the funeral of a former patient is a beautiful act of solidarity and compassion for the family. When this is not possible, as may often be the case, sending the family a Mass or a condolence card is greatly appreciated.

REFERENCES

- Escrivá, Josemaría. 2002. *Christ Is Passing By*. New York: Scepter.
- Ignatius. 1970. *Letter to the Ephesians*. In *The Faith of the Early Fathers*, vol. 1, *Pre-Nicene and Nicene Eras*, ed. W.A. Jurgens, 17–19. Collegeville, MN: The Liturgical Press.
- John Paul II, Pope. 1984. *Salvifici Doloris, The Christian Meaning of Suffering*. February 11. https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_11021984_salvifici-doloris.html.
- Ratzinger, Joseph. 2007. *Jesus of Nazareth*. New York: Doubleday.
- Sulmasy, Daniel P., John M. Travaline, Louise A. Mitchell, and Ely, E. Wesley. 2016. Non-faith-based arguments against physician-assisted suicide and euthanasia. *The Linacre Quarterly* 83, no. 3: 246–57.
- Surbone, A., and L. Baider. 2010. Spiritual dimension of cancer care. *Critical Reviews in Oncology/Hematology* 73, no. 3: 228–35. doi: [10.1016/j.critrevonc.2009.03.011](https://doi.org/10.1016/j.critrevonc.2009.03.011).
- Tolstoy, Leo. 1968. *War and Peace*. Translated by Ann Dunnigan. New York: New American Library.

BIOGRAPHICAL NOTE

Fr. Juan R. Vélez, M.D., has a Ph.D. in dogmatic theology from the University of Navarre. He writes on medical ethics and is the author of *Passion for Truth: The Life of John Henry Newman*; and *Holiness in a Secular Age: The Witness of Cardinal Newman* (Scepter Publishers, 2017). He may be contacted at jrv98@gmail.com.