

Catholics in Healthcare seminar – 28 June 2007

Reflection – Dr James Hanvey SJ

At the end of the seminar I simply want to pick up on some of the conversations I've had and also on some points from the talk given by His Eminence Cardinal Barragán.

I think we are in a new situation. Almost sixty years ago, in July 1948, the National Health Service came into existence. Within the first few months, 97 per cent of the population had signed up. This is not just an illustration of the need that there was then – I am sure that today it would still be a similar figure, perhaps it would even be 100 per cent. I think it is important to recognise the extraordinary effort that brought the NHS into existence and the equally extraordinary effort of keeping it going. It is still a massive public commitment, but this represents more than just a utilitarian recognition that the nation's health is important for a successful economy and fulfilled lives. It represents a moral achievement, and to this extent the existence of the National Health Service, and of the healthcare profession that operates through it, is about the quality and the values of our society in which we live. It cannot be just a service, no matter how useful, and its existence is not just a means to preserving a good general level of health; it is actually a generator of what I would call social and spiritual capital.

Now, the Catholic community in this country has made a journey with that National Health Service. It is interesting to look at *The Tablet* and what it was saying about the NHS in 1948. And - lo and behold - *The Tablet* was not happy with the NHS that was coming into being. The February edition featured doctors' thoughts on the ballot that was coming up - largely against it - and then in May 1948 we find 'why the dentists object to the NHS'. Although not directly opposed to it, they were uneasy because it smacked of socialism. And in 1948 socialism was not a happy thought for the Church to contemplate, not only because of doctrinal disagreements, but because of communism - that was in the background as well.

Also, at that time the Church applied its understanding of subsidiarity: why should the State take on operations that could be done by citizens or by other voluntary groups? Again, in the background lies a history of suspicion of States that can seek to undermine the Church and its position in the public forum (the examples of Russia and the Civil War in Spain were still vivid in the 1940s). So it was a different cultural situation, and it is good for us to remind ourselves of how far we have come as a community and as a Church. It shows us that our Church does learn; its reservations and caution are not ideologically driven, but often come out of a national and international memory. Ultimately, the Church has the capacity to learn in these areas because it is committed to the good, not just of Catholics but also of every citizen in the country.

Within the cultural and historical movements of history there is also a fulfilment of the dynamic of the Incarnation. The Incarnation is not about us setting up an alternative world, or an alternative society, nor is it about us fleeing the one that

we are in. The whole dynamic of the Incarnation, and therefore of Christian life, is about a deeper insertion into the reality of the world. The Incarnation presupposes the world, it does not abolish it; it transfigures and transforms it. This, too, is the mission that we have in faith. So it is in that context that I want to explore with you, almost in headline form (because of the time), some of the issues that have come up.

The Catholic/Christian ‘More’ that creates spiritual capital.

I think we are at a new stage because the Prime Minister has made it very clear that the first priority of this government is to be the National Health Service. But the ‘crisis’ of the National Health Service is not just financial: it is also about value. Anyone who works in the service, anyone who has some contact with it at a professional level as I do, has become very conscious that what disturbs people most is neither the continual questions of finance nor even the pressure to meet deadlines and targets; it is actually the persistent question, ‘What do we exist for now? What is the value of the work that we do? Are we allowed to be genuine carers and to do the thing that brought us into this profession anyway?’ Behind this lies a deep and true sense that care is not ultimately about material resources. There will always be a massive disproportion between resources and need. Rather, it is about how we preserve that other capital, that capital that we can draw on to help us overcome that disproportion, and that is *not* material.

Listening to our conversations, not only today but throughout the several seminars that we have had, I have a strong sense that we understand that Catholics are professionals in healthcare because out of our faith we can also offer that ‘more’. It is not only our healthcare system which needs it, it is also our culture. That ‘more’ is not generated by financial incentives or career progression alone. Indeed, even without those elements and all the other ‘carrots’, somehow the motivation to give and to ‘care’ genuinely that goes beyond all the professional techniques, would still be present. Here we begin to touch the mystery of human generosity, a gratuity, which lies at the heart of even the most bureaucratic systems. The mystery which, paradoxically, they try to control and yet on which they depend – on which humanity depends. Without it there is no ‘soul’.

Dimensions of ‘Soul’

Wholeness. This sense of ‘soul’ is grounded in an understanding of the ‘wholeness’ of the person. This morning His Eminence referred to *Deus Caritas Est*, God is Love. At the very beginning of that encyclical, the Holy Father makes a distinction in between *eros* and *agape* in order to argue that, though distinct, they also a unity. The love that we have, the ordinary, physical, sexual, emotional love, is transformed and even enriched (but not obliterated) - transformed - into *agape*, into a love which is a caring and a self-giving. At the beginning of that encyclical he again says that our culture has been divided between body and soul and it is present even in the most secularised cultures. Indeed, secularisation presupposes this sort of dualistic separation which it exploits to deny or erase the supernatural destiny of the human person. An important insight of the encyclical (as it is of Vatican II) is to reject such an

impoverishing dualism: God does not deal with us as two entities of body and soul, God deals with us as a whole person. In other words, our deeper healing is a healing of a way of living and also a way of dealing with each other which denies the soul in favour of the body and vice versa. Indeed, we learn from the Resurrection that the body has a place in eternity. We do not leave our bodies behind. Our 'caring' which begins in this world and looks forward to the real health of God's grace in eternity, looks at the person in their totality, in the integrity of their whole being of body and soul, and also, therefore, in their social relations.

Relatedness: There's a wonderful Zulu word called *ubuntu*, which means that people are people with people – we cannot be who we are unless we stand and honour our relatedness and inter-dependence. This is not a weakness in us but an extraordinary richness and strength. It is also the foundation of our moral freedom and responsibility. Any proper care of the person has also to care for their relationships and their capacity for relatedness in every aspect. Whatever form illness and disease takes, it changes our sense of self and with that our relationship to others. That also takes us into the whole question of community and community healthcare, which I will deal with in a few moments. It is that context of keeping our eye on the whole person, the integrity of the person, we want to focus on. That is what we do to the system, that's the 'more' that we offer.

One of the features of secularisation is that it operates by exploiting the dualism which we have noted: it reduces us purely to the secular and that reductionism traps us in a logic which impoverishes the human. It impoverishes the society that we live in as well because it entails a notion of health which is purely physical and mental and not spiritual. Moreover, it can ignore the place of the community and the quality of our relationships as integral to our sense of health and well-being.

Health as 'corporate': In our reflections during this seminar we have not only been considering 'health' as personal and individual but social. I want to suggest to you that health is intimately related to a healthy society. So our concern as Catholics within a healthcare profession cannot be restricted to the individual or even to the institutions for which we are responsible. If we are really concerned about healthcare then we must be concerned about the whole health of our society. We have to recognise that a society in which we have anxiety, deep and chronic loneliness and alienation, where we have extraordinary rates of suicide and depression, exhibits the signs of a society which itself is sick. These are the symptoms of the 'maladies of the soul' as much as of the body and the mind. As we see in so many public health initiatives, they will not be 'cured' by medication or professional treatments alone. They touch upon the whole quality of life, its meaning and purpose. If our culture is in some sense 'sick' then whatever the level of physical and psychological well-being we may achieve as individuals, it will always be a fragile and precarious state.

The other feature that runs through secularisation is an instrumentalising of the human person: the person becomes faceless. This erasure of the 'face', the

uniqueness of the individual and the flattening out of the 'personal' into procedural anonymity is effected through a whole series of bureaucratic operations. In a subtle but real way these are reductive. I am not denying the need for procedures to manage and ensure adequate access and justice, but I am concerned that they become the end rather than the means; the person becomes another target, another statistic. Healthcare providers themselves become instrumentalised: they become merely the deliverers of the aims and objectives of the strategic plans put in operation. They are instrumentalised, too, in another way: one of the big changes in our healthcare provision has been the shift to giving the patient the power – the patient is the customer, the consumer. Now, while there have been advantages to this shift of power the danger in that is that it instrumentalises the healthcare provider: that you are there purely to meet *my* needs, you don't have any conscience, you are required in law to give me this or to prescribe that or to attend to me in this way. Again, one of the things which I think we have to deal with here is the way in which we as healthcare providers are not respected by the system. These are some of the tensions which run throughout the whole provision; they are tensions about value, they are tensions – if you like - about soul.

Critique: Part of the service that we offer, part of that 'more' – which itself is a resistance to instrumentalising and being instrumentalised - is the capacity for genuine critique. One of the things which His Eminence mentioned, with reference to the teaching of Benedict XVI, is that our way is not just to be over against the world, it is not simply to be anti-cultural. It is to be counter-cultural in a creative way, because critique is not always criticism; critique is a genuine attempt together to find the best and the good. To be a good practitioner is to be a reflective one, and that entails a critique. In this dimension as Catholics we bring enormous reflective resources through our tradition – its theology, philosophy, ethical perspectives, spirituality and the lived wisdom of individuals and the community. Not least, of course, is the sacramental vision of life – especially the human person – that informs our way of being and living. When we understand our tradition not as something fossilised but as this constant reflective awareness, the 'awakeness' that the Holy Spirit gives us to our lives in the world, then we see that our whole tradition is this constant critique. It is constructive rather than destructive; it is the constant search and alertness for what is of real value, the 'pearl hidden in the field'. It asks explicitly, or often implicitly as a working intuition, 'what are the real values here'? It is the person that we are seeking. It is the community that we are trying to build; the community that searches for the good and has the moral strength to put the resources that it needs into that. It is too easy for this critique to be characterised as obstructionist or for the Catholic presence to be problematized so that it can be ignored or dismissed.

Catholic Witness: Part of what we are engaged in, therefore, is well expressed by the theatre director Peter Brook. In a series of essays on the theatre called *The Empty Space*, he speaks of the 'holy theatre'. The holy theatre is not a theatre that talks about liturgy or talks about God. The holy theatre is the theatre in which we are privileged with an epiphany, an insight into our condition. He offers this definition of the holy theatre: the holy theatre is the making of the 'invisible visible and providing the conditions for understanding'.

‘Making the invisible visible and providing the conditions for understanding’ - I think that is also a beautiful definition of Revelation: it is making the invisible visible and providing the conditions for understanding. It is what God does in Christ and the gift of the Holy Spirit. It is the reason why the Church exists. The crisis that we face as a faith community, not just as professional workers in a secular organisation, is that we can make the invisible visible – that has been given to us as a gift of faith – but the problem lies in providing the conditions of understanding. Who understands what we are doing? How does the world interpret who we are? Does it understand our action? Can it read us well? It is in the context of these questions then that the theme of witness has been running through our seminars, and has again surfaced today.

I want to suggest that our witness does two things. First of all, in our work and in the way in which we work our witness makes the invisible visible – not just making God visible in this place with His compassion, with God’s humanity, with God’s understanding of human failures, but also making the *human* visible. Again it is that logic of the Incarnation: if you want to see the Christian God, look into a human face, especially the face of people who are rejected and weak, the frail and elderly, the sick and the dying (Matt. 25.31-46). For many of us here today, this is the face we see every day. Part of the work and the witness we do in all our acts of caring, whether it is our professional caring or whether it is our administration, whatever it is, it is making that invisible face of the person visible in all their richness and in the circumstances of their need. If you like, it is giving the organisation its soul – it is making it visible.

‘Soul’ is an interesting concept for organisations. We know when it is *not* there, we know when we are working in a soulless place, or a soulless organisation, and even if I have no faith at all I can recognise when I am purely here as a means to an end; when I am here only because of my skill or my talent, or whatever, and not known, or respected, or needed, or wanted as a person.

To preserve the soul of a place, even in a secular way, is to keep alive the memory of transcendence, that people exceed and are more than what they are at this given moment. So, in a sense ‘keeping the soul’ in the organisation is again that resistance against reductionism, simply to the body, simply to the material, and against an instrumentalising of the practitioner and the person they care for. I do not think there can be any real care without ‘soul’. Often, so little can be done for people in terms of restoring them to complete health, yet we all know when we have been genuinely cared for. And even if we are not ‘cured’ we have experienced a sort of grace, and that heals at another level and gives us the strength to face whatever lies ahead. So that witness is the witness of our care.

At the heart of this reality of care and witness is the deeper mystery of grace. Grace is the ‘more’ and the ‘soul’ that the disciple of Christ brings. It is mediated, often just in the ordinary ways of acting and being, of caring and alertness that we have been reflecting on. It is obviously present in the sacraments but it is also present in the ministry of care, in the ministry of simply being human and affirming faith’s vision of humanity in the reality of the human

person before us. In a sense it is caught, almost imperceptibly in the quality of 'presence'.

Presence: I think of this witness of care that comes, too, with all the professional expertise we can acquire, as the grace of presence. It seems to me to have three dimensions.

1: It is about real **contact**, not just about ticking forms. It is about the ability to see and to connect with the reality in front of me – the person in their context, not in mine. This is a change of focus. One of the problems with bureaucracy, performance targets, measurements etc. is that it creates a sort of myopia. We become strangely blind to the person and their circumstances, their deeper, often inarticulate needs. Perhaps even more significantly, we become blind and maybe a little deaf, to their nobility, courage and generosity – to their grace and the resources that they have to face problems, whether critical or chronic.

2: Second, it is a **reflectiveness** that we can bring. Our whole tradition stands behind us - two thousand years of reflecting on the human condition. Now we bring that to bear; we bring it not just as wisdom, but we also bring it as a process. So, in fact, it is a whole perspective that we're offering. It is not simply holding up a particular Catholic view of things and fighting in a sectional way for them. It is, as I said above, the service of critique but it is also more; it is actually introducing a deep reflectiveness into the places where we work and into the organisations where we work. It is creating that 'space' not just to make effective decisions but genuinely 'good' decisions. For the patient, if a person, a team, or an organisation can do that, then I can feel safe in their care because I know their values – I know that I am of value.

3: The third dimension is **time**. We all know how precious time is and how little of it we all have. Time is integral to healing and it is strange therefore that we do not see it as integral to care. We know how grateful we are when someone 'gives us time' or 'makes time for us'. Time is the most precious resource that we have and part of healthcare must surely be the ability to 'make time'. That means prioritising. If you want to know what the real values of a place are, do not start with the mission statement, look at the budget and the time allocations. Making time is itself a gift that God gives us, it is perhaps the most ordinary form of the grace we can give to others, and it is the mark of our real freedom. The slave is the person who has no time and how many of us feel we work in a sort of Egyptian captivity? The institution of the 'Sabbath' is the making of time, it is the gift of freedom, in which God inscribes within time the memory of who we are – we are not slaves who have no identity apart from work, but human beings who are made for worship, the relationship in which we reach our fulfilment because worship is the service of love. We need to claim these Sabbath moments in our caring for others and in our professional relationships as well. In them something of the grace of eternity touches us precisely because they have no other purpose than being present with each other. You know that when you are listening to

music, time stretches and becomes full and the most exquisite thoughts and feelings can happen or the most extraordinary vistas can open up. Then you look at your watch and only a few seconds have passed! Creating these 'Sabbath moments' which every carer will recognise is like that. They are the moments when we are released from captivity.

4: The fourth is **attentiveness**. Attentiveness is, I think, a sort of integration of the three dimensions I have sketched. In the encyclical *Deus Caritas Est* there is a beautiful concluding phrase: 'the heart that has eyes'. In a way it echoes a phrase by Simone Weil, where she talks about our attentiveness to the world. When we approach it with 'attentiveness', that alert wakeful presence, we come not as the neutral scientist, standing back objectively, but already with a disposition of love and care for the world in which we live. So we are not neutral: we are already committed. I think that is what we bring out of our faith and sense of God's presence. Again, very often it is intuitive; it is a way of just going about things through contact, reflection and time. That is why part of our formation and the discourse that we bring to these places must be ethical. The ethical is not just about the decisions we take regarding what is permissible or not permissible, it is a whole hinterland of values and perspectives which we bring to our way of caring. Before it even surfaces in any formal way in the decisions we take and the procedures we engage in, it is there in the way we go about things, in the way we look at things – it is about that quality of presence. It is also about the continuous activity of learning and reflecting because 'ethics' is not just a system or calculus of what is good or bad that we learn off by heart once and for all. It is a way of being, a way of living, and that means that it is constantly being formed in and through the circumstances of our lives and our histories, from our experience. It is the way, consciously or intuitively, we try to discern how best to act in this or that situation; how best to shape our lives and relationships in accordance with God's purpose for us and our world. We need to be well formed, we need to know where we stand as Christians, we need to know where our values and our truths are, but there is no automatic way of applying this knowledge to any given situation. To be a really ethical practitioner, you have to have a creative wisdom; you have to bring that contact, reflection and attention to bear in *this* situation now, and act well; act in truth and in goodness, with integrity. But it is a series of improvisations - 'holy improvisations' if you like. Ultimately the Christian life and witness is not only about witnessing to what is good and true in God's plan for us, it is about holiness.

Jesus is a good model of this and we can learn from his example. Jesus does not simply read off the Law and say 'we must do that'. In fact, it is the reverse. Jesus surprises those around him; he does not do the expected. He does not obey the Law in the way people expect him to, yet out of the way in which he acts he preserves the deepest values of the Law and something new takes place. Something 'happens' that transforms that situation, through his own creativity. We are called to have that freedom to be creative in our work and in our judgement, but

we cannot do that unless we are rooted in our tradition and secure in it. I think that one of the tasks that lies ahead for our working group and our future seminars is to see how we can better resource that side of our work and formation so that we can all feel a bit more confident.

Word – sanctifying, community and communion

Three things were mentioned earlier and I just want to pick them up very briefly and telegraph them to you.

In terms of the Word, there is a very interesting concept by a French philosopher called Paul Ricoeur. He talks in a different, philosophical way about metaphor. In the course of his discussion he looks at the ways in which metaphors effectively re-describe reality: 'word that re-describes the world'. We have all had that experience: something happens - the 'word' here is not just the written word, it can be an action, it can be an insight – and suddenly the world is transformed for us. It is a wonderful way of seeing what Christian witness is about, and it does not necessarily always need to be an argument, it does not need to be in language. It can be simply about who we are and what we do and the way we do it. The way of being in this place or with that person, the 'presence' that we have been reflecting on, is a 'word' that re-describes the reality not just for ourselves but also for others. That re-description can open up a situation so that it is filled with new possibilities, new possibilities for action. It can be sudden or it can be gradual, almost imperceptible until it slowly emerges that things are different – grace has its different rhythms and tempos; it never operates in one key or in one time-scale. We are the 'Word' in those places where we work; we are the seed that is sown there, and it is our faith vision that re-describes that reality. The sanctifying that goes on is the process of the Spirit, it is a verb, it is what we *do*. I suggest that it is a 'hallowing' of the person. Sanctifying is the work that we can bring – the grace that we bring – by hallowing and honouring the person, whatever their stage, whatever their condition, whether they are productive, whether they are going to recover or whether they are not going to recover – that is immaterial. That person is sacred and in honouring them in all these ways then actually we are engaged in sanctification.

We talked a little bit about Jesus' miracles. We cannot just compile a list of the miracles; yes, it is important to see what they are doing, but remember that the point about the miracles is that there is nothing predictable in them – they happen; they come as a grace, they come as a surprise. Jesus is not involved in procedures: there is no procedure in what he does; he is not following a formula, miracles are not part of a ritual but a personal, free intervention of God. You will notice too that it is always very personal. The miracles that Jesus works all arise through a personal relationship, often one of extreme distress or need; they require an encounter. They arise in his attentive response to the person who is there; it is a real creativity of the spirit that he brings. Always we see that he is 'moved by compassion' – he sees into the heart of the situation and the person who is caught in it – his is always 'the heart that has eyes'. In so many of the miracles that he works there is not just a restoration of the individual to physical health – that usually is the outward sign of the deeper

healing that brings them into relationship with him such that they glimpse in his healing the truth of who he is. But always with Jesus' miracles there is, too, a social healing. The person is restored to the community again: healing is *always* a communitarian event; it is a restoration to the people and a promise of the Covenant. Again, this underlines our earlier point that healing also looks to the person in their social reality; it is a restoration to genuine relationships.

Cardinal Barragán was understandably a bit reserved on the question of exorcism. It is, of course, a complex question. Without attempting to deal with all its aspects, especially the whole question of the supernatural in both its popular and theological senses, we can get an insight into the meaning of exorcism from scripture. What are exorcisms about? Exorcisms are fundamentally about the liberation of people from their imprisonment, and also about their restoration to themselves and the community of God's People, which comes as the gift and the power of God present amongst us. Health is a liberation from what holds us and binds us, and so exorcism for us is daily, it is setting people free in whatever way they are bound, and we do that through the mighty power of God at work in us, very often just professionally, maybe almost unobtrusively in how we greet people, how we deal with people, but it is a liberation that we offer. Health is that freedom from the bondage that we suffer. It is about the victory of God, that his Kingdom has come and is in our midst. The final victory, the great exorcism, is Christ's death and Resurrection – 'Jesus is Lord' is the Spirit's proclamation in us that we are free and his grace has triumphed. It is the great proclamation of the Church's faith in her teaching, sacraments, and life. In some way, all ministries of healing participate in that.

Communion. Well, it is again back to that healed and healthy society in which the weakest are our priority. Imagine a society in which all those values which impoverish, dominate and ultimately degrade us personally and socially are reversed and then you begin to see what a healthy society looks like. Whether we are Christian or not, we all have a sense of what is toxic for our lives and what is good. Often, what is lacking is confidence in rejecting one and sticking to the other because our society, with all its glitter and frenetic assault upon our senses and our spirit, wearies and confuses us. To live in the fast-paced contemporary culture with its infinite choices and instant communication is to live in a permanently hyper-stimulated state of disorientation.

A person once gave me a beautiful image of Lourdes: that Lourdes is in fact the living out of the Beatitudes, because it is in Lourdes that those people of the Beatitudes have priority – the sick, the weak, the poor. That is a healthy society, that is a society in which, no matter who we are, we are called to life. That society is rooted and grounded in what the Holy Father has called the Sacrament of Love (*Sacramentum Caritatis*). That is what our caring is about, because the sacrament of love is also the sacrament of life, and life in its fullness. At the heart of that for us is the Eucharist. The Eucharist *is* our healing, *is* our caring. It is in the world, it is the witness of self-giving that we bring; it is the constant modelling of gift and self-gift which re-orders our lives and our values. It is our communion with Christ and the Spirit and through them in the *koinonia* - the new fellowship of humanity - which we bring about through our caring and our love.

Finally

There are two things that I thought I would mention as an agenda for our future Healthcare Reference Group: simply,

- Resourcing – we need to attend to ethical and theological provision. How our community, and particularly our parishes, can be of deeper and greater service in all of this.
- The question of advocacy and lobbying. This is not just us fighting our corner; if what we are saying is true, then it is our lobbying for justice, for care, for the whole of the community. It is about our preservation and our love of humanity and, again, it is something we bring to the whole of our society.

I want to finish on this poem. It is called *St Francis and the Sow*, by an American writer called Galway Kinnell. I have used it before, but I think it captures so much what we are about, the grace of the care that we want to bring:

The bud
stands for all things,
even for those things that don't flower,
for everything flowers, from within, of self-blessing;
though sometimes it is necessary
to reteach a thing its loveliness,
to put a hand on the brow
of the flower
and retell it in words and in touch
it is lovely
until it flowers again from within, of self-blessing;
as Saint Francis
put his hand on the creased forehead
of the sow, and told her in words and in touch
blessings of earth upon the sow, and the sow,
began to remember all down her thick length,
from the earthen snout all the way
through the fodder and slops to the spiritual curl of the tail,
from the hard spininess spiked out from the spine
down through the great broken heart
to the blue milken dreaminess spurting and shuddering
from the fourteen teats into the fourteen mouths sucking and
blowing beneath them:
the long, perfect loveliness of sow.

The NHS *is* a blessing, and our work and our presence in it is to help it to flower, and we teach it its own loveliness.

James Hanvey SJ

Director, the Heythrop Institute for Religion Ethics and Public Life