Spirituality and the Health-Care Professional

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Abstract

*The Church and the clinic, theology and medicine, mutually support one another when the good of the other is justly pursued within an organic context of interdependency. In the midst of rapid change in health care, Catholic health-care workers have much to offer the industry as they bring their spirituality of interdependency into their work environments. Due attention to spiritual nourishment received in the Church via the Eucharist is thus encouraged if Catholic health care is to have the leavening impact it is intended to have in culture. After revisiting Pope John Paul II's social encyclical Laborem exercens (*On Human Work, *1981), a spirituality of work is offered for Catholic health-care professionals with particular focus on the Eucharist. Accordingly, this essay presents a theology of the Eucharist that shows how Catholics are bound closely together so that the poverty attending loneliness can be lessened and our mutual efforts at enhancing health may be strengthened. The Church and the clinic, theology and medicine, mutually support one another when the good of the other is justly pursued within an organic context of interdependency bolstered by the Eucharist.*

Our vocation is unity. Our affliction is to be in a state of duality, and affliction due to an original contamination of pride and of injustice.... Love is thus the right physician for our original illness.... We have lost this unity, we whose religion should be the most incarnate of any. We must recover it.

—Simone Weil

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Introduction

A spirituality of work appears at the end of Pope John Paul II's social encyclical *Laborem exercens* (*On Human Work*, 1981). Though the designation "information revolution" remained unnamed in the letter at the time, the pope understood that the rate of change occasioned by the exchange of information would "influence the world of work and production no less than the industrial revolution of the last century."[1] We are in the midst of what the sociologist Zygmunt Bauman calls "liquid modernity," a term that accentuates the fluidity of present-day life. In the face of this liquidity of values and ethics, Catholic health-care workers can find again the spiritual center that strengthens their labor, namely the Eucharist.[2] As we shall see, a spirituality of work centered on the Eucharist can help health-care workers remain anchored in a final goal which is both spiritually fulfilling and meaningful in labor. The work of the Catholic caregiver requires the cultivation of virtue, particularly as more and more demands for efficiency, economy, and productivity in the fields of health care are foisted upon them. Consequently we do well to remind ourselves that the "goal of the virtuous life is to become like God"—herein lies the final goal worth pursuing for all people.[3] Daily work ought to fit within this context of becoming more like God. The promise and commitment of God's love for us, evident to the eyes of faith in the Eucharist, allow a person to weather the storms encountered on a daily basis in health-care environments. Whether one is a hospitalist, a nurse practitioner, a hospice worker, or a member of the C-suite in a large health-care corporation, nourishment for the soul is necessary if the job is to be executed with prudence, and if one's daily labor is to remain central to the journey towards God. Virtues necessary for the flourishing of society—such as prudence and courage, as well as faith, hope, and love—flow naturally from the center of Christian worship. To be nourished at the source of Christian faith, i.e., the Eucharist, is to participate in God's very own way of life. There we are united by a bond of love that underpins solidarity. Out of this sacramentally founded solidarity flows the grace to handle the pressures of health care at the human boundaries of life, death, sickness, wellness, and restoration, both physical and spiritual, while ministering in a grace-filled manner as well as in a wise and economic manner. Here we shall see how a Catholic spirituality of the Eucharist might impact the work of the health-care professional as this Eucharistic solidarity becomes reality in the workplace.

Spirituality of Work in *Laborem Exercens*

Lest readers assume that the above phrase from the *Catechism* concerning becoming more like God is misinterpreted, let it be noted that this does not mean the human being ought to desire to become God; a human being cannot take God's "place," for no created thing can become

uncreated, as God is. God must remain God even while we are given the high calling to become more and more like the uncreated reality upholding all things in existence. The human calling to become more like God, called divinization in Christian parlance, ultimately involves loving as God loves, being in essence God's loving presence. It is thus essential that the claim "God is Love" be understood rightly. Speaking sacramentally, God's love can be tasted and seen, as it were, in the Eucharist. The classic question "Why did God become man?" can be answered with the word love. And yet love is not a "reason" in the way we usually consider when we offer an explanation. Love as an explanation, or a reason, does not solve the matter for the worshiper as to all the permutations of divine decision. If God is free, then we must say that God could have acted in any way God saw fit. And yet God chose to become incarnate in Jesus of Nazareth, and Jesus offered his will to the Father, and thereby was asked to offer himself for us, out of love. As we participate in the Eucharist at Mass, or behold the Eucharistic Christ in adoration, we enter into this self offering grounded in a recognizable action of love. It thus can have the effect of rendering us more grateful and willing to express that gratitude in our own actions. The word "Eucharist" denotes thanksgiving, and shows that our ability to love effectively, even when that seems furthest from our pressing desires, does not arise from our own heroic efforts. Rather, in the Eucharist we recognize that our ability to love well remains in God, our true source of strength. Little of our labor can be claimed as executed in isolation from assistance; we are utterly dependent upon others, and an orientation of gratitude for that dependence differs greatly from behaviors and acts engaged in for the sake of self-aggrandizement. To become more like God is to become virtuous and loving, grateful, even, for the myriad ways we are assisted in our efforts.

In two essays published in the *Journal of Religion and Health*, Neil Francis Pembroke offers accounts of the place of spirituality in health care, particularly with respect to the way physicians' work can be enhanced by proper attention to patient spirituality.[4] Pembroke defines spirituality as a more general category than religion, one concerned with the pursuit of meaning involving self-transcendence.[5] He does well to note the need for self-transcendence. However, for some, the desire to pursue meaning can take the form of what comes out of the resources of the self; so self-transcendence becomes an expression of the self-centered goal of building up one's accomplishments. In its best forms it expresses itself in a manner such that one's spirituality comes to be expressive of developing talents. Perhaps the parable of the "talents" might even serve as a self-justifying New Testament version of this drive. However, since the parables of the New Testament are set against the backdrop of a self-giving God, even "talents" are not one's own; they are gifts to be stewarded. Such a view of the gift-character of all things thus differs from versions of self-transcendence that do not invoke any God or principle of power beyond the self to whom one's spirituality is directed. Pembroke

ably articulates an ecstatic spirituality, one directed lovingly towards God that naturally impacts patient-provider relationships. My contribution here adds to Pembroke's insights by directing the worshiper to the Eucharist, which further anchors one in the context of gift giving and gift receiving. "Seeing with the eyes of Christ," writes Pope Benedict XVI, "I can give to others much more than their outward necessities; I can give them the look of love which they crave."[6] Catholic health-care professionals need to be reminded that they can give most effectively out of the abundance that fills them. Such abundance never arises simply from within the resources of the self, but rather from what has first been received from others, particularly what has been received from God, and hence pours forth as a gift to be given in the moment of need.

Eucharistic spirituality accentuates how we are nourished firstly by God's self-giving love so that we might become more generous and life-giving in our own contexts of care. In the midst of what can be emotionally and spiritually exhausting work, health-care professionals may find that Eucharistic spirituality provides them with a way to attend to their own real needs for spiritual nourishment and to sustain their vocational goodwill. As we shall see, this does not render the health-care professional an individualist in pursuit of his or her own good at the expense of others' good. The Eucharist, rather, binds daily work more readily to the needs of those who are suffering.

Let us then return to *Laborem exercens* to see what we can glean for our contemporary context. Firstly we must recognize how the text articulates the relationship between the human person and work, for human work is always a "personal action" (*actus personae*).[7] By personal action is intended a holistic definition of human activity; the things we engage in impact us as a whole so that we cannot parse out certain actions or engagements as incapable of affecting us. If a person works with computerized technology all day, then that interaction impacts the person as he or she executes tasks. Furthermore, technology becomes a tool for good, or evil, depending upon what the person decides to do with the technology. To do one's job, with technology, then, involves infusing that work with free human decisions and value judgments. Given that human work is always "personal action," that work can thus be consecrated, or made holy, precisely because when the whole person is engaged in acting, that person acts in light of certain goals, often defined as goods or services. If service to God remains central to one's vision for work, then that work itself becomes a means of praising and worshiping God. Therefore it should be of concern when one's goal is some other, more proximate aim, such as money or prestige, perhaps at the expense of the final aim of all human activity, namely praise, reverence, and service of God. Just wages and properly safe working environments must be fought for and defended as economically worth pursuing. A final aim of service to God, rather than undermining such points of great import, instead bolsters the need to uphold the dignity

and labor of the individual. *Laborem exercens* holds together the dignity of labor with the dignity of the person, since all human work is "personal action."

The word "personal" functions as shorthand for the intertwined confluence of mind, body, and soul. Health-care workers aiming at holistic care well understand the need to attend to more than simply bodily needs and so implicitly affirm the personalistic emphasis of *Laborem exercens*. "The emptiness in which the soul feels abandoned, despite the availability of countless therapies for body and psyche," concurs Pope Benedict XVI, "leads to suffering. *There cannot be holistic development and universal common good unless people's spiritual and moral welfare is taken into account*, considered in their totality as body and soul."[8] If we are inwardly starved of that food that transforms and sustains us, then we shall not have the resources required for offering our friendship and solidarity to those we serve. Some recent studies in health and religion have found a positive correlation between religious belief and health that lends scientific weight to the need for all engaged in health care, from the patient to the provider, to be mindful of a wider range of human ailments and needs.

As we attend more readily to the holistic vision of the human person, we can then also understand how our work reflects the Creator. *Laborem exercens* reiterates the Christian teaching that all human work is a reflection of God's creative nature.[9] Our toil becomes a primary way that we make God's image more present in the world as an observable love-act and so collaborate with the Father, Son, and Spirit in the process of redeeming creation one act at a time. Actions founded in the love of the Trinity thus carry with them a deeply communal aspect, such that individual acts of love are never unmoored from the wider gamut of communitarian influence. Furthermore, the difficulties attending our work, what Scripture calls the "sweat and toil" of life (Gn 3:17), need not be simply endured, but can be the source of our flourishing *if* we are capable of placing that toil under the sign of the Paschal mystery.

> Sweat and toil, which work necessarily involves the present condition of the human race, present the Christian and everyone who is called to follow Christ with the possibility of sharing lovingly in the work that Christ came to do [cf. Jn 17:4]. This work of salvation came about through suffering and death on a Cross. By enduring the toil of work in union with Christ crucified for us, man in a way collaborates with the Son of God for the redemption of humanity. He shows himself a true disciple of Christ by carrying the cross in his turn every day [cf. Lk 9:32] in the activity that he is called upon to perform.[10]

In our work we are united with Christ, especially under the cross; yet the reference to the Paschal mystery includes not only death, but also resurrection. To work united with the incarnate Son, then, is to participate in the leavening of society as the resurrected life of Christ is shared in and

through those called to follow Christ; the resurrected life is, in fact, the life to which Christians are sacramentally united in the Eucharist.

Accordingly, a "body" grows in the world through the nourishment that is Christ. This body is the one Christ, his Church, contributing to the "better ordering of human society."[11] Through our work we see not only the "fruits of our activity" but also "human dignity, brotherhood and freedom" become more evident in the world.[12] The world sees God and His redemptive actions at the level of the individual through those who are "sent by God" into the moment: "there came a man who was sent by God" (Jn 1:6).

> Let the Christian who listens to the word of the living God, uniting work with prayer, know the place that his work has not only in *earthly progress* but also in *the development of the Kingdom of God*, to which we are all called through the power of the Holy Spirit and through the word of the Gospel.[13]

Christian health-care professionals may find solace and renewed purpose when their daily work is set within the context of the mutual relationship between earthly progress and the development of the Kingdom of God. Such a context elevates one's work and enables the worker to understand the true dignity of his or her contribution to the material and spiritual well-being of society.

Care of the Person and the Bond of Charity

The health-care industry thus occupies a privileged place for humanizing our economy. The human person remains at the center of health care, as long as we resist the temptation to treat the human person as material to be managed or as a manufactured commodity. This "humanness" so basic to the industry (which is already endangered in the context of contemporary bioethical practices and ethical "quality of life" deliberations) is at risk under the pressures of rising costs and accelerating technological capabilities. As Christian writers of late have been keen to emphasize, from C.S. Lewis to Pope Benedict XVI, God's love for humanity is agapic, a love most perfectly given to us in Christ; it is not an economic metric by which profitability can be computed. What we receive in the Church, then, is agapic love, which perfects our erotic and ecstatic love, as well as our judgments through which we take actions that are both wisely economic and unapologetically spiritual. According to Pope Benedict XVI, agapic love "becomes concern and care for the other. No longer is it self-seeking, a sinking in the intoxication of happiness; instead it seeks the good of the beloved: it becomes renunciation and it is ready, and even willing, for sacrifice."[14] Due attention to patient-centric care that arises out of the love received in the Church involves sacrificial actions engaged in as a love-act motivated by gratitude and compassion as much as by technical expertise.

Virtuous, or "right," action is accordingly essential to quality care, for it means that a provider places the good of the patient above his own. This notion is not strictly Christian, as the physician recites the Hippocratic Oath as its ultimate expression, rather than the Lord's prayer, for instance. Right action requires knowledge of the good which we are pursuing as moral agents. Dorothy Day tells us how an unexpected visit from a French priest brought this home to her, amidst the buzz of care happening all around her:

> Father Roy talked to us of nature and the supernatural, how God became man that man might become God, how we were under the obligation of putting on Christ, how we had been made the sons of God, by the seed of supernatural life planted in us at our baptism, and of the necessity we were under to see that the seed grew and flourished. We had to aim at perfection; we had to be guided by the folly of the Cross.[15]

Day is here quoting that famous phrase from Athanasius's *On the Incarnation*: "God became man so that man might become God."[16] I placed the quotation from Simone Weil at the beginning of this essay as an allusion to the importance of the Incarnation for the kind of unity we are called to as Christians. If God became incarnate so that we might find our way more readily to him, that incarnational gift of God ought to be manifested in our efforts at loving one another. (The truth is that this is not always easy to do under the real time pressures of a vocation in health care.) Virtue is directly connected to God, and so it is here that we can connect spirituality, religion, and medicine. That connection to God, however, finds its expression and praxis in vocation as we engage our "neighbor." We can more directly explore how the practice of charity, often expressed simply by just showing up in a moment with the mind of a "sent one," within a context of mutual giving, enhances our appreciation of the principle of subsidiarity within health-care management.

> Anyone who wishes to give love must also receive love as a gift. Certainly, as the Lord tells us, one can become a source from which rivers of living water flow (cf. Jn 7:37–38). Yet to become such a source, one must constantly drink anew from the original source, which is Jesus Christ, from whose pierced heart flows the love of God (cf. Jn 19:34).[17]

The sacraments of the Church are truly healing medicines for "original pride and injustice" and nourishment for the fatigue of the soul; these things hinder our capacity to care more attentively for the good of the other under the pressures inherent in modern health care.

In the tradition of Catholic social teaching, reference to mutuality and charity can be found in recent papal encyclicals, such as Pope John Paul II's *Sollicitudo rei socialis* (*The Social Concern of the Church*) and Pope Benedict XVI's *Caritas in veritate* (*Charity in Truth*).[18] These texts urge existing markets to make more room for economic behavior that does not make increasing the profit-margin its only aim. While it is an

important aim, it is only one among a number of ends which a good business practice must follow. With new demands for accountable care, and measures of customer satisfaction, institutions are being called to balance judgments and decisions in increasingly holistic terms. This does not minimize the economic realities of the health-care industry's current pressures, but for the institution that most readily combines skill, wisdom, and spiritual vitality there is a wider playing field with even more opportunity.

> Alongside profit-oriented private enterprise and the various types of public enterprise, there must be room for commercial entities based on mutualist principles and pursuing social ends to take root and express themselves. It is from their reciprocal encounter in the marketplace that one may expect hybrid forms of commercial behavior to emerge, and hence an attentiveness to ways of *civilizing the economy*. Charity in truth, in this case, requires that shape and structure be given to those types of economic initiative which, without rejecting profit, aim at a higher goal than the mere logic of the exchange of equivalents, of profit as an end in itself.[19]

Health-care providers will play a vital role in civilizing the economy as the industry wrestles with the reality of the "baby boom" seniors, and the needs of a desperate third world. Whether they do or not depends upon their true aim, which may be health, profit, or perhaps a myriad of other options here left unlisted. As long as health can be understood in all its psycho-somatic complexity, and as a forum for spiritual engagement through acts of love, it can indeed function as an end, as a higher goal, driving the health-care market to greater compassion, responsiveness, and ultimately innovation and economic success. Patients can accordingly be seen as more than just commodities bought and sold on the hospital floor and processed with efficiency metrics. Catholic health-care workers have a great historical legacy and an unlimited future upon which to influence the potential to change from the inside today's more commonly reductive (and dehumanizing) ways of relating to patients when they allow themselves to be mutually assisted in their work by the Eucharistic Christ.

By *civilizing the economy* the text intends to direct market considerations to the development of what it calls a "civilization of love." In order to sound more scientific, nursing texts will talk about "caritative" care, but the meaning remains clear; they are concerned with "loving" care, which attends to the person, who cannot be reduced to an object of use.[20] Love, in fact, has a long tradition as a term of unity, and so it functions well as a strong placeholder for concerns about keeping people bound together in their efforts. Charity/love, says Pope Benedict XVI, "is the [operative] principle not only of micro-relationships (with friends, with family members or within small groups) but also of macro-relationships (social, economic and political ones)."[21] Personal acts of love aggregate into a "body" of intrinsically binding actions which ultimately define the culture of any institution. In this sense, Catholic health

care should find within its institutions and employees a true focus on the Eucharistic reality of loving acts delivered in the name of Christ at every level of decision making. The foundation animating even economic structures in such a context is charity/love. However, the animation of charity/love is no excuse for economic naivety. The truly thoughtful act of love must consider both the act in its context to assure solidarity over time and across changes in the liquid modernity of today's health-care ecosystem.

Fittingly for our purposes of focusing upon this social body built up by love, Augustine argues that a people could be called a city "as long as there remains an assemblage of reasonable beings bound together by a common agreement as to the objects of love."[22] A city, then, can be recognized clearly in its character by its objects of love. The Latin for "love" in this context, *diligere*, can also mean to single out or prize. If we as a people hold up the same goal as a prize to be singled out for our work, then our energies become concentrated and essentially more effective. Since God is not an object that one person can possess more than another, but rather the supremely common object that all can love without diminishment, our pursuit of God need not mimic an economics of scarcity. "The power structure of this world," writes Mark McIntosh, "depends on the poisonous economy of scarcity in which my well-being is seen as necessarily in rivalry with the well-being of others. The ultimate authority in this regime, not surprisingly, is grounded in what it sees as the ultimate deprivation of well-being, death itself."[23] As Christianity teaches, death cannot separate us from the love of God, and so even death cannot cheat a person out of the one from whom we receive our well-being.

> The human being needs unconditional love. He needs the certainty which makes him say: "neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord" (Rom 8:38–39). If this absolute love exists, with its absolute certainty, then—only then—is man "redeemed," whatever should happen to him in his particular circumstances. This is what it means to say: Jesus Christ has "redeemed" us.[24]

To be redeemed is to be assured of the promise of love, even in the face of death. Such divine love cannot be taken from the one who trusts that absolute love exists. We see and participate in this absolute love in the Eucharist. Eucharistic spirituality, underpinning the Catholic health-care worker's daily efforts, remains anchored in this certainty indicated by Pope Benedict XVI. The power structures of this world, founded on scarcity, can thus be in part diffused by our refusal to compete for God's love, which is equally offered to all.

The city of God, which Augustine juxtaposes with the city of man, is accordingly marked by the love of God, a love which is manifested

most truly in what he calls a common love of the Lamb of God "who takes away the sins of the world." That love is directly communicated via the "bread of angels," which becomes the food that nourishes the heavenly city, and our liturgies participate in heavenly worship of God. Elsewhere in his writings Augustine refers to the "glue" that binds together loving humanity, and that "glue" he calls the "Holy Spirit."[25] We derive the English word "glue" from the Latin "gluten," and so the comparison to the binding effects of "gluten" becomes clear: love, received from Christ, through the Spirit, operates as a binding power that permeates and elevates human society, thus uniting it in a common love. David Vincent Meconi, S.J., well articulates Augustine's insight thus:

> The Holy Spirit not only gathers in the fragmented because sinful soul, he frees human nature from its self-imposed identification with mortal goods by uniting it to the Triune life, "gluing" us to the Son at the Father's right hand. Such agency is encountered in Augustine's commentary on Psalm 62 where *gluten* is identified with the Holy Spirit, the love of God: "Where are we to find the strong glue? The glue is charity. Have charity in you and it will glue your soul into place, following God. Not with God, but behind God, so that he goes ahead and you follow." The Holy Spirit properly orders creation by raising those in whom he dwells above the rest of the visible order, attaching them to God in a bond which allows human persons to appropriate the divine life.[26]

We now can see more clearly what is meant by the phrase "the goal of the virtuous life is to become like God." We become like God the more we love. Love accordingly binds people together, rendering them a "city" that is sustained by its rational deliberations and choices founded upon "right action." That city, over time and in the face of constant change, remains a sanctuary to the sick, the weary, the lost in need of healing.

Catholic health-care providers have at the center of their web of interactions a Eucharistic bond that has the potential to operate with a degree of cohesion unparalleled by other similar organizations. The Holy Spirit as the bond of love is given sacramentally through Eucharistic communion. "In the sacrament of the altar," writes Pope Benedict XVI,

> the Lord meets us, men and women created in God's image and likeness (cf. Gn 1:27), and becomes our companion along the way. In this sacrament, the Lord truly becomes food for us, to satisfy our hunger for truth and freedom. Since only the truth can make us free (cf. Jn 8:32), Christ becomes for us the food of truth.[27]

By means of this food, Catholics are bound together with "agglutinative" properties—truth and love—that render each member a participant in the web of relations that makes up the body of Christ, the *totus Christus* [the whole Christ].[28] "In the sacrament of the Eucharist, Jesus shows us in particular the *truth about the love* which is the very essence of God."[29] The object of love at the center of Catholic health care permeates the people of God, like yeast, leavening and transubstantiating the whole

substance, and turning the potential of every act into the opportunity for expressive care of the individual need. For some it is the raw technology of the moment which is the need, but for others, it is the speaking into a soul's pain rather than the body's weakness that is the genuine root cause needing healing care. Through participation in the Eucharist, Catholic health-care providers can build a city founded on loving care from a holistic model which has as its aim the very expression of the gift of love embodied in Christ.

Spirituality and Health-Care Management

If we understand ourselves to be united through participation in God's very way of life, then we shall find thinking about the various ways we are interconnected much easier. As we focus on our interconnectedness and the needs of the one affecting the welfare of the many, then our decisions concerning individual dignity, the right to life, and other ethical issues begin to take their anchor not in the modernly liquid values of today but rather in the eternally stable values of God's kingdom. Patients can assist their health-care professionals wherever they have assumed greater responsibility for the management of their own health, but this requires a paradigm-shift in patient perception. Patients mindful of their interwoven relationships with the wider set of social relations might be more prepared to increase their daily involvement in health management if they in turn view their own health as a means of significance in the solidarity with the many. In turn, problems such as hospital readmission may be lessened because patient health is not reduced simply to bodily flourishing, but instead is extended to the flourishing of the spirit as well within the context of community and solidarity in significance.

For instance, health-care management in a hospital is acutely aware of the business need to reduce costs and increase economic viability over time. This is most visibly represented in the current industry-wide focus on the issues surrounding patient readmission; it is one of the most oft-quoted concerns of advocates of the new reforms taking place in the United States. Hospital visits are costly affairs for patients, payers, providers, and government alike, especially visits that require providing patients with room and board. Therefore the economics of complete care are driving patient-centric initiatives.

In many cases, the responsibility is being pushed down to the level of the individual and self-responsibility. Such initiatives are now dependent upon an individual patient's readiness to take greater responsibility for management of his or her own health, which ought to take the pro-active shape of self-advocacy. This has an implicit assumption that individuals are capable. Some readmission problems are rooted in misdiagnoses, but many are also the result of inattentiveness on the part of smaller-scale care from caregivers who become responsible more directly for the daily management of a patient once he or she is discharged. Bolstering the patient's capacity to attend well to his or her own

needs, especially in acute care where directions for medications and dietary regimens may be complex, will necessitate the long-term focus addressing solidarity in support of the less capable in self-care. The observable expression of this can be seen in the proliferation of self-managed electronic health record initiatives to assure information accuracy, reliability, and security as fundamental building blocks of patient experience. In many cases the less skilled will have the right of access but not the skill of access or the discipline of maintenance of these individual responsibilities. The societal implication is a need for increased leadership effectiveness in addressing this aspect of re-admission.

For example, a health-care provider may assign full-time care to staff in order to ensure that a patient unable to care for himself actually takes his medication(s). However, that is an expensive and labor-intensive prospect. Where in a smaller-scale community the health-care professional is capable of attending to a discharged patient, costs for care can be reduced through the transfer of responsibility to the social context of a family through instruction and guidance. Furthermore, if those smaller-scale communities are marked by tighter bonds, such as friendship or love, then the care received in that context may be more attentive to the psychological complexities that accompany care of that particular patient. In this case the loving act arising out of one's spirituality of work is much less about health-care science than it is about technology user skills. Of course, problems easily arise where care is provided by a community or family without any base-line medical knowledge that would enable adequate care. Medical education does need to find its way into the community if people at all levels are to cooperate effectively toward building health, and especially if those foundations for building are shifting from interpersonal relationships to technologically mediated relationships. If people receiving care can also be mindful of their need to extend friendship and hospitality to health-care professionals from whom they are either learning about or receiving care, then the relationship between patient and provider may in turn be less strained, more communicative, and hence more open to giving and receiving acts of mutual service. The challenge will be to maintain a holistic focus in an increasingly technology-mediated health-care encounter.

A person always remains a member of communities (ideally) marked by relationships of trust and mutual assistance, for such interdependency enables the individual to flourish. Once one understands the importance of interdependency, a patient no longer appears as an atomic unit simply bouncing, from one point of care to another, but as an organic extension of its community to which it shall return quite elastically. When management speaks of "sticky" marketing, it implicitly draws upon precisely this kind of image of the human person: an elastic elongation of an organic body that, temporarily stretched, will repeatedly snap back into its contribution to the system once care has been provided. A hospital system has "stick" where it can instill trust in those

it serves; the experience "sticks" and the patient will desire to return to that system for care in the future. Successful care can result in the enrichment of the social body since the care received translates into mutual trust across the system; a patient who goes home and speaks well of his experience to neighbors and family instills in the community the sense that a health-care system is trustworthy.

Today, a key component of this trust will be the capacity of a health-care system to educate those in their care, because confidence that a patient and/or his family is capable of understanding and executing health directives upon discharge can only help lower-scale health management. Health-care professionals may be correctly skeptical about a layperson's knowledge of his condition, but it is becoming increasingly important that the patient assume greater responsibility for acquiring baseline knowledge for proper management of his own health. Empowerment of lower communities of care accordingly depends upon access to sound medical knowledge. Any company now competing for information technology solutions in the health-care industry well understands the potential latent in this technologically dependent ubiquity of access to one's health data. Clinicians, however, also recognize the ambiguity of self-managed records through ease of Internet access to health information; few patients have the requisite knowledge base to attend adequately to potential factors involved in diagnostics and follow-up care.[30] Considerable resources have to be marshaled simply on behalf of patient education in order for initiatives aimed at streamlining hospital-based care to achieve levels of effective change. Once programs are initiated, even then varying levels of already-existing educational foundations, or lack thereof, can greatly impact attempts at measuring outcomes based upon patient-centric dependencies.

As we all increase the levels of our own health management, we must recognize our wider dependencies; namely, we need to acknowledge that we are not isolated units unmoored from any social relations, but rather people deeply embedded in a web of interpersonal and technical relations that can be called upon to aid (or hinder) our own flourishing and health. We may acknowledge such principles intellectually, but in practice and policy we remain nevertheless bound to versions of patient autonomy that work against extending our awareness of the patient to a wider berth of environmental reference. Good business practices and our health shall accordingly be risked whenever and wherever we render the individual less than a member of a larger social body dependent upon healthy and vulnerable lower order communities. The Eucharistic participation of the health-care worker, the patient, and the institutions claiming the name of Christ in their mission offer a uniquely powerful focus to govern decisions around these issues.

Thomas Aquinas had this in mind when he clarified the relationship between peace and justice: "Peace is the work of justice indirectly

insofar as justice removes the obstacles to peace; but it is the work of charity directly because charity, according to its nature, causes peace. For love is a unitive force and peace is the union of the appetite's inclinations."[31] Rather than living in a state of warfare with one's own desires, love unifies our desires and brings the resultant peace. "The peace of body and soul," Augustine concurs, "is the well-ordered and harmonious life and health of the living creature.... [T]he peace of the irrational soul is the harmonious repose of the appetites, and that of the rational soul the harmony of knowledge and action."[32] Once one's appetites have been healed, a person can seek this higher form of harmony. We must be able to exercise rationality, rather than irrationality, as we deliberate about our objects of love. Furthermore, Augustine thinks our rationality ultimately aims for truth. Health care guided by principles of love requires reference to truth, as indicated by the quotation above from Pope Benedict XVI.[33] Human beings hunger for truth, for meaning that sustains human existence at its core. If true knowledge is reached, then it ought to be that which we put into action.

Catholic spirituality can accordingly underwrite a health-care professional's dedication, not only to evidence-based medicine, which requires truthful reporting about data collected, but also to the acquisition of an individual's good, which requires a dedicated love guiding truthful reporting:

> To love someone is to desire that person's good and to take effective steps to secure it. Besides the good of the individual, there is a good that is linked to living in society: the common good. It is the good of "all of us," made up of individuals, families and intermediate groups who together constitute society. It is a good that is sought not for its own sake, but for the people who belong to the social community and who can only really and effectively pursue their good within it.[34]

Where "truth" comes into play here is precisely in the link between the good and knowledge; one must actively know the good of the other *truly* in order to pursue justice. Justice requires that I put the good of the other above my own, but I cannot do this if I either misconceive the good of the other or assume that no such thing can be known in the first place. I must thus strive to know the good of the other, and this I can pursue at once through my examination of what it means to be human as well as through open communication with the person I am serving.

In this way the health-care professional can even conceive of his care as a form of "friendship," albeit of a qualified sort, for I do not want to freight the profession with a burden of false intimacy that would prove too cumbersome in reality. Rather, we can link justice and friendship by means of communication, which is essential to the patient-provider relationship. In an essay from *The Thomist* in 1957, James Schall expounded

the relationship between justice and friendship. Elucidating Thomas Aquinas, he said the following:

> Both justice and friendship deal with the same reality, that is, human communication. Where there is justice, there is the possibility of friendship. "Justice and friendship are about the same things. But justice consists in communication. For every sort of justice is to another (*ad alterum*).... Therefore, friendship consists in communication".... This must mean that the perfection of human social communication is not justice but friendship.[35]

True solidarity thus takes the form of a justly established friendship. Health-care professionals can thus more readily relate to the idea of friendship during their work with patients wherever and whenever true communication occurs. That can be at the level of evidence-based reporting or at the level of communicating one's deeper spiritual needs. When united by truthful communication, friendship and justice become intertwined with good health care.

Conclusion

The Catholic network of solidarity is Eucharistically founded. Catholic health-care professionals ought thus to be encouraged that their fact-based, truth-based, pursuit of accurate diagnostics and patient-centric care is further aided by the spiritual nourishment Catholics can receive in the "food of truth" that is Christ, our daily bread. The Church and the clinic, theology and medicine, mutually support one another when the good of the other is justly pursued within an organic context of interdependency. This is a message that can only strengthen the bond between the patient and the Catholic health-care provider—welcome news indeed in these uncertain times: "Love is thus the right physician for our original illness."[36] How might we understand this love in the context of daily activity? In answer, I shall allow Weil to speak again to us, for she so aptly captures an essential gift we can give when caring for another:

> The love of our neighbor in all its fullness simply means being able to say to him: "What are you going through?" It is a recognition that the sufferer exists, not only as a unit in a collection, or a specimen from the social category labeled "unfortunate," but as a man, exactly like us, who was one day stamped with a special mark by affliction. For this reason it is enough, but it is indispensable, to know how to look at him in a certain way.[37]

The loving care that can be provided in the health-care industry in its attention to sufferers ought to arise out of the love we have received at the heart of the Church. Our vocation is indeed unity, and health-care professionals have a unique role to play in uplifting society with its leavening care. As we have seen, a spirituality of work, focused on the Eucharist, provides the whole person with the nourishment required for giving and receiving in a context of grateful dependency.[38]

Notes

[1] Pope John Paul II, *Laborem exercens* (1981), n. 1, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_14091981_laborem-exercens_en.html.

[2] Zygmunt Bauman, *Liquid Modernity* (Cambridge: Polity Press, 2000).

[3] St. Gregory of Nyssa, *De beatitudinibus*, 1 (PG 44, 1200D), cited in *Catechism of the Catholic Church*, trans. United States Conference of Catholic Bishops (Washington, D.C.: Libreria Editrice Vaticana, 2000), n. 1803.

[4] Neil Francis Pembroke, "Empathy, Emotion, and *Ekstasis* in the Patient: Physician Relationship," *Journal of Religion and Health* 46 (2007), 287–298; idem, "Appropriate Spiritual Care by Physicians: A Theological Perspective," *Journal of Religion and Health* 47 (2008), 549–559.

[5] Pembroke, "Appropriate Spiritual Care by Physicians," 550.

[6] Pope Benedict XVI, *Deus caritas est* (2005), n. 18, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est_en.html.

[7] Pope John Paul II, *Laborem exercens*, n. 24.

[8] Pope Benedict XVI, *Caritas in veritate* (2009), n. 76, original emphasis, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate_en.

[9] See Pope John Paul II, *Laborem exercens*, pref., nn. 4, 6, 9, 13, 25, 27.

[10] Pope John Paul II, *Laborem exercens*, n. 27.

[11] See Second Vatican Council, Pastoral Constitution on the Church in the Modern World *Gaudium et Spes*, n. 39, cited in Pope John Paul II, *Laborem exercens*, n. 27.

[12] See *Gaudium et spes*, n. 39, cited in Pope John Paul II, *Laborem exercens*, n. 27.

[13] Pope John Paul II, *Laborem exercens*, n. 27.

[14] Pope Benedict XVI, *Deus caritas est*, n. 6.

[15] Dorothy Day, *The Long Loneliness* (San Francisco: HarperOne, 1996), 246–247.

[16] Athanasius, *De Incarnatione*, 54.3, in *Select Writings and Letters of Athanasius, Bishop of Alexandria*, ed. Archibald Robertson (Grand Rapids, MI: Eerdmans, 1957), 65.

[17] Pope Benedict XVI, *Deus caritas est*, n. 7.

[18] See John Paul II, *Sollicitudo rei socialis* (1987), n. 28, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_30121987_sollicitudo-rei-socialis_en.html.

[19] Pope Benedict XVI, *Caritas in veritate* (2009), n. 38, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate_en.html.

[20] "Caritative caring means that we take 'caritas' into use when caring for the human being in health and suffering.... Caritative caring is a manifestation of the love that 'just exists'.... Caring communion, true caring, occurs when one caring in a spirit of caritas alleviates the suffering of the patient." Katie Erikkson, "Nursing: The Caring Practice 'Being There,'" in *The Practice of Caring in Nursing*, ed. D. Gaut (New York: National League for Nursing Press, 1992), 201–210.

[21] Pope Benedict XVI, *Caritas in veritate*, n. 2.

[22] Augustine, *City of God*, 19.24 ("Populus est coetus multitudinis rationalis rerum quas diligit concordi communione sociatus"), trans. Marcus Dods (New York: Modern Library, 1994), 706.

[23] Mark McIntosh, *Divine Teaching: An Introduction to Christian Theology* (Oxford: Blackwell, 2008), 101.

[24] Pope Benedict XVI, *Spe salvi* (2007), n. 26, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20071130_spe-salvi_en.html.

[25] See David Vincent Meconi, S.J., "Becoming Gods by Becoming God's: Augustine's Mystagogy of Identification," *Augustinian Studies* 39 (2008): 61–74, esp. 66–67, on the "glue" of love. See also *Orthodox Readings of Augustine*, eds. George E. Demacopoulos and Aristotle Papanikolaou (Crestwood, NY: St. Vladimir's Seminary Press, 2008), 25, 37.

[26] Meconi, "Becoming Gods by Becoming God's," 66.

[27] Pope Benedict XVI, *Sacramentum caritatis* (2007), n. 2, http://www.vatican.va/holy_father/benedict_xvi/apost_exhortations/documents/hf_ben-xvi_exh_20070222_sacramentum-caritatis_en.html.

[28] On the "agglutinative" properties of Christian tradition, see John M. Rist, *What Is Truth? From the Academy to the Vatican* (Cambridge: Cambridge University Press, 2008), 324.

[29] Pope Benedict XVI, *Sacramentum caritatis*, n. 2.

[30] See Darrell M. West and Edward Alan Miller, *Digital Medicine: Health Care in the Internet Era* (Washington, D.C.: Brookings Institution Press, 2009), 59, where they quote David Blumenthal, "Doctors in a Wired World: Can Professionalism Survive Connectivity?" *Milbank Quarterly* 80 (2002): 525–546. Presumably Blumenthal's position changed radically enough since 2002 to merit his most recent role as national coordinator of health information technology (2009–2011).

[31] Thomas Aquinas, *Summa theologiae* II-II, q. 29, a. 3, ad. 3, quoted in Rodger Charles, S.J., *An Introduction to Catholic Social Teaching* (San Francisco: Ignatius Press, 1999), 28.

[32] Augustine, *City of God*, 19.13, 690: "pax corporis et animae ordinata vita et salus animantis."

[33] Pope Benedict XVI, *Sacramentum caritatis*, n. 2.

[34] Pope Benedict XVI, *Caritas in veritate*, n. 7.

[35] James V. Schall, "From Justice to Friendship," in *The Mind that Is Catholic: Philosophical and Political Essays* (Washington, D.C.: The Catholic University of America Press, 2008), 121.

[36] Simone Weil, *Intimations of Christianity Among the Ancient Greeks* (London: Routledge, 1998), 109.

[37] Simone Weil, "Reflections on the Right Use of School Studies," in *The Simone Weil Reader*, ed. George Panichas (New York: David McKay Company, 1977), 51.

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