

## What Does it Mean to Care For a Patient in Today's World?

DR. JOHN PATRICK

TO CARE IS A CONCEPT we all use and, as long as we are not asked to define it, all is well. However, to care for a dying patient will be very differently defined depending upon the fundamental beliefs of the patient about the meaning of life. Our problem is that the secular view of the world, which presumes no ultimate, transcendent meaning, is not only providing its version of caring, but increasingly demanding that we accept their tacit definition without any adequate discussion of whether they might be wrong. We ought to sympathize as, in the past, Christians have certainly executed others for heresy as defined by us. ISIS does it now and considers it good and therefore a form of caring for society. Utopian dreams have always been dangerous to the lives of those individuals who don't share the dream. Marxist dreams in the last century killed untold millions! What the Supreme Court has done is to bring this festering sore to a head.

The difference between groups is most often a subtle difference in priorities or, in philosophical terms, in the ordering of the goods. C.S. Lewis contrasted the classical Christian position with the modern one. Traditional Christian beliefs

make obedience to the teaching of Christ the primary objective of life. The modern concern is to conform the world to our desires by manipulation of words, laws, and actions using technology as the means. The recent Supreme Court decision on assisted suicide is a prime example of the modern approach. Individual autonomy is the god to whom the law bows. Choice is the trump card.

I believe we are naïve if we do not recognize that this trend will work to remove or at least emasculate any rights of religion. Already this can be seen in the habits of so-called progressives who refer to rights of worship rather than rights of religion. Worship is a private right without public standing. Thus, when we say that we have our rights of religion, which includes rights of conscience, the opposition say to themselves: "Yes, at present, but we intend to change that."

This is where care needs definition. If it is to be patient-centered, then it must take into account the patient's beliefs, which sadly are fairly incoherent. Thus, some Christians say that the right to life is God's prerogative, but they don't believe it in practice. Nevertheless, at the end of their lives they will want

to die as 'default' Christians in most cases. We need not just polling data based on the false dichotomy: "Do you wish to die in terrible pain or do you wish to legalize assisted suicide?" (That is a classic example of the undistributed middle). We also need data showing what patients believe when imminent mortality sobers them up. Most patients muddle out of life as they muddled through it. The risk now is that they may be shuffled out before they sober up! Medicine is practiced with individuals and on these issues there is no possibility of compromise. It seems to me that we need two distinct practices of medicine with the difference being moral commitments not technical expertise.

Twenty-five hundred years ago, Hippocrates and his colleagues changed the nature of medicine in the opposite direction to our Supreme Court. In those times physicians killed for profit – easy money. The conundrum that faced Hippocrates et al. was how to improve the practice of medicine, given that they had very little effective therapy. They realized that relieving a patient's anxiety was one powerful tool they had. Promising the patient

that they would never be the cause of his or her death served to enhance this trust. It worked and, in conjunction with more attention to the patient's story, it became the dominant mode of medicine and one that flourished even more with the arrival of Christianity. The essential insight that medicine is a deeply interpersonal and moral profession in which the physician is the guardian of a long tradition of trust lasted until the eighteenth century. Around that time, reductive scientific views of what constitutes a human being emerged and have now reached the point where "measureables" are the new means of assessing the efficiency of medical practice. Auden understood what was happening when he wrote at the end of his own life a description of the physician he wanted at the end of his life:

Give me a doctor partridge plump,  
Short in the leg and broad in the  
rump.  
An endomorph with gentle hands,  
Who will not make absurd  
demands,  
That I abandon all my vices,  
But with a twinkle in his eye,  
Will tell me that I have to die.

There are not many billable items in this description. We all

want the same attention at the end of our lives.

Whatever bill emerges it ought not necessarily involve physicians in terminating life. Ideally lawyers, judges, and other progressive folk should do it. After all, it is not necessary to go to medical school for 10 years to inject a lethal drug. But much more importantly, nothing should be done that

can in any way diminish public trust in doctors. We, as Doctors, should be recognised by what we do and our care should demonstrate Christian love. We would, however, be foolish to pretend that this will protect us from marginalisation. Just read the history of the days when Christians were known by their love and sent to the lions by their

rulers. Historically, we should also recognise that, at various times, the faith was preserved by those who separated themselves from the culture – the monastic movement did preserve the Gospel in Europe.

There is a solution to these problems, but our pluralistic society is not going to bite the bullet easily. What will be

required is the recognition that what is at issue is not a small thing and both sides of the argument must be accommodated. The bureaucratic involvement in the funding of medicine needs to come up with just funding formulae that will allow the two groups to compete and see who cares for whom. The patients will vote with their feet. 

## Different Because We Care with Transcendent Strength

DR. DAN REILLY

TO SHINE THE LIGHT OF CHRIST in this dark society, we must demonstrate an inexhaustible other-centeredness that sets us apart in our actions and attitudes towards others. Simply talking loudly about how certain practices such as euthanasia are immoral, and how we will not be forced to do immoral things, achieves little. Dr. Patrick advocates for two medical systems defined by a difference in moral codes. If the system run by people of faith looks just like the other, except for a list of banned activities, then nothing will be achieved for the cause of Christ. In countries where euthanasia is permitted, the Christian doctors are accused of delivering care just like everyone else but not being willing to “do the tough jobs.”

As Christian doctors and dentists, we must be defined by what we do, not by what we do not do. Christ was known for how He loved those who no one else cared for. Given that He fulfilled the Old Testament law, I am sure there were many things He did not do. But what attracted the lost and offended the self-righteous were His actions. Actions like healing when it was not permitted and touching those who were not to be touched. Part of the early church's success was due to their continuing to care for those that society shunned.

No one accused Christ or the early Christians of being lazy or avoiding unpleasant tasks. If we cultivate Christ-like radical other-centeredness then no one will be able to accuse us

either. As our culture becomes more self-centered, Christians should increasingly stand apart. As Christian physicians and dentists, our other-centeredness should cause us to be known for technically excellent and unusually compassionate care. Coming to moral debates with a reputation for solid medical knowledge and unwavering compassion for patients makes us credible when we argue that it is because we care that we oppose certain practices.

One does not need to be a Christian to practice radical other-centeredness. But, in my experience, manufacturing caring by your own efforts is really hard work. As Christians, we can draw support from Christ's example, our experience of His love for us, scripture, and the Christian

community (including CMDs!). When that is not enough, the Holy Spirit can act through our weakness. Even among those who are other-centered, Christians should stand apart because of our inexhaustible source of strength.

Do those around you experience Christ's love when they are with you? If so, they may question your moral stance on certain issues but they will not question whether you care about them. Have you learned to rely on Christ as your source of strength? If so, even those who agree with your morals will have questions for you about how you continue to care when caring is a challenge. Causing others to wonder about why and how you care is a more effective witness for Christ than any refusal to participate in certain practices. 