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“Christus patiens, Christus medicus”

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The theme *Christus patiens, Christus medicus* combines two aspects of the message of the gospel which characterize its special uniqueness. There is a broad scope of literature, mostly theological, but also medical historians have dealt with this topic. Their contributions, although not very many, are very important in addition to the theological approach. Theologians have deepened the understanding of how the subject *Christus medicus* was received by church fathers of different epochs, as well as in liturgy and in homiletics etc. Medical historians are mostly interested in the consequences of the concept of *Christus medicus* in the field of medicine and the treatment of patients. They want to examine and demonstrate the perception of an illness and the corresponding therapy. The term “*Christus medicus*” is not used in the Gospel and Jesus is not called or considered a physician: He heals the sick, but this healing is not a mere medicinal act receiving its full meaning in the light of the messianic mission. The term “physician” only appears very rarely in the Gospels and referring to Christ it is only a metaphor. As the Pharisees accuse the redeemer of associating with tax collectors and sinners, he answers:” It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but the sinners. “(Mk, 2, 17)

Healings are secondary to the forgiveness of sins and to redemption and the term `medicus´ is often linked to `salvator´. This way the confines between healing and the forgiveness of sins often are not clearly distinguishable. The recuperative level of the body and the salvation of the soul and redemption meet on certain levels and can well be expressed metaphorically in

medicinal terminology: “What is illness and sore to the body that is sin to the soul”¹, bitter medicine and painful therapies are compared to penance for example.

Unfortunately medical historians have sometimes distorted this metaphor. They took into account that sickness entered through sin in human history, but not every illness as a result of an individual sin.

Such medical historians spread a stereotype in Christianity that every illness and even all suffering is a divine punishment for personal sin, and the church to be the sole giver of health and thus counteracted scientific medicine as a dangerous competitor.

Another kind of medical historians interpreted an episode of the gospel of John in an extraordinary way, representing a radical change in the understanding of illnesses. To this day this has significantly influenced the treatment of the sick.

It is the episode of one who was born blind:

„ As he went along, he saw a man blind from birth. His disciples asked him, Rabbi, who sinned, this man or his parents, that he was born blind? Neither this man nor his parents sinned, said Jesus, but this happened so that the work of God might be displayed in his life. “(John 9, 1-3)

This question asked by the Apostles is mostly considered typical for the mentality of the Old Testament: A severe illness naturally must be the consequence of guilt, according to the perception that guilt having been passed on from the fathers to the children is merely to be examined if personal sin is involved or guilt of the fathers. The answer of Jesus changes this attitude: Illness is not always to be considered a punishment for individual sin thus changing eventually the attitude towards the sick. The illness as such was no longer considered a consequence of guilt, as a proof for the malice of the sick, possibly causing the expulsion from the community.

Following this new perception, illness and suffering are recognized as inevitable components of human life. It is perceived as an expression of his frailty during earthly existence and as an event that might strike anyone regardless of his actions. Accordingly sickness shall not exclude from the community but arouse mercy and solidarity in those who fatefully have been spared from that kind of suffering.

This attitude towards suffering is demonstrated in the parable of the good Samaritan and everybody having to justify himself before God it is expressed more intensively in Jesus describing the last judgment:

” For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.” (Matthew 25:35-36) This request is already fulfilled in the first Christian communities. Soon a special service was created, as Benedict XVI describes in the encyclical *‘Deus caritas est’*: *A decisive step in the difficult search for ways of putting this fundamental ecclesial principle into practice is illustrated in the choice of the seven, which marked the origin of the diaconal office (cf. Acts 6:5-6). [...]The Apostles, who had been entrusted primarily with “prayer” (the Eucharist and the liturgy) and the “ministry of the word”, felt over-burdened by “serving tables”, so they decided to reserve to themselves the principal duty and to designate for the other task, also necessary in the Church, a group of seven persons. Nor was this group to carry out a purely mechanical work of distribution: they were to be men “full of the Spirit and of wisdom” (cf. Acts 6:1-6). In other words, the social service which they were meant to provide was absolutely concrete, yet at the same time it was also a spiritual service; theirs was a truly spiritual office which carried out an essential responsibility of the Church, namely a well-ordered love of neighbour. With the formation of this group of seven, “diaconia”—the ministry of charity exercised in a communitarian, orderly way—became part of the fundamental structure of the Church.*²

As Christian communities grew the diacony was organized ever better but only at the end of the persecutions the establishment of institutions for care and treatment of the ill and needy becomes possible, for example the Episcopal diaconates and in the palaces of wealthy believers, that openly received not only the sick but the poor, orphans and pilgrims.³ The care of the sick was reorganized by exercising charity:” “Christianity transformed classical medicine, but not according to the teaching and it’s practicing that are observed and kept without disturbance but the spirit of charity. This spirit must characterize medicine as an art for the good of the neighbour.

Classical medicine certainly did not possess the spirit that only Christianity could infuse. The evangelical exhortation of the parable of the Good Samaritan lets medicine practice the characteristic virtues of this new religion: mercy and charity. Thus social medicine was founded with the establishment of hospitals, asylums and offers for all in need.⁴ The Spanish medical historian Pedro Lain Entralgo describes this readiness to help everyone without exception and treat everyone as „neighbour“ as the actual Christian novelty:” In terms of medical help there is no difference between the Greek and the Barbarians, between the free and the slave. To

demonstrate this novelty Julian the apostate [331-363] serves well, when praising Christian care of the sick trying to adopt it into his neopagan project: ` Let's see what makes the enemies of the Gods so strong: their philanthropy towards foreigners and the poor... it is shameful for us, that the Galileans practice their mercy not only to their brothers but also to those who serve the Gods.'⁵

This remark of Julian the apostate testifies how the Christian community adopted the teaching of the Good Samaritan. That is not only to help the inner circle of relatives but every person in need without exception.

An important event during this development was the founding of a great institution for the sick in Caesarea (today Kayseiri) in Cappadocia by bishop Basilius. This complex, called Basileias, „was a second city, self sufficient and autonomous and possessed all levels of hospital care: prevention, treatment and care. There was an orphanage, lodgings for foreigners, a hoard for the newborn, a building for the elderly, for lepers and other contagious illnesses, a school that provided professional training for people with an physical impediment and a hospital for the care of the sick, the lame and the poor.”⁶ The supply of treatment and care was complete therefore Basileias was considered the first hospital in history.⁷ It should be mentioned that in pre-christian times there was no comparable institution. All the more this is amazing considering the level of public services in towns and metropolises of the antiquity.

“Passionate efforts of friends of the Greek and the deep investigations of classical learned humanists have shown no evidence that could be compared to this hospital. There weren't hospitals neither in Sparta nor in Athens. Not even in great cities like Alexandria and Rome hospitals had been established.”⁸

After Basileias similar institutions had been erected, first in the Middle East and then also in the West. In the West they were partly located outside of town, for travelers and pilgrims partly inside the town, where they were integrated in the same building complex as the cathedral and the bishop seat. These institutions were open to all kinds of people in need and were also called *domus dei*, and some hospitals in France are still called *Hôtel-Dieu*. This shows how Christianity radically changed the attitude towards the sick and the suffering: sickness is not anymore a reason for expelling from the community but the sick are received into the *domus dei* and sometimes even were accepted by the bishop into his house. This tradition was perpetuated by John Paul II. In 1988 he built and consecrated a house for the poorest within the *Leonine Walls* “which is he center of the church, next to Peter who loved, served and followed

Jesus the Lord.”⁹ We are talking about the house “Dono di Maria”, that is run by the missionaries of charity.

The depth of the Christian mission in serving the sick, especially in the development of the care for the sick can be proven for example by the following hypothesis of the French historian Michal Mollat. In the history of the hospital in France he writes:” analyzing the first forms and the development of hospitals it shows that the spirit that inspired them and directed later development, can’t be expressed through terms like welfare assistance, charity, philanthropy or mercy:“ It can only expressed with *caritas*. Only *caritas* allows to follow and understand the development of hospital in the middle ages. “¹⁰

Christus patiens

The expression *patiens* can be associated with the passion as well as with the “patient”, that is the sick. Sometime the illness is also called *infirmitas*, an expression with a special meaning: *infirmitas* is *in-firmitas*, meaning lack of stability and also instability, inconstancy, imbalance, disharmony. Instability characterizes the human condition during earthly existence: man has lost the original balance, the harmonic relationship to himself, nature and God himself. Sickness and suffering appear as deficiency, as a maldevelopment, as a lack of harmony like a *privation boni*. Recent studies on *christus medicus* and *christus patiens* don’t include sufficiently the apostolic letter ‘*Salvifici doloris*’ by John Paul II, with the exception of Gottfried Roth.¹¹ The title *Salvifici doloris* joins the issue of illness and suffering with redemption and expresses the change from the Christian point of view from that of the Old Testament that considered sickness rather a visible sign of violation of the law thus connecting it closely to the concept of sin.¹² “The use of language in the Old Testament emphasizes the relationship between suffering and evil as an identity. This ancient language did not have any word of it’s own to describe suffering; thus all suffering was named as evil.”¹³ Sufferings were declared a punishment imposed by God for the sins of man. Consequently the meaning of suffering was closely connected to the moral order based on justice: “So there is an invitation to divine mercy in suffering inflicted by God on His chosen people that rebukes to lead to conversion: Punishment shall not destroy our people but train it.”¹⁴

John Paul II also mentions that the book of Job talks about a blameless and righteous man who was plagued by terrible sufferings and fell seriously ill after losing his possessions. Job is visited by three acquaintances that are convinced that such a misfortune must be the consequence of severe guilt and tried to convince him to confess his guilt and to atone for it. “They refer to the teaching of the Old Testament that teaches suffering coming from God are a

punishment for the sins of man.”¹⁵ This principle is unquestioned. God is primarily creator and a violation against the order of creation is an insult against the creator:” According to the biblical and theological meaning of the word such a violation is called sin. The moral evil of sin corresponds to the punishment, which guarantees moral order in the same transcendent way as it was laid down by the supreme will of the creator and supreme legislator. Thus a basic truth of religious belief is derived which is based likewise on revelation: God is a righteous judge rewarding good and punishing evil.”¹⁶ Job contradicts the assertion of his acquaintances to explain every suffering through moral guilt. Eventually God Himself intervenes and confirms Job. ”He is suffering as an innocent person; it has to be taken as a mystery that in the end man can’t penetrate with his mind; (...) Being true that suffering is meant to be considered a punishment, it is not true that every suffering is a consequence of guilt having the character of a punishment.”¹⁷

John Paul II classifies the question of suffering in respect to redemption. At the beginning of his apostolic letter he quotes St. Paul:” Now I rejoice in what was suffered for you, and I fill up in my flesh what is still lacking in regard to Christ's afflictions, for the sake of his body, which is the church. (Col. 1, 24) ¹⁸

The culture of modern times tends to consider illness, accidents and misfortune merely as absurd. Viktor Frankl, the Viennese psychiatrist finds that the disorder of his patients mostly were caused by the incapacity to give a meaning to the own existence; that the ability to cope with suffering does not come from its intensity but from the ability to give meaning to suffering.

Having a remedy for many kinds of suffering “every person is subject to necessary suffering, simply a fateful suffering for which there is no remedy to be found, indeed being inevitable. Even that suffering is meaningful. The meaning then lies in how we accept this destiny, our attitude towards it and how we bear it. Precisely in this ‘How’ there is the possibility to make sense of our life and to invest in it; in a word there is a chance for the incurable and hopelessly suffering.”¹⁹

Viktor Frankl was a pious person and closely connected to the tradition of the Old Testament. He was not a Christian but his recommendation to physicians in order to help patients to bear and carry their suffering reminds us of Jesus’ offering to take up the cross (see Matt. 16,24). Especially this ability to experience one’s own suffering as cross according to the image of the *Christus patiens* allows us to give it a meaning and not considering it as useless and absurd, as John Paul II teaches.

“The source of joy is overcoming the feeling of uselessness of suffering, a feeling that is rooted deeply in human suffering. Suffering not only consumes the person from inside but also renders him a burden. The person feels condemned to receive help and assistance considering himself useless at the same time.

The discovery of the salvific meaning of suffering in community with Christ transforms this depressing feeling. The belief in the participation in the sufferings of Christ is accompanied by the interior certainty that the suffering person is “(...) filling up in his flesh what is still lacking in regard to Christ's afflictions,” and is serving like Christ in the spiritual dimension of redemption for the salvation of his brothers and sisters. In this way his is not only beneficial to the community but meets furthermore an irreplaceable service. The body of Christ is perpetually growing from the cross of the redeemer. The irreplaceable mediator and author of the essential goods of the salvation of the world is especially that kind of suffering that is permeated by the spirit of sacrifice of Christ's suffering. More than anything else it makes way for grace to transform human souls. More than anything else it makes present the powers of redemption in the history of mankind. In that "cosmic" struggle between the spiritual forces of good and evil, (see Eph. 6, 12) those sufferings that are joined to the redemptive sufferings of Christ form a special support for the forces of good because they open the way for the victory of these salvific powers.”²¹

John Paul II has clearly formulated the relationship between *Christus patiens* and *Christus medicus*: “At one and the same time Christ has taught man to do good by his suffering and to do good to those who suffer. In this double aspect he has completely revealed the meaning of suffering.”²² This is calling for a great responsibility: The suffering person has to be aware of the possibility to share his suffering with that of Christ. The one that provides help shall recognize Christ in the suffering person and take *Christus medicus* as an example.

¹ Hieronymus (340-419 o 420), Dial. Cont. Pel. III, 11 (PL 23, 608) zit. von Woty Gollwitzer-Voll, Schöningh, Paderborn 2007, S. 29.

² Benedictus XVI., *Enzyklika Deus caritas est*, 25.12. 2005, N. 21.

³ Maria Luisa Di Pietro, Elio Sgreccia, *Il contributo della Chiesa all'etica medica*, in *Storia della medicina e storia dell'etica medica verso il terzo millennio*, a cura di Elio Sgreccia, Rubbettino, Soveria Mannelli (Catanzaro) 2000, pp. 165- 212 (173).

⁴ Adalberto Pazzini, *Piccola storia della medicina*, ERI, Torino 1962, p. 31.

⁵ P.Lain Entralgo, *Il medico e il paziente*, Il Saggiatore, Milano 1969, pp. 56-57.

⁶ M. L. Di Pietro, cit., pp. 173-174.

⁷ Cfr. Andrew T. Crispin, *From Monastery to Hospital. Christian Monasticism & the Transformation of Health Care in late Antiquity*, The University of Michigan Press, s.l. 2005, in particolare le pp. 103-120.

⁸ Dieter Jetter, *Grundzüge der Hospitalgeschichte*, Wissenschaftliche Buchgesellschaft, Darmstadt 1973

⁹ Grussworte von Benedikt XVI. nach seinem Besuch im Haus „Dono di Maria“ der Missionarinnen der Nächstenliebe, 4. Januar 2008

¹⁰ Michel Mollat, *Les premiers hôpitaux (VIe-XIe siècles)* in, *Histoire des hôpitaux en France, sous la direction de Jean Imbert*, Privat, Toulouse 1982, pp. 13-32 (32).

¹¹ Gottfried Roth. *Christus et corporum et animarum medicus. Pastoralmedizinische τόποι in Salvifici doloris und in Dolentium hominum*, *Arzt und Christ*, 32. Jahrgang 1986, Heft 1, pp. 2-5.

¹² Cfr. Diego Gracia-Guillen, *Diaita im frühen Christentum*, in *Psychiatrische Therapie heute. Antike Diaita und moderne Therapie*, a c. di H. Tellenbach, Enke, Stoccarda 1982, pp 12-30.

¹³ Giovanni Paolo II, Lettera Apostolica *Salvifici doloris*, 11 febbraio 1984, N. 7.

¹⁴ *Ibid.*, N. 12, la citazione dalla Sacra Scrittura si riferisce a 2 Mac 6, 12.

¹⁵ *Ibid.*, N. 10.

¹⁶ *Ibid.*

¹⁷ *Ibid.*, N. 11.

¹⁸ *Ibid.*, N. 1.

¹⁹ Viktor Frankl, *Psicoterapia per tutti*, Edizioni Paoline, Roma 1985, p. 159.

²⁰ *Ibid.*, p. 161.

²¹ *Ibid.*, N. 27.

²² *Ibid.*, N. 30.