

HEALTHCARE

SCRIPTURE

“After sunset all who had friends who were sick with various diseases were brought to Jesus He placed his hands on every one of them and healed them all” Lk. 4:40

Mt 8 and 9

OPENING PRAYER

Heavenly Father, we bless you for the gift of life that you have given us. You have given to mankind the blessing to be fruitful and multiply and to fill the earth. You have given the authority and responsibility to care for all other living creatures of this earth. Give us, your children, the wisdom and discernment to use the authority to always cooperate with you in preserving and promoting life and good health in all human beings, so that all seeing us may give glory to you and your son Jesus Christ. We ask for your Holy Spirit to be with us to guide us in our health care mission. We make this prayer through Christ our healer. Amen.

INTRODUCTION

According to WHO, “Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease and infirmity.”

Catholic involvement in the field of health care is born of the teachings and ministry of Jesus Christ. Jesus placed a great emphasis on care for the sick and the outcast - such as lepers - and his Apostles went about curing and anointing the sick. Jesus identified himself so strongly with the sick and afflicted, that he equated serving them with serving him (cfr. Mt 25:36). Even a cursory reading of the Gospels reveals that the healing ministry of Jesus was at the heart of his mission (cfr. Lk 4:16-19)

Following the example of the master, the Church has committed herself in an emphatic way in the care of the sick. In India alone, 25% of all the healthcare services in the country are managed by the Catholic Church, particularly by our women religious.

In the Archdiocese of Calcutta alone, there are 30 dispensaries, 16 homes for the sick and the disabled, 4 homes for the aged and in recent times a full-fledged hospital at the healthcare service.

Over the years, the healthcare sector has been highly commercialized, particularly in our cities and towns, thereby, depriving quality health care to the vast majority of our people. Most of our remote rural villages suffer from lack of basic medical amenities and services.

It is in this context that the Archdiocese of Calcutta faces an enormous challenge. It is hoped that our reflection and planning will give a new fillip to this ever growing concern of our poor people.

PART 1: TEACHINGS OF THE CHURCH

“The Church exists to evangelize and Catholic Health Care is fundamentally an expression of the Church’s work of evangelization” (Bishop Ronald Gainer).

(In this section an attempt will be made to identify some foundational teachings and insights of the Bible and of the Church which can help us identify why health and healthcare issues are important to us).

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity”. **The WHO’s vision of health is very close to that of SHALOM found in our Sacred Scriptures as well as in the practices of both Jesus and the early Church.** However, the Scriptural vision of SHALOM is much more **holistic** in the sense that SHALOM in the Bible means not just peace but the total well-being of an individual and society. At the heart of SHALOM is the right relationship with God. The spiritual dimension plays an important role in the Christian vision of health and healthcare. Modern medical practitioners have taken note of the intimate relationship that exists between bodily health with psychological and spiritual well-being.

Health, for the scriptures, is intrinsically a part of what it means to be human and in right relationship with God. In the Old Testament, disease was sometimes understood from the punitive standpoint (Dt 28, 22) - as the consequence of sin and conversely a state of SHALOM was also seen as an important aspect of being in relationship with God who saves. God promises to heal every illness in Isaiah (33, 24). Because sickness was a spiritual matter, in the last analysis, healing could only properly be expected to follow a revival on revitalizing of the relationship between individual and God.

The New Testament not only modified the punitive concept of disease as consequence of sin (John 9) but highlighted the importance of restoration of people to health **as part of the ushering in of the Kingdom of God both in the Gospels (Mt 9, 2-8; Lk. 4, 18-27) and the early Apostolic teachings** (Acts 3, 1-11; 9, 33-41; 20, 9-12). The famous exhortation in James 5, 14-15 to pray over and anoint the sick is one such example. St. Paul continues this image with the duty to preserve and protect one’s own health. He says that **the love Christ** has for the Church is analogous to the love we should have for our body (Eph 5, 29-30).

In early Christianity miracles were described as being continuing signs of the Church’s mission and its implicit vision of human beings as called to right relationship, and thereby called to health as part of that. But the ambiguity of health as almost an implicit concept and somehow bound up with sin and guilt remained through much of Christian history.

Jim McManus in his article, “Health and Healthcare in the Documents of the Church: Papal and Bishops Conferences” (www.jimmcmmanus.info; pp 3-10) summarizes succinctly the teaching of Church which is presented here below: The *Catechism of the Catholic Church* explicates the paradox that is still within Christian thinking on health. While on one level it affirms that “the risen Lord renews this mission” (of calling us to heal) and “The Holy Spirit gives to some a special charism of healing” so too, “even the most intense prayers do not always obtain the healing of all illness” and “thus **St Paul had to learn from the Lord** that ‘my grace is sufficient for you, for my power is made perfect in weakness,’ and that the sufferings to be endured can mean that ‘in my flesh I complete what is lacking in Christ’s afflictions for the sake of his Body, that is, the Church” (2 Cor 12:9, Col 1:24.)

At first sight we may not find much on health and health care in the official teachings of the Church. But there are several themes **which can contribute to the building up of a comprehensive theology of health.** The issue is one of integrating and interplaying the Church’s doctrinal teaching on the nature of

humankind, with the Church’s moral teaching on human actions, and the Church’s social teaching on the rights and dignity of the individual. This is embodied not just in the Church’s social ministry and witness, but in its **Sacramental** life. Having identified these four strands, Table 1 below seeks to lay these out.

Table 1 : Magisterial Sources for a Theology of Health and Health Care. CCC refers to the *Catechism of the Catholic Church*

Strand	Quotations from Texts <i>[unless otherwise specified]</i>	Source
Doctrinal Teaching on the Nature of Humankind	<ul style="list-style-type: none"> • Human Life comes from God; it is His gift, His image and imprint, a sharing in His breath of life. God, therefore, is the sole Lord of this life; we cannot do with it as we wish. • Human Life is sacred because from its beginning it involves the ‘creative action of God’ and it remains forever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can, in any circumstance, claim for themselves the right to destroy directly an innocent human being. • With these words [i.e. those directly above] <i>donum Vitae</i> sets forth the central content of God’s revelation on the sacredness and inviolability of human life. 	<ul style="list-style-type: none"> • <i>Evangelium Vitae</i>, 39 • <i>Donum Vitae</i>, 7 • <i>Evangelium Vitae</i>, 53
Social Teaching on the rights and dignity of the individual; the right to healthcare and access to it.	<ul style="list-style-type: none"> • Individual people are necessarily the foundation, cause, and end of all social institutions. • It is a strict duty of justice and truth not to allow fundamental human needs to remain unsatisfied, and not to allow those burdened by such needs to perish. • Arising from our duty of respect for health, society must have regard to the health and wellbeing of its citizens • Every human being has the right to life, bodily integrity, and to the means suitable for the proper development of life [including] medical care [and] social services. • Any Human Society...must lay down the principle...that every human being is a person...and precisely because he is a 	<ul style="list-style-type: none"> • <i>Mater et Magistra</i>, 219 • <i>Centesimus Annus</i>, 34 • CCC, 2288ff • Pope John XXIII, <i>Pacem in Terris</i>, 11 • Pope John XXIII, <i>Pacem in Terris</i>, 9 • CCC, 2292 [obviously this is within certain moral limits and CCC 2293ff is important context here.]

	<p>person, he has rights and obligations...</p> <ul style="list-style-type: none"> • Scientific, medical or psychological experiments on human individuals or groups can contribute to healing the sick and the advancement of public health 	
Moral Teaching on human actions	<ul style="list-style-type: none"> • [not a quotation from CCC] Health is an important part of the Good of human life, which can fulfill a human person • Persons have not only a duty not to kill but a duty to preserve and safeguard their own health. This can be derived from the Fifth commandment 	<ul style="list-style-type: none"> • CCC, 2288ff
The Life of the Church – Sacrament and witness	<ul style="list-style-type: none"> • We too are called to incarnate Christ's ministry of healing and compassion within the Church and in our lives • [not a quotation] The Sacrament of the sick has an important part to play in healing, and models the Church's healing ministry; setting health in the context of relationship with God and a part of the human condition. The grace of strengthening and peace which comes from this Sacrament is just one example of the grace of strengthening and peace which comes from the church's ministry and witness as a whole. 	<ul style="list-style-type: none"> • CCC 1506, 1509 • CCC 1511ff

So we can say that the Church acknowledges that health is **an integral part** of what it is to be human, that human beings have a sacred character, that they have a right to life, and that states have certain obligations to provide healthcare and the means to access it. Further, we have a duty to preserve our own health and the Church is called to a ministry of healing and healthcare as a part of its very character and existence, a character which is incarnate in its life and explicitly part of its life of grace in the Sacraments.

The teaching that health care is a right rather than a privilege was articulated by Pope John XXIII in his Encyclical, *Pacem in Terris* (Peace on Earth), published less than two months before his death on June 3, 1963.

The Pope began that encyclical with a list of rights, the first set of which pertained to the right to life and a worthy standard of living. Included in these rights were the right to "food, clothing, shelter, *medical care*, rest and finally the necessary social services" (n. 11; my italics).

Pope John Paul II included health insurance in a list of "the rights of workers," alongside social security, pensions, and compensation in the case of accidents, in his own encyclical, *Centesimus Annus* (The Hundredth Year), n. 15, on the

centenary of Pope Leo XIII's landmark encyclical, *Rerum Novarum* (Of New Things), which had been published in 1891.

“ In fact Pope Benedict joined WHO’s call for universal health coverage just before its report hit the press. He called health care a moral responsibility of government and an “inalienable right,” regardless of social and economic status or ability to pay. He cautioned that the privatization of health care should “not become a threat to the accessibility, availability, and quality of health care.” (Kevin Clarke, “Papal Prescription for Universal Healthcare”, U.S. Catholic, vol.76, no.2, p.39).

Pope Benedict also recently called for “renewed evangelization of the church’s social doctrine,” reminding lay people that they have “the immediate task of working for a just social order.” One concept of that social doctrine, subsidiarity, has been twisted into odd shapes lately in an effort to get it to conform to our dominant culture’s more ruggedly individualistic impulses. But subsidiarity relates more to preventing government from thwarting individual expression in addressing civic concerns; it does not, as some suggest, absolve government from a responsibility to respond to pressing social needs.

Catholics helped codify the recently derided ideals of “social justice.” We embrace our communal and personal responsibilities; the sojourner and orphan are not objects of our charity but brothers and sisters we seek to stand with and hold up, not just help out. Subsidiarity will have a defining role to play—along with other Catholic notions such as the common good, human dignity, and the preferential option for the poor—as we work through whatever form our health care system finally takes.

The Church’s viewpoint on Anointing of the Sick is beautifully enunciated in the article on the website: <http://www.beginningcatholic.com/anointing-of-the-sick.html>: The Catechism of the Catholic Church’s section on the Anointing of the Sick defines the purpose of the Sacrament as “the conferral of a special grace on the Christian experiencing the difficulties inherent in the condition of grave illness or old age.” (*Catechism*, 1527)

In his Gospel, St. Mark (6:12-13) gives us an indication of this sacrament of the sick when he tells us that the apostles, going forth, “preached that men should repent, and they cast out many devils, and anointed with oil many sick people, and healed them.”

However, the classical description which the Bible gives of the Sacrament of Anointing of the Sick is found in the Epistle of St. James:

Is anyone among you sick? Let him bring in the presbyters [priests] of the Church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the sick man, and the Lord will raise him up, and if he be in sins, they shall be forgiven him. (James 5:14-15)

Oil of the Sick is pure olive oil—nothing being added except the blessing of the Bishop. Its appropriateness as part of the outward sign of Anointing of the Sick is evident from the healing and strengthening effects which are characteristic of olive oil.

The primary purpose of the special grace of Anointing of the Sick is to comfort and to strengthen the soul of the sick person.

- This is the grace that quiets anxiety and dissipates fear.

- It is the grace which enables the sick person to embrace God's will and to face the possibility of death without apprehension.
- It is the grace which gives the soul the strength to face and conquer whatever temptations to doubt, despondency, or even despair may mark Satan's last effort to seize this soul for himself.

It is plain that the principal purpose of the sacrament of Anointing of the Sick is a spiritual one: to prepare the soul for death, if death is to eventuate.

However, there is a secondary and conditional effect of Anointing of the Sick: the recovery of bodily health by the sick or injured person. The condition under which this secondary effect can be expected to operate is stated by the Council of Trent: "When it is expedient for the soul's salvation."

In other words, if it will be spiritually good for the sick person to recover, then his recovery can with certainty be expected.

By eliminating anxiety, abolishing fear, inspiring confidence in God with resignation to his will, Anointing of the Sick reacts upon the bodily processes for the physical betterment of the patient. It is evident that we have no right to expect this physical result from Anointing of the Sick if the priest is not called until the body is hopelessly ravaged by disease.

To conclude we can recall the words of our Holy Father, Pope Francis speaking about health ministry wherein he exhorts:

"The thing the Church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the Church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else. Heal the wounds, heal the wounds..." (Pope Francis, Interview with Antonio Spadaro, SJ; August 2013)

PART 2: LIGHT & SHADOW SITUATION

2.1 Light Situation

- The Archdiocese of Kolkata, in its own capacity, has been monumental in providing health services to not only followers of Christ but to all those in need of medical aid.
- Various religious bodies such as Little Sisters of the Poor, Missionaries Of Charity, Cheshire Homes etc. help look after the old, disabled and handicapped, and the dying.
- St. Joseph's Hospital in Midnapur, Goethals Memorial Health Centre in Kolkata and St. Vincent's Health Centre in Barasat provide on-going treatment to the general public.
- Many of the Parishes run small voluntary clinics for the local people
- A large number of Catholic nurses are employed in various hospitals and render compassionate care to the sick.
- We have an active nurse's guild.

2.2 Shadow Situation

- In spite of the long history of the Archdiocese, there is not a single Catholic hospital or nursing home in the city of Kolkata.
- There is a lack of medical facilities for pregnant women and children.
- No serious efforts have been made to increase awareness of preventive health and education in general health and hygiene.

- In spite of all our efforts to take care of the sick, many poor Catholics in our communities do not get the kind of medical support they require and are in need of.
- There is a lack of Christian understanding of suffering, thereby leading people to depression and meaninglessness.
- The Archdiocese has not looked into the possibilities of establishing the institutions for those with special needs like: vision impaired, speech and hearing impaired.
- Most of the medical facilities in the Archdiocese are run by women religious and hardly any lay person has taken the lead in establishing medical centers or nursing homes, as they have done in the educational field.
- The recent trend to neglect the aged and the elderly by the family members is a matter of great concern.
- Love, care and respect for the elderly seems to be on the decline in our Catholic families and communities.

Part 3: SETTING GOALS

1. The ultimate goal of the pastoral health care is to improve the general health situation of the parishioners not only with respect to physical health but also to understand the meaning of suffering in the light of the teachings of church.
2. Improve the knowledge of health, hygiene and nutrition as prevention is better than cure.

PART 4: ACTION PLAN

1. Setting up a Health Cell in each parish consisting of parishioners preferably having experience in health ministry. This cell will discuss the local needs of the parishioners with regard to health and bring it to the notice of the pastoral health commission.
2. Regular awareness programs on various health issues like, hypertension, diabetes, cancer, thalassaemia, AIDS etc. to be conducted by NGO's, Doctors or health professionals.
3. Create a counseling cell to cater to the needs of the elderly and terminally ill patients.
4. Setting up a Christian Doctor's Guild and create a directory of them with the kind of services they provide. They should come together as mutually decided by them to discuss the pastoral health issues submitted by the Health Cells of various parishes
5. Health checkups with diagnostic facilities from Goethal's Memorial Health Centre.
6. Introduce health insurance facilities for parishioners so that every parishioner is insured with regard to health.
7. Setting up a 'Christian Hospital' in the city where the Christian women can ensure safe delivery without being subjected to undue pressure relating to permanent sterilization.
8. Setting up a plan to create institutions for medical, paramedical and nursing studies.

PART 5: QUESTIONS FOR DISCUSSION

1. What are some of the problems you face in healthcare?
2. Suggest some concrete and practical ways to improve the situation in caring for the sick, particularly the poor and the elderly in our Parishes and in the Archdiocese of Calcutta.

CONCLUSION

In keeping with the pace of life today, there is an increased amount of stress that is killing the spiritual, mental and physical health of people. To many, family today means only DINK (Double – Income - No - Kids). Families no longer want to take care of the elderly or terminally ill family members. In this situation there is an ever growing need for the Christian meaning of the word ‘family’ and understanding the meaning of suffering in view of the teachings of the church.

Good health is not merely the absence of disease but a holistic approach to attain it so as to have a better quality of life. This is precisely what the Pastoral Plan proposes to achieve.

CONCLUDING PRAYER

Mother Mary, our Lady of Good Health, we ask you to guide us and be with us in our healing ministry. Just as you were always there for the Holy Family of Nazareth constantly looking after their needs and serving them so also inspire us with the same Spirit, that we might be able to alleviate the pain of those who are suffering and give courage and hope to those in need. We make this prayer through Christ our Lord. Amen.