FEAMC symposium: Challenges of competence and compassion in contemporary medicine

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Homo patiens and *homo compatiens*. Psychiatry and mercy.

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1. Christianity and medicine

Christianity radically changed the medical approach of antiquity. Even before Christianity, both medical theory and practice had been developed, but in the conception of illness there was the idea that at its origin there could be a transgression of law, natural or divine. In the Bible, the book Sirach states: *'He who sins against his creator falls into the hands of the physician'* (Sir 38:15).

Some passages in the gospels have changed this perspective. In the episode of the man who was blind from birth, for example, to the disciples who asked him: *"Rabbi, who sinned, he or his parents, that he should be born blind?"* and thus were convinced that the cause of this illness was the transgression of a divine law, Jesus replied: *"Neither he nor his parents sinned, but it was so that the works of God might be manifested in him"* (Jn 9.1-3). Certainly, for the biblical tradition, sickness and death entered into history because of sin, but of original sin, which is why man's condition is characterised by fragility, instability, i.e. infirmity. St John Paul II stated that: *"While it is true that suffering has a meaning as punishment when it is linked to guilt, it is not true, on the other hand, that all suffering is a consequence of guilt and has the character of punishment*"[1] . Sickness does not necessarily depend on individual behaviour, but rather on a condition that potentially affects every human being and which, therefore, should not lead to moral judgement of the sick person or even to discrimination against him, but to solidarity and care, as other passages in the Gospels show.

The parable of the Good Samaritan introduces the notion of neighbour: love cannot only be reserved for family members or people who are part of a circle we can call 'our own', but also for every human being. The parable also shows the importance of medicine not only as a technique, but also as care, as concern for one's neighbour, as compassion. The text says: *"[*...] he *saw him and had compassion on him,* [...] *he took him to an inn and cared for him"* (Lk 10:33-34), and then entrusts him to the care of the innkeeper: *"The next day, he took out two pieces of money and gave them to the innkeeper, saying: Take care of him, and whatever you spend extra, I will pay you back when I return"* (Lk 10:35). Commonly, healthcare personnel identify with the Samaritan and in several countries healthcare volunteers have chosen to call themselves Samaritans[2] while the figure of the hotelier often remains in the shadows. There are, however, icons that represent the Samaritan as Christ, and we doctors, like all healthcare personnel, can recognise ourselves in the hotelier to whose care Jesus himself entrusts the suffering person. The doctor receives his compensation and his fee, the Catholic doctor shows

[1] John Paul II, *Salvifici doloris*. Apostolic Letter on the Christian Meaning of Human Suffering, 11 February 1984, No. 11.

[2] In Switzerland, the first Samaritan section was founded in 1885. The umbrella association *Samaritan International* e. V. was founded in 1994 in Cologne, Germany. It must be remembered, however, that in 13th century Florence the term misericordia was first used as a name for a charitable organisation, which provided free care for the sick and wounded and buried the derelict dead.

compassion and mercy if he is willing to do more than what was agreed upon, that is, more than what is stipulated in the employment contract, knowing that it is precisely this 'more' that will be honoured upon his return. This passage also shows us what spirit should animate the physician's activity. As in the parable of the rich young man, Jesus recognises the value of fulfilling one's duty, but also invites one to commit oneself and give more. If we have become doctors, it is because God has given us the necessary talents, we must make them bear fruit, and one day we will have to account for the use we have made of them.

The new attitude towards the sick has involved not only individuals but also the entire Christian community. The Pope Emeritus, Benedict XVI, in his encyclical, *Deus caritas est*, after recalling that already in apostolic times, communal concern for the frail had led to the birth of diakonia, writes: *"With the formation of this gathering of the Seven, 'diakonia' - the service of neighbourly love exercised communally and in an orderly manner - was now established in the fundamental structure of the Church itself. With the passing of the years and the progressive spread of the Church, the exercise of charity was confirmed as one of its essential areas*"[3] . The encyclical emphasises two characteristics of the new approach: the activity is carried out communally, i.e. it is not a solely individual activity, and in an orderly manner, i.e. organised and structured. Pius XII recalled a decisive passage in the history of the Church and health care: *'*[...] *when the Church was able to develop and order itself freely, the first nosocomas also sprang up. Thus the hospital erected around the year 370 in Caesarea by the great bishop St. Basil was an entire city,* [...] *in which all diseases, including leprosy, were treated*'[4] ; this structure, called Basiliade also represents the first hospital in the history of mankind. The inn in the parable became a hospital, and it must be remembered that hospitals in France were called *Hôtel-Dieu* and that places of healing were also called *domus Dei*.

2. Advances in modern medicine

Scientific advances since the beginning of the modern era have had considerable repercussions on the view of man and medicine. Advances in physics have made it possible to explain functions of the human body using the metaphor of the machine. The French philosopher Réné Descartes, also known as Descartes, viewed the human body as a machine governed by mechanical laws, and he also attributed all irrational psychic activities to it, separating them clearly from conscious psychic activity. This gave rise to a particular current of medicine, *iatro-mechanics*. In time, however, advances in science showed the inadequacy of physics and mechanical laws to explain organic processes. The next step was the appreciation of chemical processes and, thus, the birth of *iatrochemistry*. Further advances in science made it possible to identify functions and dysfunctions of different organs in ever smaller structures at the cellular and sub-cellular level.

In this centuries-long process, the physician's interest has increasingly focused on pathological processes, while *homo patiens* has taken a back seat, becoming the passive bearer of pathology and spectator of the physician's struggle against disease, increasingly technical and increasingly less *homo compatiens.*

[3] Benedict XVI, *Encyclical Letter* Deus Caritas est, *on Christian Love*, 25 December 2005, N.21-22.
[4] Pius XII, *Address to the nurses in Rome*, 21 May 1952, in *Il corpo umano*. Presentation and Indexes of the Benedictine Monks of Solesmes, 2nd updated edition, Edizioni Paoline. Rome 1962, pp. 197-198.

In the 19th century, there was a radical change in the ordering of university medical studies: until 1860, medical students took an examination in philosophy, the *tentamen philosophicum,* as the first major preparatory examination for the clinical disciplines. Subsequently, the *philosophicum* was replaced by the *tentamen phisicum, which had the* natural sciences as an examination subject: for the study of the sick man, it seemed more important to start from the natural sciences rather than from a more general, even anthropological, view[5] . This naturalistic approach is well characterised by a principle expressed by one of the most important German physicians of the time, Rudolf Virchow (1821-1902): *'The scientist knows only bodies and properties of bodies, defines as transcendence that which exceeds this scope and considers transcendence as an aberration of the human spirit*'[6] . Medicine has become more and more a technique and less and less an art.

In recent years, however, there has been another trend: in the name of the principle of autonomy, the patient has been transformed in many countries into a user of the health service, a client with the right to demand the services he or she desires, even if it is a question of pregnancy termination, sex change, euthanasia or assisted suicide. The doctor often finds himself in the position of health worker, caught between the impositions of the health service and the demands of the patient.

3. Mercy and psychiatry

The problem of the personal dimension of the patient is particularly important in psychiatry, where the interpersonal relationship is crucial.

A number of important approaches have been established in psychiatry, the biological, psychoanalytic, behaviourist and systemic approaches, unfortunately all have a common feature: the exclusion of the personal dimension of man, who would be dominated by biological mechanisms, or his behaviour would consist of reactions to external stimuli, depth psychology considers him to be a psychic apparatus formed in the course of development, and for Sigmund Freud the ego is not master in its own home, according to systemic theory, then, the individual plays a role that has been assigned to him, if not imposed, by the social system. In recent years, there have been attempts to overcome the clear boundaries between the various schools by integrating them into a bio-psycho-social approach, but the sum of certain reductionisms cannot offer an integral vision, which can only be so if it does not consider the ego and human life solely as the passive result of different forces, but recognises the existence of a spiritual core that, even if exposed to various influences, is capable of autonomous and responsible choices, i.e. that the patient is a person.

Only if the patient is not seen simply as a mechanism to be repaired, a psychic apparatus to be deconstructed and re-educated, an element of a system to be rebalanced, is a human-to-human, person-to-person relationship possible.

To understand how mercy can be concretised in medical practice, one can rely on the Catechism of the Catholic Church, which provides both a definition and a list: *"*Works of mercy *are charitable actions by which we come to the aid of our neighbour in his corporal and spiritual needs"*. I will only dwell on the spiritual ones: *'Instructing, counselling, comforting are works of spiritual mercy, as are forgiving and bearing with patience'* (No.

[5] Cf. Heinrich Schipperges, *Homo Patiens. Zur Geschichte des kranken Menschen,* Piper, Munich,1985, p. 320 .
[6] Idem, *Utopien der Medizin*, O. Müller, Salzburg 1968, p. 37.

2447). This list can help us make an examination of conscience, to reflect on how we can practise these works of mercy in the exercise of our profession, and not only towards our patients, but also towards our co-workers and superiors, and we can ask ourselves whether, for example, we have always borne with patience. The verb to comfort is not just a synonym for console, but contains the same root as strength, and therefore means, to give strength, to encourage, and this is especially important in difficult situations, where it would be easier to complain about the inadequacies of the structures in which we work.

In the case of psychiatric patients, we are certainly dealing with clinical cases, in which the disorders have transformed the patient's individual traits into symptoms, symptoms which restrict his freedom of thought and action, and in a certain sense have depersonalised him, which is why a scientific approach is also necessary, the *homo patiens*, however, not only suffers, suffers and is subject to an illness, but is confronted with the meaning of illness, suffering and therefore also of life, especially in a society in which the question of the ultimate meaning of existence is often evaded. The doctor can only instruct, advise, console and comfort if he considers the patient as a person and if the story of a clinical case becomes the story of an individual with his suffering .

What the Desert Father Evagrius Ponticus (345-399) wrote about the 'therapy' of spiritual illnesses, I think also applies to the work of mercy of curing illnesses in general:

"Without realising it, he who heals men for the Lord's sake also heals himself; for the remedy he applies heals his neighbour as far as possible, but is necessarily good for his own soul"[7] .

Summary

Solidarity is a universal phenomenon but in pre-Christian times, assistance to patients was above all a task of the family. The parable of the good Samaritan teaches that we must help all suffering people, not only those we are particularly attached to. This willingness to assist 'anyone' as person created in the image and likeness of God and to consider everyone as 'neighbor' constitutes the novelty of the Christian message which has materialised in the creation of institutions for the assistance to many forms of suffering.
The scientific developments of the last few centuries have radically changed the doctor-patient relationship: the doctor's activity has become increasingly technical to the detriment of his personal relationship with the patient. In psychiatry, a personal and compassionate relationship with the patient is an essential element of therapy and the list of works of mercy in the Catechism of the Catholic Church can help us understand how compassion can be exercised practically: 'The works of mercy are charitable actions by which we come to the aid of our neighbour in his spiritual and bodily necessities. Instructing, advising, consoling, comforting are spiritual works of mercy, as are forgiving and bearing wrongs patiently".

[7] Évagre le Pontique. *Le gnostique ou à celui qui est devenu digne de la science*, Les Éditions du Cerf, Paris 1989, p. 151.