

COMPASSION AND MEDICINE

In union with the preparation of the Special Synod in all the Dioceses of the World

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INTRODUCTION: THE INVITATION TO PREPARE FOR THE SYNOD

The theme of the preparation of the Special Synod, in all the dioceses of the world, is "*Communion, Participation, Mission*"

For this meeting of the Elargé Bureau of the FEAMC, it seemed that Compassion, which unites these three aspects of the life of the Church through a common value, was a theme that lend itself well to the reflection of our assembly in Assisi, today, the first one in almost two years.

Indeed, by putting compassion first among the values of the Christian physician, we weave a bond of communion between ourselves, our patients, and the Church, based on a common value.

We participate in the Christian life of Christ's disciples, putting into practice, in medicine, the commandment of love for others, called to this by our medical vocation.

We have a common mission, to bear witness to Christ's love for the sick in our actions and our professional attitude.

For this we need to discern what should be, in the relation between physician and patient, this authentic and balanced attitude of compassion that could fit well with the professional competence and skills emblematic of the Christian medical doctor.

What are the sources of inspiration to guide us towards an authentic and effective attitude of compassion?

A threefold source can be defined that allows the Christian physician to live and practice compassion in a balanced, productive way, according to this "phronesis", this practical wisdom that Hippocrates recommended to his disciples:

- The teaching of Christ
- The teaching of the Church, applying the Word of Christ
- Discernment in the light of the Holy Spirit and professional experience on how to put the Lord's request into practice at the feet of the patient.

I - GOD'S COMPASSION-MERCY IN THE BIBLE

There is a widespread perception that the God of the Old Testament is an angry and vengeful God, whereas the God of the New Testament is a kind and merciful God. Indeed, some Old Testament texts may confirm this impression, when there is talk of expelling the pagan population from entire cities, or of completely exterminating certain peoples (the interdict or *herem*), at God's command (cf. Deuteronomy 7:21-24; 9:3; Joshua 6:21; 8:1-29; 1 Samuel 15). One also cannot avoid thinking of the curse poems (Psalms 58, 83, 109). But this vision of things does not take into account the divine pedagogy throughout the Old Testament, and the progressive spiritual evolution in the Hebrew people up to the New Testament.

The history of the concept of mercy in the Old Testament is long and rich. It is the whole history of the "pedagogy of God" which must lead Israel from a still pagan idea of a god

proper to Israel, who makes him win his battles and seems to demand the blood of his enemies, to the God who created the world beautiful and good and wants the happiness of man.

The whole history of the chosen people is a long alternation of increasing unfaithfulness to God, which leads the people to repeated disasters, and of return to God "*with a broken and crushed heart*", but full of trust. Each time Israel realises its unfaithfulness, it appeals to mercy, and this is what will happen especially during the great trial of the destruction of Jerusalem and the Babylonian exile, which will provoke the birth of this small group of "*poor and faithful*" Hebrews (the "*anawim*") who will allow the Hebrew people to rebound and recover. The prophets link God's mercy to the image of God's ardent love for Israel, a love like the love of a husband and wife, "*a special power of love, which prevails over the sin and infidelity of the chosen people*"¹.

Speaking of compassion or mercy the Old Testament uses the term *rahamim*, derived from the word *rehem*, which refers to the mother's womb. It can sometimes even refer to the entrails, which were considered the seat of feelings. The other word that is also used for mercy is *hesed*, חֶסֶד: (maternal tenderness). It means faithfulness, undeserved favour, kindness, benevolence. It does not simply denote an emotion - sorrow at human misery - but rather God's utterly free concern for man. It expresses a relationship that is established over time.

God, the holy one, the all-powerful one, looks into the distress of people, for which they alone are often responsible, sees the misery of the poor and the unfortunate, hears their complaint, stoops down to them, to join them in their distress. This word designates the fact that God continues to care for his people despite their infidelities, and forgives them, gives them a new chance. The message of divine *hesed* lifts (a little) the veil on that secret of God which is his mercy, a mystery for human thought, a mystery which can only be approached through Revelation

II - JESUS, WITNESS OF MERCY , WITNESS OF COMPASSION

In the Gospels, Jesus presents himself as one who has "compassion", compassion before the crowds without a shepherd, compassion for the sick, compassion for the grieving, compassion before the sinful man, slave to his sin.

In the New Testament, the word mercy is expressed through the word *oiktirmos* which means emotion, pain, and benevolence. The word *eleos*, which designates affect, emotion, has often been used to translate the word *hesed* (tenderness) or more precisely *hen*, which is used to designate mercy. But, the entrails (*splanchna*) represent more specifically the mercy that comes from from the deepest being . This is why the verb that the Gospels use to speak of the compassion of which Jesus is subject is *splagchnizomai*, Σπλαγχνίζομαι (ἐσπλαγχνίσθη) which translates into «being deeply moved with compassion», "being moved in the entrails". The image conveyed by this verb is very strong: in fact, it indicates the movement of the bowels that are shaken by something or someone. In the case of Jesus' compassion, he is moved "deep within himself", in the bowels. In the Semitic world, the bowels of the human

¹ John Paul II, Encyclical *Dives in Misericordia*, 4.

being, the intestines and the womb, are considered to be the seat of the deepest feelings such as compassion and mercy.² .

Let us take a few examples of this capacity for compassion so proper to Jesus.

1) Mark 1:41: Healing the Leper

The first occasion of the verb Σπλαγχνίζομαι (*splagchnizomai*) is at the beginning of the Gospel of Mark , in the encounter between Jesus and the leper. At the latter's pleas, "[Jesus] *had compassion on him , reached out his hand, touched him and said to him, "I am willing, be cleansed!* (Mk 1:41). Compassion: here σπλαγχνίσθεις. The first appearance of the verb *splagchnizomai*, ἐσπλαγχνίσθη in the Gospels is at the beginning of the Gospel of Mark, in the encounter between Jesus and the leper.

Compassion: here σπλαγχνίσθεις

The inner movement that starts from the bowels leads Jesus not only to heal with his word, but also to touch the leper, overcoming the social distance prescribed by the book of Leviticus (cf. Lev 13-14) which imposed a clear separation between the community and the sick person, to avoid being contaminated by impurity. And yet, this time, it is the holiness of Jesus that proves contagious, healing the leper.

This passage was commented on by Pope Francis at the Angelus on 14 February 2021 in St Peter's Square:

“Today’s Gospel (cf. Mk 1:40-45) presents us with the encounter between Jesus and a man sick with leprosy (...). Jesus allows this man to draw near him; He is moved to the point of reaching out His hand and touching him. This was unthinkable at that time... God draws near to our lives; he is moved to compassion because of the fate of wounded humanity and comes to break down every barrier that prevents us from being in relationship with him, with others and with ourselves. He drew near... Closeness. Remember this word, closeness. Compassion. The Gospel says that Jesus, seeing the leper, was moved with compassion, tenderness. Three words that indicate God’s style: closeness, compassion, tenderness. “

This attitude of "transgression" out of compassion that the Lord shows us must be ours: we too must not stand "at a distance", we must "establish a relationship" "enter into communion" "get involved in the life of the other": this is compassion. We must not put on a mask to camouflage ourselves, we must involve ourselves in the sufferings of others:

" To respect the rules regarding good reputation and social mores, we often silence pain or we wear masks that camouflage it. To balance the calculations of our selfishness and the interior laws of our fears we do not get that involved with the sufferings of others. Instead, let us ask the Lord for the grace to live these two “transgressions” from today’s Gospel”

2) Mark 6:34: First multiplication of loaves and fishes

In Mark's Gospel, the verb "to have compassion" appears again before the two episodes of the multiplication of the loaves, but in two different ways.

² Cf. H. Kòster, "σπλάγχνον, σπλαγχνίζομαι, εὐσπλαγχνος, πολὺσπλαγχνος, σπλάγγνος", in: Grande Lessico del Nuovo Testamento, Brescia, Paideia, 1979, vol. XII, 903-934.

In the first account, the narrator presents Jesus' reaction to the crowd that had gathered to meet him

"When Jesus landed and saw a large crowd, he had compassion on them, because they were like sheep without a shepherd. So, he began teaching them many things." (Mark 6:34)

Compassion: ἐσπλαγχνίσθη

Jesus' heart is stirred by the crowd, which to him appears disoriented and lost, without guides to deal with them (cf. Ezek 34). Compassion leads Jesus to give his word, taking on the task of teaching many things and spending time and energy in the service of the crowd. This attitude is all the more striking because it is the counterpoint to that of the disciples, who would like to get rid of the embarrassment of having people around and say to Jesus: *"This is a remote place and it's already very late. Send the people away so that they can go to the surrounding countryside and villages and buy themselves something to eat."* (Mk 6:35-36). Jesus responds to this request by making the first multiplication of the loaves reported by the Gospel of Mark. "The place is deserted and it is too late; let them go, so that when they go to the countryside and the surrounding villages, they can buy themselves food" (Mk 6:35-36). Jesus responds to this request by carrying out the first multiplication of the loaves reported in Mark's Gospel.

3) Mark 8: 2-3: Second loaf multiplication

In the second episode, it is Jesus himself who expresses his inner feelings. This time, it is the tiredness and hunger of the people, gathered around him to hear His Word, that touches the heart of Jesus, with the concern that without food they will not be able to make the journey home (cf. Mk 8:3):

"In those days, when a large crowd had gathered again and had nothing to eat, Jesus called the disciples and said to them: I am moved with compassion for this crowd, for they have been with me three days and have nothing to eat. If I send them home on an empty stomach, their strength will fail them on the way, for some of them have come from afar." (Mark 8:2-3)

Compassion: Σσπλαγχνίζομαι

The result of this inner movement of Jesus is the second multiplication of the loaves.

4) Mark 9: 22-24, The plea of the father for his epileptic son

In Mark we find another recurrence of the verb 'to have compassion' applied to Jesus in another direct discourse. This time it is not Jesus who takes the initiative, but the father of an epileptic boy possessed by a mute spirit appeals to the Lord's compassion for help, after the disciples' attempt has failed: *'But if you can do anything, have compassion on us and help us'.*

Compassion: σπλαγχνίσθεις

5) Luke 7:11-15, Resurrection of the son of the widow of Nain.

In Luke, it is said on one occasion that Jesus has compassion: this is the episode of the resurrection of the widow's son from Nain. It is when he meets the widow who accompanies her only son to the tomb:

"And when the Lord saw her, he had compassion on her and said to her, "Do not weep." " (Lk 7:13).

The miracle of the child's resurrection is born from this inner turmoil.

Compassion: ἐσπλαγχνίσθη

Pope Francis, in a homily given in the chapel of St Martha's House on 17 September 2019, commented on this Gospel of the son of the widow of Nain, emphasising the compassion shown by Jesus, a compassion that we must imitate in our relationship with others. Compassion, he says, is "*the language of God*". It is like "*the glasses of the heart*": it makes us see things as they are, in their sometimes dramatic reality. For Jesus, the compassion that dwells in his heart makes him see what is essential: the mother of the dead man, who has lost her only son, and is left alone, for her whole life. And Jesus is not content to have pity, he acts. Next to Jesus, there are the disciples, who do not understand, just as they did not understand on the day of the multiplication of the loaves, and they only wanted one thing: that Jesus should send the crowd away. If compassion is the language of God, human language is indifference.

"On the one hand, there is the gesture of Jesus, always compassion and on the other, the attitude of the disciples, selfish. They do not get their hands dirty. And here, if compassion is the language of God, often human language is indifference... It is precisely a question of «justice», commented Pope Francis., as he addressed the issue.

"In this passage from the Gospel of Luke, there is a word that is repeated in the Gospels: compassion. The evangelist does not say that Jesus 'had compassion', but that he 'was moved with compassion' (Luke 7:13). Luke describes it explicitly: "The Lord was moved with great compassion".

6) The Parable of the Good Samaritan (Luke 10: 30-35)

The Gospel of Luke contains the Parable of the 'Good Samaritan' which lies at the heart of Jesus' discourse on Compassion.

"A certain man went down from Jerusalem to Jericho, and fell among thieves, which stripped him of his raiment, and wounded him, and departed, leaving him half dead.

And by chance there came down a certain priest that way: and when he saw him, he passed by on the other side.

And likewise, a Levite, when he was at the place, came and looked on him, and passed by on the other side.

But a certain Samaritan, as he journeyed, came where he was: and when he saw him, he had compassion on him,

And went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him.

And on the morrow when he departed, he took out two pence, and gave them to the host, and said unto him, Take care of him; and whatsoever thou spendest more, when I come again, I will repay thee."

Compassion: ἐσπλαγχνίσθη.

The Samaritan who, unlike the priest and the Levite, sees the man lying on the ground, half dead, stops because his heart is gripped by compassion. But he does not stop because of a simple movement of pity that would make him go back. He stops to act, almost professionally, and he is not satisfied with carrying the wounded man to the inn, but he ensures the continuation, the "follow up": the convalescence of the wounded man in good conditions; and he will verify this on his return: (Luke 10:30-35)

Pope Francis has commented the Parable of the Good Samaritan in various occasions, with different insights. In his General Audience of April 27 2016, he started opposing the selfish and indifferent attitudes of the priest and the Levite to the attitude of active service of the Samaritan: this, shows that theology do not help to get a loving heart. The priest and the

Levite needed more than theology or liturgical rubrics to become loving persons. They needed what the pagan and impure Samaritan had: the capacity to compassion. And he was that way in synchrony with the heart of God:

“Those who attend the house of God and know his mercy do not automatically know how to love their neighbor. It is not automatic! You may know the whole Bible, you may know all the liturgical rubrics, you may know all theology, but from this knowledge love is not automatic: loving has another path, it requires intelligence, but also something more...(...). the Samaritan, (...) when he saw the wounded man, he did not pass by like the other two, who were linked to the Temple, but “he had compassion” (v. 33). Thus the Gospel says: “He had compassion”, that is, his heart, his emotions, were moved! This is the difference. The other two “saw”, but their hearts remained closed, cold. While the Samaritan was in synchrony with the very heart of God. Indeed, “compassion” is an essential characteristic of God’s mercy”.

The second point from the parable which is then underlined by Pope Francis regards the way the Samaritan put in effect compassion:

“The Samaritan (...) binds up that man’s wounds, takes him to an inn, takes care of him personally, and provides for his care. All this teaches us that compassion, love, is not a vague sentiment, but means taking care of the other even paying for him. It means compromising oneself, taking all the necessary steps so as to “approach” the other to the point of identifying with him”.

Thus, compassion is not a simple feeling. Compassion leads the compassionate to act for the good of the other, which means immersing oneself in the other’s situation, and taking on oneself some of his/her suffering.

III – COMPASSION: WHAT IS IT?

1) Definition of Compassion – What motivates caregivers

Compassion, from Latin *cum patior*, 'I suffer with' and Greek *συμπάθεια*, *sym patheia*, sympathy) is a feeling by which an individual is inclined to perceive or feel the suffering of others and impelled to remedy it, out of love, morality or ethics. Compassion is *“that affect which leads us to share the evils and the sufferings of others”*³

It is a relational affect, which has its cause in others, which is oriented towards others. It is aimed at others⁴.

Compassion must be distinguished from two terms which are almost synonymous and yet have different values: pity and mercy.

2) Compassion and Pity

The terms 'pity' and 'compassion' are often used synonymously, although there are clear differences between them which mean that pity remains at the level of a feeling which can be quite ambiguous, while compassion goes beyond feeling to act. Therefore, pity is an affect, while compassion can be considered a virtue and not just an affect.

³ Myriam Revault d’Allones, *L’homme compassionnel*, Seuil, 2008, p.7.

⁴ Agata Zielinski, *La compassion, de l’affection à l’action*, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p. 58.

Compassion is different from mere pity: pity can be based on a kind of condescension, which is not found in compassion. Instead, compassion implies a sense of shared humanity, beyond any social considerations .

a) Pity is a return to self. Compassion is directed to the others.

Compassion is different from mere pity: pity can be based on a kind of condescension, which is not found in compassion. On the contrary, compassion implies a sense of shared humanity, beyond any social consideration⁵ .

In pity I feel sorry for my own suffering. Compassion is directed at others. In compassion I am not afraid for myself, but I am benevolent

Compassion is aimed at others, not at oneself. Pity, on the contrary, is a return to oneself. Paul Ricoeur defines compassion as one of the " *feelings spontaneously directed towards others*"⁶, " *a wish to share the pain of others*". He differentiates compassion from " *simple pity, in which the self is secretly pleased to know it has been spared*"⁷ The intentional aim is directed towards others, not oneself. This difference in aim enters in the classic distinction between compassion and pity.

Thus, develops Zielinski, , " *the feeling of pity would have as a characteristic the return on oneself or the projection of oneself in the other, guided by the fear of suffering. A mirror effect: I feel pity insofar as I have the intuition that this suffering could also affect me - and it is then on my possible suffering that I feel sorry for myself. [...]. I put suffering at a distance, the better to preserve myself from it; I feel and act out of fear of my suffering Now, in compassion, it is not the side of fear that dominates or animates us, but the benevolence that turns towards others*"⁸. In pity I feel sorry for my own suffering. In compassion I am not afraid for myself, but I am benevolent .

b) In pity I feel sorry for a person like I feel sorry for a little dog dying.
In compassion I put myself in each other's situation and I try to do something

The model given by Pope Francis in his morning meditation in the chapel of Santa Martha House, on Friday, October 30, 2015 is that of the compassion of God.

God's compassion is not to feel sorrow: that is mere pity. God has compassion, not pity. That is why he went so far as to send his son: " *God's compassion is not pity: the two things have nothing to do with each other,*" the Pope warned. Indeed, " *I can feel sorrow for a little dog who is dying or about a situation*". And " *I can feel sorry for a person: I feel sorry, I'm sorry that this is happening*". Instead, " *God's compassion is to place himself in the difficulty, to put himself in the situation of the other, with his Fatherly heart*". And " *this is why he sent his Son*".

⁵ Lawrence A. Blum, *Moral Perception and Particularity*, Cambridge University Press, 28 janvier 1994, 273 p. (ISBN 978-0-521-43619-9, lire en ligne [archive]), p. 178.

⁶ Paul Ricoeur, *Soi-même comme un autre* , Seuil, 1991 p-224.

Paul Ricoeur, *Oneself as another*, translated by Kathleen Blamey, The University of Chicago Press, 1992, p.192.

⁷ Paul Ricoeur, *Soi-même comme un autre* , Seuil, 1991 p.223.

Paul Ricoeur, *Oneself as another*, translated by Kathleen Blamey, The University of Chicago Press, 1992, p.191.

⁸ Agata Zielinsky, Enseigne la philosophie à l'Académie de Créteil. Bénévole à la Maison Médicale Jeanne Garnier (Soins palliatifs). Agata Zielinski, *La compassion, de l'affection à l'action*, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.60.

God's compassion is to save. God puts all his heart into it.

"Jesus' compassion appears in the Gospel", Pope Francis continued, recalling how *"Jesus healed people, but was not a medicine man"*. Rather, Jesus *"healed people as a sign — in addition to truly healing them — he healed as a sign of God's compassion, in order to save, in order to bring the lost sheep back to its fold"*, and to return *"the woman's lost coins to her purse"*, the Pope added, referring to Gospel's parables.

"God feels compassion", Pope Francis added. He *"presents his Fatherly heart to us, he presents his heart to each of us"*.

It is on the model of this compassion of God, a compassion that does not stop at pity alone, but acts for the good of the other, to find a solution to his problem, that we must model our own compassion.

c) The feeling of pity is ambiguous. It leads to "compassionate" euthanasia

The feeling of pity is ambiguous. It is covered by an excuse of compassion which is in fact a desire to free oneself from one's own discomfort or suffering in front of the misfortune of others. It is pity, not compassion, that leads to euthanasia, which is done to "eliminate suffering": the baby is thrown out with the bathwater.

Suffering certainly calls for compassion: the wounded dog writhing in pain is put down, the condemned man is given the coup de grâce. Would we refuse this gesture of charity to the innocent: in fact, several convinced Catholics felt that it was their duty to put an end to the suffering of their loved ones. However, this pity is itself ambiguous: pain is indeed intolerable, but not only for the patient; it is perhaps even more so for those who assist the patient. By "freeing" the patient, they are freeing themselves. In "humanitarian" euthanasia there is in fact a violation of the law: I see a handicapped child, I bend over the cradle of this deformed person: I feel "pity", I kill him. It's a very egocentric pity. I did not ask the person concerned for his opinion. In fact, I got rid of the burden of the deformed person. But the deformed person has a fundamental right to life.

Is the patient's freedom really respected? Or are we not taking him "at his word"? A cry for help is answered with a gesture of death. Giving death dispenses with the need to hear this call; the "make me die" masks "listen to my pain, listen to me, relieve me". It is in fact more difficult to "accompany" a patient than to kill him.

3) Compassion and Mercy

Mercy, source and root of Compassion

Compassion is rooted in mercy, and the two terms are used in a very similar way, although there is a clear difference between them: mercy is a feeling in the face of another's misery. Compassion, driven by mercy, acts to help the sufferer in whatever way it can.

"Misericordia: the Latin word literally means: to have one's heart (cor) with the poor (miser). To have a heart that beats for the poor. In French, "miséricorde" means *"a feeling by which the misery of others touches our heart"* (Le Littré)

This humanist definition designates an attitude that allows us to overcome our selfishness and egocentrism, to keep our heart close to others, especially to the poor and the unfortunate: a forgetting of oneself in order to turn towards others. This humanist definition designates an attitude that allows us to overcome our selfishness and self-centeredness, to keep our hearts

with others, especially with the poor and the unfortunate: to forget oneself to turn to others. The word "mercy" is, for many people today, difficult to understand. Today, we admire more those who know how to impose themselves, how to assert their interests. Mercy is often seen as weakness, and weakness is hardly admired today.

This is not a weakness, but a strength. It is a question of overcoming a narcissism that is a slave to its ego. Mercy is free. So free that it can forget itself, surpass itself, forget itself, transcend itself

Mercy: a theme neglected by theology

The theme of God's mercy, so central in the Bible, so essential for today's world, is barely mentioned in dogmatic theology textbooks. They treat divine mercy only as one attribute of God, among others, and only mention it briefly, after the attributes linked to the very essence of God.

The absence of theological reflection on this central message of the Bible has meant that the very word mercy has become obsolete and is now used only to designate a 'soft' pastoral care or a lax attitude, which lacks clarity and firmness and has no other objective than to please everyone. The mercy we speak of is no more than a pseudo-mercy if we are no longer seized with reverential fear before the holiness of God.

Mercy: Contemporary Criticism

A critique of the compassion and mercy promoted by religion is found in Friedrich Nietzsche, who considers that compassion only exaggerates suffering. According to Nietzsche, mercy is not altruism, but a form of selfishness and personal pleasure. The merciful wants to show the poor that he is superior. Nietzsche proclaims a kind of counter-gospel that runs counter to the Christian gospel of mercy. He contrasts the God of mercy with the 'superman' and his will to power, Dionysus with the crucified Christ. Nietzsche's words on the morality of the strong ("*Beyond Good and Evil*", "*Genealogy of Morals*") had dramatic repercussions in history.

Today, movements that claim to be social Darwinists, whose only creed is to assert the right of the strongest and impose their economic interests, without regard for anyone else, have taken over from pre-war eugenics to support a system that favours the strongest, the richest, those who have power. Those who cannot keep up are simply trampled and crushed.

In this context it is understandable that the words compassion or mercy have fallen out of fashion. In the ears of many, they have a sentimental connotation, they are worn out and sound old-fashioned and dusty. Those who follow the teaching of the Sermon on the Mount appear naive, "out of touch", and are smiled upon indulgently.

4) Compassion as empathy, benevolence, active solidarity

Compassion is a predisposition to perceive and recognise the pain of others, driven by a deep sense of love for the other in the sense of *philia* or *agape* love, leading to a response of solicitude, active solidarity, even commitment. It is a form of empathy based on the recognition of the pain and suffering of the other: "*It is not simply a matter of feeling something of the other's pain, but rather of implementing what can ease their suffering.*"⁹.

⁹ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p. 60

In compassion, it is not the feeling of fear that dominates but the benevolence that turns to others. Certainly, I am not spared suffering: I suffer because of the suffering of others, and perhaps because of the powerlessness to remedy it.

Anne Fagot-Largeault observed that Spinoza already underlined this connection between “*commiseration*” (the term compassion was hardly used in his time) and “to deliver the other from his misery” and had linked them both to benevolence, which, indeed, is a characteristic of true compassion¹⁰.

Spinoza observes that the “contagion” of affects, which he calls “*commiseration*” when it is a sad affection, engenders the desire to do something: If a person object inspires us with commiseration we will strive, as much as we can, to deliver him/she from his/her misery. “*This will or appetite to do good that arises from our commiseration for the thing to which we want to do good is called benevolence, and thus benevolence is nothing but a desire born out of commiseration.*”¹¹

5) Compassion implies a sense of shared humanity, and maintains a certain equality in the relationship

While pity can be based on a kind of condescension, compassion implies a sense of shared humanity, beyond any social consideration, it maintains a certain equality in the relationship, it does not dominate the other.

Thus, says Agata Zielinski, compassion is based on the recognition of the vulnerability inherent in the human condition allowing one to “*meet others without standing in a position of superiority, to establish a certain equality in the asymmetry of the relationship.*”¹²

“*Compassion is intersubjective, where pity is unilateral. In its movement, I see the other as an equal – as a subject, not as an object of compassion.*”¹³

Pope Francis returned to the theme of compassion in his speech for the closing of the prayer meeting for peace organized by the Community of Sant ‘Egidio on 7 October 2021. He stressed that the culture in which we lived makes us indifferent to the suffering of others. In the face of this indifference, he urges us, on the contrary, to enter into empathy with others, in a recognition of our common belonging to humanity, which clearly defines compassion. We must, he tells us, “*Feel each other’s sufferings, make their sufferings our own*”.

“*We may not be indifferent onlookers. On the contrary, we need to empathize with those who share our humanity, its aspirations, its struggles and its frailties. We need to realize, “All of this affects me, it could have happened here too, even to me”. Today, in a globalized society that sensationalizes suffering, yet remains incapable of sympathizing with it, we need to “construct compassion”. We need to listen to others, make their sufferings our own and look into their faces. This takes real courage: the courage of compassion, a courage that goes beyond complacency, beyond the mindset of “it doesn’t concern me” and “it has nothing to do with my life”.*”

¹⁰ Fagot-Largeault Anne, « 10. Sur la compassion », dans : Médecine et philosophie. sous la direction de Fagot-Largeault Anne. Paris cedex 14, Presses Universitaires de France, « Éthique et philosophie morale », 2010, pp. 243-260. URL : <https://www.cairn.info/--9782130516422-page-243.htm>

¹¹ Spinoza, *Ethica* (1677, posth.) ; trad. franç. C. Appuhn, *Éthique*, Paris, Garnier, 1934, III, prop. XXVII, corollaire III.

¹² Agata Zielinski, *La compassion, de l’affection à l’action*, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p. 61.

¹³ Agata Zielinski, *La compassion, de l’affection à l’action*, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.61

6) Compassion is opposed to the “worldly mentality “of “climbing the steps of success”. It requires to “immerse us” in the lives of those we meet.

At the Angelus on Sunday, 17 October 2021, in St Peter’s Square, Pope Francis opposed the “worldly mentality” of “climbing the steps of success”, of “emerging above others”, to Christ’s request to “immerse us” with compassion, in the lives of those we meet, as Christ does for each one of us. These are two different attitudes toward the other human beings with whom we share a common humanity, two different behaviors. They correspond to two different kinds of logic leading to two approaches, opposed, incompatible, of the world around us. Pope Francis said:

“Thus, Jesus ends by saying to his disciples and to us as well: “Whoever would be great among you must be your servant” (v. 43). In order to become great, you will have to take the path of service, serving others.

We are in front of two different types of logic: the disciples want to rise up and Jesus wants to immerse Himself. Let us pause on these two verbs. The first is to rise up. It expresses that worldly mentality to which we are always tempted: to experience everything, including relationships, in order to feed our ambition, to climb the ladder of success, to reach important positions.

“Jesus contrasts this worldly logic with his own: instead of exalting yourself over others, getting off the pedestal to serve them; instead of rising above others, immersing one’s self in the lives of others”

7) A contemporary new philosophical approach to compassion.:

Compassion, with its consequent attention to the poor and the sick, has over the centuries lost its meaning as an attitude towards a concrete person, becoming more global and less specific, replaced by a universal love of neighbour. It was Jean-Jacques Rousseau who initiated this transformation. According to him, compassion is a feeling that precedes all reflection and is at the origin of all social virtues. It implies the ability to put oneself in someone's shoes. Rousseau transformed compassion for a specific suffering person into a comprehensive and universal love for man and humanity. In many cases, after Rousseau, love of neighbour was transformed into “love of the farthest”, which is actually more convenient and less demanding, and has the advantage of giving a good conscience at little cost.

Immanuel Kant, on the other hand, joined the Stoics in rejecting compassion. To feel compassion towards someone without being able to help them only increases suffering for Kant.

In the twentieth century, Kant's subjectivism was strongly criticised, with the development of the phenomenological school, Edmond Husserl and Max Scheler. Empathy became the starting point of their thinking. In “*The Nature of Sympathy*” (1923), Max Scheler details phenomenological thinking and his theory of empathy. He distinguishes between two forms of sympathy: the simple “affective contagion” and the true sympathy, which involves a personal relationship and “makes one suffer because of the suffering of others by becoming those others”. With this distinction, Max Scheler had a considerable influence on many Catholic thinkers - including the future Pope John Paul II..

Postmodern thought”, which has gone beyond phenomenology in its criticism, sees man not as a being who monologues, but as a being in dialogue, who lives essentially in relationship. This philosophy of dialogue can be found in Martin Buber, Franz Rosenzweig, Ferdinand

Ebner. This point of view has led to a revaluation of compassion. Such a revaluation of compassion is also found, more recently, among representatives of the Frankfurt School, but for social reasons: for these authors, compassion is important because of the solidarity it establishes with those who suffer and are oppressed (T. Adorno, M. Horkheimer).

Perhaps the most influential contemporary author in this rediscovery of dialogue and thus of compassion as personal involvement in the other is Emmanuel Levinas. Coming from the Jewish tradition, he claims to be philosophically influenced by Husserl and Heidegger. He places at the centre the prior obligation to take into account the existence of others, and thus sheds new light on the notions of love, compassion and forgiveness.

The 'postmodern philosophy' of Michel Foucault, Jacques Derrida, which accuses all structures of being totalitarian and authoritarian, including those of thinking about the subject and reason, deconstructs traditional metaphysics. In her all-encompassing critique, she also criticises traditional justice and the logic that follows from it (abstract thoughts of equality and reciprocity). For Derrida justice is superior to positive law. It is impossible to achieve perfect justice within a legal system. Justice as such is beyond the law and is always to come. The notion of forgiveness is therefore part of this perspective, which is spiritual.

Paul Ricoeur goes further. While he criticises, like Derrida, the subjectivism of modern times, he accepts the concept of justice, but introduces, beyond distributive justice, love as a synonym for unconditional solidarity and recognition of the other. While in the everyday life of our society everyone claims equality, the ideal of justice that we should seek is to be attentive to the other and to care for his or her well-being. This conception of justice is already love. It goes beyond the logic of equal exchange, of calculation and is the expression of an economy of giving. But such a justice, in which generosity comes in, cannot be made a general norm in the present concrete conditions of society. The reconciliation between justice according to exchange-equality and justice according to the logic of gift is not for today. It is situated in eschatology.

IV THE IMPLICATIONS OF COMPASSION

1) The fundamental action from compassion is the relationship. The invisible quality of an established exchange

Capable of dialogue, we become interlocutors for each other. The fundamental action to which compassion is driven is the opening of a true relationship with the suffering other:.. This is what Agata Zielinski has been able to expressed in the rightest words:

“An emotion of sorrow or pity that does not turn to the person, that does not lead to a word, a look or a gesture exchanged is not compassion: the subject then remains external to others and centered on oneself ...

Compassion is not judged by the amount of gestures made, but by the invisible quality of an established exchange». «The ultimate of compassion is the relationship.”

2) Compassion entails vulnerability. It is the capacity to be affected by the other

What is special about compassion is that it is "a capacity to to be affected by the other"¹⁴ that drives one to act even when one realises one's powerlessness: "Of course, I am not spared by suffering: I suffer because of the suffering of the other, and perhaps because of my impotence to remedy it".¹⁵

*"There is no compassion without this vulnerability, without this abrupt - unbearable, perhaps - feeling of powerlessness. But this powerlessness is not a defeat or a failure - even if it must be accompanied by the admission, made to oneself, that omnipotence has no place here (even though the temptation is constant). Powerlessness that needs to be replaced by action: it is a question of responding to the call, of inventing a word, a gesture that would bring relief."*¹⁶

3) Becoming capable of welcoming, listening and accompanying: solicitude, the active side of compassion

*"Virtue of the "fragile man", compassion makes us reach out to others, and in this intentional dimension reveals itself solicitude»*¹⁷

Agata Zielinski links in a convincing way compassion to solicitude, the quality of caring about other people's comfort, safety, and how they feel. Solicitude is an attitude of earnest concern or attention, of care, consideration, attentiveness which opens up to a true exchange with the other.

*"To become capable of welcoming, listening and accompanying: this benevolent attention is solicitude. In its movement, compassion can also admire and rejoice in the existence of others! All directed towards the other when suffering humiliates, breaks social ties, when "friends and companions stand at a distance", solicitude is the active side of compassion."*¹⁸

"Solicitude is the movement that consists in approaching, giving – of one's time, one's energy, one's attention, one's know-how... of oneself (...). By not reducing the other to his suffering, it gives him to exist as a subject"

The attitude of solicitude tells the other.: «You have value in my eyes". His hope is that the other person will find, beyond humiliation or degradation, self-esteem, the awareness that dignity remains for him – if he were to doubt it. It aims at the reciprocity of exchange."¹⁹

4) We are lost in today's frantic lifestyle. We have to find back the ability to be moved and to feel compassion. This is getting back the capacity to be upset, modified by others.

Pope Francis, in his homily at the University of the Sacred Heart in Rome on November 5, 2021, underlines the fact that today's man has lost the ability to be moved and to feel compassion because of his frantic lifestyle that prevents him from "returning to the heart": "In today's haste, in the midst of a thousand races and constant worries, we lose the ability to be moved and to feel compassion, because we exhaust this return to the heart".

In his address to the Angelus on Saint Peter Square, Sunday 14 february 2021, Pope Francis adds:

¹⁴ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p. 57.

¹⁵ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p. 60.

¹⁶ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.57

¹⁷ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, Voir p.62

¹⁸ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, Voir p.63

¹⁹ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, Voir p.64

“To balance the calculations of our selfishness and the interior laws of our fears we do not get that involved with the sufferings of others.(...) Let us ask the grace (...) so that we may have the courage to emerge from our isolation (...) to overcome (...)the fear of getting involved with the lives of others”

This attitude of contemporary man, in our societies dominated by proper interest, and indifference to others is denounced that way by Pope Francis in a meditation in the chapel of Domus Sanctae Marthae, on September 17 2019:

“Do I usually look the other way? Or do I allow the Holy spirit to place me on the path of compassion”

The COVID 19 pandemic has increased this tendency of “looking the other way” with the excuse of “healthy social distancing”. We need to come back to compassion, the “sacramental” of God, which lead us to care for the suffering of others, not letting them “along the road” like the priest and the levite in the Parable of the Good Samaritan (Luce 10:25-37) as Pope Francis put it in his message for world mission day 2021:

“In these days of pandemic, when there is a temptation to disguise and justify indifference and apathy in the name of healthy social distancing, there is a urgent need for the mission of compassion”

We need then *“to show compassion, the “sacramental of God’s closeness to us, a closeness that abandons no one along the side of the road”*

Lost by today’s hasty lifestyle, we need to find back a heart, to come back to the capacity to be moved by the other, to be disturbed by the other, even when this is the least expected, when it takes us out of our way: this is the starting point of compassion.

Relying on Levinas’ presentation of the “face” of the other, Agata Zielinski finds the right words to express this *“acceptation to be diverted”* from which rise the capacity to compassion:

“(To) accept to be diverted from one’s path of assurance or power, this is the path of compassion. Something bursts in and breaks, prevents me from continuing on my course, imposes a detour on my route, stops me: it’s someone! It’s a pain to see the pain of the other. This grasp, which I have not sought and which is imposed on me in spite of myself, is what Levinas calls the subject’s “passivity” in front of the “face” of the other.”

“To shy away from the other is to put him out of sight, to cover one’s ears. To know nothing of the body of the other, to hear nothing of his voice. (compassion) requires attention to things and consent to disruption – what Levinas calls “non-indifference”. The pathos, the «suffering with» of compassion is first of all the capacity to be upset, modified by others, even in the body”²⁰.

5) The “common good” dimension of compassion

Pope Francis, commenting on this parable “of the good Samaritan”(Luke 10, 25-37) in an homily for the first vespers of the Solemnity of the Blessed Virgin Mary, Mother of God and the Te Deum of Thanksgiving, on December 31 2021, linked compassion to a wider sensitivity to the Christian tradition of “common Good”.

Pope Francis finds first in the parable an illustration of God’s compassion for humanity, even when He looks silent: there was an apparent “silence of God” while the man was beaten up to half-death. But this did not prevent the Samaritan to have compassion toward him and to act accordingly for the good of the victim. He did not have to explain to the victim why God was silent: God was indeed acting through the good that the Samaritan did to the injured man:

²⁰ Agata Zielinski, La compassion, de l’affection à l’action, Etudes, 2009, vol.410, n°1. Voir p.57.

“The good Samaritan, when he met this poor man half-dead on the side of the road, did not give him a speech to explain the meaning of what had happened to him, perhaps to convince him that it was actually good for him. The Samaritan, moved by compassion, bent over this stranger, treating him as a brother, and took care of him, doing everything in his power (cf. Luke 10:25-37).

Thus, explained Pope Francis, the “silence of God” in front of human misery is not indifference: God does indeed act through the answer that men and woman of good will are able to give to some of the dramatic events that strike humanity:

“Here”, continues Pope Francis “yes, we can perhaps find a "meaning" in this drama that is the pandemic, as in the other scourges that strike humanity: that of awakening compassion in us and provoking attitudes and gestures of closeness, care, solidarity and affection.”

Thus, compassion is not limited to one particular case of human suffering that one can encounter, and which drives him/her to help with solicitude. Compassion has a "Common Good" dimension, illustrated by the selfless gestures of so many people in the face of the pandemic:

"Many have tried to make the burden of the ordeal more bearable without making a fuss (...). "But tonight, our thanks go to all those (...) who commit themselves to service for the common good."

In his encyclical “Fratelli tutti”, Pope Francis has consecrated the whole second chapter of his message to an extended comment of the parable of the Good Samaritan. And, once again we find in this comment that true compassion implies a commitment in common good:

“Let us look to the example of the Good Samaritan. Jesus’ parable summons us to rediscover our vocation as citizens of our respective nations and of the entire world, builders of a new social bond. This summons is ever new, yet it is grounded in a fundamental law of our being: we are called to direct society to the pursuit of the common good and, with this purpose in mind, to persevere in consolidating its political and social order, its fabric of relations, its human goals. By his actions, the Good Samaritan showed that “the existence of each and every individual is deeply tied to that of others: life is not simply time that passes; life is a time for interactions”. (Fratelli tutti, n°66)

V) COMPASSION LEADS TO ACTION

While pity may be brief and not lead to action, compassion is distinguished by its duration and intensity, which leads to action to remedy the suffering of others. Pity does not lead to action to help the other person, or it simply leads to a quick solution to the other person's problem, not out of kindness to the other person but to avoid being troubled oneself. Pity is very present in the euthanasia gesture, whether it concerns an elderly person, a sick person who is constantly whimpering or a disabled child: the problem is got rid of. Compassion, on the other hand, leads to action to help the other person. As Agata Zielinsky says:

As Agata Zielinsky says, *“If compassion is an affect, it is not simply a passivity, it is a capacity that reveals abilities. It aims at the relationship, it puts itself in action.”²¹*

Compassion does not pretend to be able to solve their problems. Compassion admits failure. The important for compassion is to be with the other, to accompany him/her in his/her trial.

²¹ Agata Zielinski, La compassion, de l’affection à l’action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.55.

1) Compassion is not tears in the eye but responsibility for others

Contrary to pity, in compassion, the feeling is secondary. What is important is that this feeling pushes to answer the call, to intervene, to do something for the suffering:

“In the line of Levinas: compassion is not so much about feeling what the other suffers, as it is about responding to the call of others suffering... Compassion is not tears in the eye, it is responsibility. A responsibility that is not guided by emotion, but by others. This affect that unfolds in relationship and action becomes commitment and promise to others.”²²

“It is not simply a question of feeling something from the other’s pain, but to do what can ease his suffering and restore his self-esteem”²³.

At the heart of Jesus' discourse on compassion, the Gospel according to Saint Luke contains the exemplary Parable of the "Good Samaritan" which is the best development on compassion that one can find in any literature (Luke 10:30-35)

“33 But a certain Samaritan, as he journeyed, came where he was: and when he saw him, he had compassion on him, 34 And went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him. 35 And on the morrow when he departed, he took out two pence, and gave them to the host, and said unto him, Take care of him; and whatsoever thou spendest more, when I come again, I will repay thee”

Compassion: ἐσπλαγχνίσθη.

The Samaritan who, unlike the priest and the Levite, sees the man lying on the ground, half dead, stops because his heart is gripped by compassion. But he does not stop because of a simple movement of pity that that would make him leave again. He stops to act, almost professionally, and he is not satisfied with carrying the wounded man to the inn, but he ensures the continuation, the "follow up": the convalescence of the wounded man in good conditions; and he will verify this on his return: (Luke 10:30-35).

In his General Audience of April 27 2016, Pope Francis has given a substantial comment on the Parable of the Good Samaritan with a first time consecrated to the attitudes of the priest and the levite, attending the house of God, opposed to that of the pagan and impure”

Samaritan. The second point from the parable which is then underlined by Pope Francis regards the way the Samaritan put in effect compassion:

“The Samaritan (...) binds up that man’s wounds, takes him to an inn, takes care of him personally, and provides for his care. All this teaches us that compassion, love, is not a vague sentiment, but means taking care of the other even paying for him. It means compromising oneself, taking all the necessary steps so as to “approach” the other to the point of identifying with him”.

Thus, compassion is not a simple feeling, “a vague sentiment”, as pity may be. Compassion brings to act for the good of the other: for achieving this aim compassion has to immerse oneself in the other’s situation, to share the other one’s suffering.

2) Compassion gives rise to capacities for action

Compassion does not hinder the will. It does not paralyze reflexion or action. It brings out capacities of action, from both the compassionate man and from the suffering man. The distinction between the capacities to action risen from compassion and the acting itself out of

²² Agata Zielinski, La compassion, de l’affection à l’action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.55-56.

²³ Agata Zielinski, La compassion, de l’affection à l’action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.62-63

compassion is well drawn by Agata Zielinsky. According to her, the first effect on man/woman of feeling genuine compassion is not to throw him/her in an immediate, short term, impulsive action, to get quickly rid of the problem. It is the realization of having capacities for an action in that situation, which call to develop fast enough a reasonable, proportionate, long term, program of help, as the Good Samaritan did.

*"By revealing to me my capacities for action, the suffering of the other takes compassion out of good feeling alone"*²⁴.

*"Compassion (...) brings us (...) from fragility to capacities. The other makes me put into action capacities which without him would remain in the state of unfulfilled dispositions, he reveals to me that I am capable of more than the feeling of impotence which paralysed me"*²⁵

"Of what does compassion make us capable of? It provokes action, not limiting itself to the passivity of emotion, nor to that of fear. How does compassion "dispose us to action? It enables an "I can" that is not a "power over". This «I can» is first of all the paradoxical power for the acting man to let himself be affected by others"

3) The effort of intelligence in compassion

The person who feels compassion towards another person is about to act to relieve the suffering of the other. But this is not an impulsive, messy action, as said above. It is a thoughtful action: one asks oneself what one can do:

For Agata Zielinsky it is important for the one who have compassion to understand in its fulness the situation of the suffering "other one" before acting. The action which he intends to perform will be all the more well targeted and efficient:

*"It is necessary to speak of understanding: but it is then in the sense of the effort of intelligence to clarify the ins and outs of the situation, to bring to light the possible causes and effects of suffering, and evaluate the means to remedy it. "Feel, reflect and finally judge"*²⁶.

And she adds: *"To Understand for speaking, to understand for acting. Seek to understand"*²⁷

2) The ability to act that compassion gives implies a certain competence

Compassion drives to act, according to a plan or a protocol decided from a careful analysis of the situation, leading to a true understanding of what is causing the suffering of the other. But this is not enough. Not only the one who have compassion has the responsibility to offer the person in need the right and well targeted help that he/she needs, but he has also to bring forth this help with care, skill, competence. Otherwise, it could be "out of place», «hiding misery", "deluding oneself", offering "a remedy worse than the disease" or even generating a disaster. Compassion's ability to act implies therefore the knowledge and know-how to alleviate suffering²⁸. This is particularly obvious when compassion is felt in professional work toward people who are cared for, like in medical practice.

"Compassion must therefore be coupled with a certain competence - that of care, for example, and the knowledge and know-how it implies in order to relieve - to put an end to or reduce suffering, with a view to "promoting the capacity to act " of the other. Of course, this

²⁴ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.62

²⁵ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.62

²⁶ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.59

²⁷ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.59-60

²⁸ Agata Zielinski, La compassion, de l'affection à l'action, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.63

capacity to act may seem minimal in the case of disability or great dependence. But however small it may be, it is to be valued, allowing others to receive and perceive themselves as capable subjects ²⁹

3) Compassion should help the sufferer to keep some autonomy, to act, to decide, to take initiatives. "Empowering the other person", restoring the other person's ability to act

In the suffering of someone who has become dependent on others, because of his/her disease, weakness or disability, this situation of dependence constitutes an integral part of the suffering, and may even become at times one of the main aspects of it. The one who have only "pity" toward the sufferer does not care to this situation, because he/she do not actually try to "enter" in, to "immerse himself" in the other 'suffering. He will answer the cry for "help" coming from the other through analgesics or sedatives. On the contrary, the person who have true compassion toward the suffering realizes that this situation of dependence, of not being able to act, to drive one's own story, often leaves the patient deeply unsatisfied, miserable. The compassionate person who accompanies the sick will try to favor the capacity of acting of the assisted person, in order to make more tolerable this situation of dependence. Agata Zelinski has well understood the importance of enabling the person who is helped to act, to take initiatives, to make use of what remains of his/her capacities, She writes, quoting Paul Ricoeur:

"The action of compassion is also to let the other one act, to leave him/her the initiative.. And thus, not to reduce him to the passivity of his suffering, "to the condition of only receiving"³⁰ (Paul Ricoeur)". To be attentive to all manifestations of "I can", to solicit the power to do, the power to say, the power to decide - to allow the other to exist in a way other than that of suffering alone³¹.

It is a question of helping the other to rediscover in himself/herself those capacities which help not only to survive, but also to feel the joy of life, even in precarious conditions of survival:

"Giving him back his capacities (...) is to allow him to feel or find in himself the movement that makes one "persevere in existence", which links it to life, to the possibility of joy".

Such a care, a benevolent and fine attention to let the other speak, express oneself, take some responsibilities in his/her treatment is not so natural. It supposes from the compassionate person a delicate capacity of attention, a real "training" in the art of subsidiarity:

"This requires a fine capacity for attention. Compassion sharpens a vigilance, which opens the ear, identifies all the resources of the person who is deprived of everything, and allows them to become effective."³²

4) In the relationship between the compassionate person and the one who suffer, there is a disequilibrium due to the fact that the sufferer can only receive. But this imbalance can be compensated at the end by the gift, from the sufferer, of his/her actual weakness.

The beneficent actor, who has compassion on this person actually dependent, may then miss the point if he/she does not "immerge" oneself in the suffering of the other. He/she may show

²⁹ Agata Zielinski, *La compassion, de l'affection à l'action*, Etudes, 2009, vol.410, n°1, pp. 55-65. Voir p.63

³⁰ Paul Ricoeur, *Soi-même comme un autre*, Seuil, 1991 p.223.

³¹ Agata Zielinski, *La compassion, de l'affection à l'action*, Etudes, 2009, vol.410, n°1. Voir p.63

³² Agata Zielinski, *La compassion, de l'affection à l'action*, Etudes, 2009, vol.410, n°1. Voir p.63

up his/her beneficence, reducing this person to the role of a recipient, “*receiving only*”, aggravating that way psychologically the mental dependency of the suffering person. Paul Ricoeur has well expressed this situation in his book “*Soi même comme un autre*” (*Oneself as the other*):

“*Suffering is not only defined by physical pain, or even by mental pain, but by the reduction, or even the destruction of the ability to act, of the power to do, felt as an attack on the integrity of the self. Here the initiative, precisely in terms of being able to do, seems to return exclusively to the self-one which gives his sympathy, his compassion, these terms being taken in the strong sense of the desire to share the pain of others. Confronted with this beneficence, even this benevolence, the other seems reduced to the condition of only receiving*”³³.

Very often, there appears to be no issue to this basic inequality, coming from the actual situation, physical or mental of the person who suffers. But, as Paul Ricoeur put it, there is the possibility of reestablishing some more healthy equality in the rapport compassionate-suffering, through the quality of the exchange which may build an authentic reciprocity.

“*a kind of equalization occurs, of which the other suffering is the origin, thanks to which sympathy is preserved from merging with the simple pity... the self, whose power to act is initially greater than that of the other, finds himself affected by all that the other sufferer offers in return. For it proceeds from the other suffering a giving that is no precisely no longer drawn from his power to act and to exist but from his very weakness*”.

Paradoxically, continues Paul Ricoeur, in this new type of exchange between the healthy compassionate person and the one who is suffering and can only receive from the other, the readjusting comes from the suffering person. He/she can indeed, in the ultimate days of his/her life, gives from his/her actual weakness this true “*sharing*” which would not have been possible before. The words of Paul Ricoeur are indeed recognized for their deep and true human value by all who accompany people in their process of death, at home or in the hospital:

“*Perhaps this is the supreme test of the solicitude, that the inequality of power may be compensated by an authentic reciprocity in exchange, which, in the hour of agony, takes refuge in the shared murmur of voices or the feeble embrace of shaking hands*”.³⁴

V – COMPASSION IN THE MEDICAL FIELD

1) History

The very word "compassion" - *compassio, sympatheia* συμπάθεια - with its meaning of "I suffer with" is practically unknown to the ancient authors. It is Christianity that will bring it into the realm of values, and later into the medical vocabulary.

Hippocrates recommended wisdom, reserve, modesty, decency, generosity, frankness, and consultation with other physicians.

In this perspective, the virtuous physician was the one who was usually willing to act in accordance to courtesy, temperance and justice.

But Hippocrates did not include an equivalent of «compassion» in his injunctions.

It took several centuries before the Greek and Roman doctors began to apply the teachings of Hippocrates. The Stoic influence brought in the "corpus Hippocratum" an emphasis on duty, a

³³ Paul Ricoeur, *Soi-même comme un autre*, Seuil, 1991 voir p.223

³⁴ Paul Ricoeur, *Soi-même comme un autre*, Seuil, 1991 voir p.223

friendly attitude and even of love towards the sick. Stoicism opens up to compassion, as we understand it today, because of its conception of a world where everything is interconnected, and where the idea of humanity is very present.

Hippocratic ethics remained practically unchanged over the following centuries. From the eighteenth century came the code of conduct expected from a "gentleman". This is what appeared in the XVIII century in the texts of influential doctors as in England John Gregory (1724-1773) and Thomas Percival (1740-1840). It is to John Gregory and Thomas Percival that we owe the first writings dealing specifically with medical ethics. But compassion do not show up in these treaties.

In the United States, in 1847, the American Medical Association made a first by establishing a "Code of Medical Ethics", the first code in the world of this type, which was to guide American doctors, with some retouching, for more than 160 years. The code was largely based on Thomas Percival's "Medical Ethics".

The code articulated the enduring values of medicine, which were to be reflected in medical practice: a sense of responsibility for patients, a friendly, playful and firm attitude towards them, humanity and indulgence towards the weakest, respect for medical confidentiality, respect for and courtesy of other physicians, etc.

Naturally, doctors, faithful to the Hippocratic tradition, treated their patients with compassion, even if the expression was not used.

In the world after World War II, and from the 1960s onwards, the ethical basis of medical practice appeared insufficient, "paternalistic", not taking sufficient account of the patient himself and his capacity for choice. It is this movement, which, starting from campuses in the United States, led to the erosion of the "Hippocratic system", opening the way to this "modern" "medical ethics" most attentive to patient's autonomy, but far less sensitive to the human character of medicine and to the importance of the dialogue between medical doctor and patient.

The cultural changes that occurred in the late 1960s, early 1970s, favoring private rights, autonomy of the patient and individualism will change the relationship between the doctor and his patient in the sense of a greater respect for the autonomy of the patient but also a lesser investment by the doctor in his patient, therefore a decrease in the compassionate aspect of medicine.

At the same time, rapid scientific and technical developments in medicine fostered the disaffection with a compassion that has begun to be considered out of fashion, from another time,

Medicine has long been a profession of Christian inspiration, inspired by lofty humanitarian ideals and deeply concerned for the sick. The traditional doctor-patient relationship was very close and familiar. Family members all consulted the same doctor, often for many years. It was in the 1960s that this relationship changed and doctors tended to become, as David Rothman put it, "*strangers at the bedside*"³⁵.

Medicine has changed. It has become more and more technically effective. It offers answers for virtually every disease. At the same time, it has lost part of its human face. From family and interpersonal it has become impersonal and organizational. Symbolic of that is the material interposition of the computer between the doctor and the patient.

³⁵ Rothman DJ, *Strangers et the bedside: a history of How Law and Bioethics Transformed Medical Decision Making*, New York, Basic Books, 1991.

Some doctors have gone astray, in their blind interest for research and progress. This has led to new problems in the medical field, this time of a moral nature.

This change was the result of three factors:

the new role of hospitals,

the predominance of science and technology

the development of specializations

The hospital, with its technical qualification and the concentration of modern means of investigation and treatment at its disposal, has become increasingly the place of treatment for all serious conditions.

What we gain in technical efficiency, we lose in humanity. The hospital doctor in the name of efficiency sometimes tends to forget his role of "accompanying" the patient; and the patient then feels himself becoming a number, in a world over which he has no control.

The birth of "bioethics" in 1970-1971 ³⁶(Van Rensselaer Potter, "*Bioethics: bridge to the future*") did not change anything in this situation because this new approach of medical ethics was mainly concerned with the respect of patient's autonomy.

Yet two new tendencies have more recently emerged in medical practice in reaction to this distancing of the doctor from the patient:

the development of the notion of "*accompaniment*" of the patient, which will give birth to palliative care,

and the development of the "*medicine for the person*" in reaction to the "*medicine for the disease*".

With respect to the rediscovery of the physician's "companion" role toward the patient, the role of Cicely Saunders (1918-2005) has been crucial³⁷. While she was working (1940) as a part-time nurse at St Luke's home for the Dying Poor in Bayswater, Cicely Saunders was struck by the way in which doctors seemed to abandon the sick to their fate, as soon as the treatment became less effective, with no hope of recovery and that death approached.

She realized that doctors were disinterested in people who were soon to die and did little to alleviate their pain and suffering.

Wanting to change from within the care given to the dying, she entered Medical School at the age of 33, completing her studies in 1957.

In 1967 Cicely Saunders opened the St Christopher's Hospice, recognized as the first "hospice" to have been conceived with a view to the management of patients at the end of life, relieving them of their «*Total pain*» - the actual concept developed by Cicely Saunders and which is the basis of today's" of pain in palliative care³⁸.

³⁶ Van Rensselaer Potter, "Bioethics: bridge to the future" (1971) André Hellegers (1926-1979), 1 July 1971, creation of the "Joseph and Rose Kennedy Institute for the study of human Reproduction and Bioethics"

³⁷Du Boulay Shirley, *Changing the face of death : the story of Cicely Saunders*, The Faith in action series Exeter : Religious and Moral Education Press, 1985.

Clark David, *Cicely Saunders and her early associates : A kaleidoscope of effects*, in *To comfort always: A history of palliative medicine since the nineteenth century*, Oxford University Press, October 2016.

³⁸Dobson Jill, *An inspirational Nursing Theorist – Dame Cicely Saunders*, Cancer Nursing Practice, 12 September 2017, vol.16, n°17, pp.31-34, available at: <http://clock.uclan.ac.uk/21363/1/Dobson%2C%20J%20-%20Nursing%20Theorist.pdf>.

Clark D, '*Total pain*', *disciplinary power and the body in the work of Cicely Saunders, 1958-1967*, *Socias Science and Medicine*, September 1999, vol.49, n°6, pp.727-36.

Wood J., *Cicely Saunders, 'Total Pain' and emotional evidence at the end of life*, *Medical Humanities*. 12 May 2021, May 12:medhum-2020-012107. doi: 10.1136/medhum-2020-012107. Online ahead of print.

St Christopher's took a holistic approach toward healthcare in order to meet the physical, social, psychological and spiritual needs of patients, family and friends.

At St Christopher's, the help of many volunteers allowed nurses, specially trained for this task, to accompany medically and psychologically the patient to his/her death.

The work of Cecily Saunders was to inspire the development of "palliative care", primarily aimed at alleviating the suffering of patients, by Dr Balfour Mount, at the Royal Victoria Hospital, 1975.

At the same time, some psychologists, inspired by the work of Elizabeth Kübler-Ross (1926-2004) on the psychological stages experienced by patients on their way to death ("*On death and dying*," 1969), developed the notion of "accompaniment" of end-of-life patients, helping these patients to do their "death work" (Michel de M'Uzan, 1976³⁹, Jean-Hughes Déchaux, 2001)⁴⁰. This accompaniment goes hand in hand with a caring attitude inspired by genuine compassion.

The birth and development of "*patient-centered medicine*" in response to "disease-centered medicine", has also contributed to the reversing of the previous shift from humane, Hippocratic medicine to technical, dehumanized medicine by putting the patient in the foreground. The old medicine of the Hippocratic tradition had been criticized for its paternalism. Today we criticize medicine for its lack of communication, its appearance more technical than human, and the disappearance of the "family doctor", the one who knew you and accompanied you.

In response to the excesses of this modern computerized and impersonal medicine, a new proposal has been put forward which aims to restore communication with the patient, taking him/her into account in his/her totality as a "person", and making him/her partner of diagnosis and care. It is "*patient-centered*" medicine as opposed to "common" modern medicine called "disease-centered medicine".

As Eric Galam (2009) noted, "*Paradoxically, the achievements of technical medicine and its growing credibility*" have made its failures and limitations "*increasingly unbearable.*" "*a growing need for humanity*" has emerged. *After the almost exclusive fascination of doctors and the population for a body machine to know and explore at best, the need to take into account the subjectivity of patients has developed. In addition to the requirement for quantitative accuracy, the need for qualitative is increasingly clear.*"⁴¹

The patient-centered approach was developed in the 1980s, based on the work of Michael Balint (1896-1970) on «*psychosomatic medicine*»⁴². It proposed a new model of patient physician relationship.

The main contribution of this approach is to emphasize the personal, subjective aspects of the patient, as well as the psychosocial determinants of his disease. It gives interview modalities to help the physician adopt a truly patient-centered approach. It is a question of proposing to

³⁹ M de M'Uzan, Le travail du trépas, dans "De l'art à la mort", Paris, Gallimard, 1977, pp.182-199

⁴⁰Jean-Hughes Déchaux, La mort dans les sociétés modernes : la thèse de Norbert Elias à l'épreuve, L'année Sociologique, 2001, vol.51, n°1, pp.161-184, voir p. 172.

⁴¹ Galam E, Relation médecin-malade: pour le meilleur et pour le pire, Médecine, mai 2009, pp.231-234, John Libbey Eurotext, http://www.jle.com/fr/revues/med/e-docs/relation_medecin_malade_pour_le_meilleur_et_pour_le_pire_281396/article.phtml

⁴² Balint M, *The doctor, His Patient and the Illness*, London : Pitman Medical, 1957.

Lakasing Edin, *Michael Balint--an outstanding medical life*, British Journal of Medical Practice, September 2005, vol;55, n°518, pp.:724-725

the caregivers a mode of functioning allowing a global diagnosis and a treatment that would take into account not only the disease but also the sick person in her wholeness.⁴³

In the 1980s, Joseph Levenstein, a South African general practitioner, applied to general practice the concept of patient-centered medicine already developed by Michael and Enid Balint⁴⁴. In 1982, in an article published in the *Canadian Family Physician Journal*⁴⁵, he showed the weaknesses of a general medicine too focused on disease and forgetful of the social circumstances that influence this disease. In 1984, in a very detailed article published in the journal “*South African Family Practice*”⁴⁶ JH Levenstein gave several examples of patient-centered general practice consultations. In 1986, he published in collaboration with EC. McCracken, IR McWhinney, MA Stewart, JB Brown JB., all general practitioners, three successive articles on “*The patient-centered clinical method*”, which led to the development of the concept of patient-centered clinical method⁴⁷.

In essence, patient-centered medicine implies that the physician takes care of the patient’s feelings, emotions and moods at the same time as he/she clarifies the diagnosis that underlies the patient’s problems.

Attentive listening is the main quality of this new way of practicing medicine. This approach therefore incorporates an important aspect of compassion: that of being “close” to the patient and “feeling” him (Pope Francis, prayer meeting, Community of Sant ‘Egidio, 7 October 2021) of “immersing” in the patient, in the words of Pope Francis. (Angelus, St Peter’s Square, 17 October 2021), with a view to “discover his/her abilities, and to restore his/her role in the conduct of his/her diagnosis and treatment. The aim of this medicine is to bring the patient to participate more fully in his/her treatment. This improves his/her sense of personal dignity and worth, leading to an improved medical, familial and even social situation.

2) Compassion in Medical Practice Today

Compassion is a central virtue in medical practice. It gives medicine its human face. It has regained her place in medical practice today in the form of giving attention to the patient, his

⁴³ C.Attali, L’approche centrée sur le patient, dans HCSP, Haut Conseil de la Santé Publique, L’éducation thérapeutique intégrée aux soins de premiers recours , rapport, 2009 , pp.17-18, http://www.hcsp.fr/docspdf/avisrapports/hcspr20091112_edthsoprr.pdf.

⁴⁴ Balint M, Ball DH, Hare ML. *Training medical students in patient-centered medicine*, *Comprehensive Psychiatry*, July 1969, Volume 10, Issue 4, Pages 249-258.

Balint M, *The structure of the training-cum-research-seminars. Its implications for medicine.*, *The Journal of the Royal College of General Practitioners*, April 1969, vol.17, n°81, pp.201-211. voir pp.206-207.

Balint E, *The possibilities of patient-centered medicine*, *The Journal of the Royal College of General Practitioners*, 1969, vol.17, n°82, pp.269-276.

⁴⁵ Levenstein JH., La médecine familiale a-t-elle un avenir? *Canadian Family Physician*, January 1982, vol.28, pp.16-18.

⁴⁶ Levenstein JH, The Patient-centred general practice consultation, *South African Family Practice*, September 1984, vol.5, n°9, pp.276-282.

⁴⁷ Levenstein JH, McCracken EC, McWhinney IR, Stewart MA, Brown JB, The patient-centred clinical method. 1. A model for the doctor-patient interaction in family medicine. *Family Practice*, March 1986, vol.3, n°1, pp.24-30.

Brown J, Stewart M, McCracken E, McWhinney IR, Levenstein J., The patient-centred clinical method. 2. Definition and application, *Family Practice*, June 1986, vol.3, n°2, pp.75-79.

Stewart M, Brown J, Levenstein J, McCracken E, McWhinney IR , The patient-centred clinical method. 3. Changes in residents' performance over two months of training., *Family Practice*, September 1986, vol.3, n°3, pp.164-167.

history, and his problems. This requires an attentive listening in which the doctor takes time to immerse himself in the patient's physical and emotional problems.

Like all high virtues, it has its greatness and fragility. It requires perseverance and discernment.

It is not simply a matter of developing a "feeling" towards this patient, but of developing the most appropriate "action" towards him, in order to solve what can be solved in his problem. This compassion must, in doing so, forge a balanced relationship with the patient, allowing him to act, to take responsibility over his person, not to be reduced to a single "receive".

Anne Fagot-Largeault, honorary professor at the Collège de France (chair in philosophy of biological and medical sciences), psychiatrist at Assistance publique - Hôpitaux de Paris 2, and member of the Académie des Sciences since 2002, has a good grasp of the problem of this compassion in the medical environment, with its difficulties and limitations, when she writes:

*"To work in a care setting is to be exposed by one's profession to meet daily the pain and distress of others. By striving to remedy it, the caregiver (doctor, nurse, psychologist, veterinarian...) shows that he is sensitive to this distress. Suffering from the suffering of others, and doing their best to alleviate that suffering, is what motivates caregivers."*⁴⁸

This attitude of medical doctors to "go to those who are suffering and help them, to do them good", characteristic of compassion, would be connatural for them, seems to suggest Anne Fagot-Largeault, "because they are sensitive to the call of suffering". This reflection is interesting because it presupposes that there is a "medical vocation" in which a reaction against the suffering of others would enter, that would cause "most caregivers" to "reach those who are suffering and to help them."⁴⁹

Behind this compassion "initial motivation of most caregivers" which may have driven these medical doctors or nurses to choose their profession, there would be, according to Anne Fagot-Largeault, "a whole implicit philosophy" in which she, unfortunately, does not enter,

In fact, that the medical profession is not like any other profession but comes from a specific vocation to help, to do good to others, is not a new idea proper to Anne Fagot-Largeault. It has dominated the "philosophy of Medicine" since Hippocrate and Galien to the care of the sick in the hospices till their closing down in the ninetieth century with the creation of hospitals. In the medieval times, care of the sick was done by religious people, who dedicated their lives to this office, seeing Christ in the miserous they cared for. Here we come, from one way or the other, to the secret of this vocation: an extended capacity for compassion, going beyond the isolated case to reach common good.

Pope Francis has clearly discerned this link between compassion and common good, which is lived by healthcare people, and was exemplified by their dedication during the "first wave" of COVID-19 epidemics.

Pope Francis precised his thinking about this link in his homily for the first vespers of the Solemnity of the Blessed Virgin Mary, Mother of God and the Te Deum of Thanksgiving, in December 31 2020. He spoke first of the COVID 19 pandemic which made some people murmur against God. Then Pope Francis goes on using the parable of the Good Samaritan (Luke 10, 25-37) to support his defence of God's compassion for humanity, even when God looks silent: the apparent "silence of God" while the man was beaten up to half-death drove

⁴⁸ Fagot-Largeault Anne, *Sur la Compassion*, In *Médecine et Philosophie*, Presses Universitaires de France, 2010, p.244.

⁴⁹ Fagot-Largeault Anne, *Sur la Compassion*, In *Médecine et Philosophie*, Presses Universitaires de France, 2010, p.245.

the Samaritan to have compassion toward him and to act accordingly for the good of the victim:

“The good Samaritan, when he met this poor man half-dead on the side of the road, did not give him a speech to explain the meaning of what had happened to him, perhaps to convince him that it was actually good for him. The Samaritan, moved by compassion, bent over this stranger, treating him as a brother, and took care of him, doing everything in his power (cf. Luke 10:25-37).

Here, yes, we can perhaps find a "meaning" in this drama that is the pandemic, as in the other scourges that strike humanity: that of awakening compassion in us and provoking attitudes and gestures of closeness, care, solidarity and affection.”

It is about these acts of care and solidarity that Pope Francis widened now his speech to underline that compassion has a "Common Good" dimension, illustrated by the selfless gestures of so many people in the face of the pandemic:

"Many have tried to make the burden of the ordeal more bearable without making a fuss. Through their daily commitment, animated by love of neighbour, they have realised the words of the Te Deum hymn: "Every day we bless you, we praise your name for ever".

"But tonight, our thanks go to all those who strive every day to make their families live in the best possible way and to those who commit themselves to service for the common good.”

This “common good” dimension of compassion has been demonstrated in times of Covid 19 strains, during the “first wave” of the epidemics, especially by the example of healthcare people, added Pope Francis.

“Health care workers — doctors, nurses, volunteers — are on the front lines, and that is why they are in a special way in our prayers and deserve our gratitude; as well as many priests, religious, who have given with generosity and dedication. But tonight, our thanks extend to all those who strive every day to make their families live in the best possible way and to those who commit themselves to the service of the common good. (...) They truly seek the good of all, the common good, the good from the most disadvantaged. All this cannot happen without grace, without the mercy of God.”

They showed a genuine compassion because they acted without any reward other than that of doing good. They gave up something of themselves, their own comfort, their time, their possessions, to give it to others. This is true compassion, and a compassion that goes beyond the isolated case of need to reach the dimension of common good. The intuition about the “medical vocation” expressed by Anne Fagot-Largeault may find there some answer, from the words of Pope Francis.

However Anne Fagot-Largeault⁵⁰ has a narrower view about the “*whole implicit philosophy*” of medical care she evokes. She links it to humanitarian sensibilities which would feel suffering as “*an injustice against which one has to fight*”. She adds: “*This philosophy has been made explicit by many humanitarian organizations that provide medical assistance to the poorest populations.*”⁵¹. Such feelings do exist in some medical doctors or nurses, driving them to help in foreign continents, but they do not explain medical vocation, as a vocation to help the suffering person, whoever she/he is. The explanation of Pope Francis is more convincing, even if medical vocation remains in itself a mystery, like all true, demanding and in the same time fulfilling vocations.

However, according to Anne Fagot-Largeault, this same philosophy or motivation of caregivers, which would naturally lead them to an attitude of compassion, could be quite

⁵⁰Fagot-Largeault Anne, *Sur la Compassion*, In *Médecine et Philosophie*, Presses Universitaires de France, 2010, pp.245-246.

⁵¹ Fagot-Largeault Anne, *Sur la Compassion*, In *Médecine et Philosophie*, Presses Universitaires de France, 2010, pp.245-246.

fragile and could lead them to an opposite attitude of harshness, “*when motivation is lost*”, such harshness that is found in some doctors, nurses, this harshness that the patient does not understand and that causes him to suffer:

“*There are caregivers who are indifferent, even cruel. Can one, should one become immune against compassion? What are the consequences of a relationship of care without the compassionate dimension?*”⁵² These are some of the questions that arise as soon as compassion is objectively considered among caregivers, in its variation from one to one another caregivers. There are compassionate caregivers, there are indifferent, even openly unpleasant and hostile caregivers. Why?

The compassion misunderstood by the young caregiver, hospital extern, or intern, nurse-in-training, if it is situated at too high a level of requirement, as a value and attitude, could lead, at the beginning of his-her career, the young doctor, or nurse, to disillusionment, to failure, to a withdrawal into technicality. It is the “*compassion fatigue*” often evoked in medical literature.⁵³

Compassion must therefore be balanced, compatible with the daily, almost routine, exercise of the profession, and be based on good habits, like all virtue, and on constant discernment, to avoid any exhausting adventure. It must also do its part to the human frailty of the caregiver, to his vulnerability. The caregiver should realize that if the patient is a victim, he too, by entering into compassion, becomes a victim, participates in the suffering of the other, even if he does not realize it. If the young healthcare provider does not care to that personal and risky excessive involvement in the sufferings of/his/her patients and becomes too affected psychologically by these situations, then he/she may enter into a traumatic, unbalanced experience of compassion, that drains energy, and lead him/her to build a shield of indifference, a “*withdrawal of affects*” to protect his/her self, that goes contrary to compassion. These “*caregivers must “shield themselves” from the horrors they encounter on a daily basis: if they did not protect themselves by making themselves insensitive, they would “crack” morally*”⁵⁴;

This is what Anne Fagot-Largeaut explains:

⁵² Fagot-Largeaut Anne, *Sur la Compassion*, in *Médecine et Philosophie*, Presses Universitaires de France, 2010, pp.243-260. Voir p.2.

⁵³ Prévenir et reconnaître l'épuisement professionnel et l'usure de compassion chez les fournisseurs de services de santé intervenant auprès de personnes âgées, EENet Connect. [https://kmb.camh.ca/fr/eenet/documentation/prevenir-et-reconnaitre-l'epuisement-professionnel-et-l'usure-de-compassion-chez-les#:~:text=Une%20usure%20de%20compassion%20se,\)%2C%20anxi%C3%A9t%C3%A9%20ou%20d%C3%A9pression13](https://kmb.camh.ca/fr/eenet/documentation/prevenir-et-reconnaitre-l'epuisement-professionnel-et-l'usure-de-compassion-chez-les#:~:text=Une%20usure%20de%20compassion%20se,)%2C%20anxi%C3%A9t%C3%A9%20ou%20d%C3%A9pression13).

L'usure de compassion : comment la reconnaître et la prévenir ? L'appui, 02 octobre 2020,

<https://www.lappui.org/fr/actualite/l-usure-de-compassion-comment-la-reconnaitre-et-la-prevenir/>

Derdour-Campos Julien, *La fatigue de compassion : état des lieux des connaissances, aspects cliniques : enquête transversale, multicentrique auprès de soignants intervenant dans les services de psychiatrie en milieu carcéral, Médecine humaine et pathologie*, 2018, Thèse, Université de Caen Normandie.

Cocker F, Joss N., *Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review*, International Journal of environmental Research and Public Health, 22 June 2016, vol.13, n°6, 618. doi: 10.3390/ijerph13060618.

Sinclair S, Raffin-Bouchal S, Venturato L, Mijovic-Kondejewski J, Smith-MacDonald L, *Compassion fatigue: A meta-narrative review of the healthcare literature*, International Journal of Nursing Studies, April 2017, vol.69, pp.9-24.

Peters E, *Compassion fatigue in nursing: A concept analysis*, Nursing Forum, October 2018, vol.53, n°4, pp.466-480.

Cavanagh N, Cockett G, Heinrich C, Doig L, Fiest K, Guichon JR, Page S, Mitchell I, Doig CJ, *Compassion fatigue in healthcare providers: A systematic review and meta-analysis*, Nursing Ethics, May 2020, vol.27, n°3, pp.639-665.

⁵⁴ Fagot-Largeaut Anne, *Sur la Compassion*, in *Médecine et Philosophie*, Presses Universitaires de France, 2010, p.246.

“It is not uncommon for young medical and nursing students, who have begun their learning with great humanitarian zeal, to become, after a few years of practice, indifferent, hasty, evasive and even cynical practitioners, who no longer listen to the sick, despise their infirmities, neglect to treat their pains, comment on their miseries with vulgarity, perform without premeditation technical gestures (colonoscopy, curettage) which, in another context, would be described as acts of torture. This resistance to emotion caused by the misfortune of others, which presupposes the building of internal barriers to avoid compassion, is partially institutionalized”⁵⁵

These young healthcare givers who move from compassion to indifference or even harshness of heart, often justify this change “by very common rationalizations”. And here we enter into this “apology” that they quickly give to his new hardness of heart. They say:

“This insensitivity would occur naturally: “You get used to everything.” Second, emotion distorts judgment: making rational diagnostic and therapeutic decisions requires objectivity that excludes empathy.”⁵⁶

Then these dangerous inner thoughts because pernicious, ideological, very comfortable in the individualistic, liberal society, imbued with the idea of «*progress*» which is ours. The young medical professional, *externe, interne* in the hospital or already medical doctor or nurse fully rejects compassion as something from the past, outdated. He/she says:

“The compassionate attitude is obsolete: it was the result of an ignorant and powerless medicine; it marked a time when there was nothing better to offer to the patient than to feel sorry for himself; that time is over; now, we have a scientific, technologically armed medicine; we have no time to lose in psychological cataplasms (this is delegated to the psychiatrist) »⁵⁷

We cannot reduce, as already said, compassion to pity, the ambiguity of which we know. This is especially true in the medical field. Yet the feeling of pity is the starting point of the compassion movement. It is because he is “*moved in the bowels*” in the face of the suffering of others that Jesus immerses himself in this suffering to carry out the healings mentioned in the Gospels, even though he is not a “healer” and the mission he has received from the Father is to “to proclaim the Word”. “Pity” comes first and has to be kept alive although it is a subjective feeling, and can lead to attitudes of privilege or, on the contrary, of discrimination, negative selection.

For the healthcare professional it is necessary, and healthy to prove a capacity to pity in his/her professional work, opened to compassion, while avoiding both an excessive involvement in the suffering of patients, leading to “*compassion fatigue*” and, at the opposite, the development of a “shield of self” through “hardening of the heart” which isolates from the patient and goes against the “Hippocratic spirit” of medicine, that is against “medical vocation”.

Compassion in the medical field must therefore give its rightful place to pity while seeking a certain objectivity, by following “guiding lines” that avoid sideslipping, one way or the other. To do so, compassion should have a “professional character”, based on the Hippocratic notion of a benevolent and beneficent care, serious and competent, attentive to the patient and his/her

⁵⁵ Fagot-Largeault Anne, *Sur la Compassion*, in Médecine et Philosophie, Presses Universitaires de France, 2010, p.246.

⁵⁶ Fagot-Largeault Anne, *Sur la Compassion*, in Médecine et Philosophie, Presses Universitaires de France, 2010, p.246.

⁵⁷ Fagot-Largeault Anne, *Sur la Compassion*, in Médecine et Philosophie, Presses Universitaires de France, 2010, p.246.

singularities and proper needs, provided in the same way to all patients, without preference or discrimination.

From this last reflection pointing to an healthcare of quality, up to date, given without discrimination, in the same way to all, countering the subjective trend coming from pity alone, Anne Fagot-Largeaut comes to remind us, as an actual example, of the professional and ethical value of the demands placed on military physicians, sometimes against their own feelings, in the service they have to provide to all patients who present themselves to their services, without discrimination or preference. We find this expressed in particular by Article R4127-7 of the French Code of Medical Ethics:

“The doctor must listen to, examine, advise or treat with the same conscience all persons whatever their origin, their morals and their family situation, their belonging or non-appartenance to a particular ethnic group, nation or religion, their disability or medical condition, their reputation or the feelings they may have towards them.

He must help them in all circumstances.

He must never depart from a correct and attentive attitude towards the person examined”

In those professional situations, which expose the non military medical doctor to subjective attitudes of discrimination or preference, linked to preferential or selective pity, the code of medical ethics could call up for a “*duty of compassion*” specific to health caregivers, which would avoid the subjectivism of pity alone, and would lead rationally to actions, objectively beneficial to the patients:

“Renate Justin⁵⁸, a lung specialist in North America, reminds us that medical ethics requires the military doctor to treat with the same dedication the wounded friends and enemies, requires the prison doctor to treat the criminals with humanity, requires the Jewish doctor to look after with benevolence the patients whom he knows have Nazi convictions. It holds the duty of compassion (or attention to the suffering of the other) for a medical obligation, as well as the obligation of competence (continuing education), or the obligation of respect. But compassion is not something that can be ordered (“compassion is not something that can be turned off and on). Dr. Justin, about a lived history, concludes that if she has no compassion for a given patient, she should suggest to that patient to go and see another practitioner.”⁵⁹

This “*duty of compassion*” of caregivers also extends beyond the realm of subjective pity to include the objective duty of professional competence. If there is true compassion, it does not dwell on the feelings that one feels towards the suffering, but it seeks immediately to help, medically, this suffering. True compassion thus presupposes the professional seriousness and the quality of the medical response, ensured by a continuous updating of technical knowledge and practices. It is interesting to note that this medical aspect of professional competence is often overlooked by philosophers and bio ethicists.

CONCLUSION

The choice of compassion as a theme of reflection for FEAMC in the preparation for the synod, is not the fruit of a superficial option, to make a triplet with communion and mission.

⁵⁸ Renate Justin, « *Can a physician always be compassionate ?* », Hastings Center Report, 30 (4), 2000, p. 26-27. .

⁵⁹ Fagot-Largeaut Anne, *Sur la Compassion*, in Médecine et Philosophie, Presses Universitaires de France, 2010, p.252.

It is a significant choice. Just as Saint John Paul II was seized by God's mercy, so too is Pope Francis seized by God's compassion, which is indeed close to Mercy. He proposes to us this "style of God", in order that we become, in turn, also "compassionate" toward the other.

On October 2021, Mathilde de Robien⁶⁰ gathered in a kind of questionnaire the main points put forward by Pope Francis on the theme of compassion, so that our compassion would be true compassion and not mere pity. Let's summarize them:

Compassion is the "sacramental" *of God's closeness to us, a closeness that abandons no one along the side of the road*". said Pope Francis in his message for World Mission Day 2021. This implies that we too do not abandon anyone at the side of the road, even if his situation appears to us, in our own fragility, as hopeless, without a way out.

Compassion is then like *"the lens of the heart"*, Pope Francis emphasized in his homily at Saint Martha's House in September 17 2019. *"It makes you see the realities as they are"*, instead of turning your head or falling into indifference. *"Thus, on the one hand, there is the gesture of Jesus: always compassion; and on the other, the attitude of the disciples, selfish»*. The pope invited us at that point to conduct an examination of conscience: *"Do I usually look the other way? Or do I allow the Holy Spirit to place me on the path of compassion?"*

God's compassion is not pity: the two things have nothing to do with each other", Pope Francis advised in his homily of October 2015 in the chapel of *Domus Sanctae Marthae*. Compassion is not a feeling of pity, like the one we feel for example when we see a little dog dying on the road, explained Pope Francis. But it is to place oneself *"in the difficulty"* to put oneself *"in the situation of the other"*, as God did, *"and this is why he sent his son"*.

"Compassion, love, is not a vague sentiment, but means taking care of the other even paying for him" said Pope Francis, in a commentary on the parable of the Good Samaritan (address to the General Audience on 27 April 2016). *"It means compromising oneself by taking all the steps necessary to approach the other person to identify with him."*

Moreover, he added, one does not choose one's neighbor! Compassion must be able to be exercised with everyone, without *"classifying people by sight"* into *"who is next and who is not"*. Everyone can become everyone's neighbor: *"You can become neighbor to any needy person you meet, and you will know that you have compassion in your heart, that is, whether you have the capacity so suffer with the other"*.

To this list must be added an essential characteristic of compassion, which opposes it to mere pity: compassion pushes us to act to help others, despite our fragility and vulnerability, without any guarantee of success. And this action aims to give back to the other a certain ability to act, a self-esteem, a dignity. This was perfectly understood by Dame Cecily Saunders accompanying the end of life of her patients at St Christopher Hospital⁶¹.

In this regard, Agata Zielinski had these rights words which sum up compassion as a participation in the suffering of the other that leads to a proportionate action that do not lower the other in a position of only receiving but contribute to the restoration of his/her self-esteem and dignity:

⁶⁰Mathilde de Robien, Les questions du Pape pour mesurer sa compassion, Aleteia, 18/10/2021, <https://fr.aleteia.org/2021/10/18/les-questions-du-pape-pour-mesurer-sa-compassion/>

⁶¹ Lamau Marie-Louise, *Cicely Saunders à la naissance des soins palliatifs*, in « *Revue d'éthique et de théologie morale* », 2014, vol 5, n°282, pages 55 à 81.

“If it is through acts that participation in suffering finds its sincerity and depth (Max Scheler)”⁶², It’s not just about feeling the pain of the other person, it’s about doing what can ease their suffering and restore their self-esteem.”⁶³

⁶² Max Scheler, *Nature et formes de la sympathie*, Petit Bibliothèque Payot, 2003, p.274.

⁶³ Agata Zielinski, *La compassion, de l’affection à l’action*, Etudes, 2009, vol.410, n°1. Voir pp.62-63