Compassion in some medical disciplines: infectious diseases and compassion

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1. The impact of infectious diseases on human lives throughout history

Infectious diseases represent one of the most significant aspects of human pathology, not only in terms of the numbers of patients and deaths but also some specifics and peculiarities. In terms of epidemiology and statistics, infectious diseases, particularly respiratory diseases, occupy second place among the leading causes of death, just behind cerebrovascular diseases.

Infectious diseases are characterized by their epidemic potential. The history of mankind has been marked by numerous epidemics and pandemics, most notably respiratory infections, such as plague, influenza and the current COVID-19 pandemic. One of the characteristics of infectious diseases is that every few decades a new disease or causative agent appears, or can disappear and reappear. Therefore, we call them emergent or re-emergent diseases. Emergent diseases are newly discovered infectious diseases with heretofore unknown causative agents that become public health problems at the local or international level (e.g., Ebola, HIV, hepatitis C, SARS, and COVID-19), while re-emergent diseases, with previously known causative agents, whose incidence had dropped to the level that they no longer posed a public health problem, are currently increasing (e.g., diphtheria, pertussis, tuberculosis, anthrax, cholera, and *C. difficile*).

Below is an overview of only a few of the most significant epidemics and pandemics that have marked the history of mankind.

- Three major plague pandemics:
  - The Justinian Plague, which began in 541 AD and killed over 25 million people;
  - The Black Death or the Great Plague, which originated in China in 1334 and killed up to one-third of the European population or an estimated 17–28 million people;
  - The Modern Plague, which began in China in the 1860s, was spread by rats to port cities around the world and caused approximately 10 million deaths.
- Seven cholera pandemics: 1816–1826, 1829–1851, 1852–1860, 1863–1875, 1881–1896, 1899–1923 and 1961–1970.
- Influenza pandemic: 1889–1890 (The earliest cases were recorded in St. Petersburg, Russia, from where it rapidly spread across Europe. In a few months, the disease engulfed the whole world and killed a million people. Only five weeks were necessary for the epidemic to reach peak mortality.)
- The American polio (infantile paralysis) epidemic: 1916. (It began in New York with 27,000 cases and 6,000 deaths in the United States. The disease mainly afflicted children and left survivors with permanent disabilities.)
- Spanish flu: 1918–1920 (It is estimated that 500 million people contracted the Spanish flu, of whom one fifth died.)

- Asian flu: 1957–1958 (The Asian flu pandemic was still another confirmation of the global pandemic potential of the flu virus. Beginning in China, the disease took more than a million lives.)
- The HIV/AIDS pandemic: 1981–2022 (Up to now, 79 million people have been infected and 39 million died.)
- Swine flu (H1N1): 2009–2010 (The pandemic was caused by a new strain of the influenza virus, H1N1, which originated in Mexico in the spring of 2009. In one year, it infected 1.4 billion people worldwide, of whom 151,000–575,000 died, primarily children and young adults, while 80% of the deaths were people over 65 years of age, which is not characteristic of seasonal flu otherwise.)
- The West African Ebola epidemic: 2014–2016 (The Ebola epidemic ravaged West Africa with 28,600 recorded cases and 11,325 deaths. This epidemic was more severe when it occurred in underdeveloped and poor regions, which raises many ethical questions and dilemmas.)

These figures show how many sick and dead people were involved. You can imagine how people felt overwhelmed by suffering and pain, not only the sick but also their loved ones (family members, friends). They all needed attention, care, compassion…

2. Three coronavirus epidemics in the third millennium

The most important pandemic for humanity at this time is the COVID-19 pandemic, which raises not only numerous health issues but also social and ethical questions. The first indication that coronaviruses have epidemiological potential was the SARS epidemic of 2004. Then the MERS epidemic appeared in the Near East in 2012. In 2019, the SARS-CoV-2 epidemic exploded in China, resulting in the emergence of a new disease, COVID-19, which infected 500 million people, of whom over 6 million have died so far. Think about how many parents have lost their children, children their parents, brothers their sisters, sisters their brothers, friends, colleagues, neighbors … How much compassion has been needed during the past two years, and during all these epidemics, in order to provide for all those in need? We were surprised by the COVID-19 pandemic and somewhat unprepared, not only health professionals but the society as a whole. At the beginning of the year 2020, when it was reported that a newly discovered infectious disease was spreading in faraway China, only a few thought that it could soon spread to Europe and nearly no one considered the possibility of a pandemic of the magnitude that occurred during the past two years. Unfortunately, what few had thought possible has come to pass. An infectious disease has transformed social and economic relations, as well as humanity as a whole, entering and altering every pore of society. Schools closed their doors, students attended classes from home via television and computer, the majority of the public sector employees worked from home, while some, regrettably, lost their jobs. Even the churches closed their doors for a time.

3. Earthquake in the time of COVID-19: the story from Croatia (CroVID-20)

When it seemed that the worst had already come to pass, on March 22, 2020, the citizens of Zagreb were awakened by an earthquake measuring 5.5 on the Richter scale, which caused major material damage. In addition to numerous private and public buildings, several Zagreb hospitals were damaged and had to be evacuated, including the Dr. Fran Mihaljević University Hospital for Infectious Diseases, where COVID-19 patients were receiving treatment, some of whom in intensive care units. This additional misfortune threatened the safety of us all, particularly the most vulnerable members of society: children, the elderly

and the sick. Another earthquake in the vicinity of Zagreb occurred several months later, at the end of 2020, whose epicenter was in the city of Sisak. This earthquake caused even greater material damage, together with incalculable psychological consequences.
What was our role as health professionals at that time? We were expected to remain level-headed, muster all our strength, knowledge and skills, and provide our patients with the best possible, and sometimes impossible, care. I recall the scene around our hospital, where old and young, staff and patients, COVID-positive and negative, were scattered on the grass and parking areas, frozen from the cold and fear, with dread in their eyes as they sought help from each other, not even daring to utter Jesus' words: *My God, my God, why have you forsaken me? (Eli! Eli! Lama azavtani!).*

4. What is compassion?
In these moments, both the patients and medical personnel needed compassion. The word "*compassion*" comes from Middle English and is derived from Old French, via the ecclesiastical Latin *compassio*(n-), from *compati* (to suffer with). Compassion motivates people to go out of their way to relieve the physical, mental or emotional pains of others and themselves. Compassion is often regarded as being sensitive to the emotional aspects of the suffering of others. However, compassion involves more than *feeling for another,* especially if it refers to health care workers. Active compassion is the desire to alleviate another's suffering. Among health care workers, it involves not only administering medical treatment but also giving of ourselves to others as brothers—as Good Samaritans—like Jesus Christ (*Christus Medicus*).

5. What changes have been brought about by the COVID-19 pandemic?
Man is the only being endowed with self-awareness and self-knowledge. He comes to this realization in an indirect way: whenever he learns or aspires to something, he is aware that it is he who is learning or striving for it. Such was the case on the threshold of the Middle Ages with Augustine (*Si enim fallor sum!*), as well as at the beginning of the modern era with Descartes (*Cogito ergo sum!*). Of course, we are not interested in the cognitive-theoretical issues here but only the existential. Self-knowledge and knowledge of one's own death are certainties. Only man is aware that he shares the same final destiny with all living beings, which is that *everything that is born must die!*
Focus on death came dramatically to the fore during this pandemic, when death does not occur in the comfort of one's bedroom. Many are dying in the pandemic, including those who are dear to us, with whom a part of our heart goes into the grave.
COVID-19 engenders a strong awareness that we are mortal, which can cause feelings of panic, anxiety, fear and hopelessness, especially if someone finds himself in a hospital, on oxygen and possibly about to go on a respirator. People have become aware that we are a highly endangered species, despite the technological and scientific medical advances that have instilled a belief in our indestructability, almost immortality. The virus reminds us of the salutation used by medieval monks: *Memento mori!*
It requires courage to speak about the dignity of dying when there is a pandemic. During the pandemic, at least at the beginning, patients died alone, no one held their hands, there was no dignified departure from what had until recently been the body, which, by the way, was not dressed appropriately but packed into a bag that was no different from a garbage bag. *Horribile visu!* There was not even a dignified funeral. Instead, everything took place according to a truncated procedure, only within the circle of those closest to the deceased,

who themselves were living in fear that they would catch the disease. Both death and mourning were deprived of the natural processes that promote psychological healing. Despite technological advances, providing appropriate health care to patients suffering from life-threatening infectious diseases requires an additional dimension: an ethical approach that sometimes goes beyond science. During previous epidemics, such as the recent one caused by the Ebola virus in Africa, health professionals did not hesitate to provide care to the sick, even in situations where their own lives were endangered. Then and during the COVID-19 pandemic, providing a high level of health care, such as intensive care measures, respiratory support, mechanical ventilation, dialysis etc., involved tremendous efforts and sacrifices by health care professionals, who were thereby risking their own lives. This opened new questions regarding the determination of professional and moral boundaries. In such situations, health care professionals were under dual obligations: to provide patients with maximum health care in order for them to survive and regain their health, but also to protect themselves and prevent the transmission of infection to themselves and others (colleagues, family members).

6. Religiosity during the COVID-19 pandemic

During the COVID-19 pandemic, religiosity also came into question. Namely, the spiritual life of each believer consists of activities that he performs independently, in private (a room, house, nature, confessional) and communal prayers and sacramental gatherings led by presbyters, most often in sacral spaces (liturgical celebrations, baptisms, communions, confirmations, pilgrimages, weddings and funerals). The latter came into question with the proclamation of lockdowns, which ended all communal worship, gatherings, Mass celebrations ... Even more drastic was the denial of sacraments to those who needed them the most: the sick and the dying, especially those separated from their loved ones in hospital isolation units, who were staring at the corona virus, and not infrequently death, in the eye. Patients were justifiably asking where the hospital chaplains were.

During the COVID-19 pandemic, whole families fell ill: grandfathers and grandmothers, fathers and mothers, brothers and sisters, and even children. It required courage and strength to witness the many tragedies caused by the pandemic, without breaking down physically and mentally. Not infrequently, several members of a family died within a few days of each other, certainly leaving a mark on the personnel caring for them. In addition to close relatives, patients received not only physical but also spiritual strength from physicians and nurses, who are often the only ones with whom they have the opportunity to communicate, and who assume the roles of clergy and pastors, giving a whole new dimension to the profession of health care worker.

Due to the strain from overwork and demanding schedules (numerous shifts, 24-hour shifts, sometimes spending several days working at the hospital), and selfless giving not only to employers but also to patients and their family members, health care workers deserve compassion. At a moment when the eyes of the whole world were fixed on them, when the world expected help (and compassion) from them, from whom were they supposed to receive even the smallest dose of compassion: from employers, supervisors, colleagues, family members or the patients themselves?

7. Can compassion help heal patients – and providers? Research on compassion is increasing. In 2019, the University of California, San Diego, School of Medicine received a massive 100 million dollar donation. The gift was not for cancer, HIV/AIDS, Alzheimer's

disease, stroke or the opioid epidemic. It was to investigate and promote compassion. Moreover, interest in the neurobiology of compassion has exploded in recent years, thanks to MRI and other high-tech tools. “We’ve got to understand the brain to understand the mind,” says William Mobley.
Curricula for empathy and compassion training have been implemented during medical education in recent years at some universities. It has been shown that compassionate care is associated with improved outcomes and greater patient adherence. Among health care workers, extending kindness is associated with reduced burnout and greater well-being. Dozens of medical schools have already begun to see the value of adding compassion training to their curricula, whether as elective or core courses. Compassion should be a skill we teach in medical school, just as we teach how to conduct a physical exam.
Several behaviors have been identified as effective in improving patient perception of physician empathy and/or compassion: (1) sitting (versus standing) during the interview; (2) detecting patients’ non-verbal emotional cues; (3) recognizing and responding to opportunities for compassion; (4) non-verbal communication of caring (e.g., eye contact); and (5) verbal statements of acknowledgement, validation and support.
Not only during the COVID-19 pandemic but also during previous pandemics, such as in the case of HIV/AIDS, many health care workers suffer from various forms of work-related stress due to the complexity of their patients' medical conditions, occupational exposure, HIV-related stigma and challenges regarding patients' physical, mental and social conditions. Therefore, it is imperative to increase institutional support and develop training programs to improve problem-solving skills, healthy lifestyle, and self-compassion among HIV/AIDS healthcare providers. The same could be applied to health care workers during the COVID pandemic.

8. Can we learn something from the past?

Let us recall how medieval society coped with pandemics. I shall share some of the Croatian experiences.
During the Middle Ages, Dubrovnik ruled itself as a free state, achieved a high level of development and became one of the most powerful trade centers, noted for its wealth and skilled diplomacy. Because trade with the East and West was the driving force behind the development of Dubrovnik, suspension of trade with other regions during the plague epidemics of the fourteenth century would have been disastrous for the economy. The goal was to prevent the spread of the plague in Dubrovnik without impeding free trade. Therefore, in 1377 the Great Council of Dubrovnik decreed a measure that would both protect the city against plague epidemics and maintain free trade with eastern countries, from which these epidemics usually spread. The text of this decree can be seen in Volume 78, Chapter 49 of the Liber Viridis. The original document, housed in the Archives of Dubrovnik, states that before entering the city, newcomers had to spend 30 days in a restricted location, while waiting to see whether the symptoms of plague would develop. Later on, such isolation was prolonged to 40 days, from which the term *quarantine* comes. Isolation units began to be built around the city of Dubrovnik, where plague patients were sent so that they would not transmit the disease to other citizens. One such isolation facility was established on a hill above the city, overlooking the beach of Danče, with the Votive Church of St. Mary and its cemetery. It became one of the first Dubrovnik lazaretti established for the care of patients suffering from the plague. The city authorities used to send a triad of caregivers to such isolation units: a physician, a nurse (nun) and a priest.

When they were sent to such units, it was clear to all that they would not be returning home but were prepared to sacrifice their lives in order to provide care for the sick and the dying. Such care involved fewer drugs and technical aids than used today, but far more compassion. It seems that even today, under contemporary conditions for providing health care, such triads and teams can and should offer something more—first and foremost: compassion.

9. Witnesses of compassion in the present time

Every religion, including Christianity, requires proclamation. During the pandemic, the Church continued its role by using highly inventive modern technologies to broadcast prayer gatherings, sermons and liturgical celebrations. These broadcasts, to the extent possible, kept the community of believers alive. However, problems with the Sacraments of Confession, Eucharist and the notion of priestly life during the pandemic remained. The ecclesiastical assistant of the Croatian Catholic Medical Society, Prof. Ivan Bodrožić, recently published a short but very practical monograph on the pandemic and its consequences. This is actually the first attempt at a theological-spiritual analysis of the situation in the Church among the Croats and its activities during the pandemic. In three chapters, he presents the problems regarding Church activities during the pandemic: Confession as a Victim of the COVID-19 Pandemic, The Eucharist as a Victim of the COVID-19 Pandemic and The Priest as a Victim of the Disease of COVID-19. His reflections on the crucial significance of the Eucharist will certainly yield fruit in the future. He also advocates the introduction of permanent deaconries, acolyte ministries and extraordinary ministers of Holy Communion.

On March 27, 2020, Pope Francis addressed words of consolation to us in an empty St. Peter's Square: *Let us invite Jesus into the boats of our lives. Let us hand over our fears to him so that he can conquer them. Like the disciples, we will experience that there will be no shipwreck while he is on board, because God's strength is turning everything that happens to us, even the bad things, into good. He brings serenity into our storms, because life never dies with God.*

On the International Day of the Sick, February 11, 2022, Pope Francis delivered the following message, entitled Pastoral Mercy: Presence and Proximity: *In the past thirty years, pastoral health care has also seen its indispensable service increasingly recognized. If the worst discrimination suffered by the poor – including the sick, who are poor in health – is the lack of spiritual attention, we cannot fail to offer them God's closeness, his blessing and his word, as well as the celebration of the sacraments and the opportunity for a journey of growth and maturation in faith. In this regard, I would like to remind everyone that closeness to the sick and their pastoral care is not only the task of certain specifically designated ministers; visiting the sick is an invitation that Christ addresses to all his disciples. How many sick and elderly people are living at home and waiting for a visit! The ministry of consolation is a task for every baptized person, mindful of the word of Jesus: "I was sick and you visited me"* (Mt 25:36). *Be merciful, even as your Father is merciful* (Lk 6:36). *Stand beside those who suffer on a path of charity!*

Another merciful father, St. Joseph, is of particular significance to us Croats. In 1687, the Croatian Parliament proclaimed St. Joseph as the patron saint and heavenly protector of the Kingdom of Croatia. In the parliamentary protocol, the following was written in the Latin language: *St. Joseph, faithful defender of Christ the Savior, virgin fiancé of the Virgin Mary, was unanimously chosen as the special protector of the Kingdom of Croatia.* By the decision of Pope Pius IX, *Quemadmodum Deus*, dated December 8, 1870, St. Joseph was proclaimed

the patron saint of the Universal Catholic Church. On December 8, 2020, the hundred and fiftieth anniversary of the proclamation of St. Joseph as the patron saint of the Universal Church, the Holy See published the Apostolic Letter by Pope Francis entitled *Patris Corde* (*With a Father's Heart*). In the background of the Apostolic Letter was the COVID-19 pandemic, which, as Pope Francis writes, has helped us to understand the importance of ordinary people, those who, far from the public view, daily manifest the virtue of patience, instill hope in others and encourage shared responsibility. In this they resemble St. Joseph, *looking ahead and encouraging the practice of prayer. How many are praying, making sacrifices and interceding for the good of all? Each of us can discover in Joseph – the man who goes unnoticed, a daily, discreet and hidden presence – an intercessor, a support and a guide in times of trouble. Saint Joseph reminds us that those who appear hidden or in the shadows can play an incomparable role in the history of salvation. A word of recognition and of gratitude is due to them all*. Therefore, together with God the Father and God the Son Jesus Christ, we venerate St. Joseph as a great Father of Divine Mercy.
Pope Francis' letter *Patris corde* seems to be speaking about health care workers: a multitude of humble and self-effacing people who first chose the arduous and demanding path to become a physician, nurse, pharmacist or dentist, because the studies for these professions are considered the most demanding and longest, and then to continue their training for the rest of their lives, because practicing these professions inevitably requires life-long education, and ultimately to serve a person in his most difficult moments: illness, tribulations, suffering and dying.
Moreover, health care workers must not infrequently be in touch with their patient's entire family, listen to their stories, offer them advice, a warm word, fatherly care. The health care worker becomes like a father, like St. Joseph, the one upon whom the survival of the whole family depends.
Unfortunately, this came to the fore during the year of St. Joseph, 2020, when the world confronted the great tragedy of the still ongoing COVID-19 pandemic. In recent months, many people invoked St. Joseph, the patron saint of the sick and dying, as they were on their deathbeds, seeking peace of mind when they were confined to isolation wards, separated from family members and the entire world.

10. A message for the future

Patients need physicians who are both professional and compassionate. These traits are important for providing appropriate care to patients with infectious diseases, but also in general. Moreover, a physician can neither act alone as a human being nor as a health care worker. The physician needs others in order to provide satisfactory care, but also to stay healthy, satisfied and professional. Therefore, teams (previously referred to as triads) represent what medicine should strive for in the future. Along with the doctor and nurse, the spiritual assistant should certainly be part of the team because he understands the patient's spiritual needs, as well as those of the health care worker.
I should like to conclude this presentation with a poem written by Saint Mother Teresa of Calcutta, *one of the greatest health care workers of the twentieth century*, which conveys a message of mercy and compassion.

Do You Need My Hands, Lord?

Do You need my Hands, Lord,

To help the sick and the poor
Who are in need today?
*Lord, this day **I offer You my hands**.*

Do You need my feet, Lord,
To lead me today
To those who need a friend?
*Lord, this day **I offer You my feet**.*

Do You need my voice, Lord,
So that I can speak to all those
Who need a word of love?
*Lord, this day **I offer You my voice**.*

Do You need my heart, Lord,
So that I can love everyone,
Without exception?
*Lord, this day **I offer You my heart**.*