Synodal process in Europe: expectations and prospectives in the health area

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I am sorry that I am not present among you in person, but I am happy to be able to offer at least my small contribution, remotely, concerning the synodal path of Europe and the prospects in the area of health. I would like to begin by emphasising how complex the issue of healthcare, of health, is in the context of contemporary culture and medicine. Even if we only examine the terms, the key words, we realise the plurality, the complexity of the topic we are about to deal with. Just to give an example: the terms 'medicine' and 'health' are not only not synonymous, but they recall very different semantic horizons; likewise: 'medicine' is not equivalent to 'medical practice', or 'medical act'. The same must be said of the other terms, 'doctor', 'medical', 'clinical' and so on. I have mentioned the complexity of terms related to the horizon of medicine, to indicate an urgency of synodality even within medical science itself. Beyond the terms, there are also many figures, professional and otherwise, that affect medical practice. The classic figure of the doctor at the patient's bedside obviously retains its crucial value, but it must be flanked by other subjects, teams of professionals at work, researchers in the laboratory, health directors, public and private administrators grappling with budgetary problems, elected representatives engaged in debating laws, or officials concerned with regulations, associations of the sick and of families, seeking to assert their rights, volunteers engaged in hospital care, and so on. All this is to say that the care and healing of the sick person is the result of the intertwining of the action of all these figures, and of the health system, which is nothing other than the structure produced by their interrelation, without which the effectiveness of all would be compromised. We could say that the recognition and enhancement of the synodal dynamic already emerges clearly here.

Medicine and the practice of healing

The curative intention inherent in every medical act, whether immediate or mediated, is the element that makes it possible to maintain an organic bond in the reading of this complexity, avoiding its explosion and fragmentation. At the heart of medical practice is the relationship between a person who asks for help, bringing all of himself, his dramas, his hopes, and a set of professionals, as well as institutional mediations, who are called upon to respond to this request.

Well, the term 'compassion' must, in my opinion, characterise all this complexity of interventions. One point seems crucial to me: the sick person is at the centre of this great health organisation. In this sense, caring means having a solicitous and precise gaze, the ability to grasp the details of the sick person, and to take charge of them. Care therefore avoids homologation, it does not accept the reduction of the other to a case, it does not stop at the diagnosis of the illness. Rather, it must take charge of the suffering that the person is experiencing, in all the dimensions in which it unfolds, interior, relational, social and diachronic, involving the whole person in his or her entirety. Medicine, therefore, confirms itself within this response of care, responding to the invocation of the sick person. And it must be aware of its strength but also of its own limitation. Medicine is not the only possible response due to the sick person's quest for healing and health. It is undoubtedly one of the answers that the sick person needs. But a doctor who thinks he is the only one who can cure the sick person or, in any case, the only one who can take care of him, would only end up exhausting himself and losing his own professionalism. The doctor has to be the doctor, he cannot do everything else, i.e. the priest, the psychologist, the family member or whatever.

A further reflection must be added. The care relationship does not only take place in the relationship between the doctor and the patient, but also in a social relationship between the medical team and the group of patients. The singularity of each person, of each sick person, is located within the complexity of social contexts. On the other hand, it is in the invocation of the sick person that we find the law which must regulate all medical practice. Medicine, in fact, is called upon to embody in its forms the concrete exercise of care, which is always towards the sick man and woman, not towards the disease. The gaze of care, therefore, cannot be reduced to sectorialisation, but, as an interpersonal

relationship, always turns to the person in his or her entirety. In short, it is a matter of grasping and putting in place, a hermeneutic circle, in which the dimension of care is the critical place of social specificity, and vice versa. The professionalism characterised by the culture in which it is exercised is verified by the care with which it is actually practised. In other words, the response to the sick person, verifies the different social logics, which interact in the practical understanding of medicine, and criticises its appropriateness and effectiveness. At the same time, it is the technical and practical, culturally determined competence that realises medical care appropriate to the disease condition. And at the centre of this circularity is the invocation, to which society must seek to respond.

Experience of illness

Illness presents itself as a diverse and multiple experience. There are seasonal illnesses and chronic illnesses, all the way to life-threatening diseases. In any case, we are faced with an experience that involves men and women in all their dimensions, physical and psychic, social and ethical: it involves the body as a synthetic place in which the whole person is shown. When I am ill my body appears to me as not immediately available, it does not respond as I would like, it becomes difficult to do what I want: a truly common, original experience. We all live trying to control our existence, under the guidance of a tightly scheduled agenda, and a will that tries to keep all the commitments, responsibilities and pressures together. It only takes a seasonal flu, however, to be confronted with the inconsistency of our government, reduced to impotence in the face of our body's unavailability.
Illness, in short, highlights the dimension of passivity. What I considered to be an instrument at my disposal, that is, my body, my strength and my abilities, turns out to be a place of resistance to my will and my reason. It becomes evident to experience, what should already be obvious to knowledge. We are not simply the result of our autonomous action, there is an otherness, an extraneousness of us to ourselves, with which we come to terms on a daily basis. Not only that, behind this passivity, we also glimpse the concrete possibility of a denial of self and of our life projects, of which death is the ultimate affirmation. This is the ultimate source of fear, of the rejection that the sick person advances towards his condition. What is at stake here is a fundamental datum of the human condition, namely a passivity which imposes itself on our awareness, as violence, which calls into question all our constructions of meaning, and at the same time gives us back to others, as fragile and needy men and women.
The sick person invokes help and asks for healing, that is, the possibility of once again being able to interpret his life as a protagonist, finding out how to live his condition in a human way. This requires the experience of entrusting oneself in illness: even when healing is not foreseeable, the relationship must still be possible: I give the example of palliative care. These respond to the need to be accompanied, supported, never abandoned. In short, even when it is not possible to heal, it is still necessary to cure, that is, to take charge of the demand for a relationship and a caring relationship, which the condition of illness nevertheless contains and expresses. Compassion is an indispensable part of healing, and I would like to say of medicine.

Medicine, health, salvation

The last point to which I would like to draw your attention is the relationship between medicine, health and salvation. The invocation that the sick person addresses to the other, to society, to science and also to God, is the desire to recover health attacked by illness. We must be aware of the distinction between health and salvation, I say distinction, not separation, also because both, health and salvation are characterised by gift, therefore in a certain way, by compassion. The relationship between health and salvation is not one of strangeness, nor of identity, but of mutual reference. Salvation, we might say, is the fulfilment of what is announced in health as a symbolic and anticipatory figure. Against this background it is a question of understanding the specificity of both health and salvation.

The first risk prevalent today is that of emphasising health to the point of giving it an absolute meaning, to the point of making it coincide with salvation. The famous WHO definition is exemplary: health is a state of complete physical, moral and social well-being, and does not consist only of the absence of disease. Having overcome an overly narrow notion of health as simply the absence of pathologies of

the organism, it includes the psychological and relational aspect. However, it is not exempt from the risk of attributing to health the meaning of an all-encompassing happiness, which in fact tends to identify it with salvation. In this hypothesis, the physician would be transformed into the priest of a new faith, of a new religion, that of the absolute power of science, which would seem to be capable of ensuring happiness to all and therefore salvation, identified precisely with health and psychological well-being. These expectations load medicine with disproportionate, unrealistic and unrealisable claims. If it thinks it can promise mankind salvation, medicine will inevitably fail. I often see this exaltation of medicine that sets itself the sole aim of full health, and as a result, when it cannot heal, it abandons the sick person. However, it must be recognised that health is not only a physical, psychological or relational condition, since it touches the experience of the subject in its totality and in the totality of his living. This is why it has an original, symbolic meaning, rich in the sense of freedom. It is a figure of the good life, and therefore of a promised good, which is entrusted to man, and touches not only his body, but also the quality of his relations with others. The risk of absolutizing healing must therefore be avoided.

But we must also be alert to a second risk: that of a spiritualised and disembodied idea of salvation to the point of absorbing health into it, thus rendering it insignificant. The transcendence of salvation, which is a gift of faith in God, cannot erase its relationship with health. All the Gospels attest to Jesus' solicitude for the sick and suffering. And in the early Christian tradition, one of Jesus' names is that of 'doctor', 'thaumaturge', 'healer'. The healings he performs are a symbol of the salvation that God will bestow on all. The healing of illness is a sign of something else, of a grace that is more than healing and restored health. It is the fulfilment of desire, precisely because it exceeds any form of representation of it. The healing brought about by Jesus is also a privileged opportunity to realise God's gratuitous saving work. What is really at stake in the encounter between Jesus and the suffering man is not simply healing from illness but the gift of salvation that comes through faith. This gift does not happen without the response of the man who grasps it and includes the vision of freedom that will save. How many times does Jesus say: 'your faith has healed you'! In the salvific fullness, healing is the beginning of a fullness, it is the 'already' of a 'not yet' task in the fullness. Jesus' healings have a strong "symbolic" value, not in the abstract sense, but in the concreteness of a beginning that has yet to be fulfilled in its fullness. In this light appears the importance of the testimony of the believing doctor, of the Catholic doctor. While treating the sick, with his compassion innervated by medical science, he already announces God's salvation. On the contrary, he cares for the men he loves, he makes himself close to the sick person, he bears witness to God's love for man in his totality, without abstract specialist or spiritualistic reductions. Every healing is a miracle, all healings, even those of doctors. Doctors are called to perform miracles for health, as a sign of future salvation.

It is not by chance that Christianity has produced an extraordinary Historia Caritatis over the centuries. From its very beginnings, I am thinking, for example, of the 'basiliade', the hospital that St Basil built in 4th century AD Constantinople. And you too, dear Catholic doctors of today, are the latest generation of a very long history, of men and women who have shown compassion for the sick. The care of the body of the suffering or disabled person, the closeness to the sick person, the relationship between him and others, in a climate of trust, the practice of medicine itself, become credible signs of God's care for the history of the flesh of men, attesting to the hope in his resurrection.

For the believer, the activity of those who care for the sick and suffering becomes a testimony and anticipation of the eschaton. Yes, dear doctors, the body you care for is destined for eternity. This is the ultimate horizon of your work. In a certain way you participate in the mystery of the 'resurrection of the flesh', as we say in the Creed. Yes, eternity is not ethereal, abstract, it is instead human, made of flesh, obviously resurrected, but human. In this horizon one understands even more the importance of the reflection you are making. From the believer's point of view, even in illness, the radical question is to live by faith.

Illness must be fought and cured, and this is the commitment of our freedom. But the basic challenge is to live through the whole fight against the disease, without losing hope of the fulfilment to which God has destined us. All. We must not succumb to suffering, falling into despair: the struggle is required, the resistance even to the point of protesting to God, to ask Him, "why suffering?" Of course, suffering remains an enigma, and this confirms the transcendence of salvation, as opposed to health. Faith does not resolve a priori, the labours, the difficulties of pain, but opens up the possibility of living them, without losing the memory of the benefits received and without simply claiming to annul the trial. Faith lies in the inseparable dialectic between resistance that struggles and cares, and surrender to the inevitable. In short, neither resistance without surrender, nor surrender without resistance, in this burning tension hope becomes flesh in patience and patience is nourished in the spirit of hope.

Dimensions of synodality

To conclude. The practice of medicine is also inscribed in this circularity between resistance and surrender. This is particularly evident in extreme situations, when the sick person is close to death. In a similar, though specular, way, the choice of euthanasia is a declaration of surrender, and therefore of escape, just as futile and even cruel resistance is the exaltation of therapeutic futility. By renouncing the pretence of dissolving this tension, medicine too is committed to accompanying the sick person so that he can live his existence fruitfully, until the end, between resistance and surrender, with patience and hope. And I would like to close this reflection of mine that unravels between the dimension of synodality and the context of care with three brief statements.

The first, within medicine itself, with regard to the articulation of the different professionals in the health care world, there must be a synodality between all those involved in medicine. Everyone must talk to each other. Secondly, synodality between medicine and society and all the other forms of care: in short, fostering dialogue with all the other realities involved in caring for the sick. And the third front is that within the Church community. And here too, then, there is a great task for you doctors: to enter into relations with all the other ecclesial realities, bringing your experience of men and women who are passionate and dedicated to those who are weaker and more fragile. And in this, of all the 'professions' or charisms in the Church, that of doctors is perhaps the one closest to the mission of Jesus: to save the whole man, in spirit and in body. Thank you.