

Suffering and the Healing Art of Medicine

Whilst the reason and purpose of suffering may never be fully understood, there are ways of enduring, transcending and growing resilience to how it affects us. Our experience of suffering lies in the web of perceptions that involve our physical, spiritual and cosmological beliefs. Referencing Pain Seeking Understanding: Suffering, Medicine and Faith, edited by Margaret E. Mohrmann and Mark J. Hanson, this article gives a brief exploration of some propositions as to why an all-powerful, good God would allow suffering to exist. From these various perspectives and using examples cited in the book, the article proposes that the healing art of medicine, honed through years of experience, knowledge and wisdom, can help individual patients endure and transcend suffering, and be whole once again.

Throughout human history, the art and science of medicine has sought to heal the complex experience of suffering. Suffering is the experience of bearing something that is not 'right'—physically, psychologically, socially, economically, spiritually, and so on. It is a response to an imbalance in the sense of self, and what-ought-to-be, founded upon the integral web of one's understandings, beliefs, values, cosmology and/or theology, and perceptions of goodness and meaning of life.¹ For example, suffering involving physical pain may be aggravated significantly by feelings of abandonment—not only by loved ones but by God who is believed to be all-powerful, good and loves unconditionally.

Pain Seeking Understanding: Suffering, Medicine and Faith, edited by Margaret Mohrmann and Mark Hanson, is a book on theodicy—"the theological enterprise of justifying God in the face of evil." It does not however in itself offer a simplistic theodicy.² Whilst there is no intention in this article of reviewing the book, it is hoped that the insights offered may aid in exploring ways of responding to our own and others' suffering through the healing art of medicine. Following a brief outline of varying theodicies and perceptions of suffering, an approach to responding to another's suffering is offered.

Suffering, Cosmology/Theology

Many attempts have been made to understand suffering, and to seek its meaning and purpose. Suffering is often interpreted through the lens of an individual's cosmology and/or theology. Cosmology, Mohrmann states, is a "rudimentary... explicit understanding of how the various aspects of human life and its relation to the universe fit together."³

For those who believe, their understanding who God is, may help explain the perception of suffering. If God is seen as all-powerful and good, who judges or orchestrates every action in the world, suffering could be perceived as punishment for bad deeds. The guilt that accompanies this per-

ception can cause further distress. Confusion expressed as "Why me when all I've ever done is good?" may also deepen the experience of suffering.

Daniel Sulmasy posits "that all suffering may be understood as the experience of finitude in tension with intrinsic human dignity."⁴ He equates finitude with fallibility, limitation and imperfection (both morally and materially). He argues that we need to accept that human beings are created, corporeal (thus subject to harm), conscious, free, have intrinsic and inalienable dignity, and are finite.⁵ He sees this intrinsic human character of imperfection as limiting our accomplishments, hence causing suffering. Suffering ends only after death, when Christians believe that perfection is attainable. Suffering, Sulmasy concludes, cannot be completely alleviated, can only be transcended in love (and compassion), and is therefore "an invitation to enter into relationship with God."⁶

Wendy Farley invites us to grow in "deeper awareness of the concurrent two dimensions of our nature: our mortality and our beauty" as "possessors of the image of God."⁷ Suffering is "inevitable and death the signature of the kind of beings we are."⁸ Farley notes:

when our bodies are dismembered by sickness or accident, there may be nothing but pure pain for a while. But God is burning within us as our beauty that is not dismembered, as love for us that is pure and undiluted, as whatever power we have to endure what must be endured and to surrender when surrender is proper.⁹

She invites us to avoid the temptation of projecting all suffering and evil onto God but to look instead at the evidence of God in our lives in goodness, beauty and truth. Drawing on scriptural references,¹⁰ she concludes that God "does not so much explain evil as much as responds to it."¹¹

The law of cause-and-effect has also been offered as an explanation for suffering. Suffering is deserved because of wrong done by the individual. This belief does not however 'solve' the problem of the suffering of the innocent, except perhaps in perceiving the cause as intergenerational misdoings, or actions from "other lifetimes."¹² Whilst this may perhaps encourage the individual to do more good, it does not help ameliorate the current experience of suffering.

Conversing with Drew, a father of two children with disabilities, physicist and business analyst, Albert Keller offers another perspective. Drew's integration of the chaotic, nonlinear, multifactorial marketplace experience, his grasp of clean-cut physics and the suffering associated with his children, leads him to believe in the "butterfly effect"—which proposes that events that may appear random and unrelated are in fact connected. He concludes that we are meant "to play the cards we are dealt" and that "God's meaning for us is to deal with the universe" we live in which is indeterminate.¹³ It is about using our creative power which is "significantly greater" than our "controlled power" in the midst of suffering.¹⁴ In Drew's eyes we are co-creators with God, in a world that is chaotic, indeterminate,

with non-linear interconnections, rather than a mechanistic universe of linear cause-and-effect, order and control. Drew does not seek to understand the intricacies of the mind or morality of God. He seems satisfied to know his role in his relationship with God who loves him into more being.

Some believe that suffering exists to assist “human moral development.”¹⁵ According to this belief, it is the desire of God that we would experience trials, so as “to use our freedom to grow in wisdom, virtue and grace.”¹⁶ God is perfect and our role is to reach perfection, with suffering offering a pathway to this. However, though many experiences of suffering and choices made may indeed help us grow in maturity and adaptability, this may not be true for those whose pain is so deep that there is no capacity to even reason—severe depression, for instance.

Some seek not to justify suffering but instead to use technology to alleviate it. According to this view, the ‘battle’ is curing physical diseases, fortifying vulnerable bodies, and extending lifespans—a revenge against the limitations of nature¹⁷ often with little regard for consequences. Believers who subscribe to this view will point out that God has after all given us the capacity to advance technology. For non-believers, it is humans advancing technology who will eliminate suffering.

James Lindemann Nelson argues that even if God is taken out of the picture, there still lies the question of our response to suffering as moral agents. He offers the vocation of medicine as a paradigm for moral agents who see the suffering around them and respond to ameliorate it.¹⁸

With this backdrop—in reality, a spectrum of perceptions—how does one respond to suffering?

The Healing Art of Medicine

Margaret Mohrmann sees the “art of medicine” as involving the discovery or re-creation of beauty from the broken pieces left behind by tragedy.¹⁹ Acknowledging that no comprehensive, adequate explanation of suffering exists, the authors of the book share their experience and wisdom in bringing healing to the suffering of others. Neither medication nor technology is central, only compassionate presence with deep respect for the dignity of the whole person, and reverence for life in a healing relationship. It entails a commitment, on the part of the health professional, to self-awareness, openness, a non-judgemental stance to the patient’s unique cosmology, and a belief in the patient’s own wisdom.

Receiving patients’ stories of suffering alongside “their confusion, ...fears, ...sense of hopelessness and lack of control, even... anger” is an initial response.²⁰ Listening for clues suggesting the patient’s cosmology and spirituality informs the clinician of the bigger context of the patient’s suffering.

Mohrmann believes that clinicians must accept that some problems are irresolvable. She argues rightly that any attempt to answer the ‘Why?’ with “false, facile answers,”

contradicting “patients’ lived experiences” is a betrayal that leads only to further distress, hampering opportunities for healing.²¹ Understanding that there are no simple answers to the ‘Why?’ of tragedy, may enable persons suffering to let go of all-consuming attempts to understand, and be open instead to see a light beyond this abyss of blackness. In the presence of another who is open to mystery and grace, and witnessing to God’s loving presence, the person suffering may be able to transcend the feeling of deep loss, isolation, and unsubstantiated feelings of guilt and punishment.²² For Dr Deborah Healey, a paediatrician, her trust in God, buoyed by her patients’ stories of God’s presence in their suffering, her faith community, liturgy and the natural beauty around her, enables her to witness God’s presence and love—a counterpoint to the suffering that her patients are enduring.²³ On her part, Healey recognises that denying the presence of ‘evil’ so as to ease her stressful work-life, would lead to an inability to provide compassionate, healing care for her patients.²⁴

Julia Connelly, a physician, introduces the concept of tragedy into the patient’s evolving narrative of suffering.²⁵ Mohrmann affirms this as a significant step in the response to another’s suffering.²⁶ There is comfort, Connelly notes, in the idea of tragedy that incorporates “ideas of loss, suffering, choices, and the *limits of our ability to understand*.”²⁷ Tragedy perhaps captures best the unexpected, unpredictable, nonsensical and undeserved nature of the event.²⁸ Its intrinsic nature alone affords meaning, and acknowledges that the lives of those involved are forever changed. Tragedy also invites one into deeper reflection, discernment, even acceptance, in order to make choices that can help transcend the suffering.

Larry Bouchard’s ‘artistry’ involves the “juxtaposing but *not synthesizing* [of] fragmentary lives, traditions and paths of thought,” including the presence of good, thus helping resist the effects of suffering such as blame and purposelessness.²⁹ He compares this to the laments of the Psalms. This he believes will bring us to a place of encounter through the “attentive silences, solidarity, or the recital of a psalm or... stories of those who have also held fragments,” between the sufferer and the listener. In doing so, “we open a space in which redemptive possibilities may, or may not, later appear.”³⁰

Albert Keller listened to Drew, father of two children with disabilities, and through conversations encouraged him to reflect on his cosmology. This brought an understanding of Drew’s life’s role, and a reconceiving of who God is.³¹ Feeding back Drew’s reflections to him, Keller encouraged Drew to further clarify his meaning and purpose in life.³² Mohrmann sees this—reception, reflection and review—as part of respectful listening. Responding with questions such as “What is God calling and enabling me to be and do?” moves the patient’s thinking from a narrow notion of self-blame to a fuller idea of responsibility.³³

Mohrmann captures the healing outcome in the "recreation of beauty" in Drew's story:

On top of all the unfairness in life, we're learning how to be compassionate. On top of all our limitations, we're learning how to be cared for. On top of all the uncertainty in life, we're learning how to trust, and we're learning responsibility and commitment when other people put their trust in us. We're learning how to forgive.³⁴

She captures Julia Connelly's process of re-creating beauty in poetry-writing: "the disorder is allowed to fall apart again... experiencing this... the poet... begins translating it into language... [resulting in] a new order."³⁵ In Deborah Healey's chapter, the beauty Mohrmann finds is in Healey's deep faith and confidence in God's goodness and presence in the pain, and the witnessing of that to her patients and colleagues. Perhaps it is the witnessing of "God's beauty anyway" that patients can find once again, "beauty" in the pain.³⁶

Mohrmann reflects, "Not understanding, but presence and truth, may help the unbearable somehow to be borne."³⁷

Conclusion

Whilst suffering cannot be comprehensively and adequately explained, there are ways of enduring, transcending and growing resilience to how it affects us. The healing art of medicine calls on the artist-clinician to hear the spoken and unspoken cries of the whole person, understand their values and cosmology, and gather the fragments left behind by tragedy. Then, in the melting pot of their own experience, knowledge, intuition, and (for those who believe) the grace of God, the clinician identifies the core of the suffering and responds accordingly. Mohrmann reminds us that it is imperative that we listen for the unspoken spiritual questions that may underlie medical queries, as an opportunity missed may never present itself again.³⁸ Medication and technology may be interwoven in the compassionate response that primarily lies in the healing relationship between clinician and patient.

The healing art of medicine invites us to take a stance of wholeness, to see others as not just bodies, but as loving, relational beings desiring wholeness. Integral to this stance is com-passion: being with another in their pain and suffering; listening for the deeper questions of meaning and purpose; and for believers the hints of crisis in their relationship with God, in whom they have a sense of self and belonging. Farley reminds us, "It is not medical technology but relationships that mediate dignity to each of us."³⁹ And again, "We [truly] discover God not in what tears us apart but in what enables us to endure."⁴⁰

Why suffering happens remains a mystery, but we are more than our suffering. We are creative, resilient, intuitive, loving and relational beings. For believers, we are made in the image and likeness of God, and in relationship with God and all creation. Perhaps it is the 'more', noticed and identified by the artist-clinician, that could help the

patient alleviate, endure, and transcend suffering, and so heal.⁴¹

ENDNOTES

- ¹ Margaret E. Mohrmann, "Introduction: Suffering, Medicine and Faith," in *Pain Seeking Understanding: Suffering, Medicine and Faith* (Cleveland, Ohio: The Pilgrim Press, 1999), 1–9 at 2.
- ² *Ibid.*, 1. ³ *Ibid.*, 2. Our individual cosmologies may cause some of us to "call on God, or Jesus, or Allah in times of trial." Different cosmologies may enable others to hold beliefs "about the benignity of the universe, or its manifest orderliness, or the meaning of their place and significance within human relationships of love and work." See also Daniel P. Sulmasy, "Finitude, Freedom and Suffering," in *Pain Seeking Understanding*, 83–102 at 86–88, where Sulmasy summarises the classical Christian theodicies.
- ⁴ Sulmasy, 92. ⁵ *Ibid.*, 91. Sulmasy argues that if human beings are not conscious, then they are ill; all human beings are free and have free-will—if not they would be also suffering; and that their finitude, fallibility and imperfection are both moral and material in kind. ⁶ *Ibid.*, 101–102.
- ⁷ Wendy Farley, "The Practice of Theodicy," in *Pain Seeking Understanding*, 103–114 at 106. ⁸ *Ibid.*, 106. Farley beautifully explores this further in the chapter quoting experiences, Scripture and the mystic Julian of Norwich. ⁹ *Ibid.*, 111.
- ¹⁰ *Ibid.*, 110–111. Here Farley references the Incarnation, Crucifixion, Resurrection and eschatological hope as evidence of how God relates to suffering. She also reminds us of St Paul's description of the radical love of God in Romans 8:38–39: "For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God...." Paul does not say that God causes our afflictions. He says rather that nothing that the world can throw at us—tortures, hunger, persecution—removes God's love from us." This she admits is easy to forget when we are suffering or are in the presence of suffering. ¹¹ *Ibid.*, 110.
- ¹² Such an interpretation might be made in the context of the Dharmic religions such as Hinduism and Buddhism which believe in reincarnation.
- ¹³ Albert H. Keller, "When Truth is Mediated by a Life," in *Pain Seeking Understanding*, 50–61 at 54.
- ¹⁴ *Ibid.*, 54–55. ¹⁵ Sulmasy, 87. ¹⁶ *Ibid.*
- ¹⁷ Per Anderson, "To Change and Accept in a Technological Society," in *Pain Seeking Understanding*, 126–142 at 139. Transhumanism is a movement whose goal is to fundamentally transform "the human condition by developing and making widely available technologies to greatly enhance human intellectual, physical, and psychological capacities." For more on this, see Transhumanism Australia, <http://www.transhumanism.com.au/about>. The first line of the Transhumanist Declaration states: "We envision the possibility of broadening human potential by overcoming aging, cognitive shortcomings, involuntary suffering, and our confinement to planet Earth." For this, see "Transhumanist Declaration," Humanity Plus, <http://humanityplus.org/philosophy/transhumanist-declaration/>.
- ¹⁸ James Linderman Nelson, "The Secular Problem of Evil and the Vocation of Medicine," in *Pain Seeking Understanding*, 145–159.
- ¹⁹ Margaret E. Mohrmann, "Someone is Always Playing Job," in *Pain Seeking Understanding*, 62–79 at 75.
- ²⁰ *Ibid.*, 73. See also Deborah E. Healey, "Painful Stories, Moments of Grace," in *Pain Seeking Understanding*, 29–38 at 32.
- ²¹ Mohrmann, *Always Playing Job*, 69, 72.
- ²² *Ibid.*, 73. ²³ *Ibid.*, 77. ²⁴ Healey, 38.
- ²⁵ Julia E. Connelly, "The Tragedy of 'Why Me, Doctor?'" in *Pain Seeking Understanding*, 39–49 at 39.
- ²⁶ Mohrmann, *Always Playing Job*, 69.
- ²⁷ Connelly, 41. [my emphasis]. ²⁸ *Ibid.*, 42, 45.
- ²⁹ Larry D. Bouchard, "Holding Fragments," in *Pain Seeking Understanding*, 13–28 at 13 [my emphasis], 22.
- ³⁰ *Ibid.*, 21–22. Bouchard further states that there is the need to resist blaming God, to resist the pursuance of ideas that bring harm, to resist purposelessness and pain (for example, by simply saying that what happened is God's will and as a result not seeking meaning or purpose in it), and to resist the metaphysical finality of tragedy so as to arrive at the place of encounter.
- ³¹ Mohrmann, *Always Playing Job*, 67.
- ³² This eventually also led to the participation of Drew's wife's in the whole narrative. His 'artistry' also draws in significant others into the healing process. For this, see Keller, 61.
- ³³ Mohrmann, *Always Playing Job*, 74. Here Mohrmann equates responsibility to response to suffering.

³⁴ Ibid., 76. ³⁵ Ibid., 77. ³⁶ Ibid., 79. ³⁷ Ibid.

³⁸ Ibid., 64. ³⁹ Farley, 113. ⁴⁰ Ibid., 110.

⁴¹ These reflections do not do justice to the value and wisdom imparted in this book. I highly recommend this book to all interested. It is currently out of print but second-hand copies are available.

All online material accessed 8 July 2015.

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Pain Relief Which May Shorten Life

Physician and ethicist Professor Paul Komesaroff and former judge Stephen Charles QC have proposed legislation to protect health professionals from the risk of criminal prosecution when in appropriate circumstances they provide pain relief which may shorten a patient's life. For this protection, they recommend that four conditions must all be satisfied: (i) the patient has a terminal illness; (ii) the intention is to relieve pain and suffering; (iii) the treatment is reasonable in terms of current medical practice; and (iv) the treatment is necessary to relieve pain and suffering. This article examines their proposal, supports it, and joins in the call for Victorian legislation which achieves this purpose.

Catholic teaching supports the provision of adequate pain control, even if the foreseen but unintended consequence of this pain control is the shortening of life. Thus, for example, Pope St John Paul II (quoting Pope Pius XII) stated that "it is licit to relieve pain by narcotics, even when the result is decreased consciousness and a shortening of life, if no other means exist..."¹ A recent article about this by Paul Komesaroff and Stephen Charles, however, has been met with some concern and criticism. In this article, we will firstly note what Komesaroff and Charles said. We will then explore their critics' concerns. Next, we will look at what was said by Paul Komesaroff when he spoke to the Victorian Parliamentary Inquiry into end-of-life choices, and articulated his proposal in different words. We will then explore legislation on this matter from South Australia, Western Australia and Queensland, the three Australian states which have laws on this matter. Finally, we will suggest what can be learnt from all of this.

Komesaroff and Charles

Professor Paul Komesaroff is Director of the Monash Centre for Ethics in Medicine and Society. Stephen Charles QC is a barrister and former judge of the Victorian Court of Appeal. They first wrote about this matter in the Melbourne Age on 21 November 2014.² They then wrote a longer article on the same topic in the *Medical Journal of Australia* (MJA) on 18 May 2015.³ Both articles make substantially the same points, at times using almost the same words. This is what was said in the MJA:

After noting the "often strident and acrimonious tone" of the debate in Australia about euthanasia, Komesaroff and Charles suggest that "there is widespread community agreement on two fundamental principles: that people

suffering from terminal illnesses are entitled to adequate treatment of their symptoms, and that they should also be allowed to make key decisions about when and how they die." (The citation for this is a 2011 survey by The Australia Institute.) In this context, they identify a problem, which is that "doctors who follow the current best practice by providing whatever care is needed to alleviate pain and suffering cannot be confident that they would be protected from criminal prosecution for murder, manslaughter or aiding and abetting suicides should they be actively involved in the death of their patient." What is more, because of these concerns about possible criminal prosecution, it may be that doctors do not give adequate pain control, particularly in those circumstances where adequate pain control may shorten the patient's life.⁴ To remedy these problems, Komesaroff and Charles propose "modest changes to existing legislation":

We propose that legislation be enacted to amend relevant Commonwealth and state criminal legislation to provide a defence to a charge of homicide or manslaughter when a doctor has prescribed or administered a drug that has hastened or caused the death of a patient with a terminal disease. This defence would be allowed if the doctor: (a) reasonably believed that it was necessary to prescribe or administer the drug to relieve the pain or suffering of the patient; or (b) prescribed or administered the drug with the intention of relieving such pain or suffering.

This change, Komesaroff and Charles assert, "would ensure that people facing serious illness would be confident that their needs could always be met, and that doctors following accepted best practice would be able to do so without the threat of criminal conviction."

Finally, Komesaroff and Charles note that this change will not resolve all the disagreements in the community about euthanasia and assisted suicide (EAS). Given that some support the legalisation of EAS while others oppose this, "important areas of disagreement would, of course, persist."⁵

Criticism

Quite a number of people who oppose EAS have criticised Komesaroff and Charles' proposal. Indeed, these critics have accused the authors of trying to introduce EAS by stealth. I am also opposed to EAS. However, I believe that Komesaroff and Charles' critics have misunderstood what they are saying. There are at least three phrases in Komesaroff and Charles' articles which are less than clear. As we will see, their critics have interpreted each of these phrases in a certain way. I believe, however, that these interpretations misrepresent what Komesaroff and Charles intended to say. In my opinion, the best interpretation of what Komesaroff and Charles meant comes from reading Professor Komesaroff's testimony before the Victorian Parliamentary Inquiry into end-of-life choices. We will look at that testimony in the next section of this article. In this section, we will look at what Komesaroff and Charles' critics