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Charity Begins in the Clinic: I Corinthians 13 and the Clinician/Patient Relationship

Article

In the upper room discourse, Jesus gave his disciples important instructions. He told them in several ways that they were to love one another, and demonstrated this in washing their feet. This is the same group that he had sent on a couple of field experiences that included healing the sick (Luke 9 & 10). Earlier he had taught them the Great Commandment to love God and neighbor, who was defined in the parable of the Good Samaritan, in which the Samaritan engaged in healing ministry. The importance of love continued in the epistles. Paul in I Corinthians 13 provided a powerful, poetic vision of agape love and indicated that ministry without love is empty. Thus through the teaching of Scripture and the modeling of Jesus' life and sacrificial death, it is clear that Christians are to love God, each other, and their neighbors. This includes the patients that clinicians are called to serve.

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How are Christian health care providers different from their secular counterparts?

Morton Kelsey, in Healing and Christianity (1995), makes a case for the necessity of love in Christian healing and he notes that one of the most characteristic aspects of true Christian healers is their capacity to love and be channels of divine love. Christian healing ministry that is not rooted and grounded in love seldom achieves lasting results (Kelsey), so to be instruments of God's healing power, our activity must be based in loving concern for all people. Charity reduces suffering, as people in whom God lives are enabled by love to act for healing, including moving them to heal the causes of sorrow, disease, and death (Smedes, (1978). Caregiving, according to Green (1994), is a divine vocation that is to reflect in the world the character of God as manifested in covenantal love. All of this suggests that Christian clinicians should love their patients.

Having written on the virtues that are naturally inherent in medical practice, Pellegrino and Thomasma (1996, 1997) set out to describe what Christians vocationally called to the healing arts bring to the field that goes beyond secular virtues. That is, how are Christian health care providers different from their secular counterparts? Drawing on Augustine, Thomas Aquinas, and others, they flesh out theological virtues that characterize Christian clinical practice. The three most important are charity or love, faith and hope. Charity is the primary virtue that orders and integrates the other virtues. These virtues are to help inform clinical decision making and ethics. They note that virtuous character is necessary in conjunction with clinical ethical norms to make sound, ethical decisions consistent with Scripture and Christian teaching. The source of these virtues, especially acting charitably toward one's patients, is viewed as an outworking of God's grace. It is a gift of God to be utilized by those called to vocational health ministry and a mark that should characterize them.

Having presented a case for charity in Christian vocational health care, we must consider what this means practically to those working in the healing arts. A number of

authors representing various disciplines and theological perspectives have delineated some of its characteristics. For Christians, Scripture and Jesus' life are authoritative and must be a part of any discussion of the attributes of love in the clinical setting. In this paper I will attempt to synthesize several of the concepts described by the above noted writers and apply Scripture including Paul's vision of agape in I Corinthians 13. The list of characteristics is not meant to be exhaustive but rather focuses on those which seem more crucial to good clinical care. I will then discuss some of the factors that influence the clinicians' ability to treat their patients with charity.

Charity Considered

As love always takes place in the context of a relationship, we must first note some of the unique aspects of the clinician/patient relationship. The relationship clinicians have with patients is very different from the relationships they have with spouses, children, friends, and neighbors. The love they have for patients will therefore look very different than the love they express towards family, friends and neighbors. One difference is that in the clinical setting the clinician and patient are not peers. The relationship by necessity is not equal. The patient in need of care seeks the expertise of the clinician who is typically viewed as an authority figure. In most cases, the patient voluntarily submits to the treatment prescribed by the practitioner. The clinician is bound by well proscribed professional ethics in regard to the proper behavior toward patients. Even though the relationship is not equal, the patient, unless incapacitated, retains "ownership" of his or her suffering, and ideally should play an active role in the healing process rather than be a passive recipient. The concept of host and guest may be helpful in this regard (Weborg, 2005). In one sense, when a patient comes to a clinic or hospital, he or she is entering the clinician's domain. Thus the clinician is the host and the patient the guest. On the other hand, it is the patient who invites the clinician into his or her life, revealing frailties, vulnerabilities, and sufferings which are private and not revealed to just anyone. In this sense, the patient is the host and the clinician is the guest.

One of the hallmarks of charity is that it is not self-seeking (I Co. 13:5). Agape love is the only power within reality able to move people to sacrifice their own rights for

the sake of others (Smedes, 1978). Jesus, in his act of washing the disciples' feet, gave a lesson against seeking honor, claiming status, or holding onto ones own rights (Green, 1994). We see God's selfless love manifest further in the sacrificial death of Jesus. Pellegrino (1996, 1997) asserts that beneficence –acting for the good of the patient- is a central principle of medical ethics. The vulnerability of the sick person imposes a specific responsibility to not take advantage of the patient. The Christian perspective, he argues, is motivated by an even higher degree of self effacement. To a significant degree, the clinician must set aside his or her own self interest, comfort, and preferences in order to serve the patient. This self effacement, for the Christian clinician, is an obligation toward others and is motivated by love, not self interest. Caregiving takes its bearing from the character of God, and as such, goes beyond mutual obligation (Green).

True charity motivates the clinician to act on the behalf of the sick and to advocate for them even to the point of making oneself vulnerable (Pellegrino, 1996). This includes treating those who are difficult, non adherent, or ungrateful. As love is not rude or arrogant (I Co. 13:4-5), there is no room for rudeness, inaccessibility, abruptness, or arrogance toward any patient, including the "difficult" ones in a charity based practice of the healing arts. Love does not mean personal liking or sentimental affection, but is devoted to the welfare of the other and thus is boundless and extended to those who are hateful or are outside the personal and cultural preferences of the clinician (Lanara, 1981). It also precludes an attitude of entitlement that seeks privilege, prestige, undue financial gain, and other prerogatives (Pellegrino).

Another characteristic of selfless love is that it is not jealous (I Co. 13:4). This love is not a seeking, grasping or holding love, but rather a giving love. It is the power to move one toward another with no expectation of reward (Smedes 1978). Charitable care-giving has no interest in controlling others (Green, 1994). It allows the other person to be free to decide whether or not to like the clinician or follow his or her recommendations. It respects the autonomy of the patient (Pellegrino). Charity also respects the privacy of the patient and protects his or her confidentiality. Love bears all things (I Co. 13:7). One meaning of "bears all" according to Smedes (1978) is that it covers things up for the sake of healing. It keeps things quiet. Charity respects and

confirms the dignity of the patient who is created in God's image (Eriksson, 1995). It desires to enable others to come to wholeness, one of the biblical aspects of health (Kelsey 1982).

Another meaning of love bears all things is that it carries all things, including people's burdens. God became a burden carrier in the earthly ministry of Jesus (Smedes 1978). As bearers of the image of God, humans receive the capacity for compassionate behavior. (Green 1994) Thus, compassion is one of the signs that the virtue of charity is at work in the clinician. Compassion is the capacity to feel and suffer with the sick person (Pellegrino) or to help carry the burden of their illness. But, it is more than bearing some of the patient's suffering, as it results in action, including the desire to alleviate it, even so far as to go out of one's way, as taught in the Good Samaritan parable. Compassionate love is also patient and kind (I Co. 13:4). Through compassion we are able to identify with the sick by realizing that one day we too may be sick, and that those who are sick remain part of the human family (Pellegrino).

Evans (1999) lists some characteristics of compassion shown by the healer. It encompasses a desire for justice and the ability to suffer with one's neighbor. It eases loneliness and provides hope. It requires a centering on the other. It brings healing by creating a community of concern in which the person is not alone in pain. The fruit of compassion is the transformation of lives.

Love does not delight in evil (I Co. 13:6). Smedes (1978) notes that evil can be natural or accidental and that love is the power that moves one to regret evil no matter what the cause. Evil is everything that happens which hurts people needlessly. Jesus' life and teaching make clear the various ways sickness has destructive and deteriorating effects on human beings. Sickness tears down life rather than building it up, as illness fractures our image of our self and thus is the forced deconstruction of it (Pellegrino 1996). In this way disease and illness can be viewed as evil. Just as Jesus was hostile to sickness and healed many (Kelsey, 1995), the clinician is not to rejoice in this evil but do what is possible to alleviate suffering, in the spirit of charity (Eriksson, 1997), and help reconstruct the person and bring him or her to wholeness. Clinicians must heal the attack on the spirit as well as heal the attack on the body (Pellegrino).

Love ... rejoices with the truth (I Co. 13:6). Another way clinician's express love in their caregiving is through their ethical approach to medical decision making. The virtue of charity helps the clinician advance the good of the patient in a way informed by love (Pellegrino 1996). Pellegrino indicates that the virtue of charity shapes moral choice in the way that principles of medical ethics are interpreted, in the understanding of the clinician/patient relationship, and in the concrete choices made in contemporary professional ethics. Truth telling in a sensitive, caring manner is an essential component of ethical practice. Truth keeps love honest by keeping it from sweeping hard realities under the rug (Smedes, 1978). The patient must have accurate and sufficiently complete information in order to make an informed decision about his or her care. This is an essential component of the informed consent process which is an important aspect of ethical clinical practice.

One must have faith to wager one's life on the idea that love is the essential nature of God and the universe.

There are other attributes of charity in the clinical setting. These include professional competence (Roach 2002 and Pellegrino 1996) and effectiveness (Swaby-Ellis 1994). Charitable clinicians must maintain their knowledge and skills to be able to meet the demands of clinical care. They should be motivated to provide quality and competent care in the knowledge that by providing such care to their patients in a loving manner they are serving and loving God (Mt. 25:34-46). By establishing a clinician/patient relationship that allows patients to have confidence in them, health care providers help their patients feel assured enough to give the responsibility and apprehension of the illness to them (Pellegrino, 1996), as this is an important way in which clinicians encourage hope and help bring healing to their patients. Love always hopes (I Co. 13:7). Charity gives hope to the one who is loved and can even inspire it in situations where medicine offers little hope (Smedes, 1978) and hope is an essential component of the healing process. Comportment, or the manner in which one presents

oneself, is an important factor in whether the patient has confidence in the clinician and in whether the patient feels cared for by him or her (Roach) and maintains hope.

Critics will contend that some secular clinicians are more loving than some who maintain a Christian faith tradition. This observation neither negates the case for clinical charity nor invalidates its characteristics. It simply confirms what Christians readily acknowledge. The ability to love others, including ones patients, will always be imperfect. The apostle Paul indicates that everyone falls short of the glory of God (Rom. 3:23) and that all struggle to do what is right (Rom.7:21-25). Everyone obviously includes Christian clinicians. Even so, such clinicians must strive to provide loving care, for otherwise they can not be faithful to their beliefs. Yet if clinicians are able to be charitable, it is because they have accepted God's necessary grace (Pellegrino, 1996). Also, health care providers must balance their obligation to care for their patients in a charitable way with their duty to love their families, friends, and community members.

There are a number of personal factors that influence Christian clinicians' capacity to lovingly treat their patients. Edwin Loewy suggests that caring is a biological phenomenon that is subject to biological variability (Pellegrino, 1996). Swaby-Ellis (1994) believes that clinicians' ability to care depends upon their characters, the quality of interaction with their primary care givers, their life experiences and stages of growth, their motivation to become a clinician, their view of their profession, their view of family, friends, and faith traditions, their clinical methods, and socio-political influences on themselves and their patients.

Kelsey (1995) maintains that we need to learn to love in God's way, which is no easy task. He offers some practical suggestions as to how clinicians can begin to love as Jesus did. First, one must have faith to wager one's life on the idea that love is the essential nature of God and the universe. Second, love requires that unpleasant effort known as discipline. Otherwise we love only when we feel like it or it is convenient. Third, we must love ourselves as Jesus loves us. Fourth, we need to spend time in prayer and meditation with the Divine Lover. Fifth, we must learn to listen. It is impossible to love others until we do so, nor can we love others until we realize their uniqueness. Last, we must be aware of our hostility and anger. He goes on to note the importance of loving our family, our acquaintances, and our enemies.

Conclusion

As recipients of God's gracious love, Christians are called and empowered to love one another. The nature of this love, or charity, is revealed through God's work in history, including Jesus' earthly ministry, and in Scripture. Agape love is not an abstraction or a sentimental feeling, but a power that is expressed in action in the nitty-gritty of human relationships, including the clinician/patient relationship. Charity based caregiving is a distinguishing mark of Christians called to serve God vocationally in health care. In the clinical setting, caring with charity entails self effacement, respect for personal autonomy and dignity, compassion, hating the destruction and suffering caused by illness, ethical decision making, competence, and inspiring confidence and assurance in the patient. This is a daunting task for clinicians, who as fallen human beings, love imperfectly. Mercifully, God does not expect them to do this only through their own power and ability, but has graciously given them the Holy Spirit to help them care for their patients in a loving manner. Thus by God's grace charity can begin and flourish in the clinic.

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