

an essay:

Reflections on Catholic Hospital Chaplain Care -
Under The Terebinth of Abraham

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I. THE ESSENTIAL BIBLICAL ROOTS OF WESTERN HOSPITAL CARE

William Cheshire, MD in his 2003 article entitled “[*Twigs of Terebinth: The Ethical Origins of The Hospital in Judeo-Christian Tradition*](#),” reviews the Jewish and Christian traditions of care for the sick that led to the establishment of hospitals in The West.¹ Moses records in GENESIS 17 that when Abram was 99 years old, GOD appeared to him and called him to Covenant, changing his name to Abraham and promising him many descendants, fatherhood of many nations and possession of The Promised Land. The outward sign of that “everlasting pact” was circumcision. [GENESIS 17:13]² Abraham then set up his tent under an oak tree of Mamre, “its enormous branches stretching heavenward... a solitary source of welcome shade under the burning desert sun,”³ where he rested to regain his strength.⁴

It was GOD Himself Who initiated the practice of visiting the sick as an act of mercy, for “The LORD appeared to Abraham by the terebinth of Mamre, as he sat in the entrance of his tent...” [GENESIS 18:1]⁵ Cheshire notes that here we find “the spiritual genesis of the hospital,”⁶ where Abraham in turn provided hospitality to his guests, unknowingly to The LORD at first, and in doing so received Divine blessing.⁷ Thus, The ancient Jewish term for hostel, “Terebinth of Abraham.”⁸

The Jewish duty towards the stranger and the sick is known as “BIKUR CHOLIM.”⁹ Visiting the sick removes a portion of a patient’s suffering, but abandoning the sick is like shedding innocent human blood.¹⁰ Visiting the sick is a duty required of every Jew, to which no

¹ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition.”

² 2, NAB, GENESIS 17:13.

³ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition,” p 2, “Twig of Terebinth,” para 1.

⁴ 2, NAB, GENESIS 17:22-27.

⁵ 2, NAB, GENESIS 18:1.

⁶ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition,” p 2, “Twig of Terebinth,” para 1.

⁷ 2, NAB, GENESIS 18:2-14.

⁸ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition,” p 2, “Twig of Terebinth,” para 1.

⁹ 3, Trainin, “What is BIKUR CHOLIM?”

¹⁰ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition,” p 2, “I was Sick and You Visited Me,” para 1.

sufferer may be excluded from receiving.¹¹ Even the alien may not be overlooked,¹² “for withholding mercy would dishonor The Divine Name.” Added is the duty to pray for the sick.¹³ So it is not surprising that, “Out of GOD’s Covenant with The Jews, the world received the principle that, in their actions towards others, people of Faith are responsible to a righteous GOD Who dispenses mercy and judgment. Such a people possessed the ethical basis to become dedicated ministers of healing.”¹⁴

In Christianity, “because CHRIST also suffered for you, leaving you an example that you should follow in His footsteps,” [I PETER 2:21]¹⁵ all people are called by The Lord in thankfulness and compassion to care for others in His Love.¹⁶ Illness is thus seen as “no longer a disgrace, [nor] a public sign of individual sin..., but is rather seen “as the result of Original Sin shared by the whole human family...” Seeing CHRIST in every suffering human person calls for a response of Christian BIKUR CHOLIM, where Divine Grace “infuses the human gesture of Charity. In the shared moment, GOD dwells with caregiver and sufferer.”¹⁷ In their midst, The Lord is present.¹⁸

So Dr. Cheshire observes, “Just as ‘Luke the beloved physician’ (COLOSSIANS 4:14)... journeyed alongside the Apostle Paul,¹⁹ in the best medical traditions scientific curing prospers when accompanied by spiritual caring.”²⁰ As an Assistant Professor of Neurology at the Mayo Clinic and a Fellow at The Center for Bioethics and Human Dignity, Dr. Cheshire would be one who knows.²¹ His observation is timely in the midst of the highly technical but dehumanizing

¹¹ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition,” p 2, “I was Sick and You Visited Me,” para 1.

¹² 2, NAB, LEVITICUS 25:35.

¹³ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition,” p 2, “I was Sick and You Visited Me,” para 1.

¹⁴ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition,” p 2, “I was Sick and You Visited Me,” para 2.

¹⁵ 2, NAB, I PETER 2:21.

¹⁶ 2, NAB, JOHN 15:12.

¹⁷ 2, NAB, MATTHEW 18:20.

¹⁸ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition,” p5, “Ministry of Healing,” para 5-6.

¹⁹ 2, NAB, COLOSSIANS 4:14.

²⁰ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition,” p 6, “From Mamre to Minnesota,” para 1.

²¹ 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition, p7, “Author Affiliation.”

and increasingly overstretched and ailing US health care system. He warns, “The modern biomedical enterprise, particularly in the United States, has far surpassed the quality of health care available during any previous time in history.... We have much for which to be thankful. We should also be watchful that, in our enthusiasm for scientific advances, we do not sever hospital medicine from its sustaining Biblical roots.”²² But the severing is in progress.

II. THE ETHICAL HERITAGE OF CATHOLIC HEALTH CARE

Thomas Narin, OFM, in his 2010 article entitled “*The Catholic Tradition of Health Care*,” documents that The Catholic Church has been deeply involved in American health care from even before the founding of The USA and a major provider of hospital care through the ages.²³ Catholic Orders have been involved in founding American hospitals as early as 1727.²⁴ By the start of the 20th Century, there were almost 400 Catholic hospitals in the USA.²⁵ Narin sees the vital importance of the distinctive ethics of Catholic health care as key to its continued existence as part of essential Catholic Church ministry. As senior director of ethics of the Catholic Health Association of the United States and a PhD graduate from the University of Chicago Divinity School, Father Narin would be one who knows.²⁶ But that continued existence is increasingly in question. The antidote rests in that key of distinctive Catholic ethics.

So Father Narin observes the link in the mission statements of Catholic institutions between the health care they provide and Catholic social justice, identifying core Catholic values: “human dignity, care for the poor, the sacredness of life, service, integrity, justice and compassion.” He has found that “Almost invariably the mission and/or vision statements of the various Catholic health care systems articulate that the work of the system is a participation in the healing ministry of CHRIST, which includes a commitment to the poor and vulnerable”²⁷ He notes the close relationship between US Catholic health care and the standards set by the US Conference of Catholic Bishops [USCCB] in the “Ethical and Religious Directives [ERD’s] for

²² 1, Cheshire, “Ethical Origins of the Hospital in Judeo-Christian Tradition, p7, “Return to The Terebinth,” para 1.

²³ 4, Narin, “The Catholic Tradition of Health Care” p 43, para 4-5.

²⁴ 4, Narin, “The Catholic Tradition of Health Care” p 43, para 6-9.

²⁵ 4, Narin, “The Catholic Tradition of Health Care” p 43, para 10 – p 44.

²⁶ 4, Narin, “The Catholic Tradition of Health Care” p 46, author’s background.

²⁷ 4, Narin, “The Catholic Tradition of Health Care” p 44, para 3-4.

Catholic Health Care Services.”²⁸ The ERD’s have two purposes: 1) “They attempt to explain the Catholic identity of hospitals and other such facilities as part of the health-care ministry of The Church.” 2) “They seek to clarify how these institutions act with ethical integrity.”²⁹

Dr. Cheshire and Father Narin both identify the core values of Western hospital care for the suffering, to which The USCCB gives voice: “to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of CHRIST’s mission; to see suffering as a participation in the redemptive power of CHRIST’s passion, death and resurrection; and to see death, transformed by The Resurrection, as an opportunity for a final act of communion with CHRIST.”³⁰ Therefore, the USCCB identifies for us 5 Social Responsibilities of Catholic health care.

III. FIVE SOCIAL RESPONSIBILITIES OF CATHOLIC HEALTH CARE

Human Dignity is a “commitment to promote and defend” the dignity of the human person, which is rooted in respect for “the sacredness of every human life from the moment of conception until death.” The right to life of the human person “entails a right to the means for the proper development of life, such as adequate health care.”³¹ Love of GOD demanded by Divine Dignity compels love of neighbor demanded by Human Dignity. [GENESIS 1:27; MATTHEW 22:36-40]³²

The Common Good is “realized when economic, political and social conditions ensure protection for the fundamental rights of all individuals and enable all to fulfill their common purpose and reach their common goals.”³³ The measure of a society is best seen in its mercy, or lack thereof, to its most vulnerable. The good of society is best served when people are treated, and treat others, with godly mercy. [LUKE 10:25-37]³⁴

²⁸ 5, USCCB, “Ethical and Religious Directives for Catholic Health Care Services,” 2001.

²⁹ 4, Narin, “The Catholic Tradition of Health Care” p 44, para 5-7.

³⁰ 5, USCCB, “Ethical and Religious Directives for Catholic Health Care Services,” p 4, para 3. “General Introduction.”

³¹ 5, USCCB, “Ethical and Religious Directives for Catholic Health Care Services,” p 8, para 2. “Introduction.”

³² 2, NAB, GENESIS 1:27; NAB, MATTHEW 22:36-40.

³³ 5, USCCB, “Ethical and Religious Directives for Catholic Health Care Services,” p 8, para 4 – p 9. “Introduction.”

³⁴ 2, NAB, LUKE 10:25-37.

Care for the Sick Poor is “the Biblical mandate to care for the poor [which] requires us to express this in concrete action at all levels of Catholic health care.” Thus the attention in Catholic institutions for the health care needs of especially “the poor, the uninsured and the underinsured.”³⁵ What we do for the least of our brothers we do as unto The Lord. [MATTHEW 25:31-46]³⁶

Responsible Stewardship is the good faith use and wise management of available health care resources. This is “accomplished best in dialogue with people from all levels of society, in accordance with the principle of subsidiarity and with respect for the moral principles that guide institutions and persons.”³⁷ The unfaithful steward loses his charge before the just judgment of The Lord. [LUKE 19:11-27]³⁸

Rights of Conscience is the recognition that, in our modern pluralistic society, “Catholic health care services regularly encounter requests for medical procedures contrary to The Moral Teachings of The Church.” Catholic health care does not seek to “offend the rights of individual conscience” of patients, families and staff with coercion. But Catholic institutions must firmly refuse “to provide or permit medical procedures that are judged morally wrong by The Teaching Authority of The Church.”³⁹ The right of conscience of others to disagree with The Church does not mean we are to surrender our Catholic ethics and practices to become like the world. [JOSHUA 24:15]⁴⁰

IV. BALANCE BETWEEN HUMAN DIGNITY AND THE COMMON GOOD FIRST

³⁵ 5, USCCB, “Ethical and Religious Directives for Catholic Health Care Services,” p 8, para 3. “Introduction.”

³⁶ 2, NAB, MATTHEW 25:31-46.

³⁷ 5, USCCB, “Ethical and Religious Directives for Catholic Health Care Services,” p 9, para 1. “Introduction.”

³⁸ 2, NAB, LUKE 19:11-27.

³⁹ 5, USCCB, “Ethical and Religious Directives for Catholic Health Care Services,” p 9, para 2. “Introduction.”

⁴⁰ 2, NAB, JOSHUA 24:15.

The Bishops' ERD's give us practical guidelines to implement Catholic justice in health care in the real world, requiring Catholic health care institutions and caregivers to balance the demands of *Human Dignity* with *The Common Good*, which form "the very foundation of Catholic Social Teaching ⁴¹ [CST]." ⁴² The ERD's reference Vatican II, recognizing that societies are best served by allowing and providing people with the means necessary for "human flourishing," while recognizing that all human persons have duties to the society in which they live. Only by balancing *Human Dignity* with *The Common Good* in the face of limited resources and demand that can never be fully met can Catholic health care institutions effectively carry out *Care for the Poor*, *Responsible Stewardship* and *Rights of Conscience* while avoiding financial ruin. ⁴³ Let us weep and learn over the recent collapse of the last Catholic hospitals in New York City. ⁴⁴

Gaudium et Spes, under Pope Paul VI in 1965, addresses this need for balance. We have *Human Dignity*, whose "rights and duties are universal and inviolable. Therefore, there must be made available to all men everything necessary for leading a life truly human, such as food, clothing, and shelter; the right to choose a state of life freely and to found a family, the right to education, to employment, to a good reputation, to respect, to appropriate information, to activity in accord with the upright norm of one's own conscience, to protection of privacy and rightful freedom... in matters religious." ⁴⁵

And we have *The Common Good*, "the sum of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfillment," and in view of the complexity of human interdependence, "consequently involves rights and duties with respect to the whole human race. [Therefore,] Every social group must take account of the needs and legitimate aspirations of other groups, and even of the general welfare of the entire human family." ⁴⁶

⁴¹ 6, USCCB, "Seven Key Themes of Catholic Social Teaching." – "Life and Dignity of the Human Person; Call to Family, Community, and Participation; Rights and Responsibilities; Option for the Poor and Vulnerable; The Dignity of Work and the Rights of Workers; Solidarity; Care for GOD's Creation."

⁴² 4, Narin, "The Catholic Tradition of Health Care" p 45, para 1.

⁴³ 4, Narin, "The Catholic Tradition of Health Care" p 45, para 2.

⁴⁴ 7 Griffin, "New York's Last Catholic Hospital Struggles to Keep its Doors Open."

⁴⁵ 8, Pope Paul VI, *Gaudium et Spes*, # 25, para 1-3.

⁴⁶ 8, Pope Paul VI, *Gaudium et Spes*, # 25, para 1.

V. JUSTICE & PEACE NEEDED FOR HUMAN DIGNITY & THE COMMON GOOD

Justice is the responsibility, not only of the individual to other individuals, but to groups, to society and the human family. Society has an equal responsibility towards individuals, groups and itself. Therefore Justice, as The Catechism of The Catholic Church says, is “the moral virtue that consists in the constant and firm will to give their due to GOD and neighbor. Justice toward GOD is called the ‘virtue of religion.’ Justice toward men disposes one to respect the rights of each and to establish in human relationships the harmony that promotes equity with regard to [the Human Dignity of] persons and to The Common Good.”⁴⁷

Peace is “not merely the absence of war, and is not limited to maintaining a balance of powers between adversaries.” Peace is not a superficial enforcement of coercion, in the absence of godly social justice, to maintain an oppressive social order. Peace is rather, as The Catechism says, “the tranquility of order..., the work of [godly] Justice and the effect of Charity” that balances Human Dignity and The Common Good for the maximum blessing and benefit between individual citizens, communities, society itself and the human family.⁴⁸

VI. CRUCIAL QUESTIONS FOR CATHOLIC HEALTH CARE & THE CHURCH

In this modern American society of increasingly sparse social, economic and moral Justice and Peace, how can Catholic health care institutions, communities, parishes and individuals assure this continued mission of Christian Charity to the sick, the injured, the dying and the poor? How are we to balance Human Dignity with The Common Good to assure that Catholic health care remains active and present in our society as a testimony of the healing mission of CHRIST? How is The Catholic Church to assure Care for the Sick Poor, Responsible Stewardship and Rights of Conscience for those most in need in health care if we abrogate our Great Commission duty to bring about godly social Justice and Peace by failing to preach The Good News in word and deed where it is often most needed – at the hospital bedside?

⁴⁷ 9, CCC, # 1807.

⁴⁸ 9, CCC, # 2304.

Given the ongoing withdrawal of The Catholic Church from the hospital bedside, evidenced in the shortage of Priests and Religious and closure of many Catholic hospitals, how can She respond to assure continuing Catholic pastoral care in US health care? How can The Church better help reverse the loss of hospitality in US hospitals in the face of the alienating forces of technology, bureaucracy, dehumanization, loss of control, secularism, lack of access and financial pressures experienced by patients, families and caregivers?

Given the diminishing numbers of Priests and Religious available for hospital Chaplaincy, how can The Church make better use of, screen, train, send forth and support Laity who are serving, or who desire to serve, as hospital Chaplains? For if The Catholic Church does not send workers into the vineyards of hospital pastoral care, others will continue to step in and fill the void. Perhaps the answers rest under the “Terebinth of Abraham” within the shared Judeo-Christian ethic of “BIKUR CHOLIM,” where The LORD waits to bless us with His visitation, that we may continue to bless others in His Name with ours. AMEN.

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