2

Suffering, Health and Healing, Dying and Death

We must learn to regard people less in the light of what they do or omit to do, and more in the light of what they suffer.[1]

Dietrich Bonhoeffer

I cannot help but feel the suffering all around me … but I have had blessings too: that I am allowed to work in the service of compassion.[2]

Albert Schweitzer

They are and suffer; that is all they do.[3]

W.H. Auden

'Dead is dead.'[4]

Hannah Owens

1. [1] DBWE 8, p. 45.
2. Schweitzer, *Life*, pp. 242-44.
3. W.H. Auden, 'Surgical Ward', in W.H. Auden, *Collected Shorter Poems* (London: Folio Society, 2006), p. 141.
4. Hannah Owens is a character in the story 'Whither Thou Goest', by Richard Selzer, in his *Imagine a Woman and Other Tales* (New York: Random House, 1990), pp. 3-28; p. 4.

Introduction

When speaking about the penultimate and the ultimate, one is implicitly talking about a contrast between 'healing' and 'salvation'. However, this is not an absolute contrast because, in the same way in which the penultimate points towards the ultimate, so too does healing point to salvation. Indeed, healing actually participates in salvation, thereby indicating something of what salvation is about. It might even be suggested that, with the latter in mind, healing can be viewed as having some substance of salvation in it.

Notwithstanding the above, at first glance this chapter could be considered as a convenient, but artificial, composite of terms. However, in terms of human life, there is an unavoidable interrelationship between the concepts of 'suffering', 'health', 'healing', 'dying' and 'death', along with associated ideas such as 'sickness' and 'illness'. They are terms routinely and extensively used in both lay and professional circles, often without consideration to their precise meaning. Regardless as to professional discipline, or race, culture, or creed, or whether one is rich or living in poverty, humankind has an innate understanding of such terms. Irrespective of specific facts and details, every person knowingly or unwittingly, personally experiences or meets every one of these factors at some stage of their life, sometimes many times over. There is no escaping any single aspect. Each concept is bound up with what it is to be human. Suffering, health, healing, dying and death are all intrinsic parts of every human life. To be alive is to meet each one of these as part of the package of being born. They are all part of the polyphony of life. The interlinking of these concepts is such that health, suffering, dying and death cannot be ignored in terms of what 'healing' is about. To be effective, the process of healing must accommodate the existence and impact of the other four concepts.

Four of the five concepts of suffering', 'health', 'healing', 'dying' and 'death' are also implicated by association with the issue of healing. Therefore, building on this chapter, and with the aforementioned in mind, Bonhoeffer's and Schweitzer's perspectives on each of the five concepts will be examined in Part Two.

Terminology and Definitions

When it comes to being clear as to the nature and definition of what it is that we refer to when regarding such terms as those specified above,

it becomes apparent that not one of the five concepts is finite in its meaning. There is no clear, singular, universally accepted definition for any one of these perspectives. Each term is a notion that is woolly as a concept, with irregular, shapeshifting boundaries and a porosity of substance. Dictionary definitions are reasonable starting points, but that is all they are: springboards sending the enquirer plunging into boundless depths of enquiry and debate. Science, sociology, theology, philosophy and metaphysics all provide slants that send any one definition into a writhing convulsion of confusion.

Because of the above, it is the deliberate intention to assume that the reader will bring their own understanding of what it means to be in good health (or not), to suffer, to be healed, or to be dying, and will have their own perspective on the concept of death. Such personal understanding, with one exception, is considered as sufficient for the ensuing discussions regarding the Church and healthcare. The one exception is the concept of 'suffering', which benefits from further elucidation.

Suffering

Under the entry for the word 'suffer', the OED has the following: 'experience or be subjected to something bad or unpleasant; (suffer from) be affected by or subject to (an illness or ailment); become or appear worse in quality; (archaic) tolerate; (archaic) allow someone to do something'.[5]

Suffering may also be defined as 'the experience of anguish or misery in which sentient beings are aware of the deprivation of their intent or function'.[6] It may be a state of mind, or a physical state such as the presence of unrelieved pain or incurable disease or, as is probably more usually the case, both a state of mind and a physical state combined. In whatever way it might manifest itself, suffering is generally considered to be a negative state, allied to the notion of evil, or the need to 'endure', 'tolerate' or 'undergo' an unpleasant experience.

5. Soanes, ed., *The Compact Oxford English Dictionary of Current English*.
6. David J. Atkinson and David H. Field, eds, *New Dictionary of Christian Ethics & Pastoral Theology* (Leicester and Downers Grove, IL: Inter-Varsity Press, 1995), pp. 823-25; p. 823.

Regardless as to how one attempts to capture the elusive essence of suffering within an all-encompassing definition, the term 'anguish' is one which seems central in identifying the emotion that certain circumstances engender in those who are deemed to 'suffer'. It is an anguish that stems from the rupture of that complex interweaving of factors that makes a human being 'whole', a tearing of the delicate relationship between the physical, psychological, social and spiritual facets. As one medical scholar defined it, suffering is 'an anguish that is experienced, not only as a pressure to change, but as a threat to our composure, our integrity, and the fulfilment of our intentions'.[7]

In biblical terms, suffering is strongly related to human sin, commencing with the fall of Adam and Eve (Genesis 3:1-19) thus distancing humankind from God. From thereon, suffering is encountered at various times throughout the Old and New Testaments. In the former, examples include the individual suffering of Moses (Numbers 11:11), Elijah (First Kings chapter nineteen) and Jeremiah (Jeremiah 15:10) and collectively that of Israel, the 'people of God', in the guise of 'the suffering servant' (Isaiah 53:1-12). The suffering of Job (Job chapters one to 42) might also be included here, Job being, within the context of the Bible, a significant example of a person enduring significant suffering. Bonhoeffer used Job to a considerable extent in his own consideration of the meaning of suffering (*vide infra*).[8]

However, the biblical stance needs to be placed in context. From a critical perspective, it is true to say that modern theologians do not generally accept the creation story as historical, though may fall short of calling it a myth (because of the presence of God). Nonetheless, taking the story as being symbolic rather than historical, it does have the ability to speak to us in terms of suffering being as a result of being unfaithful to God's will. That said, it is also now recognised that that suffering is not always as a result of human sin but is also an inextricable part of the order of creation (for example, tsunamis and earthquakes bring about human suffering but are not in themselves caused by human sin). Conversely, it also needs to be born in mind

7. Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine* (Oxford: Oxford University Press, 1991), p. 261.
8. DBWE 9, pp. 420-36.

that 'suffering may be considered as a battle scar rather than a punishment; the price of loyalty in a world which is at war with God'.[9]

That said, a biographer of the philosopher-poet, Søren Kierkegaard, makes the point that we may be asking the wrong questions about suffering: 'Kierkegaard knows as well as anyone that suffering is not merely a philosophical problem – for the task of faith is not to explain suffering, but to live with it. Our most urgent existential questions ask not "Why do we suffer?" but "How should we suffer?"'[10]

The answer to that question is answered theologically in the New Testament, in which suffering is epitomised by the passion[11] of Christ as related by all four Gospels (Matthew chapters 26 to 27, Mark chapters 14 to 15 , Luke chapters 22 to 23 and John chapters 18 to 19) but includes other examples, such as the persecution by Paul (Galatians 4:29) and of Paul (Galatians 5:11, Acts 16:22-24), and the early Christians in general (for example, see Philippians 1:29-30; 1 Thessalonians 2:14; and 1 Peter 4:12-19). In general terms, suffering was endured by the early Christians because, through their belief that they shared in the suffering of Christ (2 Corinthians 1:3-7), they had the hope of glory (1 Peter 5:10), when all suffering will cease (Revelation 7:14-17; 21:1-4).

In healthcare terms, suffering is encountered on a regular, if not daily, basis. It might even be said that the evolution of medical technology and the success of medical treatments are both as a direct response to a compassionate drive to 'do something helpful' in the face of human suffering.[12] This concept is reflected in the wording of the Hippocratic Oath (written sometime between the fifth and third centuries BC), in which reference is twice made to helping the sick ('I will use treatment to help the sick' and 'Into whatever

9. Derek Kidner, *Psalms 1-72: An Introduction and Commentary* (London: Inter-Varsity, 1973), p. 170.
10. Clare Carlisle, *Philosopher of the Heart: The Restless Life of Søren Kierkegaard* (London: Penguin, 2019), p. 47.
11. The etymology of the word 'passion' is the Latin *pati*, meaning 'to suffer'.
12. M. Therese Lysaught and Joseph J. Kotva, 'Care of Patients and Their Suffering', in M. Therese Lysaught, Joseph J. Kotva Jr, Stephen E. Lammers and Allen Verhey, eds, *On Moral Medicine: Theological Perspectives in Medical Ethics*, 3rd edn (Grand Rapids, MI: William B. Eerdmans, 2012), pp. 445-83; p. 445.

houses I enter, I will enter to help the sick'),[13] and also in the Jewish 'Daily Prayer of a Physician', attributed to Maimonides[14] but probably written in the eighteenth century,[15] which states: 'Thou has blest Thine earth, Thy rivers and Thy mountains with healing substances; they enable Thy creatures to alleviate their sufferings and to heal their illnesses. Thou hast endowed man with the wisdom to relieve the suffering of his brother …'[16]

A Note on the Interrelationship of these Concepts with Healthcare

Notwithstanding such a conceptual quagmire on which to build a discussion, there are reasonable footholds to reach for. One such base is the idea that the previously mentioned polyphony of life is dependent upon the quality of each of its constituent parts; quality that is affected by the presence or absence of illness and how the presence of illness is mitigated through the pathways of healthcare. However, it is still not simple, as the nature, aims and objectives of the healthcare provided within a community also influences the quality of the 'melody', that is, the quality of the life lived and the harmonies that each respective life adds to the overall composition.

For many Christians, having a theological perspective on the provision of healthcare is important, and many other writers have picked up the theme.[17] By way of explanation, and although somewhat poetical in nature, Christian teaching sees life as a gift – a blessing received through God's grace. As such, it is not about survival

13. Elizabeth M. Craik, *The 'Hippocratic' Corpus: Content and Context* (London: Routledge, 2015), p. 145.
14. Moses Maimonides, a twelfth-century Jewish scholar and physician.
15. Fred Rosner, 'The Physician's Prayer Attributed to Moses Maimonides', in Fred Rosner, *Medicine in the Bible and the Talmud: Selections from Classical Jewish Sources* (New York: Ktav Publishing House, 1977), pp. 125-40.
16. Ibid.
17. For example, see Frank Lake, *Clinical Theology* (London: Darton, Longman & Todd, 1966); Harold G. Koenig, Dana E. King and Verna Benner Carson, *Handbook of Religion and Health*, 2nd edn (Oxford: Oxford University Press, 2012); and Philip Sheldrake, 'Spirituality and Healthcare', *Practical Theology* 3, no. 3 (2010), pp. 367-79.

per se but using life for love and 'to live in the service of God'.[18] It is not about 'holding on to life to the last minute'[19] but avoiding 'dying for the wrong thing';[20] a concept beautifully captured in the thought that a hospital, a building that for centuries has been 'among society's most valued institution',[21] 'is only a building until you hear the slate hooves of dreams galloping upon its roof'.[22] The same author suggests that such a place 'invites mankind to heroism'[23] (as witnessed during the Covid-19 pandemic, for example).[24]

In relation to the above, and because Bonhoeffer and Schweitzer were Christians (indeed, both were Lutheran priests) and wrote extensively in theological and philosophical terms in regard to life, its value, and how it should be lived and treated at a time in the twentieth century when the world was undergoing considerable sociological disruption and change, it is suggested that an analysis of their perspectives of suffering, health and healing, dying and death can offer illumination in regard to how the same might be considered now within the early twenty-first century – especially when some would argue that medicine has now become a 'technologically driven enterprise whose primary goal is death avoidance'[25] and the living human is seen as an 'anticipatory corpse',[26] resulting in the medical

18. Stanley Hauerwas and Richard Bondi, 'Memory, Community and the Reasons for Living: Reflections on Suicide and Euthanasia', *Journal of the American Academy of Religion* 44, no. 3 (1976), pp. 439-52; p. 445.
19. Ibid., p. 447.
20. Ibid.
21. Guenter B. Risse, *Mending Bodies, Saving Souls* (Oxford: Oxford University Press, 1999), p. 3.
22. Richard Selzer, *Taking the World in for Repairs* (London: Penguin, 1987), p. 238.
23. Ibid.
24. Joe Murphy, 'Millions in Silent Tribute to NHS Heroes Who Lost Their Lives in Coronavirus Battle', *Evening Standard*, 28 April 2020.
25. A.R. Barnosky, 'The Anticipatory Corpse: Medicine, Power, and the Care of the Dying', *Journal of the American Medical Association* 307, no. 7 (2012), pp. 731-32.
26. Jeffrey P. Bishop, *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying* (Notre Dame, IN: University of Notre Dame Press, 2011), pp. 279-80.

profession and healthcare in general being 'philosophically grounded in a culture of death avoidance rather than of life enhancement'.[27]

So, whilst acknowledging the existence of such complexities of thought, Bonhoeffer's and Schweitzer's perspectives on each of the five concepts stated, that is, 'suffering', 'health', 'healing', 'dying' and 'death', will be examined in Part Two.

27. Barnosky, 'The Anticipatory Corpse', p. 731.