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Linacre Quarterly Editorial Board
2015

Editorial

Professing faith, professing medicine: Physicians and the call to evangelize

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Honorable Mention
Catholic Press
Association Awards
Best Editorial
2015

The Hippocratic Oath traditionally establishes medicine as a profession: A career, or vocation based on the professing of an oath regarding personal and public behavior. For Catholic physicians, the commitments of the Oath of Hippocrates take on new meaning when seen in light of the promises made at Baptism and renewed every Easter. This paper, originally an address to medical students, considers the role of Catholic physicians as evangelizers, those who spread the message and values of the Gospel of Jesus Christ.

Keywords: Profession, Vocation, Evangelization, Hippocrates, Catholic, Popes, Papal teaching

Some years ago, I was at a parish celebration—a cocktail party sort of event—and while circulating through the crowd, I came upon a man whom I had met just once a few months before. We recognized each other and exchanged pleasantries, and, fairly sure that I was remembering correctly that the man was a physician, I inquired how things were going at his place of work. “OK, I suppose,” he responded, “although our productivity was down the last two months.” This was not what I expected to hear: I immediately started to wonder if I had the wrong man. “Oh, I thought you were a doctor,” I offered. “Yes, of course,” he said, and reminded me of the hospital where he practiced, with a quizzical look on his face to match the one on mine. “So, what was that you said about ‘productivity?’” I said. “Oh,” he replied, “I meant that the number of patients we see in the office has been dropping. Fewer patients, fewer

reimbursements... less revenue equals less productivity.” I nodded, and quickly changed the subject to when his oldest was making First Communion, before things got any stranger.

Maybe I am the only one to whom such a conversation would seem odd. As a society we seem to have become so accustomed to referring to “the healthcare industry” as if it ranked alongside the steel industry, the automotive industry, or the mining industry. Few people, perhaps, would bat an eye to use words like “productivity,” “revenue,” and “cost–benefit analysis” as if they were working for General Motors instead of Mercy General. Thankfully, though, there is still a trend to speak of medicine as a *profession* rather than as an *industry*. The question remains, however: Is this terminology any better?

It depends, of course, on what we mean by “professional.” Here we run into

another entity that seems to have no productivity or revenue problems in recent times: The life-coaching/human resources/professional development industrial complex. In the language of mission statements, goals, and objectives, just what modern man intends by the word “professional” remains frustratingly vague. While I am aware of the danger of using crowd-sourced online encyclopedias as a source of facts and reliable data, they often provide a rather clear insight (for better or worse) into the collective mindset of the culture. Here is what Wikipedia has to say on the subject: “A profession is a vocation founded upon specialized educational training, the purpose of which is to supply objective counsel and service to others, for a direct and definite compensation, wholly apart from expectation of other business gain” (Wikipedia 2013). Quoting economic regulations from the European Union, it goes on to note that “liberal professions are ‘those practiced on the basis of relevant professional qualifications in a personal, responsible and professionally independent capacity by those providing intellectual and conceptual services in the interest of the client and the public’” (Wikipedia 2013).

I had a moment of hope there at the beginning of the definition, when it used the word “vocation,” but as the author neither defined the term in context nor used it again in the rest of the article, it seems like there is not much to be gleaned from that area. Instead, what we have is a definition of a professional as someone who:

- has specialized training;
- is engaged in offering “intellectual and conceptual services” to others (rather than industrial or commercial products);
- for a set fee or salary; and
- in the public interest.

The question, it seems, is not exactly whether this definition is accurate, as

much as whether it is useful for us—for you who are dedicating so much time, energy and resources to preparing yourselves to be medical “professionals.” And, if we decide that it is too nebulous to be of much help to us (which I think is clearly the case), then is there another, more helpful definition to be found? I think there is, and the purpose of my talk is to propose and develop it.

The fact that our Wikipedia definition of “professional” could be applied to so many “helping” careers means that it is not only terribly vague but also historically disconnected. For centuries, there were only three “jobs” or “careers” on which was bestowed the additional title of “profession,” namely law, medicine, and holy orders. The distinguishing characteristic that set the professions apart from the other arts and sciences was not simply prestige: In much of the ancient and early medieval world the most respected public figures were the rhetoricians—who practiced that most fascinating of ancient arts that was part politics, part communications, part marketing, and very profitable. Nor was it the fact that people found the professions, and the professionals, the most useful people to have around. For the bulk of ordinary daily life in the Middle Ages, a good farmhand or day laborer could provide much more useful services than a lawyer hanging out his shingle in the village. No, what made one of these men (in those days they were almost always men) a professional was precisely that he had something to *profess*—that he made a public oath that simultaneously outlined the duties and responsibilities that he was to undertake, and conferred on him the right and obligation to fulfill them.

Historians trace the oath by which attorneys are admitted to the bar (which tends to be uniform in all jurisdictions) to around the time of King Edward I of

England; that is, to the end of the thirteenth and beginning of the fourteenth centuries. Those who are to be ordained deacons, priests, or bishops through the sacrament of holy orders make an Oath of Fidelity that incorporates the Profession of Faith developed at the First Ecumenical Council of Nicea in the year 325. But it is the profession of medicine that boasts the longest tradition, reaching back four centuries before the birth of Christ to the Greek physician Hippocrates. His oath for doctors set him and his disciples apart from the practitioners of his day, and established the standards by which generations of physicians were guided for millennia. Although the ideals and principles of Hippocrates threaten in modern times to separate those who profess them from many of their colleagues, the importance of professing the oath and putting it into practice has, if anything, become even more essential in our own day.

What will it mean for you, as Catholic men and women, to profess at the end of your studies the Hippocratic Oath? To answer the question fully, we should begin with two introductory concepts. First, the Church has developed her own definition of an oath, which is enshrined in the Code of Canon Law (canons 1199–1204). It raises several important points. “An oath,” it says, “is the invocation of the divine Name as witness to the truth. It cannot be taken except in truth, judgment and justice.”¹ An oath is a particular kind of promise, in other words, in which a person calls on God by name, commanding God to bear witness not just to good intentions, but to the honesty and sincerity of the oath-maker. It means not only that the professing person asks God to help him or her to fulfill the oath, but in fact calls on God to guarantee that the oath is being taken sincerely.

This gives a profound significance and gravity to the obligation to fulfill the oath.

To break an oath, or to swear it falsely, is not only a sin against justice, but a sin against the Second Commandment, which forbids invoking the Name of the Lord in vain. “A person who freely swears an oath,” the Code continues “is specially obliged by the virtue of religion to fulfill that which he or she asserted by the oath.”²

A second point you must consider as Catholic medical students and aspiring professionals is that the Oath of Hippocrates will not be the first public promise you will make calling on God to bear witness to your words. A defining moment in the life of the Christian—indeed, the necessary prerequisite that makes possible the reception of the Sacrament that *makes* a Christian—is the profession of faith in the Triune God that is made immediately before Baptism. So important is this profession of faith that the Church directs parents and godparents to make it in the name of those little ones who cannot speak for themselves. So essential is it to the ongoing life of the Christian that the Church sets aside six weeks every year with the express purpose of preparing—through prayer and penance—for the renewal of this Baptismal oath at the celebration of Easter. On receiving the Baptismal oath, the celebrant of the liturgy proclaims, “This is our faith. This is the faith of the Church. We are proud to profess it in Christ Jesus our Lord.”

The connection of the life of the disciple with the life of the doctor, then, is to be found at the intersection of one’s Baptismal promises with the Oath of Hippocrates—the Catholic physician is one who professes faith and professes medicine. “With this awareness,” Blessed John Paul II wrote to a meeting of Italian Catholic physicians in 2004, “as Catholic doctors you are called as believers to witness to Christ... effectively helping to eliminate the causes of suffering that

humiliate and sadden humankind.”³ You are called to bear witness to Christ, the pope insists, at the very moment that you are called to practice your art. The two obligations are never opposed; in fact, the effective exercise of the second depends on the first.

Given that these two professions are so closely united, it would be beneficial to read the Hippocratic Oath in light of the promises we made at Baptism, and in light of the eternal truths in which we professed our faith, which give a new context and meaning to every aspect of human life. This is no new idea. In the same letter I mentioned a moment ago, John Paul told the Italian physicians, “I reassert in your presence those ethical principles that are founded on the Hippocratic Oath itself: no lives are unworthy of living; no suffering, however, terrible, can justify the suppression of a life; no reason, however, lofty, makes it plausible to ‘create’ human beings for subsequent exploitation and destruction.”⁴ If it is possible to “baptize” Hippocrates, so to speak—to read his ancient commitments in light of the eternal Truth of the Gospel—it can provide a foundation on which to build a life as disciples and as doctors.

The first reality to which Hippocrates calls the new physician’s attention is the fact that the art of medicine is imparted from teacher to student. The professing doctor takes the oath in the presence of his or her teachers as well as peers, and swears “to reckon all who have taught me this art equally dear to me as my parents, and in the same spirit and dedication to impart a knowledge of the art of medicine to others.”⁵ While the profession of the oath typically marks a transition from years of classroom and clinical instruction to the beginning of the actual practice of medicine, it insists that learning never ceases. The professional swears that he or she will “continue with diligence to keep

abreast of advances in medicine” as a necessary component of good practice, and “seek the counsel of particularly skilled physicians where indicated for the benefit of [the] patient.”

Speaking to an assembly of Army physicians from various nations, meeting in Rome while the Second World War was still ravaging the continent, Pope Pius XII underscored the need for dedication to learning and instruction. Their meeting demonstrated, the pope said, that they were “keenly alive to the first duty of every physician, to be constantly increasing his fund of knowledge, and to keep quite abreast of the scientific progress being made in his particular field. This duty arises at once,” he went on, “from the doctor’s responsibility to the individual and the community. . . . Man’s need will be the measure of the doctor’s responsibility.”⁶ The communal aspect of the doctor’s role and responsibility means that attention to learning is an act of charity. It assures that the physician will be able to serve his patients in the best way possible, with knowledge that he acquires at the cost of personal sacrifice.

Commitment to learning demands gratitude toward one’s teachers, which can often be best expressed by a willingness to teach others—both students of medicine and the patients and groups with whom one comes in contact. Writing about the challenges surrounding organ donation, Pope Benedict XVI noted the unique ability of the physician to shape the minds not only of an individual but of entire communities:

The right road to follow, until science is able to discover other new forms and more advanced therapies, must be the formation and the spreading of a culture of solidarity that is open to all and does not exclude anyone. A medical transplantation corresponds to an ethic of donation that demands on the part of all

the commitment to invest every possible effort in formation and information, to make the conscience ever more sensitive to an issue that directly touches the life of many people. Therefore it will be necessary to reject prejudices and misunderstandings, widespread indifference and fear to substitute them with certainty and guarantees in order to permit an ever more heightened and diffuse awareness of the great gift of life in everyone.⁷

Of course, all the science and learning in the world will only take the medical student or physician so far. There is not an answer for every question, a cure for every disease. The only definitive answer to the questions of human suffering is to be found in the Passion, Death, and Resurrection of the Word-made-Flesh; the only healing that leads to everlasting life comes from the hands of Christ the Divine Physician. You are called to bear witness to these eternal truths as well, in the problems you solve and in those that go beyond your human abilities. At the end of the Second Vatican Council, Pope Paul VI spoke on behalf of the Council Fathers “to the poor, the sick and the suffering” of the world:

Our suffering is increased at the thought that it is not within our power to bring you bodily help nor the lessening of your physical sufferings, which physicians, nurses and all those dedicated to the service of the sick are endeavoring to relieve as best they can.

But we have something deeper and more valuable to give you, the only truth capable of answering the mystery of suffering and of bringing you relief without illusion, and that is faith and union with the Man of Sorrows, with Christ the Son of God, nailed to the cross for our sins and for our salvation. ... This is the Christian science of suffering, the only one which gives peace.⁸

When you acknowledge your limitations, while at the same time making visible your faith in the omnipotent God, you spread the truth of the Gospel. This is called *evangelization*, and throughout this Year of Faith the popes have called upon the whole Church to take up again this urgent task to make Christ better known in the world. When the Synod of Bishops issued its preparatory documents for their meeting about what has come to be called the New Evangelization, they noted that the spreading of the Gospel must take into account several “sectors” of modern life, and made special mention of the realm of science and technology, marked by continual advances “on which we are becoming increasingly dependent.”⁹

Evangelization in medicine, as in the rest of human life, will come not from technical instruction as much as from your constant witness to the power of Christ in your life, especially in those areas and moments when you are most powerless. As Pope Paul VI wrote about the missions, and Pope Benedict reiterated in regard to the New Evangelization, “It is primarily by her conduct and by her life that the Church will evangelize the world, in other words, by her living witness of fidelity to the Lord Jesus—the witness of poverty and detachment, of freedom in the face of the powers of this world, in short, the witness of sanctity.”¹⁰ Or as Hippocrates put it, “with purity, holiness, and beneficence” you must “pass [your] life and practice [your] art.”

You are called to give this witness through the powerful medium of personal encounters with those you care for, and the Oath of Hippocrates outlines carefully how you will conduct yourself in those encounters. First, “I will treat without exception all who seek my ministrations, so long as the treatment of others is not compromised thereby.” *Without exception*—the practice of medicine could not exist

without this commitment that encompasses the poor, the difficult, the ungrateful, the foreign, and all the rest of humanity without exception. The call of the physician to this kind of concern and receptivity is reflected in the image that is used most often in the writings of the popes to describe the mission of the Catholic doctor: That of the Good Samaritan, which, as Pope Pius XII pointed out, “has been preserved for posterity in the Gospel written by St. Luke, who was himself a doctor.”¹¹ “The setting may be different from the circumstances that are common in your experience,” the pope admits, “but the spirit of prompt and unselfish devotion, of lofty principles inspiring sacrifice of self in the interest of another, of tenderness and love—that is the same spirit that has characterized your profession at all periods of human history. Alas for mankind, were it not so.”¹²

The receptivity of the physician to all who seek his or her care is, for the Catholic doctor, another moment of evangelization. It bears witness to the fundamental truth of the dignity of the human person, created in the image and likeness of God and redeemed and adopted as a brother or sister of Jesus Christ, and through Christ to us. Pius XII continues:

The doctor is not handling inert matter, however priceless. Suffering in his hands is a human creature, a man like himself. Like himself that patient has a post of duty in some family where loving hearts are anxiously awaiting him; he has a mission to fulfill, even though humble, in human society. What is more, that ailing, crippled, paling form has a rendezvous with eternity; and when breath leaves his body, he will there begin an immortal life whose joy or misery will reflect the success or failure before God of his earthly mission. Precious creature of God’s love and omnipotence.

That man who places himself in the care of a doctor is something more than nerves and tissue, blood and organs. And though the doctor is called in directly to heal the body, he must often give advice, make decisions, formulate principles that affect the spirit of man and his eternal destiny. It is after all the man who is to be treated: a man made up of soul and body, who has temporal interests but also eternal; and as his temporal interests and responsibility to family and society may not be sacrificed to fitful fancies or desperate desires of passion, so his eternal interests and responsibility to God may never be subordinated to any temporal advantage.¹³

Hippocrates next goes on to describe the “dos and don’ts” of medical practice. “I will follow that method of treatment,” the oath reads, “which according to my ability and judgement, I consider for the benefit of my patient.” Furthermore, the professing doctor swears to “abstain from whatever is harmful or mischievous”: No lethal doses nor acts or omissions for euthanasia; no abortion; no research without consent; no seduction or abuse of the doctor–patient relationship.

The list seems obvious, self-evident—however, this is not the case for all students and physicians. Writing in the *Georgetown Undergraduate Journal of Health Sciences* in July 2012, Emily Woodbury notes that:

Today, 100% of medical school graduates in the United States swear to some variation of the Hippocratic Oath (as opposed to just 24% in 1928). Most of these oaths are vague in language and contain the principles of non-maleficence, beneficence, patient autonomy, and social justice. Only 14% of these oaths prohibit euthanasia, 11% reference a deity, 8% forbid abortion, and 3% prohibit sexual relationships. (Woodbury 2012)

Woodbury goes on to say that “the ancient religious foundation of the oath has become irrelevant, and current divergence of opinion on specific issues such as abortion and euthanasia make the original oath intolerable” (Woodbury 2012). While it is difficult to determine how widespread this assertion is in the culture at large, the statistics Miss Woodbury cites about omissions in modern versions of the oath are chilling.

Against the prevailing trend of watered-down oaths and promises, the Catholic physician is called to bear witness to the inherent value of human life from conception to natural death, and to give this witness as much in his or her practice and orders as by words. In his magnificent encyclical *Evangelium vitae*—“The Gospel of Life”—Blessed John Paul II explained the nature and importance of the testimony to life offered by doctors, which he finds, in fact, in the oath we have been discussing:

A unique responsibility belongs to healthcare personnel. ... Their profession calls for them to be guardians and servants of human life. In today’s cultural and social context, in which science and the practice of medicine risk losing sight of their inherent ethical dimension, healthcare professionals can be strongly tempted at times to become manipulators of life, or even agents of death. In the face of this temptation their responsibility today is greatly increased. Its deepest inspiration and strongest support lie in the intrinsic and undeniable ethical dimension of the healthcare profession, something already recognized by the ancient and still relevant Hippocratic Oath, which requires every doctor to commit himself to absolute respect for human life and its sacredness.

Absolute respect for every innocent human life also requires the exercise of conscientious objection in relation to

procured abortion and euthanasia. “Causing death” can never be considered a form of medical treatment, even when the intention is solely to comply with the patient’s request. Rather, it runs completely counter to the healthcare profession, which is meant to be an impassioned and unflinching affirmation of life.¹⁴

Here again we are dealing with the role of the doctor as evangelizer. This is a reality that has to permeate every aspect of one’s life, especially in the modern world, which so successfully compartmentalizes life, reserving discussions of moral issues for Sundays, and rejecting reflection on abortion, euthanasia, and marriage as “wedge issues” that have no place in the political discussions of mature, serious people. In the face of such an attitude, Pope Benedict insists that:

[I]t is important to realize that being Christian is not a type of clothing to wear in private or on special occasions, but is something living and all-encompassing, able to contain all that is good in modern life. ... [W]e cannot forget that the lifestyle of believers needs to be genuinely credible and all the more convincing for the dramatic conditions in which those who need to hear it live.¹⁵

The remaining passages of the Oath of Hippocrates speak of the obligations of the physician when he or she encounters the patient in the patient’s own home or in another setting. “I will go for the benefit of the sick,” the professing physician acknowledges, and he or she promises to avoid all corruption and seduction, and to keep in confidence everything that he or she sees and hears. Pope Benedict places this obvious need for trust between doctor and patient in the context of Christian faith about the dignity of the human person:

Respect for human dignity, in fact, demands unconditional respect for every

individual human being, born or unborn, healthy or sick, whatever his condition. In this perspective the relationship of mutual trust that is built up between the doctor and the patient is of prime importance. It is thanks to this relationship of trust that the doctor, listening to the patient, can reconstruct his clinical history and understand how he copes with his illness. Furthermore, it is in the context of this relationship based on reciprocal esteem and the sharing of realistic goals to be pursued that a therapeutic program can be defined: a plan that can lead to daring life-saving interventions or to the decision to abide by the ordinary means that medicine offers....

It is good not to forget that it is these human qualities, in addition to professional competence in the strict sense, which the patient appreciates in his doctor. The patient wishes to be seen in a kindly manner, not merely examined; he wants to be listened to, not merely subjected to sophisticated diagnoses; he wants to be certain that he is in the mind and heart of the doctor treating him.¹⁶

Thus, we are not only dealing here with a professional visit, whether a house call or rounding in the hospital. The charity which binds us together to Christ and to one another compels us to acknowledge the importance of the visit *as such*—to remember our obligation to respond to the one whose judgment will include the words “I was sick and you cared for me. ... Whatever you did for one of these least brothers of mine, you did for me” (Mt 25:36, 40).

The importance of the visit as an expression of compassion and solidarity is the way that you will bear witness to and imitate Christ the Good Shepherd, who “came to seek and to save what was lost” (Lk 19:10). Your willingness to “be with” the suffering person is of great importance in overcoming the isolation inherent in suffering. Often, simply being present

with someone who is suffering is enough to bring relief, and to help the person draw closer to the saving mystery of Christ’s redeeming love. “*Suffering and being at the side of the suffering*: whoever lives these two situations in faith comes into particular contact with the sufferings of Christ and is allowed to share ‘a very special particle of the infinite treasure of the world’s Redemption,’” John Paul II tells us.¹⁷

The presence of a fellow Christian in the home or the hospital room of the sick person is a reminder of the presence of the Church and of the patient’s enduring connection with the Body of Christ. This reminder is an invitation and encouragement toward reintegration, and a challenge to the infirm to recall their responsibilities toward the community. The person who visits the sick is able to love them with that particular dimension of Christ’s love called *compassion*, which means “suffering with.” He or she also offers a gift of *consolation*; in his encyclical on hope, Pope Benedict explains the meaning of that word:

To accept the “other” who suffers, means that I take up his suffering in such a way that it becomes mine also. Because it has now become a shared suffering, though, in which another person is present, this suffering is penetrated by the light of love. The Latin word *con-solatio*, “consolation,” expresses this beautifully. It suggests being with the other in his solitude, so that it ceases to be solitude.¹⁸

As he reveals the secret of this consoling love, by which every disciple is called to “be with” those who are isolated, Pope Benedict admits that it is not always easy to love like this. We each have our own suffering to bear; it can be difficult to share the burdens of others as well. The virtue of hope, however, makes

consolation possible, even when on our own we have no help to offer, no words to say:

In all human suffering we are joined by one who experiences and carries that suffering with us ... and so the star of hope rises. ... [The] capacity to suffer depends on the type and extent of the hope that we bear within us and build upon. The saints were able to make the great journey of human existence in the way that Christ had done before them, because they were brimming with great hope.¹⁹

One more aspect of your visits to the sick is worth mentioning. “The physician is not the lord of life,” Blessed John Paul II said bluntly, “but neither is he the conqueror of death.”²⁰ Often enough you will visit your patients with bad news instead of good, sometimes to tell them that, despite your best efforts and good intentions, there remains nothing that you can do with your medical knowledge and art. You must not be afraid of these conversations, for your own sake or that of your patient. To hesitate or obscure the truth in these encounters does more harm than good, for there is more going on at that moment than only the physical state of the sick person.

The old Roman Ritual advised pastors to speak clearly to their parishioners about the reality of death, and pointed out that some people do not want to admit that a loved one is mortal:

Whenever the condition of the sick person becomes critical, the pastor should warn him not to be deceived in any way, whether by the devil’s wiles, or by the insincere assurances of the physician or false encouragement of relatives and friends, so as to delay the timely concern for his soul’s welfare. On the contrary, he should be urged to receive with due speed and devotion the holy sacraments, while his mind is still sound and his sense intact, casting aside that false and

pernicious procrastination which has already brought many to everlasting punishment and daily continues to do so through the illusions of the devil.²¹

C.S. Lewis, in his witty and insightful book *The Screwtape Letters*, writes from the perspective of the demon Screwtape, who advises his nephew, a junior tempter, to keep his new “patient” away from places like the battlefield, where he might be prepared for death:

How much better for us if *all* humans died in costly nursing homes amid doctors who lie, nurses who lie, friends who lie, as we have trained them, promising life to the dying, encouraging the belief that sickness excuses every indulgence, and even, if our workers know their job, withholding all suggestion of a priest lest it should betray to the sick man his true condition! (Lewis 2001, 23–24)

Both of these passages urge us to be honest with a dying person about his condition, primarily from a negative viewpoint: if he does not know he is dying, he will not have time to repent and confess his sins, and may run the risk of condemnation. This is, of course, a real and serious concern. There is also, however, a positive reason for a healthy appreciation for the reality of death. The Good Shepherd lays down his life for the sheep, in order to take it up again (cf. Jn 10:15, 18). In his resurrection, he gives life to all those who believe in him, and this is the source of hope for every Christian. Those who speak compassionately yet unflinchingly of death *and* resurrection give witness to the power of Christ to conquer all things, even sickness and death itself.

Thanks to faith in Christ’s victory over death, [the Christian] trustingly awaits the moment when the Lord “will transfigure our mortal body to conform it to his glorious body, by virtue of the power

he has to subject all things to himself" (Phil 3:21).

Unlike those who "lack hope" (cf. 1 Thes 4:13), the believer knows that the time of suffering represents an occasion for new life, grace, and resurrection. He expresses this certainty through therapeutic dedication, a capacity for accepting and accompanying, and sharing in the life of Christ communicated in prayer and the sacraments. To take care of the sick and dying, to help the *outward man* that is decaying so that the *inward man* may be renewed day by day (cf. 2 Cor 4:16)—is this not to cooperate in that *process of resurrection* which the Lord has introduced into human history with the Paschal Mystery and which will be fully consummated at the end of time? Is this not to account for the hope (cf. 1 Pt 3:15) which has been given to us? In every tear which is dried, there is already an announcement of the last times, a foretaste of the final plenitude (cf. Rv 21:4 and Is 25:8).²²

Because, as we have seen, an oath-taker calls upon God to witness his or her sincerity and the truth of what he or she is swearing, the Oath of Hippocrates concludes with a prayer and an imprecation. "While I continue to keep this oath unviolated," we read, "may it be granted to me to enjoy life and the practice of the art and science of medicine with the blessing of the Almighty and respected by my peers and society, but should I trespass and violate this Oath, may the reverse be my lot." Surely the Lord will bless and reward those who respond to his call to evangelize, to heal and to console the sick in his Name. "Your reward will be great in heaven" (Mt 5:12), of course, where there will be great rejoicing with the holy ones—St. Cosmas and St. Damian, St. Giuseppe Moscati, St. Riccardo Pampuri, St. Gianna Beretta Molla, St. Anna Schäffer, the Servant of God Jérôme Lejeune, and

countless others who put their lives at the service of the sick for the love of God. But the blessings of professing faith and professing medicine begin in this present age, and flow from the tremendous privilege of cooperating with the Lord in bringing about his saving work. He calls us his friends, he tells us his plan (Jn 15:15), and he invites us to put ourselves at his service by serving those in need, especially the sick.

Few people in the twentieth century did more in cooperation with Christ to alleviate the pain and suffering of the sick and dying than Blessed Teresa of Calcutta, known to the world as Mother Teresa. Although she was not a physician and had little medical training, she reached out with compassion and consolation that worked little miracles of love in the lives of those whom illness and weakness had placed on the margins of society. As we strive to heed the call of the Lord in our lives and in our professions, we can share in Mother's little prayer as instruments in the hands of the Divine Physician:

Lord, do you want my hands to spend this day helping the poor and the sick who need it?

Lord, today I give you my hands.

Lord, do you want my heart to spend this day loving every human being simply because he is a human being?

Lord, today I give you my heart.

ENDNOTES

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2. Code of Canon Law, canon 1200.1.
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4. Ibid.

5. *Restatement of the Oath of Hippocrates*. Philadelphia: National Catholic Bioethics Center, 1995.
6. Pope Pius XII. Address to members of the Army Medical Corps, February 13, 1945.
7. Pope Benedict XVI. Address to participants at an international congress organized by the Pontifical Academy for Life, November 7, 2008.
8. Pope Paul VI. Address to the poor, the sick and the suffering, December 8, 1965.
9. XIII general assembly of the Synod of Bishops. *Lineamenta*, n. 6.
10. Pope Paul VI. Apostolic exhortation *Evangelii nuntiandi*, n. 41.
11. Pope Pius XII. Address to a group of specialized physicians from several allied nations, January 30, 1945.
12. Ibid.
13. Ibid.
14. Pope John Paul II. Encyclical letter *Evangelium vitae*, n. 89.
15. Pope Benedict XVI. Address to participants in the plenary assembly of the Pontifical Council for Promoting the New Evangelization, Clementine Hall, May 30, 2011.
16. Pope Benedict XVI. Address to participants in the National Congress of the Italian Surgery Society, October 20, 2008.
17. Pope John Paul II. Message for the fourth annual World Day of the Sick, n. 5, original emphasis, quoting idem, *Salvifici doloris*, n. 27.
18. Pope Benedict XVI, Pope Encyclical letter On Christian hope *Spe salvi*, n. 38.
19. Ibid., n. 39.
20. Pope John Paul II. Address to the scientists of the Pontifical Academy of Sciences, October 21, 1985.
21. *Rituale Romanum: De Visitatione et Cura Infirmorum*, n. 10, quoted in Weller, *The Roman Ritual*, 377.
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