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The Role of Medicine In Affirming The Human Adventure

by

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As a physician, a Medical Mission Sister, and as a woman, I am committed to life and its preservation. I am committed both to the science and the art of medicine. This means a commitment not only of curing but caring for the whole person.

Caring for the whole person means forming a relationship which is in reality a spiritual dimension, as Dr. Paul Tournier notes, is the third dimension of medicine.¹ As physicians we take care of the first and second dimensions, namely the physical and psychological but have yet to concern ourselves with the spiritual. What we mean by spiritual is our need for relationship with self, others, nature, society and God.

Father Rafael Simon, a psychiatrist and Trappist Monk tells us:

That to fall in love with God is the greatest of all romances,
To seek Him is the greatest of all adventures,
To find Him is the greatest human achievement.

Technological Society

For me the role of medicine in affirming the human adventure is of paramount importance in our contemporary society of rapidly expanding technology. Technology has so invaded medicine that the physician is not seen as the "healer" but as the "health care service provider". The patient is seen as the "consumer" who purchases health as if it were a type of wine. "Health care industry" is the name given to the healing profession.

Medicine cannot define itself or allow technological society to define itself only in terms of academic achievement, political achievement or financial achievement.

Technology as Harvey Cox has pointed out, is liberating. It ends humankind's

bondage to the earth and enables one to enjoy it. It provides greater possibilities for expressing one's relationship to the created order and so for gaining a fuller knowledge of oneself.

But technology has its dangers. In the first place, mass production in industry means that the individual worker is unable to make his or her own creative contribution to the manufacturing process. The person becomes a cog in the machine. Instead of the machine being the means of extending the person's domination over the earth, the person becomes an extension of the machine. This affects the person's estimate of himself or herself. He or she is, in effect, a slave of the machine, and must either accept the identity of a slave or feel alienated from his or her work. Consequently, the individual begins to doubt his or her own identity.

Those who recognize this and reject the mass society are themselves rejected and seen as criminals to be punished. They are patients to be cured — like appliances to be repaired, social problems to be solved, children to be "schooled". Technological society never raises the question whether society's answer is appropriate to the individual. Despite its domination of the physical world, it is unable to solve its human problems. Men and women look into the past to find out if not who they are, at least who they were. Meanwhile, communal and racial jealousy increase, city centers decay, and the gap between rich and poor, developed and under-developed countries, widen. It is often said that humans have the technical know-how to solve these problems, if only they had the will. In fact, it is not strictly true that humankind "has" the technical know-how. They have the knowledge but they are very far from controlling it. To solve these problems implies a further stage in a person's voyage of discovery of himself or herself and the world. Such a voyage of discovery, however, cannot be permitted. It might stop the machine!

So we see that today, humankind and medicine are threatened by the domination of technology and technological values. But we must keep in mind what Albert Einstein has told us:

The concern for man [woman] and his [or her] destiny must always be the chief interest of all technical effort. Never forget it among your diagrams and equations.

Having lived in the culture of the East and West, I see the dangers of technology not only influencing America but also the Third World nations where the values of the individual person and the person's right to be himself or herself with his or her concomitant right to self-determination being shaken at its very essence.

The most valuable and precious element of humankind is not the State, Institutions, Politics or even the Church, but it is the unique human personality. You are aware of what we read in the book of Genesis that God created man and woman in His own image and likeness. The inspired author of this book uses this expression "image and likeness of God" with a specific didactic aim in mind, his intent is to affirm that the person is the apex of God's earthly creation and has been granted a special place in the order of earthly creation. The "Imago Dei" refers to humankind's basic value as a person; that the spiritual dimension of a person

can no longer be overlooked.

What does it mean to be a human person? It means that I AM good because I am ME. It means that you, I, are wonderful because you, I, exist. We must be careful of a philosophy of life that defines persons only in terms of their usefulness to society. Functionalism in itself, is a dangerous threat to the individual dignity of all women and all men. We are to be affirmers of persons.

Affirmation

The word affirmation comes from the Latin *affirmare*, and means to make firm, to give strength, to make strong. Affirmation implies assent, consent, a willingness to say yes to all creation.

Affirmation is the acceptance of the goodness of the other as that person is. Affirmation is at the center of all maturing love. "You are good." "You are wonderful." The healing touch of affirmation means I encourage persons to be who they are, immaturity and shortcomings included, so that their potential may be realized. In reality, when affirmed I receive the gift of myself from another person.

Affirmation is concerned primarily with being, not doing. The psychotheology of affirmation goes beyond the workaholism and functionalism so often found in our world. Not that affirmation reflects the goodness of a person back to that individual. You are good because you are you; because you have great worth in being your unique self. Good, not primarily because you have done anything, or accomplished a great deal, or proven you are successful; no, just because you are you.

Affirmation is the co-creation we are called upon to share with God. We are, in a real sense, creators of one another and of our universe. It is almost as if God creates the human person and leaves it to other humans to bring that person to the fullness of the individual's potential. The initial act of creation is always incomplete, and it cannot be finished until we affirm one another into the completeness of the work God has begun.

As we begin to grow in affirmation, we notice the development within us of a deep sense of reverence and appreciation for all of creation. We begin with the beauty of the world around us, the majesty of the ocean, the wonder of even one drop of water. Remember, affirmation means to make firm, to make strong. In our relationship with the things of the world, we grow firm, sensitive to the dignity of creation and the awesomeness of the Creator.²

The challenge of the role of medicine today is to bring about the affirmation and humanization of medicine and health care. There is a need for humaneness in our medical services not only in private practice but in our hospitals. The modern world needs the unique witness of the physician as healer and not just as the curer of disease.

Ministry of Healing

To call one another to life — this is one of the most basic tasks of healers. It is also to call one's self to life. It means to help one another discover the real

meaning of life so that each one may become the unique individual God intended. It is a leadership that demonstrates the ministry of healing, compassion and reverence. At a point in time when so many people feel unaccepted and alienated from self, family, community and society, it becomes a ministry of healing that calls forth again the consistent factors of reverence and compassion that have always historically defined the art of medicine.

The healer, in a sense, is a person of authority, that is, a developer, a designer, an enabler. The healer is really one who enables, develops and helps to design the possibility for the actualization of the potential of the persons entrusted to one's care. It is incumbent that we take the leadership in this healing ministry to the modern world.

Our witness is to care and not just cure, to be concerned for persons, to develop a healthy sensitivity to and for persons and a reverence and compassion for the individual along with the reality and awareness of assets and liabilities inherent in any human being. If persons are to be made whole and not only cured, that is, there must be an increase of awareness and need for an integration of the physical, mental, social and spiritual development of the whole person. All activities, whether on the individual, social, political, national and international level, are all inter-related. They all strive for humankind's liberation, which, in fact, is the freedom from all bonds that prevent the person from developing into the mature and free person that he or she is to be, by God's design.

Health and Illness

To better understand our role as healers, we need to look at health and illness. Note that the words health, whole and holy all come from the root word "hal" which is an old English word meaning "complete". Therefore, to heal is to make complete, to make whole. It is to bring wholeness out of brokenness. Health is based on our knowledge of illness. In our Western culture, the professionals, that is, physicians and others in health care are concerned with the prevention, diagnosis and treatment of disease. Our hospitals are founded on the same concept that health is to be obtained through eradication of disease. In our technological civilization we have become accustomed to seeing everything objectively. We are interested in things!

It seems that to speak of health we need to speak of illness because we have reduced health to non-illness. The clinical model of health shapes our perception of illness. Heart and kidney transplants owe their inspiration to the desire to master disease and to relieve human suffering, but this increasing medical technology is making a mechanical product of illness and health.

Because every illness is a reminder of how vulnerable we are, our hospitals should not only be places where we cure or care or research, but centers where we learn from the experience of illness and death, how to build a safer society. Hospitals should be schools of healing whereby the physician and the health professional teaches the patient to choose life.

The terms of health, disease and illness are words we use every day. What do they mean? The dictionary defines disease as any departure from health, and to be sick means suffering from disease. Health is defined as "physical and mental

well-being, freedom from defect, pain or disease". This is not a good definition because it leaves out the disabled. Eric Cassell has described illness as a state of being, feeling of unfitness. He suggests that we should use the word illness to stand for what patients *feel* when they go to see the doctor, and disease for what they *have* on the way home from the doctor's office.³ Disease, then, is something an organ has, illness is something a person has. Therefore, illness has psychological, spiritual and social components as well as bio-medical ones. A person can have the disease of diabetes and not be ill if the disease is under control. But he or she could feel ill psychologically or spiritually if he or she has not come to terms with the limitation of his or her condition. If we look at non-Western cultures, that of the Hindu, health for them means harmony and harmony is considered as being at balance with one's self, the community, God and the cosmos. Or if we look into the culture of Zaire, an African country, Ma MPolo Masamba, a Zaire theologian tells us, "You Western doctors treat things and our African medicine treats people." It seems in these cultures, they are interested in persons. In our Western culture, we want to explain that the causal relationship is an objective one, while in the developing countries the indigenous person sees the spiritual meaning and the relationships inherent in them. We take a sick person away from their family and put them into a hospital in a world of things and apparatuses. Whereas, traditionally, medicine in the developing countries cares for the sick person within their own tribe; it treats their relationships and tries to help them solve whatever problems they may have with their family or with their neighbors. So one view is objective and the other is subjective. One or the other is not better. There is a need for both. There is a need for a holistic concept of health — the respectful integration of body, mind and spirit, intrapersonally and interpersonally. Fortunately there is a trend in American medicine today to view health care with this total concept.

This viewpoint of health treats the quality of life. It takes into account disease, illness (chronic or acute), physical or mental handicap, aging and death, and sees all of these as having a place in the whole of human life, so that their significance will contribute to a meaning for that life. In the human adventure true healers see their existence in part as a spiritual odyssey, in which they constantly strive to relate themselves and their lives to their families, neighbors, colleagues, community, society, the world, and God. The human adventure is a series of challenges involving choices, decisions, risks, adventures, toil, sacrifices and suffering. It implies coming to grips with one's own death and the deaths of those we love and those to whom we minister. Especially must the physician come to terms with his own death. I believe we come to terms with these challenges with affirmation. We must do what we can to preserve our health, and we should look on illness, not as a tragedy to overcome, but as an experience to be understood. The greater tragedy would be to cure the disease before the lessons of illness are learned. In the case of a depression that results from a disturbed relationship, as with a parent and adolescent who are having a disagreement, reconciliation would be more important than treating the depression with an anti-depressant.

Healing

No longer is it tenable to hold the concept of healing based on the model of physician and patient — of subject and object! Today the medical profession must become more aware that it is the whole person, body, mind and spirit, who must be healed.

Because of human finitude, we have need of particular healers, such as the surgeon, the internist of medicine, the psychologist, the psychiatrist, the spiritual director, the pastoral minister, but each one must keep in his or her awareness of the other dimensions of the personality when dealing with a special dimension of healing. Surgical success may produce psychological trauma; certain drugs may be effective in calming an emotional state of the person but at the same time may so dull the conscience wherein lies the real problem of real guilt; the psychotherapist may bring about cure in the emotional realm but if the client is devoid of an ultimate meaning in his or her life then healing is incomplete. Therefore, healers must keep an open mind and cooperate to an inter-dependence with other special healers. Healing implies relationship. Perhaps, we could raise the question, healing for what? Obviously for health, for wholeness. Health for a fullness of life, for a fullness of humanity, for a fullness of being with for the other. Finally, for the ultimate question of God.

The practice of modern Western medicine is not satisfying the needs of men and women in search of healing and not just curing. As physicians we ought to teach persons who come to us that each person must take the responsibility to make changes in their life styles and the environment to bring about health. In reality we are teachers who bring others to the realization of their own strength and wholeness.

Therefore, in understanding the human adventure, we cannot exclude illness from the concept of health. Health bespeaks wholeness and integrity and must include and embrace illness as part of its harmonious integration of the many aspects of the business of living. Sickness reminds us that living includes: suffering and pain; confronting and dealing with the ugly; going through the frustrations and struggles that are part of the process of growth and change until we die. Living or health is to be on the way and not to have arrived.

For some reason people regard good health as a right. They resent the headache or cold that makes it impossible for them to keep up with work or play. They resent the pain and inconvenience that reminds them that they are not completely self-reliant, and that destroys the notion that here on earth everything should go as human beings plan. Consider a person who faces a long and debilitating illness. Both the patient and the family bring to this situation all their past associations with illness and their emotional attitudes. They can feel discomfort, anxiety, fear, depression, anger and despair. Relationships may change; family or community patterns will shift; all kinds of defenses will be set up; and the new situation may trigger unexpected emotional responses.

Resentment often accompanies illness. Patients usually resent the loss of competence and independence, and the feeling that they are not in control of their lives or of being abandoned. If we reflect on our time of illness, we will find

that the hardest thing was that we were not in control and that a certain dependency was necessary. The family may feel resentment also at its loss of privacy and the invasion by the professionals involved in the patient's care.

Patients, their family and friends, may experience fear of the unknown. This is a cause of suffering. Sometimes there is anger at human frailty. Sometimes because of illness, a wall rises between a husband and wife, or there is a distancing with parents and children, or with physicians or others in authority. Misunderstandings occur. Again it is a question of relationships — a spiritual dimension.

Friends may avoid visiting because they do not know what to say or feel helpless to give support to the patient. I experienced this when I was in bed for several months in pelvic traction. People would come to visit and were at a loss for what to say. One person said, "Whatever do you do all day?" My answer was, "I am not doing but being for a change." Some people feel helpless and cannot wait to leave. Some, like Job's friends, give all kinds of advice. Sometimes the patient feels more like an "interesting case" than a human being. Those around the patient, especially the physician, may feel vulnerable emotionally and may erect a facade of coldness and indifference.

Suffering and Meaning

Dr. Viktor Frankl, the Vienna psychiatrist, notes that there is the whole problem of meaning, or existential void which is the sickness of our present age. Existentialism in reality is again one of relationship to others. Too many people live in despair. Despair has to do with the question of meaning.

There is this question of finding meaning not only in our patients but in ourselves. What is the meaning of our existence, of illness, of death, of healing, of health? Technology of medicine cannot answer these questions. Only spirituality can answer them. It means looking for relationships and finding that our relationship to God can give us that meaning.

Anyone who has suffered will have asked the question, why me? Why have I been chosen to bear this suffering, this illness? Not all will formulate the question so clearly. Some will deny it. Some may be so disturbed in confronting this question that they experience more confusion and disorientation. Suffering touches the very root of existence. People will tell us, when they see the pain or suffering we are in, that "God loves you very much. He chastises those He loves." When I hear this I say to myself, "I wish He would not love me so much." However, pain makes us re-evaluate our lives with a re-orientation toward deeper values.

If we face the question, why me?, it can lead to a deep learning experience. I remember, when studying psychiatry, we were told that in psychotherapy, never to ask patients why they did something. In general, WHY questions in human affairs are unanswerable. The better questions to ask are: what can I become, what can I do or be, and how will I do it now that I am in this suffering state. Suffering people do not really expect answers. But through thought and action they may find their personal meaning for why they suffer. We physicians and patients ought not view suffering as a problem to be solved, but a state to be

experienced. It is a mystery. It is a human experience that we can do something about sometimes, and other times all we can do is just be in the suffering.

Acceptance of, or surrender to, or affirmation of a particular suffering involves active participation by the sufferer. It is not resignation, or a passive stance, but an integration of the situation into the life plans of a person. However, acceptance is never achieved in one leap. It is an ongoing process that grows toward affirmation. Persons growing toward affirmation begin to have some peace; there is an active cooperation in the healing of their suffering. This is so important in recovery that physicians and those around the sufferer must be careful of any negative remarks. After my surgery, I went to see the neurosurgeon. I still had pain, almost as bad as before surgery. The surgeon was dismayed as I went in for my examination to see me walking with a cane. He then told me perhaps he had not removed enough bone and that I might need further surgery. This threw me into a depression for the next month. It delayed my recovery.

We cannot prescribe meaning to our suffering patients but we can describe what is going on so that they may be aware of other values or alternatives available to them through understanding. Closing one's eyes to suffering will not remove the suffering. We may be surprised to find that limitations in one area can open us up to an expansiveness in some other area. For example, a paraplegic may develop the intellectual and spiritual aspects of his or her life. If death were the end of all, then suffering seems meaningless nonsense. But our Judeo-Christian faith tells us otherwise. So do other religious faiths such as Mohammedism, Buddhism, and Hinduism.

We can give a general meaning to suffering in that God is our ultimate goal, our ultimate meaning. Since suffering is always a personal matter, each of us must find the possibilities in the reality of our particular suffering to find our own personal meaning. Meaning in suffering has to do with responsibility to one's self and to God. We make a commitment with God's grace. Nothing great or important can be accomplished without some sacrifice which entails suffering.

Suffering helps us to grow in patience and generosity. We learn how to live through suffering in patience which is a waiting — a waiting upon the Lord. Suffering can lead to contemplation. We as physicians can often learn from our patients how to suffer.

We learn to be thoughtful and sensitive toward ourselves and others. Although each suffering is a personal unique experience, we can better empathize with others who have a similar suffering. Suffering calls forth our creative imagination which is a sense of shared suffering, which is compassion.

The meaning of suffering is that we are not isolated beings. We need relationships; we need human support and compassion. We need others to talk with about our feelings, our fears and anxieties, and our hopes and dreams. As physicians we will be listeners to our patients. We need to share one another's strength. At least Job's friends did listen to him, even though afterward they gave him all kinds of reasons and advice for his sufferings that caused him more suffering. We learn that life is precious; that we ought not to waste it but make it count. We cannot become truly holy without suffering.⁴

Healer

Let me dwell on the physician as healer for a moment. Let me suggest that the healer is one who mediates healing but is not the source of healing. All healing is rooted in a divine source or greater power. Also, in every person there is a healing power, force or energy. It is an intra-psychic healer, it is a kind of spiritual force. It is universal regardless of race or culture. We call it the natural processes of healing. For example: if I cut my finger, coagulation starts to stop the bleeding (if one is not a hemophiliac) and healing is thus started. All this goes on without my willing the healing. Also, some people do not want to get well — not a question of will power but the inner healer is weak.

This healing energy has several components, (1) order, (2) wholeness, (3) compassion, (4) centering, (5) ego-detachment, (6) a wounded healer.⁵

We know that the diseased or disordered body always tends to *order*. Physically the body is always compensating for deficiencies in various organs. If one kidney is deficient, the other kidney compensates. All levels of the person are involved when there is physical disorder, that is, the emotional, mental, and spiritual. Therefore, the healer must be mindful of these levels in letting his or her healing energy to flow through. All of these affect the immune system. Most people need healers to evoke or stimulate *their own healing power*. However, one can heal one's self provided the person is aware of disordered patterns and has the will to change to healthier patterns. The person needs to reflect on the illness and to see what it is that keeps one in a state of illness. So self-healing can take place but it requires a true awareness and willingness to change. But this is no easy task so that we do require healers. In reality, the physician as healer helps the patient to mobilize his or her potential to wholeness.

The potential to *wholeness* is present in everyone. They are the positive elements of creativity, strengths or virtues, intuitions and insights. It is these forces that help the individuals to realize an integration in their lives.

Compassion, which means to suffer with, is another ingredient in the healing power. The healer needs compassion for himself or herself, as well as for the one to be ministered to. Henri Nouwen tells us that "To be compassionate means first of all to confess our part in the suffering human condition and to recognize that the anchor points of our identity are in the common experience of a broken existence. It manifests itself in solidarity — a felt experience of human sameness."⁶

To be compassionate, a focusing or *centering* is necessary. To be focused means to have developed an inner place of calmness. One learns to center by daily practice in solitude. It then becomes so much a part of oneself that it can be achieved instantly when so needed. One learns to dissociate from any anxiety, or extraneous thoughts that one may feel at the moment and shift one's focus to this calm center within.

Also, there must be *ego-detachment* in that one does not become emotionally involved with the one to be ministered to. One must learn to be an observer yet compassionate. We have to be ready to accept the consequences, that is be detached from the outcome. In this, one will not become engulfed into the person's suffering or pathology. Remember that detachment is not aloofness. It

means we are not indifferent to what others feel. It means we do become involved, that we risk and in that risk we can become hurt, wounded or destroyed. It is a realization that each person is a human being, also, with a center of wholeness within not affected by pain and weakness. As a result the wholeness within the healer touches the wholeness in the other.

A good physician is a *wounded healer*. A wounded healer has to take care of his own wounds as well as those of others. A wounded healer is in touch with his or her own loneliness, feelings of isolation, alienation or one's own personal experiences of brokenness and suffering whatever they may be. "There go I but for the grace of God." It does not mean telling our personal hurts and wounds to everyone and at anytime. This would be a form of exhibitionism. It does mean talking at times to our patients about some personal experience of pain or loneliness. It is a realization that we share in the pain and suffering of the human condition.

In mythology we know that Chiron, the Centaur who taught Aesculapius the healing arts, himself suffered from incurable wounds.

The wounded healer has two polarities, a split archetype (archetype — an inborn potentiality of behavior). The healer and patient are two aspects of the same. There is wholeness at one end and at the other end there is weakness, illness. The wounded healer must not project the illness pole on the other to be ministered and thus think himself or herself as the strong healer. The real wounded healer fully understands that the ailments of the other is in himself or herself and has learned to integrate these two poles and strives always to facilitate the healing energy in the other. The wounded healer must always bear sickness as an existential possibility within himself or herself. The power he or she holds must not be used to dominate but to facilitate the wholeness in the other.⁷

So what does it mean to us to be a healing physician?

— We must have a faith conviction that there is a greater power than ourself on which we can draw.

— We must have a genuine compassion and reverence and the wish to be of help to others and not always concerned about ourselves. And, as I said earlier, we cannot be so personally involved in the pain of the other that we become so anxious and thereby, weaken the flow of our own healing energy.

— We must not let our own ego or need to be important obstruct the healing process.

— We must be in touch with our wounded self, know we are a wounded healer. Without our wound we would not have power to heal!

Therefore, the task of medicine and we as physicians is to:

— Believe in people and call forth that wholeness potential in each person to whom we minister.

— To establish in the patient-physician relationship effective healing through intimacy, nurturance, intuition, understanding, tenderness, reverence and compassion.

— To be in touch with our own thoughts and feelings and willing to share them with others and accept ourselves for what we are and act openly on such awareness.

- To be open to the spiritual dimension in each person.
- To be open to the unknown and effectively manage the ambiguity of the present, that is, to be flexible and creative.
- To find satisfaction in the healing of others but patient when it does not happen.
- To reverence ourself and be gentle to self, for then kindness and gentleness will flow into the lives of others. Reverence and compassion have always been two consistent factors in the art of medicine.

Faith, Hope, Love

Finally, it is the strengths of faith, hope and love that will give the physician the impetus to be that wounded healer.

Dr. Herbert Benson, a cardiologist at Harvard, in his book, *Beyond the Relaxation Response*, discusses the Faith Factor which can alter one's physical well-being, and bring healing to the ill person. He has shown how prayer is an important factor to be utilized in healing. Many colleagues have told him, "It's about time we tried to bring medicine and prayer together."

"As a scientist and physician," he said in an interview, "I can observe, as have others, that when people believe in higher forces or factors that influence their lives, such as the idea of God, these physiological changes occur."

Then there is love, that unconditional regard for the other, the love we need to cultivate.

I want to tell you what our foundress, Doctor Anna Dengel once told us about love:

If you have real love
you are inventive

If you love
you try to find out,
you are interested

If you really love
you are patient
your are long-suffering

Certainly if you love you
accommodate yourself.

If you love

you want to give,
you are tireless,
selfless and generous

If you love you really

try to serve
and not just work.

One does not spare one-
self if one loves

Then there is Hope. It has been said that a distinctive feature of Christianity is its proclamation of the resurrection, of hope, and that this means the establishment of a genuine religion of salvation in the sense of release from this world. But Dietrich Bonhoeffer has called this attitude a dangerous mistake. Bonhoeffer says the "Salvation from cares and needs, from fears and longings, from sin and death into a better world beyond the grave is not the distinctive picture of Christianity as proclaimed in the gospel."

Christianity offers nothing to be seen but ordinary life in its ordinariness. Christian hope sends us back to our life on earth.

We can create hope for our patients regardless of the statistics in a particular disease. We have to learn how to dispense hope and encourage our patients to pray and to pray for them and with them. At times we must help them to find meaning and the possibilities in the situation. The American Psychiatric Association in its 1984 meeting had an important seminar on the "Role of Hope in Remission from Illness." They showed that the patient's hope and that of the health professionals has a relevance to the immune system of the patient and can affect the outcome of a disease in a positive way.

Conclusion

Thus society has a right to expect something from the medical profession. It can look to us to help to restore that courage of true humanness rather than just build up its human institutions. Perhaps, the reason why God is dead to so many people today or that such apathy prevails towards the human condition in society, is because of the influence of life-giving warmth and communion of understanding that is missing in society. Are we naive to hope that medicine can bring back this influence of life-giving warmth and this communion of understanding in society against the disintegrating influence of racial prejudice? The overwhelming threat of a nuclear winter? Are we naive to hope that medicine will help to assert and take the responsibility of the fundamental values in humanity's struggle to be recognized as persons with individual dignity?

And in conclusion, I would like to use the words that the playwright, Robert Bolt, places on the lips of St. Thomas More, who was husband, lawyer, and Lord Chancellor of England, in the play, "A Man for All Seasons". These are the words that Bolt has Thomas More say to his accusers as he is just about to be put to death:

If we lived in a world where virtue was profitable, common sense would make us good, and greed would make us saintly. And we would live like angels in the happy land that needs no heroes. But since in fact we see that avarice, anger, envy, pride, sloth, lust and stupidity commonly profit far beyond humility, chastity, fortitude, justice and thought, and have to be human at all . . . why then perhaps we MUST stand fast . . . even at the risk of being heroes.

My dear physicians, dare to be bold, dare to care, dare to be healers and not just cure for yourself and all others, dare to be heroes and heroines!

Finally, in this healing ministry we share ourselves, we are that presence of a transcendent being, we choose life for ourselves and others and thus witness to the role of medicine in affirming the human adventure.

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