

On November 6, 2008, CCBI is hosting *Practical Ethics in Home-Based Care*, a conference in honour of St. Elizabeth Health Care. See page 4 for registration information.

Elizabeth of Hungary and the Vocation of the Catholic Health Care Professional

Bridget Campion, PhD

This year, 2008, marks the one hundredth anniversary of St. Elizabeth Health Care (formerly, St. Elizabeth Visiting Nurses' Association of Ontario). Initially providing home-based care to expectant mothers and to children, St. Elizabeth Health Care has grown into a comprehensive home-care provider with offices throughout Canada. Using the latest diagnostic, therapeutic and communications technologies to respond to clients' needs, it remains an organization dedicated to compassionate, hands-on care.¹

In its important health care ministry, St. Elizabeth Health Care has always looked to its patron saint, Saint Elizabeth of Hungary, for inspiration. Today, with health care being conducted more and more as an industry or treated as a commodity, it is worth examining the life of this thirteenth century saint and the model she offers to Catholic health care professionals.

St. Elizabeth of Hungary (1207-1231) was born into privilege. The daughter of King Andrew II of Hungary, she was betrothed to Louis IV, who became Landgrave of Thuringia. Theirs was a very happy marriage and they had three children. When her husband died on Crusade in 1227, her life changed dramatically. Cast out of the royal court by her brother-in-law, she lost all of her rights and was homeless. Eventually she placed herself in the hands of a very austere spiritual

director and lived a life of extreme asceticism. She died at the age of twenty-four and was canonized in 1235 by Pope Gregory IX.

During her husband's lifetime, Elizabeth was drawn to Franciscan spirituality, living a life of prayer and simplicity, and devoting herself to the care of the poor and the sick. She personally went into the homes of those in need to provide food and care.

The legend most associated with St. Elizabeth has her meeting her husband on the road during one of her forays. Apparently he disapproved of these outings and asked to see what she had hidden in her cloak. In fact she was carrying bread to distribute to the poor but, when she opened her cloak, the bread had turned to roses. Recognizing the miracle for what it was, her husband immediately supported her in her good works. Even in the difficult times of her widowhood, Elizabeth continued to devote herself to the service of the sick and the poor and those, like her, who were outcasts.²

What can Catholic health care professionals learn from the model of St. Elizabeth of Hungary? The first thing to note is that, for St. Elizabeth, piety and good works were inseparable. Prayer animated her acts of charity and these acts were an outward expression of her devotion to Christ. Her works were very much corporeal works of mercy as she responded to the physical needs of those around her, bringing food to the hungry,

¹ Further information about St. Elizabeth Health Care can be found at <http://www.saintelizabeth.com>.

² Sources for this account of the life of St. Elizabeth of Hungary include: "Elizabeth, St., of Hungary," in F.L. Cross, ed., *The Oxford Dictionary of the Christian Church* (London: Oxford University Press, 1958), p. 446; M.F. Laughlin, "Elizabeth of Hungary (Thuringia), St.," in *The New Catholic Encyclopedia*, vol. v (New York: McGraw-hill Book, Co., 1967), p. 282; "Saint Elizabeth of Hungary, Religious" at: http://www.catholic.org/saints/saint.php?saint_id:45; Ruth Sawyer, "The legend of Saint Elizabeth" at: <http://www.cin.org/elizhung.html>.

caring for the sick, attending to those rejected by society. Although she was a noblewoman and could have had servants do this work, she went herself. Her ministry to the sick and destitute was personal; she brought the gift of herself to those she served. These actions, animated by prayer, were also occasions for conversion. When she revealed to her husband what she was doing and he witnessed the graced aspect of it, his own heart was changed and he supported his beloved wife in her works of mercy – in her imitation of Christ in His healing ministry.

This, ultimately, is what Catholic health care professionals are called to do: to imitate Christ in His healing ministry. The Gospels contain accounts of this ministry: of Jesus restoring sight to the blind, hearing to the deaf, mobility to the lame and paralysed. In these instances, the wondrous outer healings are accompanied by equally wondrous inner transformation. Sins are forgiven; faith is increased; conversion is effected. In this regard, Catholic health care professionals are urged to view patients in a wholistic manner and to recognize the profound effects that disease can have on the human spirit.

In Jesus' time, people afflicted by illness and disability lived on the fringes of the community, unable to support themselves except by begging, and generating suspicion within the community that they had brought their afflictions upon themselves through their own (or their parents') sinfulness. And some people were excluded altogether from the community because of their infirmity: the lepers; those possessed by demons. Here Jesus' example is unequivocal. His love and healing power were available to everyone. Whether it was a ruler's daughter (Mt 9:18-19; 23-26) or a disciple's mother-in-law (Mt 8:14-15; Mk 1: 29-34; Lk 4: 38-39), a woman with a hemorrhage (Mt 9: 20-22; Mk 5: 25-34), or demoniacs who lived among the tombs (Mt 8: 28-33), Jesus loved and restored them to wholeness. His healing ministry was radically inclusive and treated the whole person.

One can only imagine the effects of these miracles: to have bleeding stopped after twelve years and to be able to participate in religious ritual again (Mt 9: 20-22; Mk 5: 25-34); to see people as shadowy figures, as "trees", and then to

have fullness of sight (Mk 8: 22-25); to be able to stand and pick up one's pallet and walk away (Lk 5: 18-25); to be declared free of leprosy and be allowed to return to the community (Mt 8: 2-4; Mk 1: 40-44; Lk 5: 12-14).

The inner transformation would have been just as remarkable: to feel the lightness of having one's sins forgiven, to experience the epiphany of conversion, to have been really and truly touched by Christ. But, as Pellegrino and Thomasma point out, the effects of Jesus' healing ministry were not limited to the individuals who were healed but had the potential to transform the community. In this, healing takes on a deeper meaning. It is "a prophetic activity, a proclamation of the presence of the reign of God in human affairs."³

The miracles that Jesus performed in his public ministry have been understood as signs of God's Kingdom present in this world and provide a glimpse of the Kingdom fully realized.⁴ That Jesus worked them among the most marginalized and the most apparently sinful means that there is hope for us all.

In imitating this healing ministry, Catholic health care professionals are called both to be Christ to their patients and to see Christ in their patients. Being Christ means understanding that, in the face of the mystery of illness and suffering, health care professionals are to be instruments of God's unconditional love for humankind. Their considerable skills, knowledge and expertise are to be animated by love of God and love of neighbour and undertaken in the spirit of compassion. It means making these gifts available to the most neglected among us, and always depending on divine assistance. As Ashley and O'Rourke put it, health care professionals can imitate Jesus' compassion for the patient and his reaching out to the most

³ Edmund D. Pellegrino and David C. Thomasma, *Helping and Healing: Religious Commitment in Health Care* (Washington: Georgetown University Press, 1997), p. 119.

⁴ David Bohr, *Catholic Moral Tradition*, revised edition (Huntington, Indiana: Our Sunday Visitor Publishing Division, 1999), pp. 48-49.

neglected, even the lepers. This Christian attitude cannot be a matter of mere pious words; rather it is a profound dependence on God, who gives the physician and nurse the inspiration, insight and courage to carry out their work as professionally and as skillfully as possible.⁵

To see Christ in their patients means that Catholic health care professionals recognize that each patient, whether born or not-yet-born, is created by God, loved by God, made in God's image and likeness and, as such, is of inestimable worth. It is to approach the one-who-suffers with profound respect and humility, understanding that, in their suffering, patients are very closely united to Jesus.⁶ It is to regard the clinical encounter as a meeting of persons, where one is called to be of service to the other, and where healing and grace may be experienced by both parties.

⁵ Benedict M. Ashley and Kevin D. O'Rourke, *Health Care Ethics: A Theological Analysis*, fourth edition (Washington, D.C.: Georgetown University Press, 1997), p. 81.

⁶ The Sacred Congregation for the Doctrine of the Faith writes, "According to Christian teaching ... suffering, especially suffering during the least [sic] moments of life, has a special place in God's saving plan; it is in fact a sharing in Christ's passion and a union with the redeeming sacrifice which He offered in obedience to the Father's will." See: Sacred Congregation for the Doctrine of the Faith, "Declaration on Euthanasia," in Kevin William Wildes, Francesc Abel and John C. Harvey, eds., *Birth, Suffering and Death: Catholic Perspectives at the Edges of Life*, vol. 41, Philosophy and Medicine Series, ed. H.T. Engelhardt, Jr. and S.F. Spicker (Dordrecht: Kluwer Academic Publishers, 1992), sect. III, p. 221.

Writing from a Christian perspective, Gilbert Meilaender notes that, while the mystery of illness and suffering remains, "[Jesus] gives to the sufferer the dignity of being united with him in his own suffering, and he gives to all of us the duty of attending to the sick, directing and freeing us thereby to show compassion to all who are ill." See: Gilbert Meilaender, *Bioethics: A Primer for Christians* (Grand Rapids, Mich.: William B. Eerdmans Publishing Company, 1996), p. 115.

Finally, in imitating the healing ministry of Christ, those involved in Catholic health care are called through their expertise and compassion to witness "to the presence of God's kingdom in the world."⁷ Through their actions, Catholic health care professionals are called to testify to the value and dignity of all persons and to the love of God truly operative in this world, as well as in the world to come.

Before she died, St. Elizabeth of Hungary built a hospital for the poor and the sick.⁸ But it is not the hospital for which she is remembered. Rather, she is remembered for herself, for the person she was—for her piety, her acts of charity, her faith—for the sign that she was in her lifetime, and for the sign that she is today. Animated by the Spirit in their vocations, Catholic health care professionals similarly have an opportunity to be personal signs of God's Kingdom—the reality of it, and the promise, of it. ■

⁷ John Paul II, "Health Care Ministry in Transition." Originally published in *Origins* 17 (Sept., 14, 1987), pp. 292-4. Excerpt reprinted in Kevin D. O'Rourke and Philip Boyle, *Medical Ethics: Sources of Catholic Teachings*, second edition (Washington: Georgetown University Press, 1993), p. 136.

⁸ M.F. Laughlin, "Elizabeth of Hungary (Thuringia), St.," p. 282; "Saint Elizabeth of Hungary, Religious," at: www.catholic.org/saints/saint.php?saint_id=45.

Bridget Campion, PhD, a moral theologian and a staff member of the Canadian Catholic Bioethics Institute, is the coordinator for CCBI's November 6 conference: *Practical Ethics in Home-Based Care: A Conference on Honour of St. Elizabeth on Its 100th Anniversary*. (See page 4.)

ABOUT *BIOETHICS MATTERS*

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Canadian Catholic Bioethics Institute

Practical Ethics in Home-Based Care

November 6, 2008, 9:00 – 4:00

Madden Auditorium, Carr Hall, University of St. Michael's College
100 St. Joseph Street, Toronto

This conference will interest front-line workers – nurses, physicians, physiotherapists, occupational therapists, personal support workers, speech pathologists, nutritionists, and others engaged in home care.

Certificates of Attendance will be issued to participants.

Keynote Speaker: Dr. Mary Vachon, *Caring for the Caregiver*

Workshops:

Mary Compton, St. Elizabeth Health Care, *Mental Health and Crisis Management in Home Care*

Joseph Chandrakanthan, PhD, ThD, *Cross-cultural Issues in Home Care*

Susan Morgan, Chaplain, *Spirituality and Home-based Care*

Anna Muto, MSW, RSW, *Balancing the Client's Needs and Autonomy with Family's Wishes*

Cathy Crowe, BAAN, MEd, *From Ethics to Action. Poverty, homelessness, hunger*

Maria Rugg, Dr Newman, Palliative and Bereavement Care Service, The Hospital for Sick Children
Consent and Capacity in Children

Multi-disciplinary Panel: *The Ethics of Delivery of Care in Difficult Situations:*

Victor Cellarius, MD, MA, CCFP, Temmy Latner Centre for Palliative Care, Mount Sinai Hospital;

Caroline Hunter, VHA Home Health Care; Gail Seddon, St. Elizabeth Health Care

Registration Form

Registration cost (includes lunch): ☐ \$125.00
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