

# Following the Baptist through the Hospital

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**A**t the time of their founding, great people of faith joined together in a tremendous effort and sacrifice to create and establish hospitals, buildings where the sick and suffering might find comfort, solace, and healing through the medical staff and through the great advances in modern technology. Seeking to follow the implied command of the Lord Christ to care for the sick when he said, "for I was ill, and you cared for me," these loving souls obeyed the words of Jesus by attending to the spiritual and physical needs of those around them (Matthew 25:36). The goal present within hospitals is, perhaps, the same goal today, although the common experience of patients, family, and the friends of the infirm often does not reflect this worthy and life-giving goal.

## Designed for comfort and anxiety

Hospitals today, as with most other buildings and structures, are much larger now than ever before. When a patient, or a family member or a friend of the sick approaches a modern hospital from the outside, he or she is frequently greeted first by a lush lawn, dotted with trees, strewn with flowers and well landscaped shrubbery. At times, even a fountain with its trickling and murmuring waters, surrounded by numerous flagpoles flying their colorful banners that warm the heart and trigger patriotic thoughts and emotions - among others - greet those who come to the massive structure. The exterior of the hospital is often quite enticing and welcoming, betraying the truth of what lies within its walls, for within

them abound sickness and death, in all of their many forms. The facade projects more the regality of great palaces or the economic strength of shopping centers more so than it does the seriousness of a place for the sick and the dying.

In their beginnings, hospitals were but humble structures, more often than not built for the poor within the cities and their environs. The primary focus of the structure, and of those who worked therein, remained the pastoral and medical care of the patients. The simplicity of these original buildings, which commonly resembled a typical house -- if they were indeed a separate structure -- surely helped to create a sense of hospitality, familiarity, and compassion. Our hospitals these days - the sheer size of them not withstanding - are now often designed and built with materials more fitting of a grand cathedral in Europe than of a lobby in a building meant to care for those who are ill or are on the verge of death.

The large marble expanses of many of the hospital lobbies mask and distort the emotions of those who enter their doors. Everything about their design seems to be aimed at denying the reality of the circumstances of those who come to the hospital. They come for healing; they come for answers; they come to sustain their health; they even come to die. Looking at the outward appearance, though, one might never rec-

ognize this truth, were it not for the occasional helicopter siting in wait on the helipad. The grandeur of the surroundings denies the truth.

Once beyond the lobby and the registration desk, one faces numerous expanses of halls and corridors that all seem to be the same path, even though they lead off in different directions, so similar and stark are they. The walls are painted a shade of white or off-white and a sparse population of artwork of often-dubious quality hang along the corridors. The color of the paint and the choice of prints is said to be for the comfort of the patient; it is said that this décor calms the nerves and creates an aura of peace, as though the material furnishings alone could do so. In reality, the opposite seems to be the case; rather than finding comfort in the bland and muted environs the anxiety of patients often rises, in part because even the paint color denies and belies the reality of the difficult situation they face. Those who are admitted to the hospital frequently know the seriousness of their condition; they recognize that they may lie on death's door, even though everything around them would seem to say otherwise.

## What are we hiding?

We go to great lengths to disguise or remove the presence of sickness and death within our society and, far

too often, within our faith; most of our energies are spent looking at Easter Sunday while much thought and prayer should still be directed towards Good Friday. Death is sometimes referred to as "passing away" or "expiring;" scarcely are the words "death," "dying," and "dead" actually uttered by either the medical staff and clergy, or by the family and friends. Into this confused and blurred scenario enters the pastoral minister who is, in a very real sense, to one degree or another, to counter-act and reverse each of these trends. The pastoral minister must confront the reality of the presence of sickness and death and help the patient and the family not only accept the current situation but also to help them make sense of it by turning their gaze to the person of Christ Jesus present in their midst. We must remind all those who suffer of the presence of Christ, "for we do not have a high priest who is unable to sympathize with our weaknesses, but one who has similarly been tested in every way, yet without sin" (Hebrews 4:15). The pastoral minister, like John the Baptist, makes known the way to Christ.

I have heard it said, and I am sure that many others have as well, that when speaking with a patient in the hospital or other such situation, that it would not be wise to remind them to unite their sufferings to those of Christ. Also I have heard it said that this is not the most opportune time to

speak to them of Christ's own sufferings for their sake. However, neither of these suggestions seems to make a great deal of sense to me for it is "because he himself was tested through what he suffered [that], he is able to help those who are being tested" (Hebrews 2:18). What better time could there be and what greater comfort can we offer to those who suffer than the truth that the God who created them suffered like them and is able to help them? Because Christ himself has experienced our suffering, "man can put this question to God with all the emotion of his heart and with his mind full of dismay and anxiety; and God expects the question and listens to it." (*Salvifici Doloris*, 10) John did not disguise the condition of the people of Israel, nor did he make known the presence of God only within a certain realm of the life of the people; neither should we. With the patients and their families, then, "let us confidently approach the throne of grace to receive mercy and to find grace for timely help" (Hebrews 4:16).

### Life in the desert

The Forerunner of the Christ was the one who cried out, "In the desert prepare the way of the Lord! Make straight in the wasteland a highway for our God!" (Isaiah 40:3). John spent his days and ministry in the wil-

deness of the desert, living on the fringes, as it were, of civilization. John's life in the desert is very much unlike our modern hospitals, and yet not unlike at the same time.

Unlike our beautified modern hospitals today, John sought not to disguise the seriousness of the plight of the people; rather, he preached with clarity and urgency the necessity of repentance prior to the coming of the one whose sandals he could not unfasten (cf. Mark 1:7). In order for the people to be prepared for the coming of the Messiah, they first had to repent of their sins. All those who minister to the sick would do well to encourage them to repent of their sins, as well, to help them prepare the way of the Lord in their lives. This urging should be primarily done by the encouraging of the sick to call for the priest to receive the Sacrament of the Anointing of the Sick. While we do so, we should not attempt to disguise the seriousness of the illness the patient suffers from. The patients know well the situation they are in; our attempts at downplaying the urgency only serve to give the one who suffers the impression that we do not really understand their plight. We must meet them in the desert.

Like John, though, many patients do live in the desert within the walls of the hospital, waiting in anxiety - and sometimes dread - at the news brought by the doctors, the nurses, and even the social workers; the sur-

roundings aimed at comforting and calming them cannot attain their goal for there are greater distractions here than carefully selected paint schemes. Those suffering know the seriousness of their situation; even so, they may need another individual or group to point out Jesus to them in the midst of their illness, for God may often seem distant or even absent. John came out of the desert to show the people the Lamb of God; the pastoral minister must go into the desert to show the patients and their family the Savior present among them.

### For us or for them?

In his life, John focused the attention of the crowds away from himself to the person of Christ in order not to lead the people astray who asked him if he himself was the Messiah (cf. John 1:21). John knew his own position and his own role; he realized both his purpose and his mission. He sought not to go beyond the task given him, but he fulfilled completely the responsibilities given him. He reminded his followers and himself: "He must increase; I must decrease" (John 3:30). These words may well be used as a motto for those who minister to the sick.

Hospitals are uncomfortable places for anybody to be in and speaking with a patient may be an uncomfortable experience. As the patient pours out his or her pain, it

can be difficult for the minister to listen to the story and they may be tempted to shift the focus back on themselves, to say how they can relate to the one who is sick. Perhaps they have been through a similar experience; perhaps someone they know has shared a like experience; perhaps the minister simply has a vivid and compassionate imagination. Each of these may be true, but knowing that the minister has been in his shoes before does not help or support the patient. Comparing our own situation to theirs is to limit the uniqueness of their experience and it places us back in control of the conversation, thereby further limiting the depth of the emotions the patient can share and the healing that may come.

When we compare our past to their present we mean to do well; we mean to give them the hope that they, too, will "get through this." The fact of the matter is, though, that their current situation is different from ours; we are not the same people and our emotions are not the same. When we recall our past in such a way, we often comfort ourselves more than we do the patient or family. We must allow ourselves – even force ourselves – to move into the background and allow the patient to truthfully voice his own feelings and thoughts without any outside pressure or notions of the "right" answers. The patient must increase;

the pastoral minister must decrease.

### Prepare the way of the Lord

On the very day of his birth, it was known that John would grow to do great and tremendous things, for why else would anybody so much as think to ask, "What, then, will this child be?" (Luke 1:66). The circumstances of his birth clearly indicated he would do great things. Indeed, "the hand of the Lord was with him" and guided him in all that he did (Luke 1:66).

After the giving of John his name by his father, Zechariah, those present in the Temple looked on in great awe and wonder at the man who was made mute who now could suddenly speak. At this moment of confusion and misunderstanding, Zechariah prophesied of the tremendous role and future deeds of his newborn son:

"And you, child, will be called the prophet of the Most High, for you will go before the Lord to prepare his ways, to give his people knowledge of salvation through the forgiveness of their sins, because of the tender compassion of our God by which the daybreak from on high will visit us to shine on those who sit in darkness and death's shadow, to guide our feet into the path of peace" (Luke 1:76-79).

We have in our hospitals numerous individuals who "sit in darkness

and death's shadow." They are suffering from any number of illnesses with varying degrees of gravity. Some sit in this darkness for but a few hours, while others look through death's dark shadow for many days or weeks or years.

Into a world such as this, John the Baptist preached a life of repentance to prepare for the coming of the Messiah. Through his preaching and through his life, John brought healing to vast numbers by inspiring conversion and pointing out to them Christ Jesus the Lord. The pastoral minister should do likewise.

### The model of John

John's ministry preceded that of Jesus in much the same way that the pastoral minister can precede the coming of Jesus into the lives of the patients and their families in the hospital. This is not to say that Jesus is absent in the lives of the people in the hospitals – far from it! – but rather to say that we have a special and privileged role in preparing the way of the Lord and helping them to recognize his presence even in the midst of this most difficult of situations.

The family and the friends of those who are sick also need us to help point out to them the Savior, even as they, too, can help point out the presence of Jesus to each other and to

their loved ones. The obvious fact that a family member is not sick or infirm, certainly does not mean that the family member does not worry and suffer also along with the actual patient. The communal ties between family and friends, especially those bonds made through a common baptism and faith in Christ Jesus, as Saint Paul aptly reminds us, means that "if [one] part suffers, all the parts suffer with it" (1 Corinthians 12:26). The family and friends, too, need the support and care of the pastoral minister for they cannot comfort the one whom they love if they are not comforted themselves. Each of us has, or one day will, sat in darkness and death's overwhelming shadow and someone guided us onto the path of peace, or someone will someday do so. Let us return the favor or do so in advance.

As we go through the halls of our hospitals, as we visit with the patients, the staff, and the families, let us follow the example of the John the Baptist and show them Christ present in their midst. Let us seek to prepare the way of the Lord and to guide their feet into the way of peace.

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*We stand on the next seven generations.*

*-Anishinabe proverb*