

Health and Sickness: New Horizons in University Formation on the Meaning of Pain

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All illness, regardless of its seriousness, involves some measure of pain. Illness, which can be considered as the permanent or temporary loss of health, is always accompanied by a disability and a state of suffering which, over and above its objective reality, each patient feels and reacts to in an infinite variety of ways. This is not something peculiar to our species. Among animals, for example, the young have a tendency to demonstrate exaggerated reactions, with whimpering and agitation, in response to even slightly painful stimuli, while adult animals endure the most painful wounds with apparent indifference. Pain tolerance in human beings depends on the person's psychological state, which is a diencephalic and instinctive function, and on the control of rational processes, which are cortical functions. This array of sensations and perceptions places doctors in very complex situations which they must resolve, not only for the good of the patient but also in a way worthy of their profession. This profession, it must be remembered, is above all else, a mission.

In his own life, Blessed Josemaría experienced a great degree of physical, psychological and moral suffering, and his teachings with respect to suffering have been enhanced by his personal experience. "How difficult it is to smile when one is sick! I knew a poor man — a sinner — who had diabetes for ten years. He was very ill and could have died at any moment. When he smiled, and he nearly always smiled, it cost him a lot, but one has to smile. One has to make life pleasant for oth-

ers!”¹. Elsewhere he said, “When I speak to you about suffering, I am not just talking theory. Nor do I limit myself to other peoples’ experiences”².

What is taught about pain and suffering in a Faculty of Medicine will be drawn to some extent from the teachers’ personal experience. In fact, our credibility as educators is often built on the experiences which nature has prepared for us and which we cannot ignore. We can either face these experiences and transform them into important lessons, or reject them and try to forget our human condition. Pain that is accepted, discussed and shared, represents a *via maestra* — a way of learning — which, even from a therapeutic point of view, plays a part in alleviating and overcoming it.

Teaching all this to medical students and patients is not easy. I have spent many years studying AIDS, and my experience as a virologist has taught me a lot about pain. My work as researcher and Dean has enabled me to continually revise my ideas, and my ways of dealing with pain, and my ways of teaching others to approach it and to make it bearable.

Pain can be classified into three types according to how it manifests itself — physical, moral and emotional pain. Physical pain, especially in its most acute expressions, can be beneficial for the body. A painful joint, for example, needs to be rested to avoid further damage and the pain that accompanies it helps us to give it the rest that it needs. Fever and inflammation, which accompany many viral infections, are the body’s defence mechanisms, and their suppression can make the infection itself more serious. In the end, even in its most chronic state, pain is but a symptom, a hint of some problem in the body, a call for healing. It follows from this that it may not always be appropriate to suppress physical pain with prescriptions since there may be collateral effects whose implications, including ethical ones, must also be considered.

These situations call for doctors to use, not only their scientific knowledge, but also their consciences. In other words, the professional, whether a doctor or a nurse, has the duty to follow up patients, to keep them informed, to involve them in treatment decisions, to alleviate their pain when possible and advisable, and to help them support whatever is unavoidable. The hardest pain to bear, however, may be moral pain. This can seriously affect the patient, especially when it relates to a life threatening or terminal illness, that the patient considers to be unjust, or worse, to be a punishment for the errors of his or her

¹ Cfr. G. HERRANZ, *Sin miedo a la vida y sin miedo a la muerte. Palabras de Monseñor Josemaría Escrivá de Balaguer y Albás a médicos y enfermos*, in AA.VV., *En memoria de Mons. Josemaría Escrivá de Balaguer*, Pamplona 1976, p. 142 (my translation).

² *Christ is passing by*, 168.

past life. Feelings of anguish, fear of death, and abandonment can abound. These feelings are often prompted by the coldness or detachment of the doctor who, having exhausted all possibilities of treating the illness, may unconsciously distance him or herself from the patient in order to arrest a feeling of uselessness and failure before the patient's condition leads to burn-out. This is evidently a mistaken reaction from the point of view of both professional ethics and reason.

In fact, even without faith, which helps us see the end of life as a necessary step towards union with God, the doctor should continue to care for the sick person. Accompanying patients in the final stages of their illnesses so that they do not feel abandoned and trying to keep hope alive form the crown of the doctor's therapeutic activities which, in spite of not having succeeded in curing the patient, do make dying easier. It is true that each time a patient dies the doctor loses a little of his own life; but a doctor's experience with each patient is also a way of making a small contribution to the life of another.

For each one of us, the encounter with death is a critical moment in which our life passes before us — all the good that we have done, the suffering that we should have been able to bear, and the hope of a future filled with the mercy, love and patience of God, that dispels our fears. “A son of God fears neither life nor death, because his spiritual life is founded on a sense of divine filiation. So he says to himself: God is my Father and he is the Author of all good; he is all Goodness. But, you and I, do we really act as sons of God?”³. A dying person cannot be left to feel alone if he or she is to confront death with serenity.

Emotional pain is also suffered when patients are prepared to leave this life but their loved ones, who depend on them and will soon find themselves alone and without moral and/or economic resources, are not. This suffering is always experienced when families, without losing hope, feel anxious for their loved ones, and suffer as a result of their deaths. Often, when the sick person is unconscious, it is the family's sorrow and anxiety that dominate the scene. Many doctors seem indifferent to this type of suffering. They prefer to remain aloof, perhaps so as not to create vague hopes. If the worst occurs, they reason, at least they cannot be blamed because they had already foreseen and foretold what was likely to happen. Apart from this being reprehensible conduct, many times it is not even backed up by proper scientific evidence. The founder of Opus Dei, in his unceasing work of formation, often reminded us: “Go about your professional duties for Love's sake. Do everything for the sake of Love and (precisely because you are in love, even though you may taste the bitterness of misunderstanding, of injustice,

³ *The Forge*, 987.

of ingratitude and even of failure in men's eyes) you will see the result in the wonders that your work produces"⁴.

The doctor undoubtedly, has a duty to relieve pain, including that of families who have lost hope, particularly when their loss of hope can have a negative effect on the patient. This does not mean that one should hide the seriousness of the situation, but neither does it mean that one should extinguish hope, which is always a source of life. Pain in all of its forms can either be accepted, and thereby become a means by which the spirit is uplifted, or it can be met with bitterness, and thus become an occasion for desperation and even of blasphemy. It is the doctor's task to help the patient and his family to choose the first of these options. "On the one hand, there is the joy of knowing that one is loved, the desire and enthusiasm involved in starting a family [...] On the other hand, there are also sorrows and difficulties — the passing of time that consumes the body and threatens the character with the temptation to bitterness, the seemingly monotonous succession of days that are apparently always the same"⁵.

It is not essential for the practitioner to have faith to understand this; a commitment to the ethics of his or her profession will often be enough. It is important to consider that in the doctor-patient relationship it is the patient who, in the final analysis, occupies centre stage. To uphold this principle and practice it correctly, the attitude of the doctor and other hospital workers is fundamental. Towards this end, the rather neglected principle that hospitals are institutions for relief of the sick and not for satisfying the demands of the professionals who work in them could be revived. For this, medical schools should include education programs to teach about pain in all its forms.

At the *Campus Bio Medico* University in Rome, the teaching activity is profoundly inspired by the teachings of Blessed Josemaría. As he once said, "A university must educate its students to have a sense of service to society, promoting the common good with their professional work and their activity. University people should be responsible citizens with a healthy concern for the problems of other people and a generous spirit which brings them to face these problems and to resolve them in the best possible way. It is the task of universities to foster these attitudes in their students"⁶.

Medical students should thus be given the opportunity to have important educational experiences by personally becoming acquainted with more recent forms of poverty, such as that which may accompany immigration in some coun-

⁴ *Christ is passing by*, 68.

⁵ *Ibidem*, 24.

⁶ *Conversations*, 74.

tries, the sub-human living conditions of slum dwellings, the loneliness of the elderly ... These experiences have a relevance and significance for the study of medicine analogous to those experiences which are of a more strictly scientific nature. Building on the teachings of Blessed Josemaría Escrivá, the students of *Campus Bio Medico* have been involved in helping in clinics for immigrants where differences in culture and values can make medical assistance more difficult, and where, therefore, greater sensibility and dedication are required from the health provider. Our students have participated in vaccination programs in Peru and social outreach programs in Hungary and Estonia, and frequently visit the Monkole hospital in Congo. In each of these activities they try to integrate scientific training and observation with a desire to learn to respond directly to emerging needs, personally experiencing the need for creative approaches when planned solutions prove insufficient or ineffective.

Preparing students to confront the problem of pain from all angles, that is, taking into account all its neuro-endocrinal-immunological aspects, its socio-psychological implications and its ethical relevance, is an objective that characterizes the entire didactic approach of *Campus Bio Medico*. An integral part of the course program involves fostering a broad education in the field of Medical Humanities. The humanistic education of the medical practitioner represents the renewal of an age-old tradition which has always seen the doctor as a cultivator of the philosophical disciplines: *Doctor Philosophiae*, and of scientific disciplines. On this note, it seems relevant to recall the intrinsic link between intellectual and moral virtues: “Man by his nature fears danger, discomfort, suffering. Because of this it is important to find valiant men not only for battlefields but also for the corridors of hospitals or beside the beds of the sick. I want to pay homage to all those courageous unknowns”⁷. They can thus be called the “unknown soldiers of God’s great cause”⁸.

But there is above all one discipline that characterizes their daily commitment: seriousness in daily study as an expression of that prerequisite which Blessed Josemaría Escrivá summed up in the following words, “There is no excuse for those who could be scholars and are not”⁹, and a little further on, “An hour of study, for a modern apostle, is an hour of prayer”¹⁰, or again, “If you are to serve God with your mind, to study is a grave obligation for you”¹¹.

⁷ JOHN PAUL II, *Address* delivered 15.11.1978 (my translation).

⁸ Cfr. JOHN PAUL II, *Apost. Letter Tertio Millennio Adveniente*, 37.

⁹ *The Way*, 332.

¹⁰ *Ibidem*, 335.

¹¹ *Ibidem*, 336.

When it comes to the formation of doctors and nurses, there resounds in the *Campus Bio Medico* an echo of Blessed Josemaría Escrivá's words, "A secret, an open secret: these world crises are crises of saints [...]"¹². The goal of holiness that is proposed day after day to those of us who work at *Campus Bio Medico* is based on the holiness of work. "Work is man's original vocation. It is a blessing from God, and those who consider it a punishment are sadly mistaken. The Lord, who is the best of fathers, placed the first man in Paradise *ut operaretur*, so that he would work"¹³.

¹² *Ibidem*, 301.

¹³ *Furrow*, 482.