Of Scribes and Neighbors

Beneficence is the cornerstone of medical practice. Long before physicians and their counterparts knew what they were doing scientifically, they knew why they were doing it. The profession’s earliest oath and tradition, that of Hippocrates, clearly answer any question there may be about why we do what we do. It eloquently states that it is “... for the good of the patient.” Through the centuries, this fundamental principle has been the starting point of the doctor-patient relationship.

For the Good of the Patient

Beneficence weathered the various heresies which sought to trip up this axiom and thereby to undercut the profession’s foundation. Although each contrary new idea may seem noble and may even have its place in human progress, it ultimately robs the healing relationship of the necessary power needed to heal. For example, there are some who feel we practice the art "for the good of mankind." Such a proposal shifts the focus of the relationship away from the suffering individual patient. It allows a nebulous and near-limitless object a substitutive place in the healing relationship. It is easy to envision circumstances where the good of mankind may mean that a patient is (un)willingly sacrificed. This may make brave history or good politics, but it is poor medicine. This position takes from the doctor-patient relationship the trust a patient has that the physician’s utmost concern is his or her welfare. Others would have the profession devoted primarily to furthering science; still others deem society as a whole the targeted beneficiary of the healing arts. There are also those who feel that physicians practice ultimately for the good of the profession and themselves. Despite dangerous flirtations with past and present errors, orthodox medicine remains committed to the ideal that the healing relationship finds its valid motivation only in the good of the patient.

Christian physicians share belief in the principle of beneficence with their secular colleagues. A physician’s actions must flow from this principle, and anything contrary to it seems difficult to justify. Furthermore, our faith has given us knowledge that the good we seek for our patients is not simply temporary. Neither is it for an isolated part of the patient. Inasmuch as our actions and advice affect the whole person, they have eternal consequences. The Christian physician keeps foremost in his/her mind
that the patient is also an immortal being. Although the relationship we have or establish with our patients may have its primary effect on bodies destined to become proverbial dust, the whole person (destined for eternal living) is profoundly affected. Simply stated, Christian physicians recognize the importance of their ministry: it is a Christ-focused covenant they make when they agree to care for the sick.

Care for HIV-Infected Patients

With this understanding, the very specific question of physicians' obligation to care for patients with HIV infection is brought into a sharper focus. The question of when do we need to care for a person is predicated upon how and why we care for persons in the first place. As physicians the question becomes: When are we obliged to set into motion that chain of events which we hope will lead to a patient's good?

The term "obligated to care for" could evoke volumes of response from any competent medical ethicist. The response is sure to include talk of rights, duties, responsibilities, "role-specific" versus "general" obligation; it would mention contracts, implied and informed consent, and define abandonment and negligence. Reaching a conclusion in this process, we would presumably know for whom, where, and when we needed to be doctors. It would also delineate the other persons, the other times, and the other places when we could put away our stethoscopes. Surely this discussion would be valid and useful in other contexts, but it would miss the point if the content of that response were used as criteria to answer the question regarding physicians' obligation to care for patients with HIV infection.

By asking this question are we making the HIV sufferer a new category of patient? The present bioethics literature, filled with articles addressing the question of physicians' obligation to care for AIDS patients, underscores such an effort. Is it not odd that equally contagious and devastating diseases have not occasioned a similar deluge of ethical inquiry? It appears that we are trying to give the HIV-infected a new status of "other." Once that is accomplished would it not be easy to set up a whole new set of ethical imperatives specifically tailored for this new category? The historical precedents for this kind of thinking are frightening indeed.

While others may look to an encyclopedia of bioethics, the Christian physician can answer the question best by looking to the gospels. Here the answer has a certain irony because it can be found in the parable of the Good Samaritan (Luke 10:25-37), a name so often used in conjunction with hospitals and medical centers.

In modern society we have few equivalents of the Samaritan. To a Jew in Jesus' time there was no such thing as a good Samaritan; the term was oxymoronic. It was that category of "other" persons to which a special set of negative rules applied. One theoretically showed charity even to the leper, but the Samaritan was, by law, "righteously" despised. There was no cure for being a Samaritan. They could not become Jews. A Samaritan's blood was more deadly than any infection, and intermarriage meant pollution of a Jew's bloodline in aeternum. It is this same non-person, this "other" in Jesus' parable, who was the only one to act ethically and do the humane thing, i.e., show mercy. The priest and Levite, faced with the same option, did not.

Who is My Neighbor?

Remember, this parable was Christ's answer to the scribe's facetious query, "and who is my neighbor?" Jesus was asked to set up that category of persons for whom one would not be obligated to care according to the Great Commandment and, more to the scribe's point, whom one could ignore. The Lord's response shatters the concept - so familiar to the xenophobic Law of Moses - that there were some who must be loved and others who must be despised. For Christ the concept of neighbor is not a category but a relationship.

A fundamental relationship exists in justice between anyone who needs and anyone who has what is needed. This interdependency of persons underscores a central Messianic theme: the "neighborhood" of humankind. The Lord was asked to lay down the "minimal" qualifications for justification, i.e., squaring oneself with the law. It seems there is striking similarity between the scribe who wanted to know who his neighbor is and the physician who wants to know if he or she has to treat patients with HIV infection.

The Christian physician stands with the Lord and refuses to be taken in by the question of minimalism. In an article entitled "A Defense of Abortion," Judith Thompson argues that physicians are not morally obliged to emulate the Good Samaritan but should at least be "minimally decent Samaritans." Notice the operative word: minimal. This is the very notion that the Lord dismisses in the parable.

Valid questions of an ethical nature may pertain to physicians who, because of certain circumstances, may be unable to fill the usual obligations of caring for patients. It would appear that these situations have more to do with the physician's personal context (i.e., by limitations in competence, by location, by practice conditions, by physical or emotional impairments, etc.) than with the disease of the patient. When these are confused or (worse!) universalized to constitute blanket excuses, medical practice becomes a sad parody of its traditional intent.

Loaded questions are never an earnest attempt to gain knowledge. Some are posed to provoke or attack, others to accuse or excuse, but always to throw someone off balance. "Are you still beating your wife?" or "Who left the door open?" or "Am I my brother's keeper?" are familiar examples. It is difficult to see how the present professional and societal question regarding physicians' obligation to care for HIV infect-(continued on page 4)
ed patients is not simply an attempt to stand with the scribe and ask "and who is my neighbor?"

The Church’s roster of Saints proves that Our Lord’s words urging selfless and indiscriminate compassion have rung true in the lives of men and women of every age. Cosmas and Damian heard Him and freely gave themselves to pagan Rome laid low by pestilence; Francis of Assisi and Damien of Molokai heard Him and embraced their lepers; Camillus and Aloysius heard Him and intimately ministered to victims of incurable plague (and died themselves from the exposure!); Mother Theresa and thousands of missionaries the world over hear Him and have repeated by their lives, for all the world to see, Christ’s answer to the scribe.

**Self-justification Tendency**

In the parable the scribe is not asking Jesus to make a judgement but to confirm, as an eminent rabbi, a judgement he had already made. But it would be unfair to isolate the scribe as some sort of peculiar villain. There is no more ardent pursuit in human history than that of self-justification. Elaborate ideologies, biased ethics, revisionist histories, tilted theologies, and election-year politics all bear witness to this prolific tendency. Not surprisingly, these are the same forces to which the medical profession is subject in modern society. For that matter, so is the Church. Like the scribe, many today want an à la carte morality to confirm self-serving judgments. Exaggerated ideas of self-fulfillment, of personal freedom from constraint or duty of any kind, coupled with widespread disdain for any authority or imperative beyond one’s own subjective feelings has created the climate in which the question under discussion can be raised. How it can be seriously considered from the standpoint of ethical or even traditional medical practice is very unclear. For the physician who acknowledges that his or her call to heal is a vocation, an empowered command from God to participate with Him in the making-whole of His people on His terms, the Lord lives, dynamic in His word. It is in His revelation (or magisterium, if you prefer) that the Christian physician discerns a clear call amid so many conflicting voices. Yes, it is futile to attempt to answer questions that no one is asking and even more frustrating to come up with answers no one wants to hear. But, for the Christian, in the case of whether or not to treat HIV-infected patients, there is not even a question.

Like the scribe, we humans have a constant temptation to ask questions so as to frame the preferred answer beforehand. Like the scribe, we all cherish our spiritual packages of ethics laced with our pet prejudices. Like the scribe, we want the approval of authorities, peers, and others for our personal codes. And, like the scribe, we also have a constant need to be knocked on our backsides by the inescapable challenge of Christ’s unexpected answer: "... as I have loved you."

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