

Advocate Health - Midwest

## SHARE @ Advocate Health - Midwest

---

Historical Documents - Combined

Advocate Health - Midwest History

---

### The Park Ridge Center Bulletin, 2001, N20, March/April

Advocate Aurora Health

Follow this and additional works at: <https://institutionalrepository.aah.org/alldocuments>

---

# Bulletin

[illegible]

## Health Care



## Bulletin

The Park Ridge Center for the Study of Health, Faith, and Ethics  
211 East Ontario Street, Suite 800  
Chicago, Illinois 60611-3215  
Ph: 312-266-2222  
Fax: 312-266-6086  
www.parkridgecenter.org

### **Publisher**

Laurence J. O'Connell

### **Editor**

David B. McCurdy

### **Managing Editor**

Therese Samodral

### **Production Editor**

Ben McDonald Coltvet

### **Associate Editor**

Kirston Fortune

### **Editorial Committee**

Philip J. Boyle

Edwin R. DuBose

Martha B. Holstein

Martin E. Marty

### **Associates**

Yvonne Barbour

Bernice Chantos

Mary Ann Clemens

Michael E. Gierach

Gail Glicksman

M. Christian Green

Keno Greer

David E. Guinn

Joal Marie Hill

Mieke Holkeboer

Al Hurd

Anne Kutchins

Thelma Medlin

Elesh Modi

Kitty Q. Nguyen

Paul Numrich

Jennifer Ringblom

Jack Shea

Katherine Smith

Barbara Williams

### **Cover Illustration**

Karen Blessen

### **Mission**

The Park Ridge Center explores and enhances the interaction of health, faith, and ethics through research, education, and consultation to improve the lives of individuals and communities.

©2001, The Park Ridge Center for the Study of Health, Faith, and Ethics. No articles may be used or reprinted without the written permission of the Park Ridge Center.

The Park Ridge Center depends upon financial contributions to help underwrite publications. Bulletin back issues are available for \$3.00 each.

# Open to the Human

david b McCURDY

Regular readers may notice an intriguing chronological parallel as they peruse this issue.

The year 1965 marked the founding of the National Endowment for the Humanities, which served as both sign and source of the turn to the humanities that our authors trace. With NEH, Congress recognized that history, languages, literature, philosophy, cultural anthropology, religion, and the arts had far more to give society and culture than had yet been understood or appreciated.

That same year also saw the legislation that made possible the "new immigration" celebrated in our September/October 2000 issue. In their very different ways, these 1965 events made a substantial human impact, both in the culture at large and in the clinical and public policy realms of health care. The new immigration not only challenged old ways of thinking about health, healing, and health care delivery; it also prompted many people to rethink old visions of life's meaning and purpose, reconsider the nature of religion and its relation to "spirituality," and respond to difference with fresh creativity and hospitality.

While the turn to the humanities may have been less dramatic, this *Bulletin* shows that it is nonetheless an important one. James Veninga offers examples of significant inquiries that public humanities programs have generated, and he observes the impact that such programs are having on scholarship itself.

Glen Davidson traces the movement that brought the humanities into physician education, once so dominated by scientific medicine that attention to the "whole person" was virtually absent. From the arena of medical education, Suzanne Poirier shows how the medical humanities offer students an alternative way to perceive and understand both their experiences and themselves.

Humanists have explored areas, like medicine, long considered "non-humanities." Yet, they have also reached across disciplines within the humanities, as Linda Mitteness does in her anthropological study of religiously motivated compassion in health care. Mitteness finds such an inquiry risky: will it make the sacred seem "only" profane, analyzable without remainder into psychological or social processes? Yet her analysis enriches understanding by revealing how religious beliefs and values contribute to caregivers' attitudes and practices.

However noble the image of the humanities may seem—in contrast to some features of contemporary medicine—where money and status are involved, humanists too may be subject to a certain corruption. Davidson suggests that precisely this danger may have overtaken a humanist scholarship that has made too easy a peace with the worst of scientific medicine, accepted its economic fruits, and done both at the expense of the public trust and the well-being of vulnerable populations. Readers will have to judge for themselves. In any case, the self-critical note he sounds also belongs to the humanistic tradition at its best. ■



# A Matter of Trust

*A second look at the humanities in health care*

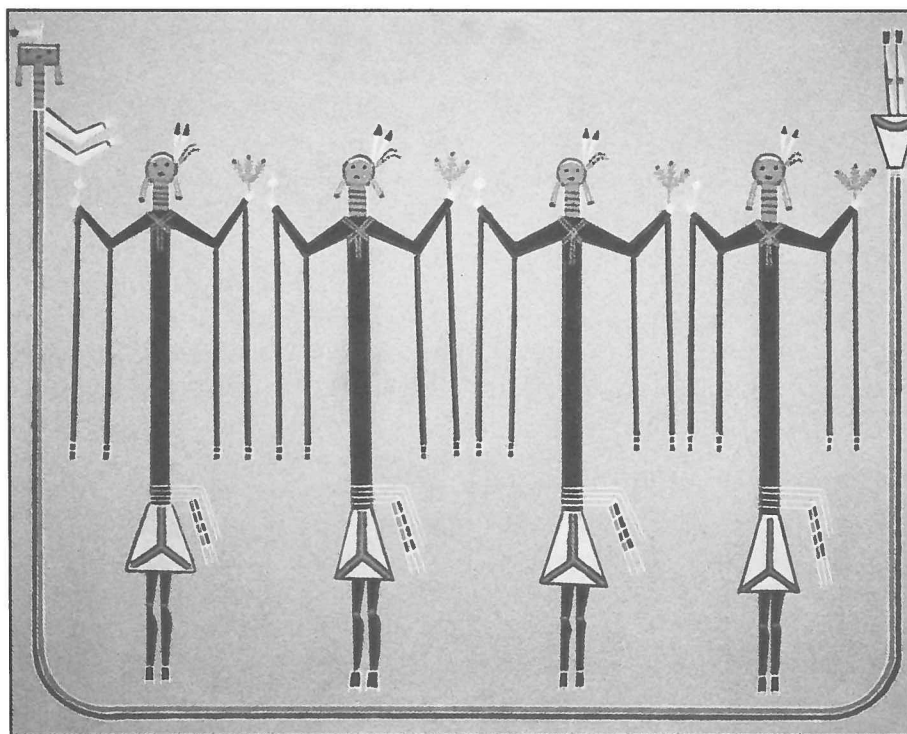
glen w DAVIDSON

Religion and art are not subject to the reductionist and materialistic assumptions of modern science, the Kentucky farmer, poet, and essayist Wendell Berry argued.

The insights of the humanities cannot be contained within the boundaries of modern science nor understood by its explanations, Berry insisted. In *Life Is A Miracle: An Essay Against Modern Superstition*, he came close to capturing the complaint of the patient and others who experience the reductionistic and materialistic protocols of modern health care that too often become the foundation for public policy.

Berry's complaint is not new, however. The year 1965 was a turning point for the tension between modern medicine and the humanities. It became the starting date of the "medical humanities movement," which saw the emerging conversation between church and hospital move into the curricula of medical education. That year, funded by the Danforth Foundation, several chaplains, led by Dr.

Glen W. Davidson was the founding Chair of the Board of the Park Ridge Center and the founding Chair of the Department of Medical Humanities at Southern Illinois University School of Medicine. He is now University Professor and Provost at New Mexico Highlands University.



*Abundance, Navajo Sand Painting*

© Geoffrey Clements/Corbis

Ronald W. McNair, met with prominent medical scientists about ways to overcome the increasing gulf between education for the physician and treatment of the patient. McNair had long addressed the radical human implications of new developments in the practice of medicine coming out of university medical centers. In particular, he was concerned about the increasing tendency of medicine to disorient and destabilize patients by separating them from their religion and culture.

By 1965, the changes in health care delivery generated by the Second World War pervaded most sectors of the continent. The wartime taming of bacterial infection and the perfecting of care for

the acutely injured were harbingers of the changes that science and technology would bring to health care. Governmental and philanthropic investments made research-based medicine available to the average citizen. With these changes came the myth, what Berry would call superstition, that disease and illness would be conquered, if not now, then later. A disease-free world became the promise to the believer. In the modern, cathedral-like hospital, the task of the physician shifted from care to cure. The role of the patient shifted from person to product.

The Danforth Consultation focused on such questions as:



- Can a unified view of medicine be developed in the student?
- Are medical schools going to offer serious study of ethical problems for doctors?
- Is medical education going to be divorced from the patient's problems?
- Are the student's motivations to service nurtured in medical education?
- What infringements on human rights are there in aggressive, bold research?
- Where in the curriculum are ethical questions to be raised, and by whom?
- What morality emerges from new knowledge?
- What happens to the awe of life in the complexity of reality?
- What is the influence of social values on medicine?

One participant in the Danforth Consultation was the newly-appointed founding dean of the Pennsylvania State University Milton S. Hershey Medical Center, Dr. George T. Harrell. Two years later, Harrell established the first academic unit in a medical school that addressed these questions. By 1972, there were eleven schools of medicine with human values programs; by 1974 there were nineteen; by 1976 there were twenty-nine; and by 1980, out of 125 accredited medical schools in the U.S., 117 had such programs.

During this unusually rapid adoption of new disciplines in medical school curricula, numerous symposia, workshops, and scholarly exchanges were organized. Major scholarly journals were launched, book series published, and professional associations formed. Perhaps the most telling impact of the medical humanities movement came when the questions of human values became part of standard questions for the national examination boards used for certifying and licensing health care professionals.

The impact of medical humanities was not confined to medical education. Faculties of nursing, social work, theology, and law began to engage in the conversations and consultations between health care providers and scholars in the humanities. Hospitals began to expect staff to consult with emerging specialists in ethics and law about unusual and difficult cases. The Park Ridge Center was founded to deepen the dialogue between faith, ethics, and health care. The American Hospital Association adopted a Patients' Bill of Rights. Congress established requirements for oversight of research involving human subjects and defined criteria for use of scarce medical resources.

These pervasive changes in health care reflected radical shifts in thinking in both popular culture and scientific discourse. Dr. McNeur's challenge, as he saw it, was to push theologians and scientists to converse with one another. He rejected the dictum of the time that the groups had nothing to say to each other. The fundamental problem, he argued, was the unexamined assumptions of the philosopher, Descartes, and the Cartesian school of thought that separated body and soul into distinct and separate entities. Cartesian philosophy encouraged a rationalism that became the basis for scientific and technological development. Human beings were treated as things; the soul as a thing. Whatever the distinctions, McNeur asserted, in a 1963 article published in *The Christian Scholar*, health care must come together at the bedside where the patient is treated as a whole person.

Many of today's prominent humanities scholars are persons who picked up the challenge of bridging the historical separation of the humanities from the science and practice of medicine. Rather than the Cartesian separation of the patient into divisible parts, many of these scholars articulated grounds of thought that are common to both the humanities and science and that address the unity of person

as patient. The foundations of the discourse between the humanities and the sciences became increasingly the grounds for conversation about public policy and the economics of resource allocation.

Despite the success of the medical humanities movement in seeking to be at the heart of health care education, much of the investment in medical research continued to follow the Cartesian model, not the least of which is the Human Genome Project. By picking apart human tissue at the molecular level, researchers began to express their motivation to find "the holy grail" of life in genetic matter.

It is risky to choose one author or book as representative of any strand of thought, but Edward O. Wilson's *Consilience*, published in 1998, warrants the risk. Speaking with all confidence about molecular biology as the dominating discipline of medical research, Wilson argued that the advance of scientific knowledge can now account for and subsume—perhaps consume?—all knowledge, including religion and the arts. Using some of the very arguments the humanists made a decade earlier, Wilson asserted that everything comes together in our genes and that culture, social relationships, and human values are determined in the paradigm of the genome.

The peoples of New Mexico, among whom I now live, move through life with their eyes, but not their hearts, on the competing claims for scientific truth, particularly what is declared as truth for living. If science has provided such an immensity of knowledge about life, so too has science provided an immensity of violence—their sacred grounds defiled by careless disposal of plutonium, their waters clouded by industrial wastes, their economies depressed by corporate greed. These peoples wonder whether, in fact, the efforts to find unifying thoughts and practices lead to anything more than the dominance of a few over the lives of the many. In no place in North America has

*continued on page 12*

# Compassion in Health Care

## *An anthropological lens*

**linda s MITTENESS**

**M**y research into compassion in health care elicits a mixed response from my friends in religious communities.

They are curious and enthusiastic because they know that compassion is a key issue in health care. But when they realize that compassionate values arise from complex religious traditions, they share associated concerns that this anthropological lens may capture only a superficial part of a complex topic.

Anthropologists studying American life have mostly ignored mainstream religions. It is a great failing in our representation of American life. So why would an anthropologist want to step into this arena? My primary research is in the ways that people who live with major chronic illness structure their lives, which has led me to matters of spirit. American health care systems have strong, if sometimes hidden, roots in religious traditions.

Many people have told me how important compassion has been in their lives, whether it has been compassion received or lacking from a physician, nurse, friend, or relative, or whether learned internally from one's own experience of suffering.

---

Linda S. Mitteness is Professor in the Department of Anthropology, History, and Social Medicine at the University of California, San Francisco. The Fetzer Institute provided support for the research discussed here.



Compassion is a multiform concept: it is a sentiment that has historical value in many societies, it is a touchstone for helping professions, and it is a virtue and core teaching of most major religious traditions. Diana Cates, author of *Choosing to Feel*, and Joel Shuman, author of *The Body of Compassion*, are ethicists who recently developed formulations of the philosophical and theological ethics of compassion. These books present carefully argued theses. While the thought experiment of the philosopher and the argumentation of the theologian can pro-

vide extraordinary insight into compassion, the anthropologist takes a somewhat different route to understanding. The anthropologist does not primarily engage the content of sentiments, touchstones, and virtues. Instead, the focus is on the meanings and uses that people make of these values, both in social process, the ways that things get done, and lived experience, the felt reality of things.

My analysis of compassion began with an exploration of the understandings of compassion held by both lay and clergy Buddhists, Christians, and Jews in con-

temporary Northern California. This analysis is not yet complete. However, two points that have already arisen from this analysis should illustrate some of the benefits and pitfalls of an anthropological approach to religious and spiritual values.

The first thing that struck me was that my informants seldom used formal religious language to describe compassion. Instead, when talking about compassionate feelings and actions, people were more comfortable with psychological and

instrumental language. In extended discussions, some informants never made a single religious reference to compassion. Yet, at the end of the interview, they would inevitably say that their religious tradition was a fundamental source of their understanding of compassion. Questioning that didn't specifically probe for these roots would likely have led to the conclusion that these people were talking about an entirely secular, psychological construct. It is only when those discussions were put together with my informants' description of the sources of their thinking, and their acknowledged discomfort with religious language, that I realized that the fundamental motivation for action arose from religious values.

Second, compassion was commonly understood as an everyday thing—not requiring drama or large effort but consisting of small acts. Over and over, when people described compassion in others, they referred not to monumental actions or events in people's lives, but to small behaviors: ways of listening and supporting others that were hard to describe because of their seeming ordinariness. At the same time, while recruiting participants for the study, I was regularly told, "Why do you want to talk to me? I'm not a compassionate person." This suggests a conflict between compassion conceptualized as a heroic phenomenon and compassion experienced in the mundane.

As anthropologists studying American society, we are at our best when we stand as the sympathetic outsider—sympathetic because we deliberately value all human forms of relation and seek to comprehend all viewpoints, and an outsider because we try not to be embedded in any single worldview. As outsiders we can examine the places where religious worldviews collide with everyday life in American society. Thus, when we see the psychologizing of values such as compassion we begin to ask questions about how the very framing of religious values as psychological traits limits the role of spiritual perspectives in community life.

While anthropologists have traditionally studied "the other," we are more often now working in our own communities. There are problems associated with being insiders, mostly related to presuming to understand that which we actually do not understand or assuming too much. If we are not believers, we are outsiders to the religious tradition and may reflect more on what we share with our informants in other parts of life. If we are believers, our belief makes us insiders in some circumstances and outsiders in others. The anthropologist who is a believer may not trivialize religion, but stepping back from the object of study may be difficult and may require constant questioning of our understanding of our own religious community. Additionally, scholars who admit to being religious may be judged by colleagues as not sufficiently detached to study religious phenomena fairly.

A secular academic viewpoint may downplay the distinctive visions of human nature and human destiny that make religion worthwhile for its practitioners. Inserting religious constructs squarely into everyday life can lead us to translate them into mere psychological predispositions, where they lose their power and flavor. This minimizes key concepts by deleting those elements of lived experience that appear to be either non-rational or spiritual. In the case of compassion, we found that even our religious informants were more comfortable speaking in psychological or instrumental language. In this case, the anthropologist and the American informant face the risk of colluding in downplaying the religious motivations for everyday actions.

There are many risks inherent in speaking across intellectual traditions—and risks in not speaking. Theologians, ethicists, and anthropologists who engage each other in topics such as compassion may miss each other's point much of the time. But with care, our vastly differing perspectives can enrich our thinking. The outcome will be a better and more complex understanding. ■

## Poetry

### Miracles

by Dannie Abse

Last night, the priest dreamed he  
quit his church  
at midnight, and then saw vividly  
a rainbow in the black sky.  
I said, every day, you can see  
conjunctions equally odd—awake and  
sane, that is—  
a tangerine on the snow, say.  
Such things are no more incredible  
than God.

Such things, said the priest, do not  
destroy a man,  
but seeing a rainbow in the night sky  
—awake and sane, that is—why, doctor,  
like a gunshot that could destroy a  
man.

That would not allow him to believe  
in anything,  
neither to praise nor blame. A doctor  
must believe  
in miracles, but I, a priest, dare not.

Then my incurable cancer patient,  
the priest, sat up in bed, looked to  
the window,  
and peeled his tangerine, silently.

"Miracles" by Dannie Abse appears in *White Coat, Purple Coat: Collected Poems 1948-1988*. Copyright ©1977, 1989, 1991 by Dannie Abse. Reprinted by permission of Persea Books, Inc. (New York).



# Sustaining Hope

## *Reflections on the public humanities*

james f VENINGA

Soon after the inauguration of George W. Bush a small group interested in the humanities met in Washington, D.C., to talk informally about the future of congressional support for a small but important agency of the federal government—the National Endowment for the Humanities.

I was invited to participate. Around a conference table we reflected on the good and bad times of the NEH under various administrations since its founding in 1965, the frequent shifts in funding priorities, and the persistent tension between federal support for research and teaching on the one hand and public programming on the other.

But we also recognized the sea change in the past thirty years: scholars in the humanities, those devoted to research and teaching, had increasingly incorporated public work in their activities—a new form of civic engagement that has contributed to American cul-

ture and has invigorated the academy as well.

While new faculty are still pressured to focus exclusively on teaching and research, tenured faculty are well positioned for public service. Each day, scholars of the humanities are involved in literally hundreds of public programs across the nation: forums, seminars, conferences, lectures, television and radio documentaries, museum exhibitions, or library reading and discussion programs. State humanities councils, through a combination of federal, state, and private funding, sponsor many of these projects.

Some of these endeavors are an extension of teaching: a conference room at a public library becomes a classroom. Such projects draw from a rich current of American history. Other projects address serious public issues, interests, and needs.

In the 1990 article *Making Connections: The Humanities, Culture, and Community*, Jim Quay and I identified this latter work as public service scholarship. All too often, we noted, the terms “scholarship” and “public humanities” stand in opposition, with scholarship considered to be private or academic humanities. This distinction collapses when scholars engage in particular public concerns. Often this involvement leads to fresh research and publications.

I encountered humanities of each type when I served on the Texas Council for the Humanities. From 1978–98, the Council funded some 1,600 public projects, awarding more than \$10 million. Most projects reflected the first emphasis, with scholars teaching in the community.

For example, in 1985 the McAllen International Museum in South Texas sponsored “Mexican Ceremonial and Festival Dance Masks.” Scholars developed the project which included public lectures and a catalog. They traced the mask from its use by Indian peoples long before the sixteenth-century Spanish Conquest to the superimposition of Christian meanings onto the native traditions in subsequent centuries. Over 9,000 South Texans saw the exhibit, which then traveled to other Texas cities.

A three-day symposium in 1982, titled “Understanding Vietnam,” characterizes the second kind of public humanities project, one that responds directly to public concerns, inviting scholars to engage in new areas of scholarship and thought. Sponsored by the Institute for the Humanities at Salado, a community north of Austin, this project was one of the first public programs nationally to break the terrible silence on the Vietnam War in the years following our painful withdrawal. Scholars and former officials of the Johnson administration, along with military leaders, joined with the public to assess the impact of the war on the soldiers and the nation. The symposium spurred publication of a collection of essays, *Vietnam in Remission*, and a subsequent symposium, “Understanding Evil,” which explored multiple nightmares of modern history. The prominent scholars involved offered new and compelling insight on recent history and on the human experience. The project included a documentary film produced by Bill Moyers and a book of essays.

---

James F. Veninga is Campus Executive Officer and Dean of the University of Wisconsin–Marathon County. He has served as Executive Director of the Texas Council for the Humanities and President of the Institute for the Humanities at Salado.

In the programs on Vietnam and on evil, scholars were not simply coming before public audiences to share their scholarship. Reciprocity between the public and the scholars dominated these programs, and the concerns, ideas, and values shared by the public influenced the subsequent work and scholarship of the participating scholars.

In both kinds of projects—those that disseminate the humanities and those that encourage reciprocity—we encounter the civic purposes of the humanities. In a powerful essay, *The Humanities and the American Promise*, historian Merrill Peterson notes that the mobilization of consent in a highly differentiated electorate, as well as the implementation of the popular will once it is determined, depends upon the quality of public debate and discussion. “Civic discourse,” he says, “is the lifeblood of democratic government.” Thus the public humanities promote the civic conversation necessary to sustain democracy.

What we don’t know, however, is where we would be as a nation without the pub-

lic humanities. What would happen if our libraries, museums, historical societies, service clubs, community reading groups, and colleges and universities stopped sponsoring public humanities programs?

One can argue that public humanities resist contemporary cultural and social tendencies that ultimately destroy democracy: excessive materialism, pronounced individualism, and abrasive ideology that strips our ability to compromise.

The public humanities have also profoundly changed colleges and universities, and there is renewed national interest in rediscovering the civic dimensions of higher education. Since the 1950s, national and state governments have increasingly turned to academia to develop technology, economic growth, and a skilled workforce. But as the twentieth century ended, scholars and higher education officials were recognizing that the pendulum had swung too far; the time had come to reconnect our institutions of higher education with community needs and national interests that go far beyond the quest for economic vitality.

After a quarter-century in the public humanities, I have returned to the academy and am able to witness the growing impact of this more expansive mission of higher education. Professional societies are now encouraging scholars to participate in public programs and encouraging academic administrators to take such involvement seriously when making promotion and tenure decisions. Locally, there is new discussion about how such activity should be evaluated. At my own campus, a faculty committee has been meeting this spring to review policies that determine how various professional activities, including community outreach, should be reviewed and weighted.

While many factors have contributed to the growing renewal of American higher education and a rediscovery of its civic role, the public humanities movement of the past thirty years is surely one of the most important. Academic administrators and faculty are now grappling with the moral purposes and societal obligations of their institutions beyond those of education, research, and technological innovations. Colleges and universities are strategically placed to expand America’s social capital, to strengthen local civic infrastructures, to serve as centers for lively citizen debate and discussion, and to encourage more Americans to participate in finding solutions to our problems.

For me, the public humanities movement is about hope, about nourishing the unique human capacity to transcend immediate circumstances, individually and collectively. The late Konstantin Kolenda, a philosophy professor who taught at Rice University and served on the Board of Directors of the Texas Council for the Humanities, once noted that the humanities, while focused on the past, also inherently call us to imagine new futures. As such, the humanities in their public as well as academic manifestations are those activities of the mind that sustain faith in a meaningful universe and in the value of endeavors that lift the human spirit. ■

## Advance Care Planning: Raising End-of-Life Issues

*A Communication Pocket Guide for Physicians*

This convenient pocket-size guide serves as a valuable tool for health care workers who are sensitive to patients' concerns and want to convey the right message at the right time.

The guide addresses five scenarios: when patients are healthy, when they become chronically ill, when critical illness occurs, when terminal illness is diagnosed, and when brain death has been confirmed.

Advance Care Planning:  
**Raising  
End-of-Life  
Issues**

A Communication  
Pocket Guide  
for Physicians

New Release  
Paperback . . . . . \$4.95  
4 x 6.5"; 32 pages  
ISBN 0-945482-05-1

**ORDER TOLL FREE 877/944-4401  
OR VISIT [www.parkridgecenter.org](http://www.parkridgecenter.org)**

A Park Ridge Center publication

# The Park Ridge Center 2000 Contributor Honor Roll

**T**he generosity of individuals and foundations enables the Center to fulfill its mission. Your gifts provide the resources necessary to conduct research, publish books and journals, and organize various fora and symposia.

**The Center wishes to thank the following people:**

## Board of Directors

Ms. Esthel B. Allen  
Ms. Gail D. Hasbrouck  
Dr. Martin E. Marty  
Dr. Mary Ann McDermott  
Mr. Lawrence J. Majka  
Dr. Laurence J. O'Connell  
Mr. Richard R. Risk

**\$1,000+**

## Hygeia Ethikos Society Patrons

Philip J. Boyle, PhD  
Rev. Vincent Costello  
Mr. & Mrs. E. Rembert DuBose  
Mr. & Mrs. Alan M. Hallene  
Mr. & Mrs. Robert Hill  
Mr. & Mrs. Alan Korest  
Dr. & Mrs. Martin E. Marty  
Dr. & Mrs. David B. McCurdy  
Mary Ann & Dennis McDermott  
Laurence J. O'Connell, PhD, STD  
Mr. & Mrs. Warren R. Rothwell  
Dr. & Mrs. Harold A. Shafter  
Dr. & Mrs. Patrick R. Staunton  
Mr. & Mrs. Robert L. Strong  
Ms. Victoria D. Weisfeld  
Rev. & Mrs. L. James Wylie

## With Matching Gifts from:

FM Global Foundation  
The Robert Wood Johnson Foundation  
The John D. and Catherine T. MacArthur Foundation

**Through a combination** of grants and contracts, the following organizations provided support exceeding \$1.1 million in the year 2000. The Center wishes to express its sincerest thanks.

## Foundations

American Council on Pharmaceutical Education  
Better World Fund  
Catholic Health Initiatives  
The Chicago Community Trust  
Council for Jewish Elderly  
The Nathan Cummings Foundation  
The Estate of Nellie Elsay  
Fetzer Institute  
Holy Cross Hospital  
Illinois Department on Aging  
Inspector General's Office, the Illinois Department of Children and Family Services  
The Mather Foundation  
Michael Reese Health Trust  
National Institutes of Health  
Partners for Catholic Health Care Ministry  
Parkside Senior Services  
The Retirement Research Foundation  
The Rockefeller Foundation  
St. Anthony's Hospital, Bay Care Healthcare  
Wheat Ridge Ministries  
Wheaton Franciscans

We invite you to support the Center's work through a tax-deductible gift.



\$500—999

## Sponsors

Strachan Donnelley, PhD  
Mr. & Mrs. John R. Gardner  
Dr. & Mrs. Morris Goldberg  
Ms. Catherine E. McDermott  
Stephen Modell, MD  
Dr. & Mrs. Harvey Mohrenweiser

\$100—499

## Friends

Appleton Medical Center  
Davidson College  
DCH Regional Medical Center  
Duke University  
Egleston Hospital  
Florida International University  
Gwinnett Health System  
Harding School-Religion  
Loyola Marymount University  
North Carolina Baptist Hospital  
SIU School of Medicine  
St. Paul School of Theology

Norman Aarestad, MD  
Richard L. Allman, MD  
Ms. Patricia M. Alt  
The Rev. Elmo Anderson  
Ms. Lynn Bailey  
Mr. & Mrs. James W. Baker  
Mr. Mike Ballard  
Ms. Kathleen Barlow  
The Rev. Joseph Bathke  
Mr. & Mrs. Robert W. Beart  
Mr. Anthony R. Benedetto  
Ms. Ruth H. Bengtsen  
Ms. Peggy Carey Best  
Raymond S. Bianchi, MD  
Mr. Donald Bickel  
The Rev. Paul A. Bierlein  
Dr. & Mrs. Ralph C. Blaisdell  
Ms. Karen Blessen  
M. J. Brown  
Don S. Browning, PhD  
Rev. Jack F. Bunde  
Mr. & Mrs. George B. Caldwell  
Jacqueline Cameron, MD  
Father Denis Carneiro  
Rev. Daniel D. Castillo  
Ms. Marie Celine Caufield  
Ms. Ursula D. Cholewa  
Mr. Robert L. Clapp  
Alva H. Clark, ThD  
Mary Ann Clemens, EdD  
Frederick W. Coleman, MD  
Mr. and Mrs. James Cooper  
Mr. Robert Davis

Rev. & Mrs. William Derstine  
Mrs. M. Patricia Dervin  
Ms. Anne Little DeVaughn  
Douglas Diekema, MD  
Juan & Ruth Engel  
Dr. James H. Erickson  
Drs. Jonathon & Judith Erlen  
Ms. Vicki Fahey, RN  
Dr. Robert L. Fine  
Mr. George Fitchett  
Renee C. Fox, PhD  
Mr. & Mrs. Richard Friese  
Dr. Christopher Fung  
Mr. P. Roger Gillette  
Ms. Amy Girst  
Dr. Gail Glicksman  
Mrs. Marilyn O. Goll  
Marilyn V. Green, MSN  
Ms. Beatrice W. Greenbaum  
Father Alcuin E. Greenburg  
Chaplain Robert L. Griffin  
Chaplain Karl Guhn  
David Guinn, PhD, JD  
Ms. Christine Haarving Taylor  
Sister Nora Hahn  
Ms. Marie Handley  
Jack Hanford, ThD  
James F. Hart, MD  
The Rev. J. Edwin Heathcock, PhD  
Mr. & Mrs. Kevin Hepp  
Ms. Judith M. Hills  
David Hilton, MD  
Mr. Case Hoogendorn  
Mr. Lawrence Hopkins  
Rev. Diana Hughes  
Rev. David C. Johnson  
Mr. Norbert E. Kabelitz  
Dr. Janet D. Kent  
Rev. Charles D. Kirby  
Ms. Eugenia Kirchner  
Kristi L. Kirschner, MD  
Ms. Frances Kissling  
Father Edmund Klimek  
Linda E. Krach, MD  
Ms. Helen Kreidermacher  
Rev. Robert Krogman  
Ms. Kimberly Kushman  
David B. Larson, MD  
Ms. Gladys Lasser  
Karen A. Lebacqz, PhD  
The Rev. Betty Ann Lehmann  
John J. Lynch, MD  
Patricia A. Marshall, PhD  
Ms. Mary Kay Mattiace  
The Rev. George C. Maynard, SJ  
Mrs. George A. C. McBride  
Mr. & Mrs. Michael S. McCarthy  
James J. McCartney, OSA, PhD  
H. Belton P. Meyer, MD  
Dr. & Mrs. John M. Miller

Linda S. Mittenness, PhD  
Ms. Marilyn Moorlach  
Rev. Joan L. Murray  
Drs. Gillian Van Blerk & Roy Myers  
Lois LaCivita Nixon, PhD, MPH  
Isaac K. Njuguna, DMin  
Ms. Sue Novy  
The Rev. & Mrs. Edward Otto  
Dr. Eugene Perrin  
Mr. & Mrs. Donald Petersen  
The Rev. Thomas C. Pexton  
Rev. P. V. Phillips  
Mary M. Poncel, MD  
Mr. Robert L. Reed  
Dr. George F. Reinhardt  
Mr. George M. Ricker  
Mary Roch Rocklage, RSM  
Mr. & Mrs. Juergen Roennau  
The Rev. & Mrs. Robert L. Rotgers  
James E. Ruckle, PhD  
Brother John Ryan  
Ms. Carole Ryczek  
Dr. Stephen Sapp  
Roy H. Schaefer, DDS  
Mr. & Mrs. Daniel S. Schechter  
Ms. Elizabeth K. Schneider  
Ms. Charity Scott  
Bryan W. Sickbert, MDiv  
Dr. Kenneth Siess  
George R. Simms, MD  
Mrs. Nancy Skurnik  
The Rev. Gabriel J. Smith  
Father Robert S. Smith  
The Rev. Alden Sproull  
Mr. Wendell Stangeland  
Mr. & Mrs. Robert A. Stein  
Dr. Mike Swenson  
Ms. Shirley Brown Talbot  
Drs. John Taylor & Janet Mathison  
John F. Thie, DC  
Barbara Thompson, MD  
Rev. Leo Tibesar  
Raymond Vahl, MD  
Dr. Jan Van Eys  
Ms. Helen Ablan Vocolas  
Gail Waring, RSM  
The Rev. Dan Whitfield  
Herman S. Wigodsky, MD, PhD  
Mr. & Mrs. Walter J. Wilkie  
The Rev. Canon B. Williams  
John H. Wilms, MD  
Mr. & Mrs. Kemp A. Wright

\$65—99

## Supporters

Allen Memorial Hospital  
Augustana College  
The Book Connection

Central DuPage Hospital  
Central ME Medical Center  
Children's Hospital & Regional  
Medical Center  
Colgate Rochester Divinity School  
Concordia Seminary Library  
Concordia Theological Seminary  
Dallas Christian College  
Dartmouth College  
Emory University  
Episcopal Theological Seminary of  
the Southwest  
Garrett/Seabury Seminaries  
Good Samaritan Hospital  
Good Shepherd Rehabilitation  
Hospital  
Goshen College Library  
Holden Village Library  
Illinois Institute of Technology  
Louisville Presbyterian Seminary  
Lutheran Theological Southern  
Seminary  
Midwestern Baptist Theological  
Seminary  
Montclair Baptist Health Center  
National Library of Medicine  
Nazarene Theology Seminary  
North American Baptist Seminary  
Partners Healthcare System  
Pittsburgh Theological Seminary  
Regis College  
Sacred Heart School of Theology  
South Dakota State University  
St. James Hospital, Olympia Fields  
Campus  
St. Thomas Hospital  
Texas Scottish Rite Hospital  
University of North Carolina  
Virginia Mason Medical Center  
Virginia Theological Seminary  
Western Theological Seminary  
Yale Divinity School  
Yale New Haven Hospital

Fredrick R. Abrams, MD  
Sharon Adkins, RN  
The Rev. Frederick Aigner  
Dr. Nancy Alexis, MD  
Ms. Susan Alter  
Mr. Robert W. Andersen  
Larry J. Austin, DMin  
Ms. Nancy B. Barcus  
Sister M. Patricia Barrett, CSA  
George E. Battit, MD  
Ms. Mindy Schramm Beard  
Dr. Ruth W. Bell  
Rev. Lauralyn Bellamy  
Mr. & Mrs. Howard Benson  
Ms. Nancy Ruth Best  
Mr. Jack Bierig

Leslie J. Blackhall, MD  
 Mr. Donald Monteith Blair  
 Ms. Carol Block  
 The Rev. Willis L. Bloedow  
 Ms. Joanne Blyler  
 Ms. Lucy Bregman  
 Mr. Marius Bressoud  
 Rev. Judy Brock  
 Baruch Brody, PhD  
 Dr. Samuel A. Brody  
 Reverend William L. Broussard  
 Anne C. Brower, MD  
 Ms. Janice Brown  
 The Rev. W. Noel Brown  
 Ms. Sharon Brown  
 Willia Brown, MDiv  
 John M. Buchanan, DD  
 Mr. Andy Burness  
 Ms. Marie Burns  
 Mary Beth Buschmann, PhD  
 Ms. Mary Elizabeth Campion  
 Congresswoman Lois G. Capps  
 Cynthia Cardon Hughes, RN  
 Ms. Jean R. Cleland  
 Dr. & Mrs. Clarke Cochran  
 Ms. Betty L. Conrad, RN  
 Rev. James Corrigan  
 Catherine A. Counard, MD  
 Timothy P. Daaleman, DO  
 Sister Elizabeth J. Davis, SNJM  
 Ms. Barbara Delaney  
 Rev. Meinrad J. Dindorf, OSB  
 Elliot N. Dorff, PhD  
 Ms. Barbara Douglas  
 Craig E. Downs, DO  
 Mr. Richard J. Doyle  
 Sister Coletta Dunn  
 Ms. Kelly Dunn  
 Catherine Durr, CSJ  
 Joseph F. Dyro, PhD  
 Rev. Myron Ebersole  
 The Rev. Oswald Elbert  
 Robert B. Ellis, DO  
 Ms. Catherine P. Emmett  
 The Rev. Arnold R. Enslin  
 Mr. Robert W. Evans  
 The Rev. Alice Farquhar-Mayes  
 Ms. Janice Favret  
 Daniel Finkelstein, MD  
 Rev. Charles E. Fogle  
 Joseph M. Foley, MD  
 Rev. James Foster  
 Mr. Joseph H. Foster  
 Mr. William E. Foy  
 Chaplain George E. Franke  
 Mr. Robert M. Friday  
 Rev. Dr. John E. Fureman  
 The Rev. Bill Gaventa  
 Thomas George, JD  
 John C. Gienapp, PhD

Mr. R. J. Gieschen  
 Tony Gigliello, MA  
 Ms. Lorna Girod  
 The Rev. Robert Gloudeman  
 Ms. Colleen Gorman  
 Ms. Geraldine Gorman  
 Janet H. Greenhut, MD  
 Ms. Dorothy R. Gregory  
 The Rev. Jerry J. Griffin  
 Ms. Glenda Grimm  
 William N. Grosch, MD  
 Mr. Al Gustafson  
 Mr. Wesley E. Halbritter  
 Mr. Peter M. Hammond  
 Ms. Bonnie L. Hammonds  
 Rev. Curtis B. Hanson  
 Ms. Judith A. Harrington  
 Margaret M. Hastings, PhD  
 Richard M. Haughian, DTh  
 Rev. Ken R. Hayden  
 Rev. B. F. Hayes  
 Chaplain Bennett Henrickson  
 Ms. Sharon Hindle  
 Marian O. Hodges, MD  
 Rev. Fred H. Hofer  
 Sister Nancy Hoffman, SC  
 Ms. Susan Hriljac  
 Steven S. Ivy, PhD  
 Rev. Martha R. Jacobs  
 Dr. William H. Jarrett  
 Rev. Kevin L. Jones  
 Rabbi Paul Joseph  
 Mr. Daniel Jungkuntz  
 Dr. James L. Karel  
 Rev. Peter Keese  
 Lou-Anne Keith, RN  
 The Rev. Bert Klein  
 Ms. Deborah Klingbeil  
 The Rev. David Kluterman  
 The Rev. Samuel S. Kochel  
 Ms. Pat Kokoszka  
 Joseph M. Kovaz, MD  
 Willard S. Krabill, MD  
 Ernest F. Krug III, MD  
 Mr. Dale A. Kvitem-Barr  
 Dr. Jerome E. Kwako  
 The Rev. David O. Kylo  
 Ms. Mary Labyak  
 Joanne Lappetito, RSM  
 Ms. Monica D. Lara  
 Mr. Paul Lauritzen  
 Bernard J. Leininger, MD  
 Cheryl D. Lew, MD  
 Ms. Nola Lewis  
 Rabbi Leonard J. Lewy  
 Carol A. Lindeman, PhD  
 Mr. Brian F. Linnane  
 Herlan O. Loyd, MD  
 Reverend Richard Luecke  
 Mr. Peter Lund

Mr. Harold Mahan  
 Mr. Charles W. Martin  
 The Rev. John C. Matthew  
 Diane McCalley, CSJ  
 Nova J. McCombs, RN  
 Drs. McPhillips & Gibbons  
 Mr. Tobias Meeker  
 B. J. Meigs  
 Mr. Dale Mercer  
 Ms. Sylvia Mertens  
 Ms. Heidi Meyer  
 Mr. & Mrs. Clark T. Miller  
 Mr. Craig A. Miller  
 Ronald B. Miller, MD  
 Mr. & Mrs. W. Mark Miller-McLemore  
 Elsa C. Moeller, RN  
 Ms. S. Marie Moore  
 Judy Morasci, RSM  
 Rev. Diane E. Morgan  
 Rev. & Mrs. Paul Muller  
 Dr. Clarke A. Mundhenke  
 Deacon Zenon L. Nawrocik  
 Dr. Kathy Neely  
 Ms. Kitty Q. Nguyen  
 Ms. Jeannine Nix  
 David North, MD  
 Rabbi Maurice E. Novoseller  
 Dan O'Brien, PhD  
 Mr. Daniel O'Brien  
 Art Olsen, PhD  
 Rev. Dell C. Olson  
 Dr. O. Gerald Orth, MD  
 Sister Jeanne Oursler, CSJ  
 Mr. Mark Papke-Larson  
 Sister M. Kevin Patricia  
 Mr. Donald Patterson  
 Mr. Andrew G. Pattillo, Jr.  
 Mr. Bruce E. Pederson  
 Dr. & Mrs. Michael A. Petti  
 Ms. Carol Pinter  
 Robert Lyman Potter, MD, PhD  
 Rev. Bayard Pratt  
 Mr. & Mrs. Herbert Prem  
 Dr. & Mrs. Paul Pribbenow  
 Tamara L. W. Price, MD  
 Mr. Steve Priest  
 Ms. Karen Pugliese  
 Rev. Mary Purcell  
 Linda A. Rankin, PhD  
 Mr. Woodie Rea  
 Ms. Jean Reed  
 The Rev. Nancy J. Reed  
 The Rev. Msgr. Dennis M. Regan  
 Dr. Avram I. Reisner  
 Mr. John W. Riley  
 Rev. Joseph N. Robb  
 Ms. Kathryn A. Robbins  
 Mr. Richard Robbins  
 Mr. Fred M. Rogers

Ms. Pat Russell  
 Ms. Janet Rutkowski  
 Ms. Cheryl J. Sanders  
 Charles G. Sasser, MD  
 Ms. Teresa A. Savage  
 The Rev. & Mrs. Herb Schmidt  
 Chaplain K.C. Schuler  
 Walter R. Schur, MD  
 Chaplain Greg Schwartz  
 Rev. Dr. Martha B. Sheaffer  
 Ms. Dorothy M. Shepherd  
 Sister Pat Shirley  
 Donald W. Shriver, Jr., PhD  
 Ms. Erin Simpson  
 Joy D. Skeel, MDiv  
 Ms. Katherine Smith  
 David H. Smith, PhD  
 Rev. W. Thomas Soeldner  
 Ron Somers-Clark  
 Mr. Gordon L. Sommers  
 Mr. & Mrs. Harris G. Sonnenberg  
 Robert Sostheim, MD  
 Rev. Herbert Stocker  
 Dr. Ruth I. Stoll  
 Ms. Gretchen Strohmaier  
 Father David C. Sullivan  
 Dr. William E. Tankersley, III  
 Tongpound Tanunchai, RN  
 The Rev. Mary Martha Thiel  
 Ms. Margaret B. Thomas  
 Mr. Leo C. Thompson  
 Ms. Mary Thompson  
 Patricia K. Thompson, RN  
 Chaplain Noel Tiano  
 Dr. Alan C. Tjeltveit  
 Mr. Richard Truesdale  
 Mr. & Mrs. Stephen L. Ummel  
 Mr. A. Preston Van Deursen  
 Dr. Allen Verhey, PhD  
 Fr. William D.R. Waff  
 Mr. John Wall  
 Chaplain Robin Walton  
 Mr. Kevin S. Wardell  
 Dr. James H. Wells  
 Ms. Pamela H. Wells  
 Arnold L. Widen, MD  
 Chaplain Joseph M. Wilcox  
 Mr. Roger Willer  
 Ms. Catherine William  
 Ms. Kathy Williamson  
 Ethel Winchester-Didsbury, DMin  
 Rev. Dr. Margaret Wise  
 Mr. David Wolfe  
 The Rev. James Woomer  
 Ellen F. Yamamoto, RN  
 Valerie Yancey, PhD  
 Jeanine Young-Mason, EdD  
 Mr. & Mrs. W. J. Zehr  
 Joan E. Zetterlund, PhD

up to \$65

## Contributors

Avera McKennan Hospital  
Emmanuel School of Religion  
Emory University  
Evangelical Lutheran Church in  
America  
Integritas Institute for Healthcare  
Ethics  
Master's Grace Library  
Mayo Clinic  
Scripps Mercy Hospital  
University of Iowa

Rachel Adler, PhD  
Mrs. John E. Andersen  
Ms. Ann Piet Anderson  
Robert M. Arnold, MD  
Ms. Jean C. Bassindale  
Murray D. Batt, MD  
The Rev. Holly Vincent Bean  
Ms. Deborah L. Benada  
Rev. Christopher H. Bender  
The Rev. E. Heather Benson  
Chaplain Karen Bixby  
Ms. Betty Kay Bjornsen  
Mr. James Bridger  
Barry L. Buck  
Dr. Ira R. Byock  
Ms. Joan Byrne  
Sister Michaela Byron, OSF  
Ms. Roberta S. Caffrey  
Sister M. Caritas  
Mr. Mark F. Carr  
Ms. Jane Haubrich Casperson  
Ms. Susan Caswell  
Mr. & Mrs. Warren Cecil  
Ms. Sara Kay Chandler  
Sister Maureen L. Chase, OP  
Dr. Robert Clouse  
Professor Cromwell Crawford  
Ms. Laura R. Crouse  
Ms. Nance Cunningham  
Mr. Dan Damon  
Ms. Julia Dieterman  
David M. Dillman, MD  
The Rev. James J. Doyle, CSC  
Dr. James F. Drane  
Arnold Eiser, MD FACP  
Ms. Rita C. English  
Ms. Barbara Hoffman Feehan, RN  
Dr. Allen Fisher  
Mr. Bobbie Flowers  
Dr. Brenda Forster  
Jean Fourcroy-Behr, MD  
Jo-Ann L. Frank, MD  
Ms. Ann Freiburg  
Meg Gaffney, MD  
Rev. Robert J. Gates, Jr.

Mr. Don Giesman  
Mr. & Mrs. James P. Gragg  
Ms. Blu Greenberg  
Mr. H. Phil Gross  
Ms. Regena Guerin  
Richard W. Gunn, MD  
Mr. Michael Haar  
C. Rollins Hanlon, MD  
Ms. Jean H. Harper  
Richard L. Harvey, MD  
Ms. Theresa M. Hayes  
Ms. Junia G. Hedberg  
Dr. Alexander Hilkevitch  
Ms. Carolyn Hinshaw  
The Rev. Edward J. Holland  
Ms. Constance L. Hopkins  
Mr. Richard F. Hudzik  
Ms. Susan Hurley  
Mr. David C. Hurt  
Ms. Lia Jankowski  
Mr. Harry Janky  
Ms. Carolyn M. Jurkowitz  
Renate G. Justin, MD  
Sister Rita Kartavich  
Ms. Mary Jo Kreitzer  
Mr. Willis Kushman  
Ferne Kyba, PhD  
Dr. & Mrs. William H. Lazear  
Rev. David R. LeFort, STL  
Richard Leliaert, OSC  
Ms. Lois Lenz  
Ms. Nancy Lindsay  
Nanci E. Lochner, BSW  
Lois Lombard, RN  
Fr. Sebastian MacDonald  
Ms. Elizabeth Maginnis  
Mr. Ernest D. Martin  
Dr. Elfriede Matejisik  
Betty M. McCauley  
John & Betty McClellan  
Ms. Hope McFadden  
Mr. Timothy McIndoo  
Ms. Doris A. McVey  
Mrs. Seymour Metrick  
Rev. Dwane L. Michael  
Pat Midkiff, RN  
Dr. Margaret S. Miles  
Ms. Suzanne G. Mintz  
James S. Mitchell  
Lloyd N. Monnin, PhD  
Dr. & Mrs. Mark F. Moots  
Mr. Eric Mount  
Joyce Neal, RN  
Ms. Jennifer M. Newhouse  
Ms. Adelia B. Newton  
Ms. Judith Noble  
Marge Novy, RN, BSN  
Dr. Annalee R. Oakes, FAAN, CCRN  
Mr. & Mrs. Robert S. O'Boyle  
Ms. Mary Page

Ms. Sarah A. Petersen  
Mr. John Petersen  
Joel Potash, MD  
Chaplain Bill Prather  
Ms. M. Patricia Rahn  
Professor Nancy J. Ramsay  
Mr. George A. Ranney  
Ms. M. Marie Raygor  
The Rev. Nancy J. Reed  
William Reichel, MD  
Rachel Naomi Remen, MD  
Mr. Cornel G. Rempel  
Bruce C. Rhoades, MD  
Ms. Jacquelyn Rice  
Chaplain W. David Richards  
Mr. Robert B. Robey  
Ms. Judy Roy  
Professor Robert Russell  
Ms. Diane Schipper  
Chaplain Dell Schomburg  
Ms. Sue A. Scott  
Mr. Timothy C. Sever  
Dr. A. J. Sherman  
Ms. Sally Simmel  
Mary J. Slavin, PhD  
Rev. Amy A. Smith  
Kendall B. Smith, PhD  
Ms. Lucinda A. C. Spang  
The Rev. Paul D. Steinke  
Barbara Stenberg, RN  
Mrs. Beulah F. Stevens  
Mr. Donald Stiger  
Dr. & Mrs. James Stim  
Dr. Connie R. Stowe  
Mr. & Mrs. Edward A. Stowell  
Ms. Petra E. Streiff  
Mrs. Margaret N. Talboys  
Mr. Patrick E. Tierney  
Col. Carl K. Towley  
The Rev. John D. Twiname  
Ms. Dana VanderMey  
Mrs. Virginia Vivian  
Mr. Harold Vogelar  
Edward Walsh, CFA  
Ms. Barbara Weiner  
The Rev. Robert W. Weise  
Barbara Weithaus, PhD  
Kenneth R. White, PhD  
Mr. & Mrs. Leonard S. Wicklund  
Rev. Robert Wiley  
Ms. Patricia Witt  
The Rev. Stephen Wlosinski  
Dr. & Mrs. Gerald Wool  
Mr. Jon R. Zemans  
Ms. Esther R. Ziegler

Every effort has been made to ensure the accuracy of this document, but if you see an error, please call Kitty Nguyen at (312) 266-2222. Thank you.



# Witnessing the Human Moment

*The continuing education of the medical humanist*

**suzanne POIRIER**

**T**he standard statements about what medical humanists “do” evoke cultural, ethical, political, and personal dimensions of health, illness, and the practitioner-patient relationship.

Such statements often mention reasoning skills and professional stances that allow for—even celebrate—uncertainty, contingency, and context. I want to talk here about aspects of medical humanities that go deeper, to places where a language of autonomy and beneficence, an examination of Ivan Ilych’s journey to death, or a recognition of the biases that shaped past and current medical research won’t suffice. New reasoning or interviewing skills can address some of this, but patterns of thinking and protocols can still address only surfaces. For example, I attended an ethics consultation in which all parties agreed to withdraw life support from a woman, but the medical team could not—would not—address the grief of the third-year medical student who was facing a patient’s death for the first time. In another conference participants could accept a straightforward edict that it was wrong to abandon a patient but could not talk about the obvious and



© Bettmann/CORBIS

**Anatomy Class Observing Corpse**

largely justified anger they felt toward that patient.

Although courses in medical humanities and ethics profess the importance of the social, cultural, and personal dimensions of human action and interaction, they often shy away from the even more basic emotional and psychological elements that shape those interactions. These feelings are timeless. Two poems,

written more than ten years apart by medical students at my institution, demonstrate the persistence and pervasiveness of such feelings. These ten years have seen the advent of required and elective courses in medical ethics and the humanities, problem- and evidence-based teaching, and primary care and longitudinal ambulatory medicine, beginning in the first weeks of school. Still, my

Suzanne Poirier is Professor of Literature and Medical Education in the Medical Humanities Program at the University of Illinois College of Medicine-Chicago.

students grapple, often alone, with conflicting feelings of transgression, awe, horror, pride, and shame.

The first poem, "Our Lady of the Tank," was written in 1988 by Peter Draper. Its topic, Gross Anatomy class, is a familiar one:

## Our Lady of the Tank

Our lady of the tank,  
In this graveless state,  
Your flesh did not go quite the way  
of all,  
Though wet and wrinkled we all  
will fall.  
From the obstetrician to the mor-  
tician,  
We travel a trivial time,  
Proudly putting reason to rhyme,  
Germ to term, virgin to carcass.

The sickle swings, the scalpel  
scrapes,  
As through your greasy gift we sift,  
Gross whole of petty parts,  
Decayed in chunks, displayed in  
charts.  
This breast, where a warm mouth  
cuddled,  
Now lies alone in a chemical  
puddle.  
As does your brain, plucked and  
pickled.  
Your universe of cells, each of  
molecules  
Submits to the ungracious explo-  
ration of fools.  
Where solid blood awaits within  
your shredded heart,  
Where food oozed through the  
intestinal mess  
To the lumen at the end of the  
tunnel.

Do your sunken eyes despise  
Our semester of eternity?  
Does your complexity disguise  
The hand of some paternity?  
When in the hour of reckoning we  
danced

In the ballroom of the living and  
the dead,  
By tag and timer tested,  
Your last patience we requested,  
And having filled in all the blanks,  
I whispered in your empty skull  
my empty thanks.

Draper's language, deliberately ironic, quickly pulls readers into the poem's complexity. The sacred allusion in his address of the cadaver immediately creates a tension between holiness and transgression. The mysteries of life are presented with a scatology of anatomic terminology and irregular, almost frivolous rhyme, alliteration, and pun. Yet the tensions persist: "The sickle swings, the scalpel scrapes, / As through your greasy gift we sift." The sickle of death and the scalpel of the lab are both wielded against this once living person, and her "greasy gift" conveys both the physical unavoidability and the incredible opportunity the cadaver provides them. Even when reduced to "pickled" parts lying in "a chemical puddle," the body somehow remains superior to the "ungracious exploration of fools." Draper breaks from his irony when he bluntly asks two questions of his cadaver, in which he contrasts "the hand of some paternity" with the earthbound students who now disassemble the body on the table before them.

The "semester of eternity" that the students spend in Gross Anatomy, eternal in part because of its seeming interminableness, also involves a usurpation of a divine role that leads the speaker to fear "our lady's" judgment of him. The last line of Draper's poem always raises questions whenever I teach this poem. Are the thanks "empty" because they are insincere or because they can never be sufficient? Both answers seem to apply. The last line asks both the speaker and the readers to contemplate what has become of the student who has engaged in this last danse macabre in "the ballroom of the living and the dead." By engaging in

such a dance, he realizes that he has been forever changed, although he still has more questions about the nature of that change than he has answers.

These questions do not end with Gross Anatomy. The following untitled poem from 2000, written by Heather Hill in a literature-and-medicine elective at the start of her fourth year, sounds the same themes but in a different setting:

All day long ... i talked about *it*.  
raved about *it*  
i almost couldn't contain my self,  
my excitement.  
i didn't.  
i told my mother, but she didn't  
appreciate *it*, only proud to  
see my joy.  
she told my grandmother, but she  
thought it odd that i felt this  
way.  
they told friends who also could  
not comprehend ...  
not the excitement, not the pride  
that i felt.  
all they could ask, all anyone ever  
asks ...  
how can you do *it*?  
not why? or to whom?

All day long, as i thought about *it*,  
raved about *it*, called every-  
one close to me, shit,  
almost everyone i knew,  
to tell them about *it*;  
i tried to rationalize *it*, better yet to  
understand ...  
the amazement, the ability to do *it*,  
more importantly the excite-  
ment of *it*.  
that only lasted for a minute, a  
short minute at that, unless  
attempting to explain, trying to  
justify really ...  
to somehow make right, my excite-  
ment.  
to others.  
within myself.

She's so contracted.

'it'll be easier to move her at the  
 home'  
 her children fought the decision,  
 but they don't come to see her  
 anyway.  
 she doesn't talk, she doesn't do  
 anything.  
 she just groans, a mild scream, the  
 pain, i suppose, as we try to  
 move her.  
 it was the best decision ...  
 i know  
 this is not who i want to be, how i  
 want to live, how i want to be  
 talked about, even after  
 i can no longer understand.  
 not how i want to be treated.

I cut off her legs today, both of  
 them, just below the knee.  
 i was so excited, it was such a cool  
 thing to do.

When Hill read this poem to the other  
 students, one immediately piped, "Where  
 did you do surgery?" His question was  
 followed by a unanimous bark of laugh-  
 ter, then silence. This exchange demon-  
 strated perfectly the tensions the poem  
 captures: the necessity—even, moreover,  
 perhaps, the drive or desire—for medical  
 students to learn procedures, coupled  
 with the horror of what they're learning  
 to do and what, in turn, that knowledge  
 and those skills might be doing to them.

Hill, like Draper, begins with a decep-  
 tively light tone that turns deadly serious.  
 She mocks her excitement at the same  
 time that she insists on the importance of  
 this unnamed event to her. She turns to  
 the people who have always shared her  
 joys, but no one in her family understands  
 the thrill she feels. Even more, they are  
 made uncomfortable by it. So is she, as  
 she acknowledges a need "to explain, try-  
 ing to justify really." It is, however, only a  
 brief pause, she admits. In class, students  
 discussed the ethics and legality of the  
 double amputation, and Hill's careful  
 selection of details indicates that she has  
 learned the basics of autonomy, consent,

and competence, but they talk most about  
 the undeniable excitement of getting to do  
 dramatic, wonderfully horrible proce-  
 dures and the moral and spiritual costs  
 that come with learning those skills. Hill  
 captures that awful power in her one use  
 of "I"—"I cut off her legs today, both of  
 them,"—after which she returns to "i" and  
 to the circumlocutious, effervescent syn-  
 tax of youth, whose lightheartedness now  
 rings hollow, even desperate.

These poems speak of the emotional,  
 psychological, and spiritual development  
 of medical students. Medical humanities  
 courses may have created venues where  
 important moments in that development  
 become more apparent, but this develop-

ment touches on a more profound process  
 than any course one can teach. The most  
 that a medical humanist—who can as eas-  
 ily be a surgeon as a historian or theolo-  
 gian—can do is to witness these moments,  
 create a space for them to be acknowl-  
 edged, and promote respectful discussion  
 of them. These moments are permitted,  
 even planned in some courses, but for  
 many teachers—of literature and ethics as  
 well as pediatrics or psychiatry—this is a  
 perilous, mysterious step to take. It calls  
 for an openness, creativity, and tact—ele-  
 ments that have been as absent in the  
 education of the humanist as they have  
 been in the education of the physician.  
 Together, we still have a lot to learn. ■

---

## Poetry

---

### Daughter

by James Dickey

Hospital, and the fathers' room, where light  
 Won't look you in the eye. No emergency  
 But birth. I sit with the friend, and listen  
 To the unwounded clock. Indirectly glowing, he is grayer,  
 Unshaven as I. We are both old men  
 Or nearly. He is innocent. Yet:  
 What fathers are waiting to be born  
 But myself, whom the friend watches  
 With blessed directness? No other man but a worker  
  
 With an injured eyeball; his face had been there  
 When part of an engine flew up.  
 A tall nurse blotted with ink  
 And blood goes through. Something written  
 On her? Blood of my wife? A doctor with a blanket  
 Comes round a blind corner. "Who gets this little girl?"  
 I peer into wool: a creature  
 Somewhat strangely more than red. Dipped in fire.  
 No one speaks. The friend does not stir; he is innocent  
 Again: the child is between  
 Me and the man with one eye. We battle in the air,  
 Three-eyed, over the new-born. The doctor says,  
 "All right, now. Which one of you had a breech baby?"  
 All around I look: look at the possible  
 Wounded father. He may be losing: he opens his bad eye.  
 I half-close one of mine, hoping to win

*continued on page 12*



research-based health care been so pervasively rejected as in New Mexico. The bearers of human values, the humanities, are often seen as co-opted by the industries of health care. Managed care, using the hard-won standards of ethics and law, is often experienced as withholding care.

Not long ago, a Nobel laureate asserted to a New Mexico audience that scientists would soon know all that is necessary to control life. He spoke of the great strides molecular biology is making in overcoming “the superstitions of the primitives.” He said this to an audience many of whom could trace their lineage back through hundreds of years of competing

claims of truth. Their memories and practices have been largely ignored by both the scholars of the university-based humanities and sciences. Are they lacking truth? Is their diversity too divisive in the world of public policy? Wendell Berry puts their perspective another way. Why should we trust those whose vision of the future is “a place where the most genetically favored and the most richly subsidized scientists determine the future by ‘plunging ahead,’ each isolated in his or her vision of ‘new terrain,’ and each cut off from any restraining affection for old terrain?”

It is the matter of trust, public trust, that will support or destroy the best-rationalized and -financed research, especially health care research; the most promoted clinical treatment; the most hyped religion. At a recent consultation sponsored by the National Science Foundation, participants agreed that one of the major challenges for science today is eroding public trust in scientific, and particularly medical, enterprise. The behaviors and the claims of many scientists and medical practitioners, with the aggressive and often destructive efforts to gain funding and profits, are undermining public trust, and not just among traditional peoples. What Berry and others argue is that the molecular biologists are taking us into yet another superstition that not only betrays us in what is promised but also robs us of our abilities to return to the cultural landmarks by which we reorient ourselves.

When the historical principles of the scientific method are followed—often they are not by scientific scholars—there is respect for what is known, for what is uncertain, for what is the exception. As important and imperative as discourse between the humanist and the scientist is, have those of us in the humanities been holding our colleagues to their principles? Or have we been co-opted into rationalizing new superstitions that deny the miracle of living? We need to take a second look. ■

---

Or help. Breech baby. I don't know. I tell my name.  
Taking the doctor by his arms  
Around her, the child of fire moves off. I would give one eye for her

Already. If she's not mine I'll steal her.  
The doctor comes back. The friend stirs; both our beards  
Quicken: the doctor is standing  
Over me, saying, “This one's yours.”

It is done: I set my feet  
In Heavenly power, and get up. In place of plastic, manned rubber  
And wrong light, I say wordlessly  
Roll, real God. Roll through us. I shake hands

With the one-eyed man. He has not gained  
A child, but may get back his eye; I hope it will return  
By summer starlight.

The child almost setting  
Its wool on fire, I hold it in the first and last power  
It came from: that goes on all the time  
There is, shunting the glacier, whirling  
Whole forests from their tops, moving  
Lava, the flowing stone: moving the hand  
Of anyone, ever. Child of fire,  
Look up. Look up as I lean and mumble you are part  
Of flowing stone: understand: you are part of the wave,  
Of the glacier's irrevocable  
Millennial inch.

“This is the one,” the friend repeats  
In his end-of-it daze, his beard gone  
Nearly silver, now, with honor, in the all-night night  
Of early morning. Godfather, I say

To him: not father of God, but assistant  
Father to this one. All forests are moving, all waves,  
All lava and ice. I lean. I touch

One finger. Real God, roll.

Roll.

---

“Daughter” by James Dickey appears in *The Whole Motion: Collected Poems 1945-1992*.  
Copyright ©1990 by James Dickey. Reprinted with permission of Wesleyan University Press.

# Religion at the United Nations

## *A Park Ridge Center project*

paul d NUMRICH

**T**he United Nations can never be the same again.” Thus Bawa Jain, Secretary-General of the Millennium World Peace Summit of Religious and Spiritual Leaders, described last year’s Summit at the UN.

“Just the mere presence of all these religious leaders will in itself have a transformative process in the future work of the United Nations,” Jain added. The Park Ridge Center, through our Religion Counts project, is tracking the hope of such a transformation.

The Center’s connection with the UN goes back to the UN’s International Conference on Population and Development convened in Cairo in 1994. The charged atmosphere that emerged there as religious and secular voices debated hot-button issues spurred thoughts about religion’s role in public dialogue.

“Should religions and religious people be represented at local, national, or international forums where there are certain to be controversial issues of public import?” asked Martin Marty and others in the subsequent Center report *Religion and Public Discourse: Principles and Guidelines for Religious Participants*. Are the risks of religious obstinacy or incivility about volatile social issues worth an invitation to discuss? In that report we supported taking such risks so that reli-

gion might count in arenas like the UN, although we advised that discourse be both informed and civil.

We expect that Religion Counts will help us learn how religious perspectives and groups operate at the UN, and enable us to describe the role religion plays in the interrelationships of UN agencies, government missions, and related religious and secular actors. Our findings may also advance the UN conversation on the role of religion and help non-governmental organizations assess their effectiveness at the UN.

Religion Counts features a major research component at the UN, including informant interviews, on-site observations at UN headquarters, NGO case studies, commissioned scholarship, and other research strategies. Three Center associates are gathering and analyzing data.

To date, we have conducted over fifty formal interviews. These include representatives from twenty religious NGOs, eighteen secular NGOs, eleven UN officials as high as the under-secretary-general level, and three high-level informants on governmental or intergovernmental bodies. One question on our interview protocol has elicited fascinating personal vignettes from these individuals who give their lives to international service: “What formative experiences or perspectives have brought you to where you are now?”

We have also observed three major UN events: the Beijing Plus 5 Conference on Women in May–June 2000, the Millennium World Peace Summit in August 2000, and the January–February 2001 preparatory meeting for the General

Assembly’s follow-up to the World Summit for Children.

One outcome promised by Peace Summit organizers was the establishment of a permanent UN council of religious and spiritual advisors, with details to come. The likelihood of such a permanent advisory council depends on the cooperation of the world’s religious and spiritual leaders and the value that the UN would give to the contributions of such a body. While the UN already works with many religious NGOs, they must be deemed compatible with UN ideals, amenable to UN procedures, and valuable in attaining UN goals. A group’s attitudes and actions can deprive it of the opportunity to participate.

Our two case studies of religious NGOs active in the UN include a Christian humanitarian organization that focuses on disaster relief, development, and conflict resolution work in over eighty countries. It is one of the “big eight” NGOs in the world for the market share of monies it handles. The other NGO has distinguished itself in peace building and conflict resolution. After numerous interviewees identified this group as a model of religious participation in the UN system, we felt compelled to look at it further.

We expect to publish analytical “maps” explaining religion’s role in the UN system, followed by a book-length expansion of these maps. These publications will appeal to readers interested in the intersection of religion and international politics and will be especially useful to those inside or outside the UN system who wish to understand religion there. ■

## The Little Angel of the Sea

Shortly after the New Year, a group of sixteen people from the Dominican Republic boarded a rickety boat and headed out across Mona Passage, bound for a better life in Puerto Rico. In the dangerous currents where the Atlantic Ocean and Caribbean Sea meet, they soon realized that their compass was broken and they were lost, reports the *Orlando Sentinel*.

Food, water, and gasoline were gone within three days. Faustina Mercedes, mother of a one-year-old girl, prayed feverishly as dehydration worsened.

On the fifth day, Mercedes told her sister to try to suckle at her breast for nourishment. "That was God who put that idea in my head," Mercedes said. "He just worked through me." Her sister complied then fed the breast milk, by mouth, back to Mercedes. The sisters felt better immediately, so she offered her milk to all.

The eight men and seven women took turns suckling for seconds a day, each able to get enough nourishment to stay alive until the boat washed up on shore, back in the Dominican Republic, after twelve days at sea. Many are now calling Mercedes "The Little Angel of the Sea."

Of the moment the decision was made to seek sustenance from that unusual source, sister Elena Mercedes said: "At that point, there was nothing more than prayer and my sister's breast."

## Where in the World Did You Get that New Liver?

The international human organ and tissue trade has a rich history of associated myth: the \$5.7 million kidney offered for sale on eBay, which turned out to be a hoax, as well as a slew of urban legends about organ theft. One popular tale recounts the story of a lonely traveler,

lured to a hotel room by a beautiful woman with the promise of a night of love, only to wake up in a bathtub full of ice the next morning to discover both his kidneys stolen.

Skeptics dismiss such stories, but this tale may have some basis in fact. The *Chicago Tribune* recently reported that two Russian travel agents were arrested for murdering their clients and selling their organs on the black market. Fyerutudin and Alima Karayev allegedly lured clients to their agency by promising trips abroad for just \$200 and help in obtaining coveted Western visas. Mrs. Karayev, when not working as an organ-harvesting travel agent, was a surgeon at an area hospital. The Uzbek Interior Ministry said that when police in Bukhara, Uzbekistan, searched the couple's apartment, they found parts of six bodies, sixty stolen passports, and a large amount of American currency.

The *Tribune* did not detail the couple's operation(s). To recover viable organs, certain procedures need to be followed. Were, for example, instruments properly sanitized? Were the prospective tourist/donors tested for disease? How did the pair handle the complicated logistics of transporting human organs? The *Tribune's* discretion in this matter is to be applauded, as it will certainly help deter copycat crimes. Stories such as these do cause worry for organ recipients, however, who can never be sure exactly where their new organs have been.

—Kirston Fortune

### The Buddhist Tradition

Religious Beliefs and  
Healthcare Decisions

by Paul David Narvich

**Contents**

- Buddhism: History and Tradition 1
- Religious Beliefs and Healthcare Decisions 2
- The Buddhist and Healthcare Decision-Making Process 3
- Healthcare and the Buddhist 4
- Healthcare and the Buddhist 5
- Healthcare and the Buddhist 6
- Healthcare and the Buddhist 7
- Healthcare and the Buddhist 8
- Healthcare and the Buddhist 9
- Healthcare and the Buddhist 10
- Healthcare and the Buddhist 11
- Healthcare and the Buddhist 12
- Healthcare and the Buddhist 13
- Healthcare and the Buddhist 14
- Healthcare and the Buddhist 15
- Healthcare and the Buddhist 16
- Healthcare and the Buddhist 17
- Healthcare and the Buddhist 18
- Healthcare and the Buddhist 19
- Healthcare and the Buddhist 20

Religious Traditions  
Handbook Series.....\$79.95

NEW RELEASE!  
"The Buddhist Tradition"  
now available.....\$5.95

## Religious Traditions and Health Care Decisions Handbook Series

A quick reference to fifteen religious traditions and their application in health care.

Each handbook contains a historical synopsis, the tradition's fundamental beliefs about health care issues, and a discussion of the observances and practices that relate to care of the sick.

**A must-have for health care institutions.**

ORDER TOLL FREE 877/944-4401  
OR ONLINE [www.parkridgecenter.org](http://www.parkridgecenter.org)

A Park Ridge Center publication

For works cited  
by authors in this issue,  
visit Bulletin No. 20  
on our web site at  
[www.parkridgecenter.org](http://www.parkridgecenter.org).

# Framing Illness and Healing

## *Humanities in medicine*

**martin e MARTY**

**T**he Park Ridge Center, which puts many of its energies into medical ethics, has also consistently directed others into medical humanities. The issue you are reading provides a context for this work.

People in the Western nations have been talking about the humanities since the time of Petrarch, the late Middle Ages. The word found currency in the U.S. a century ago when departments of the humanities started appearing in the university alongside those devoted to the sciences and professions. Still, students in most schools would say they were majoring in Spanish or in Russian History, not that they were in departments of humanities.

When the National Endowment for the Humanities was born it was still necessary for people in government, education, and the media to learn and to teach that they were not talking about "humaneness" or "humanitarianism," though many of them took pains to say that humanists were, of course, not talking against these, but on parallel tracks.

Congressional advocates of the Endowment had to spell out what the humanities included: languages, linguistics, history, philosophy, cultural anthropology, the history of law, and, yes, "comparative religion." Knowing that religion

has always been a delicate topic in our diverse society, the legislators could not find an easy way to treat religious studies. To show that none of the faiths would be privileged and that students would get a world perspective, they settled for comparative religion. However clumsy the intrusion of the term, religious studies departments have made their way and are thoroughly at home in the humanities.

What, one might ask, makes up a culture in which humanities thrive? Philosopher Ernest Gellner, in his 1964 essay "The Crisis in the Humanities and the Mainstream of Philosophy," stripped it to this: it is a "culture based on literacy." Societies once called primitive were preliterate. Those devoted to nothing but science and mathematics are termed postliterate. Humanists, in contrast, love texts. But many of them are also necessarily literate in respect to reading traces of nontextual sorts: choreographic charts, words on monuments, floor plans of cathedrals or cities, works of art, and more.

Gellner has pointed out that the humanist who practices the humanities sometimes acquires strange characteristics in the eyes of many and, at times, is even seen as the enemy of the divine. Not so. The term humanist simply represented a person interested in mundane human literature who did not necessarily concentrate on divine, theological concerns. Through the centuries, however, literacy—not mundaneness—became the issue. "Humanist" concerns now embrace the divine. (Both speak the same language)," says Gellner.

It is even fair to say that the study of religious and theological texts that reflect on health, faith, and ethics is part of the humanities. At the Park Ridge Center we believe that encounters with texts, be they literary, philosophical, or whatever, make humanists of us all.

Many in the medical humanities movements believe that conversation about texts can promote well-being and advance the pursuit of it. They believe that well-chosen literature opens the seriously ill person to a larger framework of meaning made up of constituent elements, some of which would be classed sacred and some secular. Yes, they want physicians and surgeons to "doctor" well and don't expect them to spout stanzas of Dante or Robert Frost just before the anesthesia takes effect. The arts, however, can provide perspective, enlarge the range of interpretations, and introduce texts, often from centuries behind us but still representative of what is ahead of us and our generation.

Bring on the herbs, then, if you wish, from preliterate societies and the charts and formulas of postliterate scientific cultures. These can play their part in interpreting illness and healing. And when they do, as some pages in this issue suggest that they do, those practicing the humanities can turn out to be exemplars of humaneness, their learning imparted by people with humanitarian concerns. This issue is not the last that will deal with such themes. The texts offer too much to humans to be put aside systematically or through indifference in a busy, practical, technical world. ■



THE PARK RIDGE CENTER

# Bulletin

March/April 2001  
Issue Number Twenty

- 2 From the Editor**  
Open to the Human  
*David B. McCurdy*
- 3 Up Front**  
A Matter of Trust  
*Glen W. Davidson*
- 5 Feature**  
Compassion in Health Care  
*Linda S. Mitteness*
- 6 Poetry**  
Miracles  
*Dannie Abse*
- 7 Feature**  
Sustaining Hope  
*James F. Veninga*
- 9 Case Study**  
Witnessing the Human Moment  
*Suzanne Poirier*
- 11 Poetry**  
Daughter  
*James Dickey*
- 13 Centerline**  
Religion at the United Nations  
*Paul D. Numrich*
- 14 News & Notes**
- 15 Last Word**  
Framing Illness and Healing  
*Martin E. Marty*



THE PARK RIDGE CENTER  
FOR THE STUDY OF HEALTH, FAITH, AND ETHICS

211 E. Ontario St., Suite 800  
Chicago, IL 60611-3215

NON-PROFIT  
ORG.  
U.S. POSTAGE  
**PAID**

PERMIT NO. 1024  
MT. PROSPECT, IL