international conference of camillian religious who are hospital chaplains

5 November 2016

The day was opened with prayers: the celebration of morning lauds *in primis*, followed by a celebration of the Eucharist presided over by Fr. Frank Monks. In his homily, Fr. Monks emphasised two concepts connected with the Camillian charism and the role of religious who are chaplains which had been already enunciated in his paper of yesterday.

The principal motivation for activity in a chaplaincy is very simply (but deeply) rooted in the work itself of Jesus of Nazareth who proclaimed his Gospel and at the same time healed the sick and suffering: words and works were closely united. Camillians must place at the centre of their charism and vocation the work of Jesus – what he did.

In the Order and its works there are important new developments which are obligatory; but the danger also exists that the man of prayer, the mystic, will be forgotten. It is forgotten that although St. Camillus was certainly a man of action, his action was supported by an intense and deep relationship with the Lord – Jesus was at the centre of his activity. Prayer was his daily food.

So, Fr. Monks continued, using a bold parallel, in each Camillian the Good Samaritan (a man who works for the good of his suffering neighbour) should coexist with the Samaritan woman, the woman who asked Jesus questions, who wanted to know who the man was who had unexpectedly asked her for water to drink. The woman to whom Jesus revealed himself so that she could have an 'experience' of God. Without a deep experience of God, of a mystical life, without an intense life of the Spirit, there is the risk that we will be only operators and nothing more.

The first paper of the day was entrusted to Rosabianca Carpene who in professional terms is a health-care worker but who today belongs to the hospital chaplaincy of the city hospital of Verona and has already been the international president of the Lay Camillian Family. The title of her paper was 'The World in which we Work: the Joys and Sadness of the World of Health are our Joys and Sadness', with its evident reference to point 1 of *Gaudium et Spes*. If one could give a sub-title to this paper one would say: 'A Heart to Heart Paper'.

Indeed, Rosabianca Carpene talked abundantly about her personal experiences. However, she related them to the Camillian charism (which she had learnt about when she was young, took on as a guideline in her profession, and then made the foundation of her spirituality as a member and a leader of the Lay Camillian Family) and to the works and spirituality of the members of the Order, in particular those who work as hospital chaplains.

She addressed many points in her paper. The first point took up the subject of the heart: 'the domain and substance of the life of each person, of the life of the believer, of the disciple of Jesus Christ, who makes his or her own heart a fundamental human experience' in relationships lived with his or her neighbour and in particular his or her suffering neighbour.

A second point concerned the world of health which she defined as a 'universe, a great world' that is experienced from different points of view, from that of a health-care worker to that of a volunteer or of a chaplain; a world that for a Minister of the Sick becomes by vocation the centre of his life. A world made up of persons and not anonymous beings. Persons who at their centres have a heart with which our hearts also communicate in line with how much we ourselves feel loved.

To be Christians means living and forming a community in which communication is not shallow but, instead, becomes a relationship that is daily, simple, every-day. This is important above all else for those who live in a context that is charged with suffering, as is the case with hospitals.

Personal relationships are thus at the centre of every involvement: 'the joys and sadness' of the world that draw near to us become our joys and sadness, with the suffering, at times, of feeling that we are powerless.

In this kind of relationship we have an important example in Pope Francis, who, even amidst crowds that jostle him, always finds a way of drawing near personally to those he sees are suffering: at that moment it seems that the person that is in front of him is a '*unicum*'.

Such is the case with God as well. As the word teaches us, God takes care of his suffering people and sends a liberator, whether a prophet or a leader.

Jesus proclaimed the Gospel with his life and his works and he, too, 'sent' out disciples so that they could continue his work of proclaiming. Jesus and his disciples proclaimed (the Word) and hosted (action). Their welcoming of pilgrims (us as well) was not confined to giving what was needed to survive but also included what might be adjudged superfluous – they made people see 'beyond'; they made them see the transcendent.

Our conference, which offered an opportunity to religious who came from every part of the world and thus have social and cultural backgrounds that are very different but who are closely united in having the same charism, was a 'unique' opportunity for mutual listening, for an exchange of experiences, for sharing bread fraternally as well, and for praying together.

For everyone, in essential terms, there is the experience marked 'Camillus' of a life at the side of people, of a life given to the sick. Like the Founder, the destiny of Camillians is, literally, to be consumed in this service. This saint of Bucchianico reformed health care; he was the initiator 'of a new school of charity', the initiator of the difficult adventure of being at the side of the suffering; he was a teacher, a spring to which to return to drink. A man to whom the Spirit gave a charism that cannot be allowed to die.

The Camillia charism is an original way of embodying the discipleship of the Gospel everywhere in the world, in order to treat, help, accompany and comfort the very many people who experience suffering in hardship. It is a 'treasure in clay vases', to use the phrase of Paul, which should not only be listened to and conserved but also vivified day after day. This is also a way of welcoming the message of *Gaudium et Spes*, the message to be found in its incipit in particular; a universal message that involves the whole of the human (joys and sadness) and because of which we are all involved.

To this is connected the life of a Camillian religious who lives, in a totalising way, at the side sick people. It is this close link with the daily character of lives with which he comes into contact…It is the fact of expressing tenderness, welcome, capacity for sacrifice, dedication…all this is what enables us to rediscover the freshness of service.

It is the joy of proclaiming the Gospel, of being a vehicle and a witness to the reachable mercy of the Lord.

The value and the dimension of a hospital chaplaincy can be captured in an approximate way in the following terms: is it work that requires a team (so no longer just the presbyter). Its theological foundation is the Second Vatican Council's ecclesiology of communion. It is, therefore, an ecclesial experience. It is a group that is aware of the challenges that await it. It can also be defined as a 'sacrament of presence', that is to say as possible openness to the mystery of God. It coordinates the Christian forces that are present at the side of the sick. It values the complementary character of specific vocations. It does all of this even if 'setting out on a voyage as a community' can constitute a difficulty. In addition, it envisages cooperation with lay people.

The form of presence amongst the sick for a person such as the author of this paper is expressed primarily through fraternity: welcoming, listening, dialogue, prayer…The possibility of showing to those who are suffering that (to use a parallel) beyond the threshold of evil heaven exists. 'The Camillian vocation is a superabundance of mercy; it is a gift that is received; it is at the heart of the Gospel to be lived and borne witness to every day'.

At the end of the paper, the following work in groups took place. Each group was called to answer three questions: what resources are available? Which spiritual life? What is at the centre of the health-care world?

As happened yesterday, groups were formed on the basis of their members' mother tongues: three groups for English, one for French, one for Spanish, and one for Italian. With respect to the first question about resources, one group asked whether they were indispensable: we ourselves (Camillians) are resources. Other groups (obviously without a previous agreement to do this) agreed with this answer. Learning from the sick was emphasised by almost all the groups. Other common emphases concerned the 'formation of hearts', the action of conversion in relation to oneself, and understanding oneself and one's own frailties in order to understand the frailties of one's neighbour. On a number of occasions the centrality of the person and the need for dialogue within the Order, as well, were also emphasised. Emphasis was also placed on the fact that at the centre of the health-care world there is neither illness nor suffering of the heart (another subject that often came up) and that in the activity of ministers there must be service to joy and health.

The afternoon opened with the paper given by Dr. Laura Marotta who has been a nurse for eighteen years and a specialist in palliative care for six years. She works at the hospice of Niguarda Cà Granda in Milan.

The speaker began with a courageous statement: 'I believe…that I have been invited because of the experience of conversion that I had at the side of the terminally ill and above all because of my love for Jesus', a love that makes her have – when faced with death as well – an outlook of love. This outlook led her to be defined as an 'extra-terrestrial' by the relative of a patient who had died. Before giving her paper at this conference, she had read about the life of St. Camillus and the history of his disciples who often in the past were called the 'fathers of the good death' or of 'good dying'. This made her accept in a certain sense the not very flattering (and in itself) false title of 'angel of death, because I help people to live until they die'.

She then defined palliative care. 'By palliative care is meant the set of therapeutic actions, and ones involving diagnosis and assistance, for both sick people and their families, which are directed towards active and total care for patients whose basic illness, which is characterised by an unstoppable advance and a negative prognosis, no longer responds to therapeutic treatment'. But the most explicit definition of such care still remains that of 1990, according to which 'palliative care attends in an active and total way to patients afflicted by an illness that no longer responds to specific treatment and whose direct consequence is death'. Control of pain, of other symptoms, and of psychological, social and spiritual aspects of the condition of the patient, is of fundamental importance. The aim of palliative care is the achievement of the best quality of life for patients and their families. Some palliative treatment is applicable even earlier in the advance of an illness as an addition to oncological treatment.

As regards her courageous choice, Laura Marotta observed: 'My choice to dedicate myself to palliative care arose after a long wandering between hospitals in the south and north of Italy, between operating theatres and specialist departments. This was a choice which today allows me to be at the side of a dying person, assuring him or her of the prospect of overall assistance, something that I believe is not only useful but also decisive in a global approach to the patient, assuring qualified and not 'superficial' assistance (after all he has to die!)…I developed my decision to engage in a pathway of studies about palliative care. In the end, when it was proposed to me that I should work in a very much 'sought after' hospice, I agreed, thinking that I was able to make a qualified contribution but above all else that I could be a 'Christian presence'. I thought that I had learnt, during the pathway of studies, on the one hand, and of catechesis for the Christian journey, on the other, to be near to dying sick people, to know how say the 'right' words, to give the 'right' caress, to listen with the 'right' silence. Instead, I understood that the opportunity that I had received was a gift of the good God because

I learnt to be amazed by what was happening to me: without expectations, without prejudices, but as a possibility to ask who Christ was for me and if I really wanted to follow him. This outlook completely changed my approach to the sick, to my colleagues, to my friends: it changed my life. I had gone to give but instead I was there to receive!'

All of this also formed a part of a wider discourse. She went on to say that we well know that palliative care is offered either in special places – hospices – or at home, and therefore far from highly specialised centres of care full of diagnostic instruments. Hence the emphasis on being – and this applies above all to Catholics – highly professional, possessing consolidated technical capacities, and being able to 'replace' the absence or the 'void' created by a super-technological care that only a presence that is 'present' can fill. 'There are those who through their presence alone say to you: do not be afraid'. She felt that she was called to this task.

Laura Marotta then declared that: 'over the last century we have produced care that has lost the original meaning of care…and we have created a very specialised medicine in sectors where a patient is no longer seen as a *unicum*, but, rather, as a series of 'organs to deal with'…We must return care to its original river bed: palliative care can, and must, perform this task. A network of palliative care is being created that asks to enter hospitals in order to provide a different form of assistance to patients'.

The speaker then said that empathy was the 'concept that is analysed and studied more than any other. One starts from the important basic idea, that is to say the capacity to immerse oneself, and make one's own, the state of mind of the person that is in front of one; but, subsequently, the need is affirmed for an 'empathetic detachment' in order to defend the professional against an excessive personal involvement in the affairs of patients'.

Laura Marotta dissented from this concept. The stories she told were proof that 'allowing oneself to be drawn' into the human and affective realities of the illness that is encountered is profoundly enriching and a relief for patients. The example she gave was of accompanying a very gravely sick patient on a long journey involving his transfer from one place to another, together with his wife, a voyage that involved her emotionally in a total way. At the end of this journey she had exceptional proof of the value of her way of behaving.

Can one can respect the freedom of choice of a patient – accompanying him or her towards his or her destiny – without eliminating the pain that is provoked if the choice amounts to a rejection of life itself, embracing that desperate cry for help and offering a look of mercy that changes the life of the person who gives it and the person who receives it? This is the question that Laura posed in relation to another case which had an 'almost miraculous' solution: those who seemed to be favourable to 'ending life' changed their minds…

'The person who dies is located within a web of personal and family relationships, relationships of responsibilities, of references, that the nature of man presents as a relationship and not the condition of a monad isolated from the rest of those social and caregiving relationships, and relationships involving the family and friends, of which human life is characteristically made up'. This quotation from Cicely Saunders, the inventor of the hospice and palliative care, helps to introduce another of the dramatic cases of which Laura Marotta has been a witness and co-protagonist. In this case as well – that of a couple who were profound believers and churchgoers – the solution emerged almost as an enchantment.

Membership of different religious confessions is also a source of problems that at times find a simple solution in mutual respect.

The relationship that was described by Laura Marotta was in reality a confrontation with harsh realities and it would be inappropriate and unhappy to call them 'cases' because they were real and painful lives severely afflicted by illnesses that can destroy the body and the spirit – illnesses where the therapist, the patient himself or herself, and (often) the family relatives, interact. Christian faith and hope do not miraculously provide solutions to illness and pain but they do open hearts and give that comfort that the Paraclete assures.

Laura Marotta ended her paper in the following way: ‘I decided to give a specifically experiential paper because I am not a theoretician of palliative care but a person who is in the ‘trenches’; I am so much in love with my work that I talk about it to the people that I meet’: an excellent conclusion.

At the end of her paper, she answered some questions that explored certain specific points about life in a hospice and about palliative care.

In the place of the work groups, three Camillians present who provide service in hospices were asked to share their experiences. They were Father Luis Armando, a Spaniard (Tres Cantos); Father Chattel from Milwaukee, the USA; and Father Marco Moioli of the hospice of Capriate.

These three religious spoke about very different situations. The hospice of Tres Canto, where Fr. Luis Armando offers his service (at the present time he provides this service in people’s homes and accompanies terminally-ill patients) is a very beautiful reality where nothing evokes sadness and there are no ‘funereal faces’. In the United States of America there is a completely different situation: in the campus there are various kinds of situations and patients, from self-sufficient elderly people who are in small ‘protected’ flats to the institute which has patients who are no longer able to look after themselves (for example they have Alzheimer’s).

Different again is the situation in Capriate where the hospice is a part of a large old people’s home. This is where Fr. Marco engages in his ministry.

These are different milieus and the tasks and the ways that these three religious perform them are also different. For Father Luis Armando, for example, palliative care is the culminating point of the Camillian vocation. This religious from the United States of America observed that in the culture of his country a different pastoral approach is needed: one has to explain to patients and their family relatives that there is an ‘end to life’ which the hospice makes less dramatic…

The hospice of Capriate is small; it is in the middle of the ‘white Brianza’, that is to say an area that is still quite ‘Christian’ and therefore has a Christian vision of life and death. The fact that it does not have many patients enables the chaplain to have a deeper knowledge of his patients.

These three papers were followed by questions from the floor which explored the questions and issues that had been addressed by the speakers. The meeting then closed and its members went to the chapel to celebrate vespers.