

## **Suffering**

Suffering occurs when we perceive or actually experience a threat to or loss of our wholeness. Wholeness includes an individual's cognitive, emotional, spiritual, and physical conditions, which are inherently interrelated.

While pain is an important component of suffering, it may sometimes protect us. Suffering may even provide an opportunity to experience God's grace.

Suffering has a variety of causes and effects. Suffering may be the result of personal choices, or other's choices, or may come without obvious reason or explanation. Everyone suffers; particular instances of suffering are not necessarily the result of spiritual or moral failure. Suffering may compel us to confront the meaning and purpose of our existence and to question the goodness and justice or even the existence of God.

CMDA endorses the historic commitment of the healing professions to the relief of suffering. Our model is the Lord Jesus Christ. Luke 7:11-17 depicts Christ as responding to a grieving woman by recognizing her suffering, feeling compassion for her, comforting her, and then alleviating her suffering. We are motivated to follow this model as we experience God's love.

It is essential for us to recognize both declared and non-declared suffering. This recognition involves sensitivity to the patient's cognitive, emotional, spiritual, and physical condition. This requires individual discernment and may be enhanced by the leading of the Holy Spirit. We should be cautious not to judge the validity or meaning of another's suffering.

### **Compassion/ Comfort**

Comforting includes listening and being present even as God listens to our prayers and is always with us. Listening and being present cannot be replaced by other attempts to alleviate suffering. While we recognize that God can and does bring good out of suffering, telling this to one who is suffering often does not bring comfort.

As Christian physicians and dentist, we use our technical and interpersonal skills to alleviate suffering. Since we acknowledge that physical conditions are not the only causes of suffering, physicians and dentists should cooperate with the patient's family and friends as well as other members of the health care team and pastoral care team to address all aspects of suffering.

In this life, our efforts to relieve suffering will be only partially effective, and complete victory over suffering will only be realized in God's new kingdom. Treatment to relieve suffering does not include euthanasia. (Please see statement on euthanasia.)

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## Explanation

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Pain and suffering---the words seem inextricably entwined in our thoughts and in our speech. But they are not synonymous, neither are they necessarily connected. It is possible, even common, to suffer without having pain. Conversely, it is possible to be in pain but not to suffer, e.g. when the pain is temporary, understood, and accepted.

Pain is a physical symptom, one which physicians and dentists confront daily and attempt to alleviate with varying degrees of success. [See Statement on Pain Management.] Suffering is a broader concept which may include physical pain and many other types of unpleasant sensations and emotions. Dame Cicely Saunders, founder of the hospice movement in Britain, in teaching about caring for patients who are dying, discusses the concept of total pain which she says includes physical pain, emotional pain, social pain, spiritual pain, financial pain, and perhaps other components.

One of the several goals of the professions of medicine and dentistry is to relieve suffering. Most often this refers to a direct or indirect assault on physical pain and/or its causes. Most clinicians, however, subscribe to the 15th century French proverb, To cure--- sometimes; to heal---often; to comfort---always. And bringing comfort involves attempting to relieve as many of the components of suffering as possible. This is generally accepted by healthcare professionals, whether coming from a secular or a theological perspective.

### Christian Perspective

Since the Fall, humans have been subject to both pain and suffering. We can rejoice that in Heaven He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away. (Rev 21:4 NIV). But we are still living in the fallen world and must cope with both pain and suffering. Pain and suffering are part of life, and they are bad.

But, just to make things more complicated, scripture tells that sometimes God uses pain for correction (Hosea 10:13), or to encourage development (I Peter 5:10), or to glorify himself (John 9:3). Unfortunately, the reason or explanation for specific instances of pain or suffering, in scripture or in our own lives, is not always clear; The secret things belong to the Lord our God, but the things revealed belong to us. (Deut. 29:29)

In the past, perhaps because of greater familiarity with scripture, pain and suffering were accepted as part of life; not glorified, but accepted. Today's attitude is more frequently that pain and suffering must be eliminated. When we focus on the tremendous advances in the provision of healthcare, this goal almost seems achievable. We can fix it! However, this arrogant assertion is part of the humanistic (vs theistic) perspective Paul described in the first chapter of Romans. This attitude is not confined to the secular world, it is unfortunately frequently seen among Christians as well.

Still, Christians must follow the model of Jesus, and must attempt to bring healing and relief from suffering. This is expected of all believers. But it is especially true for Christian healthcare professionals. We must try to relieve physical pain, emotional pain, social pain, financial pain, and spiritual pain. And when we are unable to be fully effective, we are not to give up and abandon the sufferer, we are to continue to be present; we are to continue to have compassion. Compassion means to suffer with . We are to continue to suffer with those who suffer.

### Abstracts

#### **Cassel EJ. The nature of suffering and the goals of medicine. N Eng J Med 1982; 306:639-645**

The question of suffering and its relation to organic illness has rarely been addressed in the medical literature. This article offers a description of the nature and causes of suffering in patients undergoing medical treatment. A distinction based on clinical observations is made between suffering and physical distress. Suffering is experienced by persons, not merely by bodies, and has its source in challenges that threaten the intactness of the person as a complex social and psychological entity. Suffering can include physical pain, but is by no means limited to it. The relief of suffering and the cure of disease must be seen as twin obligations of a medical professional that is truly dedicated to the care of the sick. Physicians

failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.

**Smith DH. Suffering, medicine, and Christian theology. In *On Moral Medicine: Theological Perspectives in Medical Ethics*. Grand Rapids, MI: Eerdmans, 1987:255-61**

Attempting to define the concept of suffering, the author concludes that all suffering is characterized by a disruption in the coherence and order that [one] perceive[s] in the world. Nevertheless, he notes that because people's experiences of suffering may differ according to individual experiences and perspectives, physicians must be able to distinguish between suffering in general and that which is experienced by a particular patient. Lamenting the fact that Christian theodicies tend primarily to be concerned with evil and the need for redemption from sin, he proposes a theology of suffering in which those who suffer may gain comfort by identifying with Christ as the paradigmatic and quintessential sufferer Who suffers with us.

**Hauerwas S. Naming the Silences: God, Medicine, and the Problem of Suffering. Grand Rapids, MI: Eerdmans, 1990.**

The author, professor of theological ethics, is suspicious of attempts to explain why God allows pain and suffering. Instead, in this book he tries to understand why that question is so important to us. The book focuses primarily on illness and death, especially that of children. He tries to show how God can give a voice to pain in a manner that at least gives us a way to go on. He says "I cannot promise readers consolation, but only as honest an account as I can give of why we cannot afford to give ourselves explanations for evil when what is required is a community capable of absorbing our grief. "

**Rutecki G. Until death shall be no more: Christian care for the dying. In *Bioethics and the Future of Medicine: A Christian Appraisal*. Grand Rapids, MI: Eerdmans, 1995:279-89.**

In this analysis of the concepts of "care" and "cure," the author asserts that there has been a noticeable shift in the treatment of the dying, such that the goal of curing has become paramount to the aim of caring. The common failure of physicians to continue caring for patients for whom there is no hope for cure is lamented. He urges a return to a commitment to caring which is manifest in "an attitude of the heart which listens, loves and places the cross as the only theodicy necessary in an economy of suffering and death."

**Fowler MDM. Suffering. In *Dignity and Dying: A Christian Appraisal*. Grand Rapids, MI: Eerdmans, 1996:44-55.**

Although medicine, theology, and bioethics have developed substantially over the years, clinicians, theologians, and bioethicists alike have failed to address the deeper question of suffering which underlies these developments. Asserting that "suffering is the central question of medicine, of practical theology, and of our lives," the author contends that we have wrongly tried to answer this question by applying medical, theological, and ethical solutions. She maintains that we should not seek to master, solve, or avoid the problem of suffering, but should instead seek to be present with those who suffer, thereby binding the suffering and the nonsuffering together.

**Reitman JS. Wise advocacy. In *Dignity and Dying: A Christian Appraisal*. Grand Rapids, MI: Eerdmans, 1996:208-222.**

Concerned by recent court decisions and individual cases in which physician-assisted suicide has been considered the standard of care for patients experiencing intractable suffering, the author analyzes two paradigmatic cases which are commonly invoked in support of physician-assisted suicide. He decries the "radical individualism" upon which such support is based as inefficient to address the moral issues posed by suffering. As an alternative, he offers a decision-making model based on Old Testament Wisdom literature as adequate to answer questions about the nature of suffering, the moral value of upholding the dignity of sufferers, the influence of suffering on a patient's ability to make decisions, and the role of the caregiver when there is no hope for cure.

## **Bibliography**

### **Lewis CS. The Problem of Pain. New York: Macmillan, 1962**

The atheist-turned-apologist takes an intellectual look at why there is pain in this world created by a God who is both good and omnipotent. His logic and clarity have made this 1940 book a classic.

### **Schaeffer E. Affliction. Toronto: G. R. Welch Co, Ltd., 1973**

The author addresses the "Why?" questions about pain. She explores some of the sources of human suffering, and some of the reasons. She brings light from biblical truths, and she discusses the ways of God with his people.

### **Yancey P. Where Is God When It Hurts. Grand Rapids, MI: Zondervan, 1977**

The author begins with several chapters looking at the what and why questions of human pain. He then enters the world of the sufferer by telling their stories in order to find out what difference it makes to be a Christian. He concludes with several practical chapters on coping.

### **Kreeft P. Making Sense Out Of Suffering. Ann Arbor, MI: Servant Books, 1986**

A thorough examination of the "scandal of suffering in a God-made and God-ruled universe." In his quest to make sense out of suffering, Kreeft finds clues in the philosophers, artists, and prophets, and then shows how the clues converge in "Jesus, the Tears, of God."

### **Hanson B. School of suffering. In On Moral Medicine: Theological Perspectives in Medical Ethics. Grand Rapids, MI: Eerdmans, 1987:249-54.**

The author shares four lessons on suffering presented by Paul in II Corinthians: (1) the importance of receiving comfort from others (II Cor. 1:3-4); (2) those who receive such comfort are specially equipped and therefore called to comfort other sufferers (II Cor. 1:3-11); (3) Christians who suffer share in the sufferings of Christ (II Cor. 11:23-29); suffering is a medium for the revelation of God's power (II Cor. 12:9).

### **Biebel DB. If God Is So Good, Why Do I Hurt So Bad? Colorado Springs, CO: NavPress, 1989 (reprinted in 1995 by Spire, a division of Baker Book House)**

The author, who has suffered from the death of one son and the disability of another, skips the platitudes and well-meaning advice, and instead offers the truth. He writes "Pain has two faces, human and divine. The human face is haggard, drawn, contorted and streaked with tears. The divine is calm, assuring, kind, and loving---but likewise streaked with tears."

### **Cassell EJ. The Nature of Suffering and the Goals of Medicine. New York: Oxford University Press, 1991**

This book underscores the change that is taking place in medicine from a basic concern with disease to a greater focus on the sick person. The author centers his discussion on the problem of suffering because, he says, its recognition and relief are a test of the adequacy of any system of medicine.

### **May WF. The Patient's Ordeal. Bloomington, IN: Indiana University Press, 1991.**

In a series of moving studies, the author explores the ways patients and their families have faced their dilemmas and found ways to cope with their crises. He talks about the burned, the retarded, the gestated and sold, the battered, the molested, the aged, and others.

### **Cook J. Confessions of a secondary sufferer. The Church Herald October 1995:22-26**

From the perspective of a grieving father, this theology professor addresses poignant thoughts about prayer, healing, life, death, family, and the church---thoughts directed toward "secondary sufferers", i.e. those who suffer along with the individual.

### **Rice R. The meaning of pain and suffering. (Loma Linda University's) Update 1999;15(1):3-6**

A theologian looks at the story of Jesus and gleans applications for us today. He concludes "Suffering has no meaning. But we can find meaning in, through, and in spite of suffering, and religious faith is our greatest resource for doing so."

**O'Mathuna DP. 'Why me, God?' Understanding suffering. *Ethics & Medicine* 1999;15(2):44-52**

The author contends that we cannot be confident that we know the reason why we suffer, but this not knowing is very different from claiming that suffering is inconsistent with God's existence. He goes on to discuss the intellectual and the emotional issues in theodicy.