

PIERLUIGI MARCHESI O.H.
Father General
The Hospitaller Order of St. John of God

HUMANIZATION

The response
of
the Brother of St. John of God
to a challenge of our time



The Father General's 'open' letter, which was analyzed and discussed in Rome, at the joint meeting of the General Council and the Provincials of the Order.

English translation by DAVID GIDDINGS M.A., M.I.L.

Biblical quotations from the New American Bible for Catholics.

Letter addressed to the persons attending the Study Meeting in Rome.

To the Members of the General Council, the Provincials, and all those attending the Meeting.

Dear Confrères,

I am offering you the final version of the document on Humanization as a token of my most sincere thanks for your valuable support and help at the Rome Meeting, as representatives of all our Confrères. One of the main features of the Rome Meeting was that it was our first, carefully considered, attempt to achieve collegiality — in other words, to think and work together for a common purpose.

And this collegiality was achieved when we reached a consensus on both the issue of Humanization, and the way in which the document was to be used. The issue of Humanization became “the unifying and integrating bond to help us put the renewal process into practice” (Cfr. the final declaration of the Rome Meeting), and it stood for our common purpose, namely, “to defend and promote forthwith the respect due to the dignity of man”; the Meeting proposed that the document should be “welcomed” and “studied... personally and in the communities and be put enthusiastically into practice”.

We therefore found common ground in Rome, on which to base our personal renewal and the renewal of the whole Order, showing that we are united on the question of Humanization, without being afraid to express our agreements and disagreements on the way it should be applied locally throughout the Order.

This document gave rise to many thought-provoking points and to a number of questions. The questions were mainly concerned with the form of the document, and to whom it was addressed. But no-one had any objections to the reasons for which it had been written, or to the substance which, as I have already said, was immediately welcomed by everyone.

When I first had the idea of speaking out personally on the issue of Humanization, what I had (and still have) in mind was to extend an invitation to the whole Order to reflect on Humanization, in our Apostolate bearing in mind that our Order exists to serve the sick — those who are suffering in their own person, as well as in some particular part of their

body. I felt that the most appropriate way of stimulating our confrères to think carefully about it (and the document is intended for our confrères) would be to issue a document in which I set out dispassionately and candidly my own thoughts, feelings and personal experience.

This means that the document is not an account of a research project or a study of Humanization; it is not a treatise, and is not designed to be addressed to the whole world. It is simply written in response to a need; the need to direct and guide our process of Renewal, and the renewal of our works. The whole Order has made it abundantly plain at the Extraordinary Chapter and at the Provincial Chapters that it sees the question of Renewal for Humanization to be a matter of urgent concern.

My document is therefore an open letter with an explicit message for all our Religious, asking them to reflect and subsequently act to humanize ourselves and our works.

Since this is a document addressed to everyone in general it does not attempt to lay down any rules of life, or prescribe any final remedies; it only gives a number of general principles based on my own personal convictions, backed by the views of experts in theology and psychology, although I only asked these experts for their views on the way I had approached the question of Humanization, and not for any scientific contribution.

Everyone at the Rome Meeting agreed that this document had appeared just at the right time; and since it was written for everyone, it was a call to all our confrères to spend more time in careful thought, and then to carry out their own research, and finally do whatever they felt was suitable for their own Provinces. All of our confrères are bound by one commitment, which met with the general consensus of all: they must accept the invitation to see this document as an outward sign of the Renewal of the Order. Although it was agreed that the document is not the final word on the subject, but only a starting-point, the best thing to do with it is to take it for what it is — food for thought, and not the Father General's answer to such a wide-ranging and complex question as Humanization.

It is my hope that our confrères will be encouraged to study the issue in greater depth, and then take action on it: before the end of the year, an international meeting can be convened with and for all the members of the Order to share their thoughts, and let one another know what they have been doing to Humanize the Brothers of St. John of God and their work.

I have received so many valuable comments on the document that I have found it impossible to take account of all of them when revising it: even if I had attempted to write a complete treatise on the subject, I could never have managed to make full use of all the suggestions and comments that have been made.

This is why I decided to do two things:

- a) to incorporate into the final document all the comments that did not clash with the substance of the original;**
- b) to leave it to all those who were present at the Rome Meeting to carry out the task of analyzing and commenting on the document as it stands, and send in their suggestions.**

This will be done in an annex to the General Curia's Newsletter, to provide those directly concerned and the whole Order with an opportunity of using all the valuable comments as they see fit. None of these ideas should be neglected.

A number of changes have been made to the final version of the document, and I have endeavoured to make some of the chapters clearer and to tone them down a little. Someone suggested that I should edit out the chapter on Love. But although I accept that there may be many differing views on how to deal with the subject, I do not think that a Religious, who is required by his calling to love himself and his neighbour, should consider this to be none of his business. Many people complained that the document was too long, and that the translation was very badly done. As far as the first point is concerned, I ought to point out that the subject-matter is so important and complex that it can hardly be dealt with in a few pages. With regard to the translation, we have done our very best to improve matters, even though we are not always able to overcome this particular difficulty.

And to close this letter of introduction to the final document, I feel duty-bound to thank you all for your co-operation and for having responded so well to the invitation of the Order's Superiors: the invitation to meditate privately and in your communities on Humanization, and on everything that we need to truly feel our kinship as brothers of our sick.

I am firmly convinced that it is only by developing our own humanity that we shall care for our sick more lovingly, and play a more active part in the life of our Communities.

**Pierluigi Marchesi OH
Father General**

**Rome, 8 March 1981
Feast of St John of God,
Founder of the Order.**

FOREWORD

THE UNDERLYING PURPOSE OF THIS DOCUMENT

My dear Confrères,

I have written this paper out of a sense of duty, and to live up to your expectations. My task has been made much easier by the knowledge that I can count on your generous support and confidence.

All of us are renewing our hope in the Holy Spirit, that He will enlighten us by showing us the best way to continue to bear witness by remaining true to our particular vocation, following the promptings of the Council and the signs of the times.

Here, then, are a few ideas that I have been pondering over for quite some time, regarding the issue that arose out of our Extraordinary Chapter: "how to humanize our life and our works". The way that this topic has since been taken up with such enthusiasm, and discussed at so many meetings and Provincial Chapters demonstrates the great importance we all attach to it, and how far it meets the urgent need that all of us feel to renew ourselves as Religious, as individuals and as an Order, in the Spirit of our Founder, and according to the Rules and the Constitutions.

This aspect is so very important — that is to say, the humanisation of our lives and our works — that we would be jeopardizing our whole charism as servants of hospitality if we were to neglect it. This is why so many people have pointed out that we must 'renew ourselves in order to humanise'. We are confident that if we succeed, we shall be comforted by the blessing of Our Lord, be enabled to bear the great burden of our charism more joyfully, and become more 'credible' in the eyes of our brethren whom Our Lord commits daily to our care.

It might even appear offensive to remind those who are consecrated to our vocation as Brothers Hospitallers of the duty and commitment we have taken upon ourselves before God and before men: that is to say, our commitment to serve the needy, the sick and the poor, in the footsteps of our Founder. But from the meetings I have attended with you, my experience and yours has shown that however adequate our structures and techniques, they do not always manage to satisfy the expectations of those who turn to us to minister to their needs.

If our works had done absolutely everything feasible to care for contemporary man, this difficult 'sick man' of our times (by which I mean **the whole man**), there would be no point in writing this. But my experience as Father General, confirmed by your own experience, authorizes me to say that not only is there the danger that patients throughout the world are likely to be treated inhumanly when they commit themselves to the care of a complex structure like a hospital, but that even in our own hospitals they run the risk of not receiving our whole-hearted attention.

I have no intention of examining all the developments that have taken place over the past twenty years in the sphere of welfare in general, or hospital care in particular.

Perhaps we have simply looked on and let things happen, without realizing the new needs that have arisen, merely going onto the defensive when we have been put about by these changes, urged on by those professional agitators who rear their heads whenever any socio-political changes take place in any area of society.

A Hospital which provides treatment, but which does not care for its patients is likely, in my view, to become an inhuman and de-humanizing Hospital, in the broadest possible sense of the term. Is it not a fact that we 'treat' people in great numbers, but that we 'care' for them very little? Is it not true that we busy ourselves with so many things, that we gradually tend to lose sight of the whole purpose of the Hospital — namely, to help people and to care for and minister to those who suffer?

Since we, who have consecrated ourselves to serve suffering mankind, are not satisfied with the way we live our own Charism, no-one should be surprised that the Father General, having heard the dissatisfaction of the young and older members of the Order made known to him privately and publicly, should spell out in unmistakable terms his view of the situation, and his suggestions to his confrères who are no less perturbed about their vocation than he is, sharing his deep concern that they are playing a part in the dehumanisation of the Hospital and of welfare work in general, knowingly or otherwise.

I should also like it to be known that some of our works have already tackled this question themselves, thank God: there are many examples that show that work is being done to ensure the maximum respect for the dignity of man.

Within the Order, we have many signs that we may look ahead hopefully to a better future.

Tensions exist which inspire courage, devotion to duty, and vocations. But according to the experience of the Provincial Chapters many voices have been raised questioning what it means to be a Religious who has dedicated one's heart, mind, and energies to caring for the sick, in a spirit of personal sacrifice.

How can I answer these questions, as your Father General?

By keeping quiet? By vaguely inviting you to do a little better in future?

People do not want to listen to generalities today, let alone moralizing.

The Gospel reminds us, above all else, of the sickle poised to strike at the roots. The Gospel reminds us that grapes do not grow on thorns, or figs on the briar. And so I do not feel inclined to suggest any 'easy' remedies for us (not forgetting that you and I are all involved in this together); but at the same time, neither do I feel that I should encourage anyone to embark on hastily conceived experiments, however fashionable. What I would like to do is to tell you in a few words what I am proposing in principle: we must radically change our lives if we truly intend to transform our works into communities that are the sign of that Salvation first wrought by Christ.

In Sao Paulo (Brazil), Pope John Paul II reminded the representatives of the Religious that the consecrated life is not just another structure within the Church, but that it has to be seen in terms of the Church's charisms. *"The prime reason why a Christian enters the Religious Life is not in order to take up a post, a responsibility, or undertake a duty in the Church . . ."*

There is a clear alternative here, between the man who is tempted to live the Religious life to be able to exercise a profession, seeing it as a 'job', and the man who endeavours to become an unceasing message of joy (the Good News) through the way we live and the way we serve.

Did we perhaps become Religious because we wanted a job, a profession, an education, power, authority? If anyone did (which God forbid) then there is one alternative that has to be very carefully thought about: either throw off the habit, or try to recover the primary reason for having entered the Religious state, after giving up any idea of wanting a more senior responsibility in the Order, or of being granted certain privileges, or of having a more easy life. The whole theme of this book, humanization, leads in quite another direction altogether.

Apart from the fact that 'humanization' is very much a fashionable topic today (and not only should we be on our guard against this aspect, we must also be very careful not to fall into new errors: there is nothing more serious in the long run than 'aggiornamento' for the wrong reasons, and woolly-

minded 'modernization'), for us 'humanization' is not an ideological matter; it is not a philosophy, it is a process whereby we revive our covenant with suffering mankind; a covenant that is in danger of being lost, perhaps because we have lost our covenant in God.

We who believe in God's mysteries, who believe in God through faith and not through formal ritualism, have to acknowledge the fact that our loving service to our neighbour springs from the fact that we are Christians, in the fullest sense of the name. Following the footsteps of our Founder, our neighbours are men who suffer, and our top priority is to serve them. This means that our life took on an unmistakable direction from the moment we decided to enter the Religious Life of the Brothers of St. John of God.

Admittedly, keeping to this path requires painstaking effort; and if we have swerved off course, albeit very slightly, it requires great effort to get back on course again. But have we any other choice? It is the victory, this 'blood' bond that exists between us and the sick that I call 'humanization'; a bond which demands quite another type of kinship — first and foremost, kinship with God, kinship with one another, with our communities, and with the world in which we live.

As living members of the Church, she encourages us to ensure that our works and activities *"go on proving to be privileged places of evangelization, of witness to authentic charity and human development"* (from the Pope's address to the Religious in Brazil).

First God and then the Church have entrusted us with the duty of ministering to the sick; we have to decide whether to perform our ministry out of a sense of duty or out of love; that is to say, out of the joy of practising love whenever we are given the opportunity, for the taste and the excitement of entering into intellectual, affective and spiritual relationship with others because they are our brethren, or because sooner or later laws will be passed enjoining us to treat the sick more humanely.

We have to continually rake over our consciences time and time again to find out whether we work because we are persuaded that man's basic underlying need is not merely to do with money and possessions but rather to be recognised as a person, with an inherent dignity of his own — worthy of attention, care and love irrespective of differences of culture, institution, class, creed or race etc. — or whether we are merely concerned with winning praise for the good works we are performing, and with making the weak dependent upon what we do for them.

We are not faced with deciding whether to work on one place rather than another (this is very often a red herring: wherever people are sick, financial and /or technical remedies will never satisfy all their needs); what we have to decide is whether we intend to proclaim the Good News with joy, matching this joy with our life and deeds, or whether we should leave the Religious Order to which we belong, because we have stifled our heart, and lost that verve which first drove us on to choose a life devoted to serving the needy. Unless, of course (and this is my hope, not to say my conviction) our hearts are still beating, albeit hidden away under the armour of conformism and fear that we may have girded on. In this case, what we have to do is to unearth that heart, and stimulate it to beat normally again, in order to give and receive that love that we have simply stopped practising, but whose memory we still harbour, and which we still long for in our innermost being.

My dear brothers in Christ, as you can see this is a question that involves each and every one of us, as individuals and as Communities. It involves me, first and foremost, because it is I who have the duty to narrow the gap that exists throughout our Order between the ideals which are possible to attain and the real-life situation in which we live and work. It is no source of comfort to me to know that other Religious Orders are also finding it difficult to exercise their particular charisms. If anything at all, this merely spurs me onwards to be more committed still, and to approach the problem with greater peace of mind.

As I have already said, it was the Extraordinary Chapter that first led me to write this document; but I was also encouraged to do so as a result of personal contacts with so many of you, with laymen, with experts within and outside our Order, and the teaching and work of the Holy Father. This is not intended to be the last word on the subject; its purpose is to stimulate others to put their thoughts into writing, and above all to lead us all to rediscover our own humanity, without which we shall never manage to humanize anything.

But first of all, I would hope that this document will strengthen our own bonds with God, from whose lips has come the Word that gives us life in abundance, as He did to St. John of God.

It is intended to be my message of joy, hope, confidence and faith to you, at a time when man — that is to say, each and every one of us, and every man who is sick — is threatened with the danger of forgetting and doubting that he has been created in the image of God. And it is written with the conviction that we have taken on ourselves the task of helping the weakest of men, and thereby to further the work of co-operating in the creation of man, enabling him to become a "persona vivens".

Let us heed the words of St. Paul as we begin our work on humanization, for they may be a source of grace and help to us: *“Do not stifle the Spirit. Do not despise prophecies. Test everything; retain what is good . . . May the God of peace make you perfect in holiness. May He preserve you whole and entire, spirit, soul and body . . .”* (1 Thes. 5, 19-23). These words take on a special importance, since it was through the letter to the Thessalonians that “the New Testament began”. The Christian era dawned on the world with these words inviting us to exercise our freedom boldly, experiencing all things, knowing with certitude that God wishes to save the whole man “*in spirit, soul and body*”. This exhortation should enlighten us in our quest, both to save us from being led astray by abstract spiritualism or from being too caught up with the desire for efficiency at all costs — both of which can be equally harmful to man. This exhortation is one which perfectly fits our vocation as Brothers Hospitallers, since it was the Samaritan more than anyone else who was concerned with “saving the whole man”.

And this is the be-all and the end-all of our existence.

PART ONE

HUMANIZATION
— A MISSION THAT WILL NOT WAIT

CHAPTER ONE

THE CENTRAL PLACE OF MAN

THE HUMAN PERSON IN THE HUMANIZATION PROCESS

Ever since man first appeared on this planet millions of years ago, he has constantly been assailed by the problems of everyday life: survival, co-existence with others, acquiring knowledge, love, acquiring wealth, making his mark, happiness, death. Throughout this endless quest for solutions to these problems, which have always produced great achievements as well as destruction, the idea of the development of the human person has been the common thread linking all the generations which have come and gone before us. There can be no doubt that the human race is urged onwards through a process of individual and social liberation from anarchy within it and external constraints alike, despite the terrible impasses, reversals, and lapses into barbarism that we witness daily. The meaning of life, and the way we view our own existence are expressions of the religious values of every people, and of every individual person.

“Anyone who believes that his life, and that of his fellow-men, has no meaning is not only unhappy, but hardly capable of living” (Einstein).

The history of man's quest for the meaning of human existence is full of superb insights, but also of prejudices and errors that have had a great effect on the quality of our lives, and on our aspirations and the way we conduct ourselves. Man has organised knowledge, labour policies and laws which enshrine his moral sense of justice and solidarity.

Man is complex and mysterious; his thoughts and actions occupy a number of different interlocking dimensions. He cannot be reduced to any one single plane — not even the spiritual alone.

Culture and the faith have to view man's nature in this way.

The human person is creative, sensitive to external stimuli, with needs, desires, fears, internal and external limitations and constraints; he has a history, lives in a given environment; he has his prejudices and his insights; he suffers from material, physical, psychological, social, moral and spiritual needs etc . . .

And the whole man has been "reprieved". The God revealed by Christ is a humane God: *"intransigent as far as truth and the Kingdom are concerned, but full of compassion with regard to the daily burden of living"* (Vivarelli).

No other human event has ever helped man to take pride in himself so much as the coming of Christ did. The Good News is the message that uplifts the poor, the weak and the sick to a level previously undreamed of. The fact of being human takes on a value of its own through Christ — a religious value. Human nature became divine the moment the Divine became human. Man's task from that moment onwards has been to accept his talents and to make them bear fruit, so that man may also become the bearer of a message of freedom, truth and love.

For the past two thousand years, the Christian has had the privilege and prerogative of revealing that man is sacred; that man is destined to know freedom, love and truth, and that by exercising his freedom, using the truth and putting his love into practice, he becomes the son of God.

According to Christianity, man's destiny is therefore to grow, to expand, to become an adult, in a continual process of 'becoming'; but also to help other men to grow, to expand and to 'become'. This is God's plan for man, which can be hampered by sickness, by repression, by fear, by corruption etc. . . .

It is for this very reason that everyone engaged in God's plan for mankind, in the sense I have just described, is a Christian, even though he may claim to be otherwise. On the other hand, any Religious who fails to commit himself to this plan is not a Christian, even though he might claim to be.

Nevertheless, man's fundamental rights are constantly under attack (John Paul II): his rights to freedom, truth and love. This has always been true in the past, and it is true today. Unfortunately we can still see many examples of man's right to live in freedom, truth and love being trampled under foot even today.

These threats come from many quarters, to the point that we often forget that the most precious and valuable element of mankind is not the State, or the 'Church', or institutions; it is not the law, or the way labour or political life is organised. It is man's human personality — that is to say, the human person, *"unique and inimitable"* (Redemptor Hominis).

The secular State can help insofar as it aids man to become a person. For a non-believer, becoming a person means being able to fulfil oneself to the full, and to express one's full potential; this is also true of the Christian, even though some of our schools of thought have under-rated the human person by arbitrarily contrasting him with the supernatural. This is one of the many

dichotomies in philosophical thought, and in a certain type of pseudo-Christian spirituality, or better still, spiritualism. Even today, we are still having to pay the price of centuries-old prejudice against human nature, which still lingers on.

A DE-HUMANIZING CULTURE

It is no wonder, then, that man is not always helped to live his humanity today. The plan for man is in jeopardy, even today.

Listen to what a Marxist writer has said about it: *"Today, people think about development, not in terms of the development of man, but in terms of scientific and technological development of which man has become the means, instead of the end . . . Science cannot be an absolute end in itself"*. (R. Garaudy).

Materialistic culture which sees the well-being of man in terms of economic and social categories, negating the divine aspect of man, is a grave threat to human nature itself.

Medical culture is largely de-humanizing because it 'throws a veil of mystery over man's most vital problems, or takes a purely technological approach to them'. It betrays man, because it treats him in a way that de-humanizes him: the patient is merely viewed as a 'patient', and the medical staff are merely seen as 'technicians'. This means that the two can never meet, because they are seen in terms of their rôles ('you are the patient, I am the doctor/nurse'); common ground can only be found when there is a meeting of two persons, not two rôle -players.

What can I say about our religious culture?

Can we really say that we are helping a person (sick or well) if we constantly reduce that person to one single dimension, by viewing him merely as a sick organism, a patient, someone under our power, an object which we can take possession of, or lose interest in?

It may be difficult for you to understand what I mean by these criticisms of culture. But I do feel that it is vital for us to remember that without culture we cannot develop ourselves; and self-development is the pre-requisite for helping others to develop.

In his Apostolic Exhortation on Evangelization, Paul VI said, *"The Gospel, and hence Evangelization, are certainly not identifiable with culture; they are independent of all cultures. Yet the Kingdom which the Gospel announces is lived by men who are intimately bound to a given culture, and the construction of the Kingdom cannot help but make use of elements of human culture and cultures."*

What did he mean here by 'culture'? Let me offer two quotations, one Christian and one secular.

The first (from *Gaudium et Spes*): *"Culture indicates all those means whereby man refines and unfolds his manifold spiritual and bodily qualities, and endeavours to bring the whole world under his control . . . to render social life more human . . . (and through which) he expresses and communicates . . . great spiritual experiences and desires"*.

The second (Marcuse): *"We ought to define culture as a humanization process, typified by the collective effort to protect human life, to lighten the struggle to exist and develop man's intellectual faculties, and to reduce and sublimate aggression, violence, and poverty"*.

These quotations help to remind us of the meaning and mancentredness of culture. Let us think about these two definitions for a moment: making social life more human and protecting human life remind us of the fact that human life is endangered in every Continent. Whenever we fail to treat a man with due respect and trust, we endanger God's plan for man.

Man's creation does not end when he is born — on the contrary, that is merely the beginning. And by our vocation, we have chosen to save not all mankind, but those (few or many) with whom our work brings us into contact; are we really certain that we have the right cultural background to approach the man who is in danger? Or do we coldly play a part in stripping him physically, psychologically, socially and morally?

We have to know the positive and negative cultural factors which help us to draw closer to him and to help contemporary man with all his aspirations and needs.

It is not for me to pinpoint what is lacking in the culture of our *Confrères*, at least not here. Let me simply state without fear of error that we are not short of education, or courses, or science, or techniques or activities (because one cannot define culture: it ranges beyond merely knowing and doing). Our main shortcoming is that we do not live for the real end to which we are called: man.

Unless we have a clear idea of our end — to help the suffering and the poor so that they may live as men — there is no culture, and hence no humanism, and no Christianity.

When I talk about a 'humanizing culture', what I mean is being ^{person} man-oriented (and hence acting on man's behalf), which is the ultimate end of an active Religious life, as John Paul II reminds us. The Gospel, prayer and the Rule can even be used to alienate us from man, or to keep him under our

thumb; science and technology can be used to threaten the whole human race. But the Religious life, action, science and technology can also be used to develop man, to protect him when he's at his weakest, to assure him of his freedom, responsibilities and his desire to live fully as a man.

To my mind, our culture has to be completely revised from every point of view: not only to become learned, or to collect degrees or diplomas. What we need are Brothers who study, who meditate, and who pray to pay greater honour to the sick — that is to say, those who are liable to lose their own humanity, perhaps before our very eyes.

Revising our culture is not so much a question of reading more books, of holding more meetings, but above all of directing our knowledge, our skills and our talents towards a specific end. The Extraordinary General Chapter provided us with a wonderful opportunity to diagnose our state of health (or our sickness, because even Religious Orders can sicken and die), and to take upon ourselves the responsibilities that stem from our culture — above all, from a 'humanizing' culture.

Who has to revise our culture? Only our younger Brothers? Only members of a Religious Order? No. Everyone has to do it: the Religious first and foremost, but also our laity if they really want to be able to say our works are truly hospitable, without being hypocrites!

May I remind our older Brothers that they are much closer to the 'humanizing' culture than they might think; certainly closer than our younger Brothers, for the simple reason that they have had direct personal experience of the humanizing and de-humanizing moments in their lives. Our older Brothers have a great wealth of spirituality precisely because, like St. John of God, they have not founded any school of spirituality; like St. John of God they have tried to be Good Samaritans in all simplicity, and through immediate contact. The cultured person, with a wealth of human culture to his credit, being spontaneous requires a long and painstaking operation of interior emancipation from rationalizing, man-made ideological structures. One is not born simple and unassuming; one achieves simplicity through sheer hard work, but it is an effort which pays dividends in the end, because everything that flows from us (our thoughts, deeds, relationships) rises up from the heart. The greatness of St. John of God's personality was just this: that he, a simple layman, understood and practised with such burning passion the most fundamental and the most profound essence of existence and of the Christian life.

St. John of God grasped and cultivated (hence his great 'culture') the idea that he had to devote his whole life to the love of God, and to the service of the sick. His charity was directed at promoting human life, honouring the needy and helping to alleviate poverty and suffering. This was, and still is, the culture of our Founder who protected human life by supplying man with his bodily, moral and spiritual needs.

By renewing ourselves, we have to acquire this same culture, which is directed to man beset with all his needs.

CHAPTER TWO

WHO ARE THE SICK?

If a man remains unknown and unacknowledged, he is immediately alienated. Unless he is acknowledged as an individual person, instead of being a mere serial number, he is relegated to the status of a thing, a piece of equipment, or a tool. When the sick man is not placed at the very centre of the Hospital (the central concern of all those who work in it, and particularly of the Religious), others will make sure that they take his rightful place. It is not unusual to find hospitals in which everything hinges around the doctors, or the administrative work, or the Trade Union, or even the Religious: all of these have no right to occupy this place. The central place in a Hospital does not belong to the doctors, or the nurses, or the administrative staff, or the Religious Community. An African bishop once said to one of our communities, *"If the hospital has a 'boss' at all, it must be the patient"*. How is it that people forget that everything should hinge around the sick? What has happened when an institution, which has been brought into existence and supported by consecrated men and women (who have pledged their fidelity to God and the sick), reneges on that vow, when they go back on their pledge? Is it simply that they are being selfish, or that they have got into a rut?

I think that going back on one's pledge to serve the sick, thereby dehumanizing the hospital and our ministry of the sick, also stems from the fact that we build up a huge barrier between ourselves and the sick as time goes by. This barrier is both 'cognitive' and 'affective', and the result is that we no longer recognize the sick for what they really are, and we fail to give them our full attention, running away from them and taking refuge in playing a rôle, in practising a profession which, I have already said, prevents people from meeting one another on common ground. I do not know to what extent the 'cognitive' barrier is the cause or effect of the 'affective' barrier. But I do know for sure that this barrier makes our relationship with the sick very dismal indeed.

What lies behind this barrier?

What do we see happening when a patient is admitted to one of our hospitals? First of all, we see that he is worried about his illness because of the suffering that it necessarily causes. People see sickness as an affront, as a threat to them, as something evil; and so the patient feels that he is in a

situation that not only deprives him of his usual sense of well-being, but which also makes him feel insecure, forcing him to seek the help of other people and of an institution — the hospital.

And this gives rise to another cause of alarm which every patient feels: he wonders to himself, 'Can these people, and the hospital itself, really make me better? Are they really capable of looking after me?'

The sick do not compare the hospital to a bar, a cinema or a football ground: it is a place where people can die, where they might be treated badly, or neglected. Everyone knows that the hospital can be one of the most effective sources of sickness. One only has to think of the elderly who have spent their whole lives surrounded by their family, with all their creature comforts and habits of a lifetime, but when they find themselves in such a totally different environment as a hospital they pine away and die, because the hospital environment is so absurdly different from their home environment. The question therefore arises: should people have to adapt to the hospital, or is it the hospital that should be tailored to cater for people? I have seen Religious taking up a chronic attitude to their patients over the course of the years; they fail to notice the physical and emotional upheaval that admission to hospital involves for our patients, because the Religious are completely at home in the hospital — it is their own home environment.

Then there is a third source of distress: because he is ill and confined to hospital, the patient can no longer look after his own day-to-day problems and concerns. Please believe me when I say that life is very hard, even in the industrialised countries. Perhaps more than elsewhere, in fact. Marriage, the family, work, bringing up children and social relations in general, often cause great bitterness and disappointment to the people who are admitted to our hospitals. It is true that life is hard on hospital staff, and Religious Hospitallers. And so what do we do about it? Unfortunately, you know the answer to this question as well as I do. We do not bother about the way the patients 'live' their illness, which is a unique and unrepeatable experience for them, or how they take to having to stay in hospital. We do not concern ourselves with their personal problems. We take the easy way out, and concentrate on the part of them that is diseased, and we glow with pride when we actually ask them a question that is not purely technical, almost condescendingly showing a little interest in them.

This is the great barrier which prevents us from getting to know people as persons. And this barrier hampers the therapeutic effect of the hospital's technical facilities, which is tantamount to committing an act of injustice. It damns us as Christians who proclaim to serve our neighbour with loving care, and we therefore commit a second sin against charity.

What is the most grave sin that we commit in our hospitals today?

A psychiatrist put it in these words: *"Doing wrong is a sin, but it is also a sin for a doctor to fall short of doing what he ought to do. It is a sin not to be attentive to our patients' problems; it is the lack of complete understanding that we show to those who ask for our help, psychologically as well as materially. It is a sin to prevent a man from growing, or from suffering, if suffering is a means by which a man can go on living. It is a sin to hastily examine twenty patients a day instead of four . . ."*

The most serious sin of all is the lack of understanding for the whole man. Man is complex, but he is a whole: a unity. We have to respond to this unity. Man's fundamental unity is undermined when he is ill, and even a cultured, well-educated man, and unfortunately a Religious, can help to destroy this unity.

When these three sources of crisis that torment the patient go unrecognized, or are acknowledged in an off-hand manner, he becomes even weaker. He is deprived of that loving concern and thoughtfulness that our hospitals so proudly boast of.

But where does the Religious stand in all this? What is he doing in the meantime? What is he busying himself with?

Some Religious are now saying it is a waste of time working in hospitals in the industrialised countries, because there is nothing left for them to do. My answer to them is this: these Religious realize, perhaps subconsciously, that there is too much to be done, and they are just not willing to do it, because paradoxically, to do all of these things requires the Religious to adopt a mode of being that he has lost (perhaps because he is doing too much).

Who can deny that the people in our large metropolises are lonely, full of anxiety, worried and poor in spirit when they fall sick? Who can really claim that people in our industrial world no longer suffer because all their material wants are satisfied?

My dear brothers, I know what you are probably going to ask me at this point: are we supposed to become psychologists, or social workers? Let me try to answer you by saying this: before deciding what we have to do, let us first see what the sick person wants. Why not carry out a little bit of research, perhaps after the patient has been discharged from hospital. Go and ask him quite simply (naturally after doffing your habit, and hiding your face under a set of false whiskers!), *"What benefit did you get from your stay in hospital?"* I dread to think what the answers are likely to be! We will find that the sharpest criticism will not be levied against the technical capabilities of the staff, but their human capabilities, and particularly as far as the Religious are concerned. Patients are greatly saddened, not so much

when they find the Religious is incompetent, or has certain shortcomings, or is nervy or immature, but when they find the Religious is unconcerned with them, or when he is lacking in humanity, or personality.

I would like to draw a distinction between 'capable' and being 'skilled'.

The word 'capable' (which comes from the Latin 'capax', derived from the verb 'capere' = to hold) literally means 'able to contain', 'spacious'. In other words, something able to receive something else. Some doctors, nurses or Religious are able to give, to provide treatment or care, but not to receive, not to make room for the person who is sick. There is no room in them for another person.

They may be brilliant, highly skilled, even famous: but they are not 'capable'. The most capable Religious is the man who manages to find room for the patient in the wholeness of his personality; if not, even after the patient is discharged as completely cured, his recovery will only be partial. Someone once said that "*you get healed according to your deserts*". This does not only apply to the sick; I would say that this applies above all to the doctors and Hospitaller Brothers.

In a recently-published book entitled "The Patient: an unknown protagonist", a young Dutch paramedical worker has described what it is like to be ill. The sick man can feel like an alien, an outsider, distressed, different: and yet medical science has hardly given any attention to this aspect of illness, which changes the course of the sick person's life. He even becomes an outsider as far as his own kith and kin and his friends are concerned. Where does the nurse come into the picture? To quote the words of Virginia Henderson, the nurse temporarily becomes the consciousness of the man who is unconscious, love of life for the suicide, the leg of the man who has undergone amputation, the eyes of the blind, the means of transport for the new-born babe, the counsellor, the confidant and the spokesman of the weak.

God help us if we fall short of this most noble and delicate function! God help us if we merely concern ourselves with technical matters, and lose sight of the sick person, and natural human man-to-man contact without shyness or reserve; if we lose that warmth which is often the only medicine that the patient really needs to be healed, or to be able to die in peace.

My dear brothers, we are so used to living with sickness and disease that we take the patients in our stride as part of the routine; we have become so accustomed to spending our lives among them that we have thrown up a barrier that prevents us from getting to know them; and this has impoverished us as health workers, as men and as Religious. Once we have broken down this barrier, to shed more light on the mysterious world in

which the sick person lives, we shall easily find out what has to be done. And there can be no doubt that one of the first things is to be more capable, more attentive, more thorough in our work: being more of a 'person', and less of a rôle-player. We shall discover within us that 'being' with the patient is more important than 'doing' things for the patient. But to truly 'be' with another person, we must first know how to listen to him, get to know him, see his problems, his hopes and expectations, his difficulties, his background and his humanity. Once we have got this far, and only then, shall we find what we are looking for. And this discovery will enhance our professional work, instil meaning into the word 'assistance', and above all, it will reveal and give value to the whole person.

CHAPTER THREE

THE DE-HUMANIZED HOSPITAL

You only need to read the daily press or visit a book-shop to get all the evidence you need on the way in which hospitals have lost 'the human touch' in every country in the world, and in every social system. Even the National Health Services are one of the main targets of criticism. And it is the sick who are being made the main scapegoats, even in countries whose health services have reached the heights of sophistication. Excessive red tape and bureaucracy rob them of their individual personality; the individual becomes a guinea-pig; the Hospital comes to resemble an assembly line in a modern motor-car factory.

The de-humanization of the health services, as everyone now recognizes, not only creates discomfort for the sick, but some would claim that it is the cause of new illnesses. I recently read an article in an Italian newspaper which recounted the experience of a gynaecologist who was admitted to the maternity ward in which she herself worked. And within a very short time, even she began to feel like an 'object', having to endure all kinds of *"petty inconveniences that unnerve you, until you lose all self-respect. A mere cog in the health machine! It was only when the ward sister found out that I was a doctor that she changed her attitude to me completely"*.

PRISON VERSUS BUSINESS ENTERPRISE

The de-humanized and de-humanizing hospital falls into one of two categories: it will either become a prison, or a business enterprise — perhaps even a very modern one. This is the definition of a prison, according to the Oxford Dictionary: *"Place in which a person is kept in captivity . . . a building to which a person is legally committed while awaiting trial or for punishment"*. In our hospitals, the person who 'legally' commits the patient is the doctor who suggests that he should be admitted. And when the patient is admitted, he is likely to be quite literally 'kept in captivity', deprived of his personal freedom.

The health machine 'interns' the patient in the waiting room: he has to hand over his liver, his heart or his legs to the nurses and, alas, to the Religious. *"Leave our job to us: don't Interfere with us while we are working. Behave yourself. Don't put us about. Leave us alone . . ."* In other words, *"Keep out of our way . . .!"*

And so people are not only stripped of their clothing, but also of their whole personality as real individual persons (this man standing here, with his own problems, his own background, in his own particular situation); stripped of his status as a subject, made to dress in the pyjamas of a clinical case, of a diseased organ.

X Just think of the mental hospitals in the past, and even in the present; just think of the visiting hours that take absolutely no account of the great inconvenience they cause to our patients' relations. The sick are stripped of all their rights (to information, to a personal identity). Just think of the recreation areas where the patient wanders aimlessly around the hospital in his pyjamas, like a jailbird. And we do not realize that we are his gaolers when we exercise our power over him, issue our instructions, give orders, making people even weaker, and diminishing them even more.

If only we could visit our inmates as the evangelical counsel enjoins on us!

X The gaoler does not 'visit' in the Gospel sense; he punishes, supervises, oversees, and gets upset when he feels that his orders are not being obeyed promptly. The invisible, but real, hinge around which prison-life revolves is not man, but expiation, and guilt. Unfortunately, even in our hospitals, sickness and disease is treated as a felony. The mental or physical disability is often used as an excuse to humiliate, to feel superior, better, more fortunate. And even when we are not using the disabled for our own ends, our own pleasure, or even to spy on our behalf, we use them as deputy prison warders, to keep things and people firmly under our own control.

How little human and Christian dignity there is in the de-humanized Hospital, which has gradually become a prison for us and for the sick; a place of death, rather than of hope and mercy! We have also de-humanized the hospital, run like a business enterprise, based on sound managerial efficiency in everything that is done there, pushing into the background the problem of efficacy, which aims at restoring the health of the patient (biological, psychological, social and spiritual).

You can identify a business-enterprise hospital at once: people only talk about profits, admission statistics, salary scales, equipment, wall-to-wall carpeting in the offices, financial worries: but no one ever talks about the sick, except as an object that has to help make the year-end accounts look bright.

Naturally, we must not be opposed to modernization in the Hospital. It is a good thing that many people have given modernization, efficiency and technical progress the importance they deserve. Efficiency is a value, a great value. But it is not the only one.

What is the difference between a business enterprise and a Hospital? The Hospital produces health, and would like to produce well-being, and not only financial benefits. It wants to produce well-being for people who are in distress. The de-humanization of the Hospital which is run like a business enterprise is not all easy to perceive at first sight. The Hospital is usually a handsome building, only recently completed, and full of (rich) patients. But where is the human touch? Where is Humanity, when people spend hours doing the accounts, and a few minutes a day talking with the sick, discussing their problems?

X The business-enterprise Hospital is not our model; it is a partial model. It is incomplete and inadequate, and so we cannot accept it. Even the greatest possible efficiency must never, never, never become an excuse for withholding our personal attention and that of our colleagues from our patients.

People live, hope and are healed thanks to the human touch. And if they cannot be healed, they are able to die in peace. Humanity, the human touch, is not just something that we condescend to distribute to patients; it is a resource, a skill with therapeutic value; it is a 'drug' which is very often the most effective thing at the Hospital's disposal.

Incidentally, and without wishing to go into too much detail, I would even go so far as to say that just because laws may soon be enacted to bring about humanization, even the business-enterprise Hospital is changing its approach, playing down the purely 'managerial' attitude to its activities.

In the business-enterprise Hospital, the Religious becomes a manager. But that does not worry me. Unless, that is, he is happy to just stay a manager once he has made the grade.

The Religious-manager soon clashes with the lay staff; he takes on so many responsibilities; he supervises the financial viability of the Hospital, the staff, the purchases, and the structures. But he runs the risk of losing his own heart — his Humanity. The human touch.

Stemming from what we said earlier about the preconceived ideas and behavioural patterns that lead us to 'pass man by', a few more considerations come to mind; one can even turn the argument the other way round, at least apparently, by starting with the behaviour patterns that prevent us from getting through to people. If we do this, we shall once again see the ever-present risk of never getting through to man; even ourselves who are consecrated to man by virtue of our vocation. There is a danger of leaving man out of our act of faith, or what we believe to be our act of faith; left out of the 'sacrifice' of our own lives. So much so, that we might even

begin to wonder eventually (if we get a well-needed twinge of conscience) why and for whom have I 'sacrificed' myself? What sense has been given to my whole existence as a result of my religious vows?

Apart from our behaviour patterns that lead us to 'pass man by', let us never forget all the obstacles which prevent us from getting across to people. Here are just a few examples: a) seeing ourselves in absolute terms, subconsciously forgetting that our neighbour takes priority over us — our patients, in our particular case. Only the sick are 'absolute' beings; they ARE God. *"I was sick, and you cared for me"*.

But as far as we are concerned, perhaps without actually realizing it, the only thing that has an absolute value is our own Ego, our career, our professional work.

We have to be aware of this, and make others aware of it, too. Not so much by talking about it, but through the witness of our lives. The Ego, and the anti-God.

Humanity is not within the individual: my own humanity is in communion, and self-giving to others which is tantamount to giving myself to God. God is *"being for one's neighbour"* according to Bonhoeffer.

b) Another obstacle which prevents us from getting through to man is the 'Institute'. Our own Institute! This love can easily become the most idolatrous and misleading that exists. I entirely agree with those who say 'Long Live our Institute!' Just as we should say 'Long live the body!' Long live every institute. The body is the glory of God: through it, God becomes tangible. The Spirit always needs tangible signs through which to work. But the Institute is not the Church, just as the Church is not the Kingdom. Man will only find his final home in the Kingdom, and the poor man will be given his royal throne there.

The Kingdom has been promised to all those who are run through with this passion for man, even though they might not realize that in this way they bear within them the passion of God Himself. This is why they will be told; *"Come, you blessed of my Father, and take possession of the Kingdom"*. Because He was sick, and they cared for Him. One thing that must be made quite clear is that they may never even have realized that they were working for Kingdom. Yet we shall be able to reveal this hope to them, provided that we are consumed by the same compassion for man, the least of all men, in our capacity as Religious and Christians. This is the only way to save our Institution.

c) Another obstacle which might prevent us from getting through to man may even be our desire to go all-out to support the Church, viewed merely as an institution. A church in which humanity does not reign supreme, when the fullness of humanity belongs to Christ who made it the seat of His Divinity. (Either the Church is for man, or rather for the least of all men, or is it not the Church! *"Who is sick, and I am not sick too?"*).

This can be said about any organisation: the Church or the State. Theology tells us that the sacraments are made for man. However convinced we may be of the value and even the irreplaceable utility of technological progress and efficiency, we also know that they are able to become forces for the destruction of man, and means of enslaving him. This is particularly true in hospitals where, even though the patient might not have the faintest inkling of it, he might be used not only as a client, but even as a guinea-pig. In the cause of progress!

So even the place which we see as being the most human and humane of all, on a level with a church or a home, can become the most inhuman, even without having the satisfaction of finding someone to blame for it. And as we are concerned, as Religious, without the grace to admit that we are to blame.

CHAPTER FOUR

OUR MISSION: TO MAKE SURE WE DO NOT PASS MAN BY

A special Tribunal has been set up in Rome to protect the rights of the sick. It has denounced the fact that *"hospital care often leads not to the healing of the sick, but to an aggravation of their inner suffering"*. Mention has been made of the inconvenient timetables followed in the wards, the way nurses regiment the patients like sergeant-majors, the difficulty of receiving visits from relations, the impossibility of finding out one's state of health, or gaining access to one's clinical record, eating warm food, and most serious of all, of the fact that patients are viewed as a disease, rather than as men.

Quite apart from whatever objectives this Tribunal has been created to attain in addition to its declared intentions, there is one thing that we find wherever we look in every region of the world. The more health care is organized, the higher the level of specialization, the more it becomes technically advanced and efficient, the more it de-humanizes, the more it overlooks man's personal humanity.

Man has to be involved in the healing process as a subject, taking an active part, receiving information, and taking on his own responsibility for his health. It is unfair to delegate other people to take charge of all his healthcare duties, just as it is unfair to exclude him from the healing process. Man not only has the right to health, but he also has the duty to look after his own biological, psychological, social and spiritual welfare himself.

Sooner or later there will be laws that stipulate the rights of the sick; but every man has the duty and the moral obligation to play a front-line rôle in something with which he is so personally involved.

This brings us to the most fundamental aspect of what needs to be done to Humanize the Hospital: everyone must be trained and become accustomed to considering individual persons in the fullness of their being (biological, intellectual, affective, social, moral), and not merely as pathological cases. At the same time, the patients have to be treated to undertake the duty of thinking of their own health which is often threatened by habits that might damage it. One important consideration has to be borne constantly in mind: it is impossible to look after the health of another person (not in the

sense of being merely the absence of illness, but in the positive sense of his biological, psychological, social and spiritual well-being), if we merely touch the person superficially, without getting to know the person fully, to be able to respond to his needs but also to re-awaken the most human and most Christian of all desire in him: to be happy.

Why does the sick person suffer? Not just because of physical pain, but above all because he sees the chance of finding happiness being threatened. If we wish the hospitalized patient to enjoy his right to health and his right to take part in his own healing process, someone has to make sure that he is shown humanity and encouraged to play his part in restoring his body to health (which is one of the objectives of health-care programmes in many countries).

Is not this precisely where the hospitaller brother's mission lies, when he is working in an environment which may be technically perfect, but sadly lacking in humanity? Is it a betrayal of his mission to stay on working in sophisticated hospitals (which one mistakenly feels no longer have any need of the Religious) to bear witness to that 'something else' which society tends to overlook?

The Religious life becomes meaningless when, instead of providing that 'something else', we try to become accepted (or rather to "be forgiven" for being there), by falling in line, competing, putting ourselves on the same level as the others; and when we merely add a few things that the world already possesses.

To humanize a hospital, it is not a matter of adding something extra; it is not a question of providing a little touch of luxury to hospitals that are already seen as luxurious. What it means is giving man something he desperately needs. Humanity is something 'else' that the Religious life has the duty to provide the hospital world, in order to redress the balance. The need to humanize life is something that is felt throughout the world today, (call it respect for human rights, call it human development, or what you will: it is one and the same thing). Our society is in need of more heart, and not just more 'mind' (Bergson).

And it is my opinion that today's sick need heart and mind, in addition to the very latest techniques: they need hospitality, in the very real sense of the word. When our hospitals fail to care for man — the whole man — we give cause for great scandal, quite apart from making our witness less credible in people's eyes. The sick can only understand God if we reveal Him through our humanity. The sick are not interested in seeing the Religious competing magnificently against the doctor, or the nurse or the lay administrators; what interests the sick, even though they may not show it, is that the Religious should be full of humanity, because they know that every time

they are admitted to hospital their own humanity is threatened.

The sick want something to hang onto, a haven in which to anchor the boat of their very existence, which is being threatened by disease. Who but the Religious can be that haven: people whose vocation, freely and consciously accepted, binds them to work round the clock, burning up their lives for the good of their neighbour?

And yet, how often do we fail to realize that the haven we offer to the sick is unapproachable, when they see the hospital as an alien land, and a sea fraught with dangers! We can never remind ourselves sufficiently that the Hospital is our own home, in which we have spent years and years of our life: we are thoroughly familiar with it, and the way it functions, and the people who work there. But this is not the case with the sick. For them, the Hospital is a jungle, through which one has to travel with great difficulty, because there is no-one to lead them by the hand. And then we complain that the patients are anxious, irritating or rude when they first arrive! What have we done to convince them that they are at home with us; that they are not strangers; that the Hospital is their family, and we are their brothers; that we will be near at hand, to help them lose the sensation of being outsiders? Is not the hospital home for guests? The inn to which the Samaritan took the man he found by the wayside? Are not our hospitals the house of God, and hence the Church?

Once we recognise that our houses are the Church, our hospitality takes on a theological value. In that case, why is it that I allow the guest to remain a stranger in his own land? That I condescend to merely put up with him, instead of giving him the welcome that he is entitled to? Every time a patient remains a stranger, we have failed in our mission. And the patient can still remain a stranger, even when the diseased organ has been cured, if he has not received the attention that every man who enters our house deserves, both as a man and as our brother.

By now, you will have understood that it is not enough merely to share our ideas about Humanization; we have to help one another to identify and then break down the barriers that prevent us from performing our mission (for we cannot practise hospitality unless we are human and humanizing). We have a common duty to work out the best possible ways of practising hospitality towards contemporary man, today as in the past, following the example and the insights of St. John of God.

How can one fail to recall the parable of the Good Samaritan: "*There was a man going down from Jerusalem . . . !*", and realize that the Samaritan showed mercy because the other was simply a man, and not because he was a friend, or a superior, or someone with influence?

We all believe that our Lord deliberately sent a priest, a religious man, along that same road to Jerico; and He adds, "*but he passed him by*", even though he had seen him in his plight, even though he knew the state he was in, after having fallen prey to a band of robbers.

Note that he made the priest pass by first. What possible alternative could there be for a person to choose the Religious life other than to devote himself to man, to the salvation of man "*half dead*", cast aside by society to die all alone, by the edge of the road?

How can the Church truly call herself by that name, if she fails to stop before that man? Is there anything more important to a Religious, a priest, a Church, than to minister to the man left to die alone? . . . One should not be surprised to read the words of the Prophet which tell us that God "*turns His face away*", even when our hands are joined in prayer, unless we first "*get down from our horse*", and take the sick man, stripped of all his goods "*into our own inn*".

What about us, Brothers Hospitallers? Do we behave like the priest in the parable, who 'passed by'? The sad answer to that question is that, unfortunately, we do pass by, in many of our foundations: you know this as well as I do . . . with all the good reasons in the world for doing so; but we pass by nevertheless, and we are the poorer for it. Anyone who passes by the sick man, the person in his wholeness of being, has not yet become fully a person himself. He has not yet reached his unity of being, his humanity. If he had humanity — which is a religious value — ("*Christ is God's human face*") — and if he were capable of loving and respecting himself, he would also know how to love his neighbour, in addition to treating his neighbour's illness. I am more than ever convinced that our mission today is to see to it that in our hospitals no man is passed by, and to prevent the inhuman attitude of separating the man from his illness, the human person from that part of him which is diseased.

In strict health-care terms, passing by means delaying the healing process. The sick patient is the first and the main healer of himself, is he not? Our daily experience shows us quite clearly that the patient who refuses to co-operate, and who for various reasons approaches his illness wrongly is the most obvious hindrance to any effective treatment.

Note how the Samaritan travelled along the same road, saw him and stopped, because he "*was moved to pity*". Just like God Himself, who has only one love — man! And for him, for man, and his salvation, He came down from Heaven.

Notice also that the Samaritan (who was a member of the true Church) not only stopped when he had seen the state into which his unfortunate

"brother had fallen", but he immediately got down to doing something about it, as it were, carrying out a series of actions that one might well define as the 'life programme' specially designed for a Brother of St. John of God: a synopsis of our Role, and an example of how to put it into practice. A Role which is epitomized in this new set of 'Ten Commandments' of love.

This is the way in which the Gospel describes the Good Samaritan from whom our Founder took his inspiration. He was called 'St. John of God' precisely because he was 'the man who revealed God through his love'. And it was by the example of the Samaritan that God has revealed the true rule of the divinely-inspired nurse who:

1. saw the man,
2. was moved to pity,
3. approached him,
4. dressed his wounds,
5. pouring in oil and wine,
6. set him on his own beast,
7. and took him to an inn,
8. where he cared for him,
9. paying the innkeeper,
10. and returned to pay what he owed.

This sums up everything that I have in mind when I speak about our mission, and when I appeal to you to give your all to ensure that man is not 'passed by'.

PART TWO

**WE MUST BECOME
FULLY HUMAN
IN ORDER TO
HUMANIZE OTHERS**

My dear confrères: when we take a hard look at the wonderful mission that God has entrusted to us in the name of Jesus, requiring us to offer to our Brethren in deed, suffering distress in their sickness or loneliness, the hand of a loving Brother to restore their confidence in life, a very disturbing thought comes to my mind: "are we capable of performing this mission: can we carry it out with our present life-style, and through the forms of the apostolate that we have developed in the past?"

I am quite convinced that our mission does enable us to offer contemporary man those answers that he is seeking to make his life more human. But at the same time I feel forced to recognize that the way we live our lives as Religious, and the ways in which we carry out our mission of charity and love need to be thoroughly overhauled, to show us everything that is out-dated, and everything that no longer helps us to live our hospitaller vocation consistently as men and as apostles.

It is not only the result of my personal experience as the Superior General of the Order that has revealed this to me, but also the confirmation given by the last General Chapter which was reflected time and time again in the Provincial Chapters.

For these many reasons, I feel it my duty to offer you the following words taken from the document of the General Chapter, inviting you to take them to heart, and to act on them conscientiously: "Because of the changes that are taking place so rapidly in contemporary society, this whole problem shows us that the Order has reached a turning-point of great import; we must therefore examine our situation more thoroughly, appraise it in the light of the Gospel and set about introducing the changes that cannot wait any longer, if we really desire the Charism of St. John of God to continue to be a living force in the Church" (DCGS 2° B., p.24).

These words confirm the urgent need to devote our energies increasingly to that authentic renewal of our own lives and of our apostolic works. On the basis of this conviction, which I am sure is shared by all our Confrères in the Order, I feel encouraged to offer you my own personal views about the problem facing us as Brothers Hospitallers, in the hope that I shall thereby contribute positively towards coming to a well-considered decision on how we are to live our lives individually and in our communities, so that our mission of love may be performed with greater humanity, so as to respond adequately to the hopes and the needs of the men and women who are suffering in our midst.

CHAPTER ONE

OUR ENVIRONMENT AS A SOURCE OF ENCOURAGEMENT TO US

There are so many positive sides to our own environment that we have to consider, so that we can use them to help us find the right answers to the problems that arise in our Communities and in the Centres in which we perform our ministry of love.

It would be unfair to deny that our Confrères are fully living up to their hospitaller vocation to the best of their human endeavour, closely united to God in their work and thereby seeking to bring happiness to their fellow Confrères who are ministering so enthusiastically to those in need.

It would be equally unfair to deny that, generally speaking, there is an awareness of the need for renewal, and that many Communities have already done a great deal to work towards it.

We should be failing in objectivity, and betray our trust in God and our gratitude to Him if, as I said in my last Circular Letter, we failed to see that the Order is passing through an historic moment in its history, in which the presence of God and his love for us are more clearly felt than ever before.

I feel that it is right to invite you to acknowledge these positive aspects of our current situation, because it is only by realizing that our life is worth living that we shall discover in it a number of things which urge us to go on growing, and enable us to look confidently ahead to a better future still.

I would not be so insistent on the fact that we must not hide the light we have received, if I were not firmly convinced that it is worthwhile being a Brother of St. John of God today, and that our Order continues to fuel the fire of generosity and trust that animated our Founder, expressed through a life lived by our Confrères in simplicity, renunciation and devotion. On the contrary, we have to make the light shine more brightly still, to enable modern man to discover that God continues to be concerned about supplying his needs.

I am certain that if we draw our strength from the Charism we have received, and from the love which God has bestowed on each and every one of our Houses, making them true temples of God in which love for our neighbour is practised, and since *"God is love . . . and if we love one*

another . . . His Love is brought to perfection in us" (1 Jn 4,8.12), we shall manage to overcome any difficulty; and more than anything else, we shall then be able to perform works of charity that will demonstrate to our contemporaries that Christian Love still has more than enough power to transform this world.

Yet I felt it necessary to remind you of all these things, so that we can reflect on the real-life problems we have to cope with, to analyze them and take the consequences without becoming distressed about them. I consider that it was fortunate for us, and a special grace of God, that the Extraordinary General Chapter examined the blameworthy aspects of our lives, our Communities and our works, and spoke out with such clarity and simplicity. Because once we become responsibly aware that problems exist, we have already taken an important step forwards towards solving them.

∞ The thoughts I am now sharing with you regarding the blameworthy aspects of our life and work, as they were brought up by our Confrères at the General Chapter, are simply a dispassionate appraisal, based on faith and hope. I want them to be both straightforward and profound at one and the same time, and not merely a statement of all our problems; I want them to be of assistance in getting to the root causes of the problems, so that we can accept the consequences humbly and with trust in God, and then set about looking for solutions that will enable us to live in that joy and freedom that befits the children of God.

∞ I am not levelling criticisms against anyone, and certainly not passing judgement on anyone. This is the self-criticism of your Confrère whom God has called to feel responsible for co-operating with the Spirit in the name of our Founder, to ensure that every single member of our beloved Order, from the first to the last, fully consecrates himself to his brethren "*worthy of the calling we have received*" (Eph 4,2).

OUR 'LIFE-STYLE' LEAVES MUCH TO BE DESIRED

The Declarations adopted by the Extraordinary General Chapter made mention of the "*difficulties of reconciling the three levels of the Brothers' activities: personal, community and apostolic work as hospitallers*".

I think that if we begin to look for the causes of these difficulties, we shall easily see that they are due to the fact that we are not living a fully consistent existence: we have not yet reached that personal "unity" which is required if we are to totally fulfil ourselves in life, so that we can then reconcile our own personhood with the activities through which we manifest our life.

When we first set about renewing the Order, I told you that we were far

too concerned with 'doing', forgetting the importance of 'being'. From what emerged from the General Chapter, I think the time is ripe to start learning the verb to be as well as we know the verb to do, if we are ever to overcome the gap, the dichotomy that exists in our lives.

Without trying to theologize on our hospitaller life, I think it is not a bad idea to offer you a few simple thoughts about what is involved when trying to "live" our activities consistently and with the proper sense of proportion.

How can I summarize the various levels which go to make up our life? I am simply thinking out loud, to share with you how I see our lives as persons and as members of a group:

1. We are Christians, and we have received a special call from God; we have opted to live the Gospel in a radical manner, following Christ in poverty, obedience and chastity (Cfr LG Nos 43 et seq) consecrated to hospitality, in the footsteps of St. John of God.

2. We do not follow Christ individually, but as members of a Community — the Order, which has bestowed its Charism on us — sharing our lives with a group of persons who have joined forces not because they were all friends and acquaintances originally, or because we all decided to work together for gain, but rather because all the members of the group share the same living faith in Christ and all have been called to live the same Charism, performing the same mission of love.

None of what I have just said wipes out our individual qualities, or the originality of each one of us; we all carry our own personal history with us, our own feelings and sentiments, our own thought patterns etc. . . .

If we examine these basic features of our identity as persons and as a group, we can easily see that one of the reasons that explains the difficulty of 'living' our activities at different levels (and in my own humble opinion, the reason why we do not live a "balanced personal life") is that we have not reached the degree of maturity we require in order to be truly ourselves, and to underpin our identity as persons, and the balance we need to strike in our daily lives.

What 'maturity' am I referring to, you may ask. I am referring to the maturity which is proper to a person who is consecrated to God in the Religious Life as a Hospitaller; this demands a personal maturity, and a maturity of faith. There is no such thing as 'personal maturity' divorced from 'Religious maturity'; indeed, the former is a necessary pre-requisite for the latter. It may be useful to dwell on each of these ideas for a moment.

A NUMBER OF WAYS IN WHICH AFFECTIVE/EMOTIONAL IMMATURITY IS MANIFESTED

Despite the great number of possibilities that exist to enable man to be happy, there is a widespread feeling of dissatisfaction, and people today are suffering from loneliness. This great malaise is also felt in Religious Communities. My own experience, confirmed by the experience of other Superiors General, is that the problem of loneliness and the feeling that our Communities do not create an atmosphere that fosters strong interpersonal relations that satisfy the needs of all men; affects all our Confrères old, middle-aged and young alike.

Those of us who have been in the Religious Life for many years, were taught in such a way that the values of the person (and more explicitly, the affective values) were played down, not to say repressed altogether, based on the attitude that this was somehow more "perfect", and the very essence of what God was demanding of us through the vow of chastity. I am not blaming anyone in particular, but the fact remains that all of us ought to feel responsible for this state of affairs, because we have created the environments in which people lose their spontaneity: relationships became stereotypes, superficial . . . lacking in warmth.

We used to be told that this was the way we were supposed to love one another, because this was the way to deepen our love of God and enable us to offer ourselves more generously to the sick. And what has been the result? The General Chapter, which was attended by Brothers with a great deal of experience of the Religious Life, highlighted the following problem: "*poor interpersonal relations at the level of faith and sharing of life experience*" (DCGS II.3,14).

The effect on our community lives has not been what people expected, because they tried to "spiritualize" human love to such a degree that one got the impression that we were supposed to live our lives as if we were not made of flesh and blood.

But the problem of affective immaturity and the consequences that stem from it is also felt by the younger Religious, even though they may try to fight against it. These men belong to a generation whose values have been overturned by their society, giving pride of place to material well-being, sometimes making this the be-all of life. In such an atmosphere, most families have tried to make sure that their children went short of nothing, filling their homes with every creature comfort possible. Far too often, the effect of this has been that the children have gone short of nothing, but they have hardly had any chance of ever being together with their parents; and when they do meet together, the parents are usually too tired to talk to them and to offer them the affection and support they need.

And so we are faced by so many disaffected people, empty inside and almost without any ideals . . . and no-one can place the blame on the young people themselves. They have access to much better-informed news media than we ever had, and they have discovered within themselves that the values of the human person, particularly the capacity to love and be loved, stand way above all the material values of the easy life which have failed to give them any real satisfaction.

When one of these young people suddenly comes up against Christ and finds out that his life might have some meaning, and that the aspirations and desires he feels within him might find their satisfaction through the Religious Life, he comes to live with us, takes his vows, and brings with him that lack of human affection, even his emotional shortcomings, together with all the insecurity and dissatisfaction of his previous existence.

* I do not think I am far wrong if I say that nearly all the young people who have taken their vows in the Order, or who are undergoing their period of formation, were mainly attracted to the Religious Life — often without realizing it — because they were seeking an environment made up of mature persons, who loved themselves as adults and who would help them to make use of their capacity to love and be loved.

But what environment have they found on joining us? At the beginning of this chapter I said that not everything is blameworthy, that we should be careful not to over-generalize, and that we are now making progress towards renewal. But I would like to recall the Declaration of the Extraordinary General Chapter: *“there is a lack of authentic Communities, capable of giving a welcome to young people”* (DCGS II.4,16).

Looking at these two groups of people (namely, those of us who were given a rather repressive type of training, and these younger men who are feeling the brunt of our training precisely when they are in the growing stage), a number of fairly certain conclusions can be drawn that show up the way in which our affective immaturity comes out in practice.

Very often in our Communities, we come into contact with adults who have infantile reactions: they think they are the centre of attraction, wanting everyone to hang on their lips, and give them every possible attention. And they are nearly always dissatisfied. These people are incapable of realizing that they are also called to find answers to the needs of their Confrères.

I think that these childish attitudes are revealed most forcefully when people do nothing but criticise the Community, demanding everything from the Community, as if it were their ‘Mamma’ who has to feed her children, not realizing that I, each of us, form the Community, and that it cannot

work if I do not function properly; it cannot be welcoming if I am incapable of showing hospitality and behaving in the manner required to establish dialogue between people.

My dear Confrères, it is not my intention to criticise, or discourage any one of you through what I have to say: it is my desire to see each one of our Communities managing to overcome these reactions which hamper their growth and which, in the final analysis, are unseemly in adults, who are often quite advanced in years. I put them to you with all the affection I feel for you, in the hope that if you recognize that any of these things are true, you will not be discouraged, but rather take them up and try to overcome them in the conviction that the human person, and especially the man who believes in God, is always capable of being 'born again'.

Another example of immaturity which hampers relations and community growth is adolescent attitudes which may emerge in different forms. There are some, highly sensitive, persons who suffer when their home environment fails to offer them those signs of welcome, respect and affection that they need, and which appear to be detached and insensitive to everything that they see as an indication of interest in them. They are people who react badly when people talk about our need to share our lives in a spirit of closer friendship and in greater depth; people who try to defend their own privacy from anything they see as an infringement of it . . . There are even cases in which what might appear to be a sign of intimacy and trust is nothing other than the desire to satisfy the need for affection, a means of letting off steam, and yet it is thought to be a sign of friendship, and of entering into an authentic relationship with another person . . . and then one wants that person all to oneself, desiring an exclusive hold over that person's intimacy, and losing faith in him, doubting his trust, when one sees him speaking to others, or when one knows that he has a close relationship with someone else.

We have to realize that it is no easy matter to build up and live deep interpersonal relationships. We have to accept the fact that even friendship, by virtue of its being so necessary and beautiful in itself, is a privilege reserved to the few. The reason for this is that experiencing adult love is no easy matter; it is a two-way affair, and has to be transparent, based on mutual knowledge, requiring an appreciation and acceptance of oneself and of the other person, starting with oneself and with that other person, as persons who are called upon to grow together in love, based on freedom, and lived in freedom.

I feel that at this point we should dwell briefly on a few of the features of adult love. Here are some which I consider become particularly important as far as our life is concerned:

a) **Self-knowledge.** Those of us who have been in the Religious Hospitaller Life for many years were given a spiritual formation in which we were encouraged above all else to concentrate on the negative aspects of our lives. Examination of conscience and public confession of guilt introduced a negative element into our lives, making us see only the dark, sinful side . . . We are told that this made us humble, and that it was the best way of opening us up to the grace of God. Not even our young Brothers, albeit for different reasons, have managed to discover what is positive in their lives, based on authentic, real self-knowledge.

The truth is that we do not know ourselves, or we only know ourselves in the wrong light. We have forgotten how to discover in our everyday lives that God has given us certain talents, and He is just waiting for us to develop them: *"You are the salt of the earth . . . you are the light of the world . . . a city set on a hill cannot be hidden. Men do not light a lamp and then put it under a bushel basket: they set it on a stand where it gives light to all the house"* (Mt 5,13-15).

We have been made accustomed to taking a negative approach not only to our own lives, but also to the lives of others. Hardly ever have we been given the possibility of rejoicing in other people's qualities, and of rejoicing and thanking God for our own.

b) **Self-esteem.** Unless we acknowledge the good that is in us, we cannot possibly manage to have any self-esteem. And since no man can fulfil himself unless he feels that he is esteemed, it is quite natural for us to seek forms of compensation outside ourselves: we turn our attention away from ourselves, and become attached either to things or to persons; and even in our relationship with God, we turn our attention outwards because of this negative view we have of ourselves, and the lack of due self-esteem, seeking support and security in others . . . whereas God has made each of us responsible and liable for our own lives and those of our Confrères (Cfr Gen 4,9; 9,5.6).

c) **Acceptance.** It is quite obvious that when these two things are lacking, it will be impossible to authentically accept ourselves, because no one likes accepting the fact that there are only negative things in our life. And since we have not always viewed the positive things with due simplicity, we are sometimes afraid of discovering them; we fear that it reveals a lack of humility. Either we realize that if we do discover positive values in our lives we shall be required to develop them or we do not accept them; or we accept ourselves passively, telling ourselves that *"that's the way we are made, and there's not much we can do about it . . ."* or that *"God made me that way, and I can't change it now"*.

My dear Brothers, may I invite you to coolly and calmly think over what I am saying, in that genuine spirit of poverty that Jesus invites us to live in:

these are a few thoughts that I am thinking out loud with you and for us all. I am sure that if we do ponder on them, they will help us to discover in our own personal lives and in our Confrères and Communities that many positive values do exist, and that if they are developed and shared in common they will help to change the whole atmosphere of our Houses.

SIGNS OF A LACK OF MATURITY IN THE FAITH

There is hardly any need for me to go into great detail here, because it is easy to see that an adult who takes up childish or adolescent attitudes to his own relationships with other people does so because he does not trust himself, and certainly does not believe in others. And if we do not fully believe in ourselves, because we do not know ourselves, because we do not esteem ourselves and because we fail to accept ourselves, it is impossible for our faith and trust in God to be an adult, mature faith, since, as St. John said *"If anyone says, 'My love is fixed on God' . . . and has no love for the brother he has seen . . . he is a liar"* (Cfr I Jn 4,20-21).

The Extraordinary General Chapter reminded us that *"we are lacking a profound interior life"* and that *"our relationships at the level of faith are impoverished"* (DCGS II.2,5 and 3,12). In several Provincial Chapters, stress was placed on the fact that our prayer-lives have been routine matters, and prayer has become quite detached from the rest of our lives . . . Basically speaking, we are getting back to the problem that I raised at the beginning of this chapter: we are living unbalanced lives.

X As far as prayer and our flagging apostolate is concerned, I get more convinced every day that one of the causes (apart from the main one I have just mentioned) is that we have not found a type of prayer-life that is proper to our lives as Brothers of St. John of God, or that we have failed to identify it in our Founder. This is a matter of vital importance which we have to examine most thoroughly, if we are to live this type of prayer-life that is consistent with our spirituality. I do not feel that I am capable of taking this matter any further, but it is something that is virtually necessary to explore, particularly by those of our Confrères who are priests: they would render a great service not only to our fellow Brothers, but to the Church as a whole.

One thing that cannot be passed over in silence is this: it is simply not enough to have discovered the function of prayer. We have to endeavour to make our liturgical celebrations into something which is alive, and not mere routine, monotonous, lifeless and irrelevant to our normal working day. There is plenty of scope for creativity, based on a balanced respect for the Church's liturgical guidelines. We must aim at living our lives naturally in a way that God is truly present to us, so that we discover Him in ourselves, in our Confrères, in the sick and needy we minister to, in even the most commonplace events in our daily lives. Only then will our prayer-lives

be a genuine sign of communion amongst ourselves and with all men.

REPERCUSSIONS ON OUR APOSTOLATE

In the declarations of the Extraordinary General Chapter, we read: *"The fundamental problem lies in the fact that the 'rationale of welfare and assistance' and the 'rationale of evangelization' are not given the status of parity which the specific charism of the Order implies and demands"* (DCGS II b), p.22).

"Having examined this whole problem, we have had to accept that underlying it is a negative reality: de-humanization" (id. p.21).

We find it easier to understand and accept the fact that we need to humanize our lives, to experience the unity, the humanity and the value of our existence so that we can then set about humanizing our welfare work, promoting and defending the rights of the human person, especially of those who suffer.

And I believe that if we bear in mind the negative aspects that we have just examined, especially the infantile and adolescent attitudes which we see in our Communities, we will also manage to see the reason for so many of our negative reactions in practice. I would like to invite you to meditate with me on what the General Chapter brought out quite forcefully:

1. We run the risk of losing the apostolic sense of our lives, of not feeling that we are living members of the Church. We are too closed-in in our own environments, in which we note a lack of evangelical poverty, because we live divorced from the 'daily reality of the poor' (Cfr DCGS II.2 Nos 5-7, No. 13 & 15).

I think you will agree with me when I say that it is impossible to fully live up to what our life signifies in the Church, with a genuine apostolic sense and essence, if at the root of it there lacks a mature personality, centred upon himself, centred upon his own specific vocation — which he accepts joyfully — which in turn is centred upon God.

"We lack the ability to communicate the spirit which we live, and what our apostolic mission signifies, and we lack an authentic type of assistance which centres around man to serve whose needs this assistance is provided with dignity and efficiency. Neither do we bring any influence to bear in the Church to promote and perform a worthy hospitaller pastoral ministry" (Cfr DCGS II, 2 No. 7,8, & 9).

If we really wish to recover the authentic meaning of our mission in society and in the Church, I think it is very important for us to ponder at

length on these words: "we find it difficult to involve the laity, volunteers and benefactors, in our spirit and in our mission as hospitallers" (DCGS II.A 2,9).

If we are objective and fair about it, we have to admit that without the co-operation of the 25,000 laymen who work alongside us, it would be impossible to carry out our present welfare work, and we would be forced to close the majority of our houses. And the assistance that we provide, and that everyone acknowledges to be efficient, would gradually be cut down because there are so few of us; and our professional skills are no longer exactly what the sick and needy are entitled to receive today.

We have a clear and solemn duty to fulfil ourselves as men and Religious, because this is the only way in which we can have a positive influence on the people who work with us. Without the co-operation of the laity today, we could not survive. Let us also remind ourselves that even the Church is appealing to the committed laity to take an active part in the apostolate, and theirs is also an authentic witness to Christ and the supreme dignity of the human person.

With this awareness and growth in the spiritual life, we can see that the layman who work with us are our co-workers, even in our apostolate and not merely in our work: they are not rivals who are trying to de-throne us.

The only man who is likely to be 'de-throned' is the man who feels unsure of himself, and unfulfilled, not the man who truly identifies with his mission, or who has fully grasped the fact that the mission is not a question of power, and that ministering to the sick man must not be a means of affirming one's own personal insecurity, but always the outward manifestation of one's own being and belief, and that alone.

We have to recognize the fact that one of the reasons why our lives are incapable of having a positive influence on the transmission of the values that make up our mission of charity is "the lack of a profound interior life, of fraternal communion and a failure to update our human, theological and professional training etc." (DCGS 2°, A II 5).

I think we all agree that we shall never manage to achieve a thorough renewal of our lives merely by increasing our theoretical knowledge, even though we cannot do without it. We shall only bring about change and renewal, and manage to communicate our spirit and the philosophy which animates our lives: as men dedicated to serve suffering mankind, if we continue growing in humanity and in faith.

✕ We must clearly understand that to fulfil ourselves it is not enough simply to become more mature psychologically, or in our affective relations, or to

try to humanize our work by making use of the latest technologies; what is indispensable is to couple human maturity with maturity in the faith. The major mark that is branded on our lives is that we have placed Christ at the very centre of our lives, and we have to be consistent and live up to it. We must learn to harmonize technologies, humanization and faith.

Unless we do manage to strike this evangelical balance in every aspect of our daily lives, we shall simply tilt them even more off balance — something that the General Chapter declared to be the root cause of all the problems that are besetting us.

In the full awareness of the enormous wealth of human and spiritual values that our Institute possesses in latent and potential form, I exhort you to earnestly set about putting into practice the most genuine charism that our Founder has handed down to us: a profound spirit of service on behalf of the needy. This is what it means to live in the most genuine spirit of the Gospel, and this is what will enable us to see a future for our Institute.

In view of our wonderful charism, that is more topical today than ever before, I once again exhort you to re-think our attitudes to the laity who work with us; let us view these persons, our brothers, in the light of the Gospel and the work of our Father, St. John of God.

Like us, the laity are also called to bear witness to Christ in the service of the needy, through their human dedication and their humanizing ministry.

CHAPTER TWO

HOW TO ENHANCE OUR HUMANIZATION POTENTIAL

In order to renew the humanization potential of our own personal and communities lives, it is not sufficient to have discovered the problems and the root cause of these problems. If we were simply to stop here, we would merely have carried out an analysis of the question, with the risk of having identified the things that are wrong in our lives, and hence become discouraged and feel a sense of guilt.

In order to renew ourselves profoundly, and become genuine witness of humanization, it is vital for us to rediscover the values that we possess: our personal values, the values in our communities, the values that strengthen us by virtue of having been given the charism of hospitality and the mission of charity through our service to the poor, the sick etc.

It is a source of consolation to me to be able to share with you all the wealth of values that our life holds within it. I cannot attempt to list them all, nor say everything that could be said about them. All I would like to do here is to depict what is within us, and what we are, to encourage us and to strengthen your hope; for there are times when it is necessary for us to rediscover within us the very reasons which lead us ahead and encourage us to continue along the path towards the fullness to which God is calling us; without this, there is the danger that we might easily become downhearted, and give up the attempt.

THE CENTRAL POSITION OF THE HUMAN PERSON

It is impossible for us to live our daily lives fully as men unless we are profoundly convinced that man, the human person, by virtue of being what he is and of God's plan of salvation for mankind, is the bearer of certain values which makes him an inviolable, sacred creature.

Just to show you that I am not over-stating my case, read the account of the creation of man:

"And God said, 'Let us make man in our own image and likeness . . . and God created man in His image; in the divine image He created him'"
(Gen 1, 26-27).

Ever since man first appeared on earth, mankind has been the bearer of the riches of the life of God Himself . . . man is the dwelling of God, 'the image of God'; man is called to make God present in the world, and to further the process of creation in the name of God Himself. Likewise, right from the very beginning, and even before creation itself, *"God chose us in Christ before the world began . . . and predestined us through Jesus Christ to be His adopted sons"* (Eph.1,4-5).

We can discover the wonderful dignity of the human person, and his profound potential, when we look at Christ, the Person of Jesus of Nazareth, *"God with us"* (Mt.1,23), and His life-style which offers us the most profound example of how to live as men among men; there, we can discover the intrinsic dignity of the human person. It is in Jesus Christ that we are called to discover what authentic humanization means, what *"becoming incarnate"* in the lives of our fellow man means, and what sharing our lives with them means. It is in Him that we are called to contemplate the boundless love which God professes towards man:

"God so loved the world, that He gave His only Son that whoever believes in Him . . . may have eternal life. God did not send His Son into the world to condemn the world, but that the world might be saved through Him" (Jn 3, 16-17).

There are some people who think that when we talk about becoming humanized, we are in some way trying to leave God out of things. Anyone who has any misgivings about what we mean by 'humanization' and everything that it stands for in the light of the example set by Jesus of Nazareth can now see quite clearly what this means, and how God Himself through Jesus Christ is inviting us all to feel our own humanity rehabilitated and saved . . . We must discover that our vocation as hospitallers is a call from God to re-habilitate and to tell mankind that human life has a meaning, that the human person has been placed by God at the very heart of the history of the world, and the very heart of the history of salvation.

On the basis of these simple statements of fact, we can see that our vocation as Brothers of St. John of God makes us co-workers with God in the process of humanization.

This vocation is not merely given to every Religious, but to every believer, every man. This is why we have to see what God is demanding of us, and see what means we have at our disposal to carry out the mission that the Church has entrusted to us in the name of God Himself.

That section of mankind on which God has called us to centre our lives is made up of people who experience the sadness of disease, loneliness,

poverty, lack of affection. These are the people whom God has entrusted to our care. And He is asking us to live with them, to serve them, to receive them into ourselves, into our own existence, to re-habilitate them, and help them to work towards their own liberation and salvation.

Our vocation is to live in a community, dedicating ourselves to the service of the people who are bereft of physical or mental health, and the things which enable man to live his life worthily; ministering to them not merely out of altruism, but as apostles. To do this, we have the example of Jesus Christ of Nazareth, and the even more immediate example of our Founder in whose life we see one certain way of co-operating in the process of man's salvation, redemption and re-habilitation.

It is obvious that we cannot perform our mission today in the way Jesus, or even St. John of God performed theirs. Both the world and the man have evolved since their time. But we are called to live according to the attitudes of Christ (Phil. 2,5) and the attitudes of our Holy Founder.

THE CENTRAL POSITION OF GOD IN OUR LIVES

This is the distinctive feature of Jesus Christ's attitude: He knew and felt that He was one with the Father, and he knew that he was deeply loved by Him.

It was on the basis of this experience of unity with God and the presence of God's love in His life that Jesus carried out His mission, feeling supported from within at every moment during His earthly life.

This was also the fundamental attitude of our own Founder, following his conversion. John of God discovered that God loved him. And he had an acute sense of the love of God through the mercy He showed him.

It was thanks to this experience that St. John of God practised mercy and charity towards all men, making him able to identify with them, re-habilitate them and communicate love to them.

Revealing God as merciful love with which He communicates the presence of Jesus to us, is the basis of our spirituality as Brothers of St. John of God. When we reach the point at which we are able to experience this merciful love of God in our innermost being, we feel that our lives have been re-habilitated, and we know and accept the fact that we have been saved by God. This salvation continues to develop within me throughout the whole of my existence, insofar as I accept it each and every day.

This experience of God who loves us and who endows us daily with the capacity to show merciful love to our fellow men and brothers strengthens the positive values of our own personality, and helps us to rightly esteem ourselves and accept ourselves, and to accept our shortcomings and weaknesses.

ACTUALLY EXPERIENCING THE PRESENCE OF CHRIST

The specific way in which we are called to show forth Christ is by manifesting His attitude of service to the needy, His love which cares for, liberates and does good to all men (Acts 10,38) . . . through the gestures by which He showed forth the merciful Love of the Father towards the poor, the sick, the hungry and sinners.

This means that Jesus equips us to be able to live according to His spirit, and He, who is present in all men, brings this about through His own presence in us as merciful love.

And just as Jesus was the Salvation of man through His life and His works, so he becomes Salvation within us and sends us out to be Salvation, bearing witness to this same Salvation that we have received. He requires us to be witnesses as He was, loving all men, and seeing in men the presence of Christ Himself: "*As often as you did it for one of the least of my brothers, you did it for me*" (Mt 25,40).

The first thought that comes to mind when one considers this need to centre our whole life on God, and to discover within us the presence of Christ as merciful love, is once again how important our life is to God, and the trust that He has placed in us. My whole attention is drawn to this attitude of trust that God has in men. He knows our poverty, our weakness; but He totally places His trust in us.

This faith that God has in us leads me to invite you to think deeply on the reasons we have to love our life and our vocation; it stimulates me to take seriously what being a person means to me, to take seriously and esteem what the human person is — one of my brothers, all men, and particularly the person of the Confrères in my own Community.

This way of acting in God urges me to discover the truth that ever since He chose me to be a Brother of St. John of God, to follow Christ in the footsteps of our Founder, and led me to my Community. He has been asking me to become aware of the richness of my brothers' lives, and to share with them the riches of my own life.

THE IMPORTANCE OF THE COMMUNITY

We have received our call from God through the Community, through the Order, and we perform our apostolic mission urged on by the same Community. We have not been given a private duty to perform. We have not been called to act in isolation. We have been called to share our lives with a group of persons who love their God-centred lives, who live His Love, and who dedicate themselves to serving their needy brethren in the name of the same God.

These thoughts bring back to my mind the words spoken at our Extraordinary General Chapter:

“Fraternal communities of faith, love and prayer are springing up, open to receive suffering man, serving him in evangelical simplicity, according to the gift they have received to bear witness to the saving presence of Christ and the Church” (DCGS III,1).

“The Brother of St. John of God who is immersed in Christ lives Christian and socio-cultural values with his confrères” (DCGS III,2).

In these few words, we can recognize the foundations upon which to base our lives. We can discover that it is only when our communities put fellowship into practice, confess the faith and communicate love in their normal daily round that we can really say that we are ‘Fatebenefratelli’; and to live in this fashion we have to rediscover ourselves, realize our own value, and accept ourselves in our dignity as persons. In order to “open up to suffering man, and serve him with evangelical simplicity” we need to cultivate our lives, develop them, and grow as men and as Religious.

It is impossible to perform a service of love which helps men to live, which re-habilitates them, unless we have experienced love, and practice it ourselves. We need to experience love as men, and we have to find it in our communities, and in the person of our Confrères.

To reach this stage, we need to establish a personal equilibrium within ourselves; we need to reach maturity so that we are able to attain the objectives which have been laid down for this triennium in the “Lifestyle” sector. These objectives are for people who are capable of living responsibly, of being autonomous, able to work together for the growth of the group. This growth has to be harmonious and total, and able to help us feel happy and fulfilled as men; to feel ‘balanced’ in our lives, because it is only if we manage to live happily and in a balanced fashion in our vocation that we shall be able to perform our mission with joy, and communicate hope and the desire to live.

At the same time, we also need to strengthen our life of faith and to confess it in our prayers, endeavouring to ensure that our prayer time is not divorced from the rest of our life, but rather that our life becomes an invitation to prayer, and prayer is ever-present throughout every moment of our lives.

It will help us to create a community atmosphere in which people feel fulfilled, and find their identity as Religious and Hospitallers, determined to overcome the influence of materialism, and to avoid lifestyles that tend towards a more comfortable existence and things which do not commit us . . . it will help us to live according to the authentic attitudes of evangelical poverty that invite us to practice simplicity, not only in the way we use things, but above all interior, personal simplicity; this will give us greater readiness, openness towards others, enabling us to become less inward-looking, to give up any kind of security, privilege, power or domination over people . . . For all these ways of living clash with the spirit of chastity which we are called upon to put into practice through serving others.

This attitude of service is something that we have to strengthen most particularly today. It is a vitally important value in the life of every person; but quite rightly, it is all the more important in the lives of people like ourselves who have been called to serve, and to save our brothers, as Jesus did (Cfr Mt.20, 28).

If we all do our utmost to live and act as genuine servants, as servants ministering to our brothers and our communities, they will truly become places in which we can re-charge after a tiring day's service, and feel renewed and refreshed when we once again take up our service to the needy, and share it with the laymen who work with us.

OUR COMMUNITIES AS A STIMULUS AND SUPPORT

If we manage to live our interpersonal relationships in this way, our communities will become a source of stimulation and support for each of their members.

a) Personal stimulation and support

There are times in all our lives when we find ourselves confronted by interior and environmental situations that are hard to tackle by our own unaided effort. We all have moments when our life seems to have no meaning, when God seems hidden away from us, far off . . . and we think that it is too much to pay to be a Religious, and that too much sacrifice is demanded of us.

If our communities manage to live according to the Gospel values of poverty and brotherhood, firmly based on particularly well-grounded human values, when these times come our way we shall be able to rediscover the stimulation we need to prevent us from losing heart when faced with the difficulties, and the support we need to be able to overcome them little by little. This encouragement and support may often come through the silent witness of our Confrères, or through the closeness of those who have a greater degree of intimacy with us.

More especially, we shall discover that our Confrères love us, and show it; and in this way they will help us to overcome these natural moments in every man's life when we feel most in need of affection.

If our Communities live the Gospel values of poverty and brotherhood, their members will never be afraid when they feel the need for affection, neither will they become closed-in within themselves, because they will know how to accept themselves with all their normal needs, and will not be ashamed to show that we are poor and weak . . . (God forbid that we should ever imagine that just because we are Religious we do not have to feel the needs that every other human person feels).

If we are mature as men, and as men consecrated to God, we shall feel capable of responding positively to these needs of our brothers without repression, and without compensation.

b) Stimulation and support in our apostolate.

If we manage to practice the attitude of service, openness and mutual understanding in our communities, this will help us and support us during the course of our normal work. We shall find that we are free when we serve the sick, and be capable of offering them a warm welcome and company.

If we live the attitude of service in our communities, we shall discover little by little that our brothers are not our rivals, they are not out to de-throne us, and that they do not under-rate us. We shall have the satisfaction of feeling appreciated and accepted for what we are, and we shall appreciate and accept our brothers for what they are.

If we manage to experience all this, it will become second nature to us when sharing our work, our mission, even with people who are not Religious, to discover them to be our companions, our friends . . . persons worthy of appreciation, and acceptance for what they are.

We shall view our collaborators as men who are worthy and needful (like us) of being appreciated, accepted, treated for what they are, in their dignity as persons. We shall not treat them according to the role they have to play, and we shall not try to compete with them.

If we manage to live the Gospel attitudes of poverty and brotherhood in our communities, when troubled times arrive because of the complicated structures in which we have to perform our mission, we shall all provide mutual support, one to the other. And above all, we shall all have the capacity of discernment, of self criticism.

When the members of our Communities feel mature as persons and as Religious, they will be able to sit down and talk, and jointly analyze the normal circumstances and difficulties of daily life . . . And they will help one another to review their personal attitudes, to jointly plan their apostolic activities, to see what God wills for them at each and every moment, and what He is inviting us to do in our place of work.

When Communities live in an evangelical attitude of poverty, they discover that the Religious, who has opted to intimate Christ, does not have a fixed abode, but has to go on walking, announcing at all times the transcendency of God and his own transcendency . . . And they will not get involved in apostolic works that are no longer a sign of the Kingdom, but they will find the energy to take the decision that best fits the circumstances . . . And some members will support the others to open up new paths along which to manifest our apostolate today, and to be in a constant attitude of heeding and discerning the signs of the times.

These are the main things that we are called upon to practice and to develop, basing our actions and attitudes on an authentic understanding of humanization in our personal and community lives as Brothers of St. John of God. These are the values which will help us to become genuine witnesses of humanization in the assistance which is provided to the needy, defending and promoting their human rights; these same values of our humanization will help us to experience more profound, authentic human relationships with our lay collaborators, and to promote and defend their rights as persons, not simply seeing them as workers, but for what they really are: our companions, committed like us to the human and humanizing service of the sick and needy. If we manage to see this, and if we welcome our collaborators with this attitude, we shall bear witness to what we understand by humanization. And we shall feel happy to offer them the possibility of developing their own qualities, particularly because we have discovered in them a person, a man in which God is present, just waiting for us to love Him.

PART THREE

**TOWARDS A COVENANT
WITH THE SICK**

THE HUMANIZED HOSPITAL

THE DISTINCTIVE FEATURES OF A HUMANIZED HOSPITAL

It is not my intention to analyze any technical methodology which might be applied to humanize the Hospital; even though this is an exciting topic, it would take up too much space. And so now that I have tried to analyze our human and spiritual attitudes to what it means to be a Brother of St. John of God — today — I should like to conclude by sharing with you a plea which may help us to move onwards together towards the humanized Hospital.

Humanizing the Hospital is not like decorating a house; it involves a radical overhaul of the structure of the house. To be less metaphorical for a moment: humanizing the Hospital is not simply adding something extra! Humanization is an action through which we have to re-think and re-direct our relations, communications, power and affective life in the Hospital, to ensure that these relations, these communications, these feelings and this power are geared to the interests of the sick, and to their welfare: the sick lie at the very heart of the humanized Hospital, so that they are able to receive not only scientific and technological answers to their problems, but a human response as well.

A Religious Hospital that is incapable of giving this response in full respect of freedom, truth and love is not living up to its name, and loses the right to be recognized as such.

The humanized Hospital is a “changed” Hospital, and must have the following features:

The humanized Hospital is completely outward-looking: it is an open, transparent Hospital. Everyone can feel free to go there, acknowledging its efficiency; everyone can see it, criticize it and can help it to enhance the service it provides.

Some Hospitals in our Order have already transformed their structures and attitudes along these lines. An outward-looking Hospital naturally gives rise to difficulties, at least at the beginning. It is no longer possible to play certain little games, concealing our laziness, our injustices, our shortcomings. An outward-looking Hospital can no longer sell the idea that it

does not have the time to look after the sick with the attention they deserve; it is dangerous to make out that the Religious has too much to do!

The humanized outward-looking, wide-open Hospital calls out to the sick, their relations and friends, the nurses, doctors, the local community, the local Church: not only to gain their approval and financial support, but above all to hear their suggestions, and to ensure that a wind of humanity is able to blow through the Hospital, to enable the Religious to breathe it, to see the joys and sufferings of this world without rose-coloured spectacles. This is not possible if the Hospital is inward-looking, a place of suffering and pain, resignation, a hell on earth, pure and simple. When the Religious sees humanity at work all around him, he is able to join in and allow his work to be guided by it.

It is not easy to open the Hospital in this way when our hearts are inward-looking, and when we see our patients' relations as enemies, and nuisances; it is not easy to overcome outward-looking, because we run the risk of seeing that the laity have far more humanity, love and devotion than ourselves. It is true that the parents and relations of our patients have few people to whom to outpour their love; yet it is equally true that mothers, fathers, relations and friends have a great deal to teach us about how to treat the sick. The outward-looking Hospital demands that the Religious have great mental and emotional capacity, the ability to learn not only from the patient but also from their relations, and be capable of a continual two-way educational process. The Religious in a humanized Hospital cannot let things go on regardless; either he must change, by developing his potential, or he will be crushed under the weight of his activities that he can no longer cope with, except in a purely routine fashion.

The humanized Hospital has its power structure very carefully mapped out, known to all and transparent in its every aspect (and this includes the Religious).

In such a Hospital, power is viewed as being a very important process, as a means of ensuring efficacy and efficiency, to best serve the needs of the sick. The Religious community in a Hospital that wishes to set about humanizing itself prescribes rules that lay down the methods and purposes of exercising power — everyone's power, including the sick themselves (for the Rights of the Sick), and not just the power wielded by the staff.

Once everyone's powers have been established, including the powers of the Community itself, these powers are made public knowledge. When power is used in an underhand manner or when it does not match the demands actually made upon those who wield it, it becomes a menace, or it is simply unproductive. When the Religious is in the Hospital he is the first to respect the rules of the game; he never uses his habit in order to lay claim

to powers that have not been allocated to him. Through his respectful attitude towards his own and others' powers, the Religious makes it plain to everyone around him that unless their roles and resources are carefully regulated and disciplined, the Hospital will not be able to function adequately. The power of the Brother in a humanized Hospital is to do his own work thoroughly, and to support the independence and the power of everyone else.

One of the features of the humanizing Hospitallers Brother is his trust and confidence in the secular staff: he sees them as people who also have a humanizing role to play. He therefore supports and backs them in everything they do, rather than trying to compete with them, as if they were on the other side of the fence. The Religious in the humanized and humanizing Hospital does not take up any role that he is not capable of performing; he does not try to prevent laymen from taking up their roles, even if this puts them in a position of great responsibility.

When the roles are very sharply distinguished in this way, it becomes much easier to find immediate solutions to cases of duplication, to prevent people in authority from being by-passed and to prevent meddling and undue interference in other people's spheres of competence. The power structure mapped out clearly in this way, tailored to meet the actual needs of the Hospital, is a very powerful means (not the end) of enabling all the staff to work in an orderly and consistent manner, in a calm and enlightened atmosphere in which everyone's authority and responsibilities are fully appreciated and acknowledged.

THE HUMANIZED HOSPITAL BELIEVES IN GROUP WORK

One of the distinctive features of the humanized Hospital is its encouragement of group work. The Father Superior, the nurses, the doctors, and the clerical staff all use this very effective method to enhance their work, and to keep their vocational skills up to date. In a humanized Hospital, people are not afraid of group meetings, or team work; indeed, they do everything they can to encourage it and extend it even more.

Group meetings are not held to water down responsibilities or to while away the time, but to exchange ideas, to learn from the others and take wiser decisions.

In a humanized Hospital, the Father Superior is not afraid to hear opinions that clash with his own ideas; he is not afraid of 'losing face' if the group comes forward with ideas on running the hospital that are different from, and better than, the views he cherishes. The Superior and the Community in a humanized Hospital believe in the people who work under the same roof, and do all they can to increase their trust and confidence in

them, and to foster the spirit of co-operation and team work. For this reason a humanized Hospital will have many meeting rooms, specially set up to provide the staff with a place for recreation, reading and meeting with their colleagues. There is a strong desire to communicate, to move forwards together, to provide mutual support because everyone is profoundly convinced that they are all there to humanize the Hospital. The Religious does not hold a monopoly over humanization; at most, he has the duty to foster and encourage everything that is likely to improve the therapeutic potential of the Hospital.

THE HUMANIZED HOSPITAL PROVIDES CONTINUAL FORMATION

Continual (or 'permanent') Formation is offered to everyone, particularly the Religious. *"We cannot embark on the new age without Continual Formation"*. A humanized Hospital can never be created unless Continual Formation is available for everyone, lay staff and Religious alike, as a permanent resource not only to keep up-to-date, but to ensure that everyone is in continual readiness to minister to the patients, to deal fairly with colleagues, and with their confrères. In a Hospital things become out-dated in no time at all: some experts maintain that without Continual Formation 90 per cent of the staff's technical knowledge, and human skills, become obsolete within 5 years.

I do not intend to dwell at length on models of 'Continual Formation' that are available in our respective countries. Every Hospital has to see what is there, but must act in conjunction with the other Works in the Order that have already introduced Continual Formation with a certain degree of success.

What I should like to stress is that young and old alike are called individually to develop, each at his own pace; everyone has a part to play in slowing down (our) human, professional and Religious ageing process.

It is vital for Religious, who have been called to live alongside the sick — people in need of receiving something — to avoid getting into a rut. They have to be 'fresh' even when they are 90 years old. If we fail to remain caring and attentive to people's needs, we shall fall short of our calling.

Today, science and technology can help us to learn how to learn, and to stave off cultural and interpersonal sclerosis.

Continual Formation certainly creates a number of difficulties in the early stages, but as time passes it makes us more human, more willing, and more Christian.

THE HUMANIZED HOSPITAL IS A 'HOME FROM HOME'

It is a Community which takes a serious approach to pain and suffering, which does not fear defeat, and which knows how to inspire hope. It is a place which becomes a hub around which the professional, affective and intellectual lives of the staff, the sick and their relations revolve. The Humanized Hospital is the "domus" in which men feel completely at home — in other words, accepted for what they are, with understanding. A place in which their most fundamental needs are met.

The old Preface of St. John of God stated that in our Order the sick should not only find a home (domum) but a hospitium pietatis — a home of merciful love. If the sick in our Hospitals merely find a 'house' — a roof, food to eat, therapy — but do not find merciful love, they remain outsiders, alien to human love, brotherhood, fellowship and the Christian message.

When any Brother tells me that there is no longer anything to do in the (so-called) modern hospitals, my answer is this: when the day dawns in which you have managed to provide the sick not only with a 'house' but also with a 'home', a 'hospitium pietatis', get out of the Hospital at once. Go out and evangelize somewhere else. But I am sure that our life-time is not long enough, however many years Our Lord has granted us, to transform any of our Hospitals into a 'hospitium pietatis'. Not our life-time, nor that of the generations to come. "*Hospes eram, et collegistis me*" — "*I was a stranger, and you took me in*". But if we merely offer technical assistance and board and lodging, without merciful love, we cannot claim to have offered hospitality to the Man, Christ; that is not what it means to offer bread, healing and salvation to those who are sick, needy or threatened.

A French book on Hospitals has this to say: "*The main purpose of a hospital is to provide the patients with a sense of well-being. But this is not all . . . the hospital is also given the mission of helping the staff to achieve self-fulfilment . . . men do not only produce goods and services: they also produce themselves. If there is a lack of unity and solidarity, it not only affects the quality of what the hospital produces, it also downgrades the professional environment of the people working in it*".

My dear Confrères, how can we make sure that the sick are offered this 'hospitium pietatis' unless we work together as a team, unless we support and 'take in' our neighbour in the Hospital — and by this I am referring to our collaborators. How can we guarantee the well-being (psychological, biological, social and spiritual) of people, unless we love ourselves and our collaborators? How can we keep the therapeutic standards and the humanity of the Hospital high, if we are constantly at war with our collaborators, if we try to keep them under our thumb, or if we fail to realize that they also need to fulfil themselves, and to grow? We need their co-operation and support;

we need their humanity. Who is there, but the Religious, to care for the needs of our collaborators, to help them to better minister to our patients? Our collaborators are not just professionals; they are men and women with their own spirituality and humanity. And very often they out-do us in both humanity and spirituality. But instead of using these means as a source of enrichment, we stand back and avoid it: sometimes we isolate the best people, afraid that we shall reveal our own ignorance. The mature man is one who knows how to admit to ignorance; only a strong man can admit to his weakness.

How often have I heard our Brothers complaining about the problems and quarrels with some lay staff member or other; but how infrequently have I heard them speak about the patients, and their keenness to do more and more to help them!

Being with the sick is the primary duty that our mission enjoins on us. Our primary duty is to personalize every major event in their life. It is to inscribe in our hearts the fundamental rights of the sick, much more than setting them down on paper. Understanding the sick and personalizing relationships with them is not only human, it is also therapeutic. Our Communities and Hospitals have failed to venture very far to explore the world of the sick person's needs.

The Religious Brother's second fundamental duty is to offer structures and personnel (collaborators) that are effective, efficient and humanizing. How much time do we actually spend helping our collaborators to benefit from Continual Formation? To carry out their work properly? And so our 'neighbour' also includes our collaborators: we have to be attentive to them, listen to them, encourage them and set them an example, loving them as brothers who share our work of making men whole. It is not necessary for our laymen to be believers, or claim to believe. All that is required is that they should respect our life's mission, and marshall all their efforts to guarantee our patients their right to health, and to respect. If we set a good example by showing interest and concern in our collaborators and patients, and if our life-style is truly Christian, then our collaborators cannot fail to bring their life and work into line with us, even if they treat us with diffidence and even hostility. Do you think that the Christian has chosen a life without suffering, pain or misunderstandings? Or has he perhaps forgotten that his mission involves upsets, inconvenience and being contradicted?

A humanized Hospital is impossible to create unless we couple our personal humanization and conversion with the desire to have adult, friendly and loving relationships with our co-workers. If we view them as intruders, or outsiders we have to take steps at once to 'take them in' and guide them towards the central interest around which our day-to-day work revolves: the health of our patients. We must never forget that the only way

to assure the wellbeing of our sick is for all of the hospital staff to share the same cultural, human and environmental wellbeing themselves.

HUMANIZING THE HOSPITAL: AN ACT OF JUSTICE OR CHARITY?

Jesus offered the example of the Good Samaritan as an example of love and charity to our neighbour.

What the Samaritan did was an act of **Humanitas**: it was a philanthropic deed, but there was more to it than just that. The Samaritan did everything quite freely, moved by a certain spirit, not by any law. None of the great saints who devoted themselves to caring for people's social needs, moved by spiritual, moral and Christian principles (which man will always need to prevent himself from back-sliding towards the law of the jungle again) waited until laws were passed on the respect due to their neighbours; they pre-empted the law with their charity and their hearts. St. John of God's charity and piety not only bridged the terrifying shortcomings that were ignored by the countries who were far more concerned about waging war, but he goaded governments and people alike into dealing with human health and poverty.

Charity always precedes and guides justice.

It cannot be governed by rules; it demands an interior attitude in addition to external activities; it is freely-given, not acting spitefully towards the privileged, but lovingly towards the disinherited.

The Samaritan acted out of love for the man who came down from Jerusalem. unseen by anyone else, in an attitude of complete disinterest. Love cannot be bought and sold; it is one of the incorruptible qualities of life.

Governments are doing a great deal to protect people's health today. But despite the tremendous scientific, economic, organizational and technological progress that is being made, people in every country complain that the hospitals' focus of attention is often directed away from what should be at the heart of their work — **MAN** — towards secondary concerns, namely, man's physical and biological side. Today, the *antica pietas* which used to exist in former times between the hospital workers and their patients is in a state of crisis, and people everywhere are crying out for it to be restored. It is paradoxical, but true, that at a time in which illnesses are being treated better, man is being treated worse.

But that is not all: contemporary society is creating new illnesses, new forms of dependence (on drugs, on objects, etc.).

And a very odd thing is happening. Whereas technological and scientific achievements build up as the centuries pass, human behaviour is in a constant state of flux. The good and evil that man does not only depend on the good or evil done by earlier generations, but above all on man's goodwill or ill-will. Truth, freedom, love and the capacity to do good are not inherited: they are always personal achievements.

This is why whatever man does always falls short of the ideal. Since love is boundless, we can never expect to out-do the commandment to love one another, but we must constantly direct our efforts to draw closer to it.

When we talk about Humanization, it does not mean having to place love — *Humanitas* — alongside our hospitality; we have to realize that our hospitality comprises everything that lies within the scope of our mission. This means that we have to 'take in' anyone who is afflicted and beset with troubles, in addition to being in need of food and medicine. Humanization finds its most natural and genuine place with the Charism of hospitality; it is therefore one of those 'extras', or rather those 'other things' we mentioned earlier, that make our Hospitals not only places for the sick, hostels or offices, but a 'homely' place where affection reigns, and where mortal, spiritual and supernatural needs are satisfied in addition to psychological and social requirements.

Humanizing a Hospital means pulling it closer to the spirit of our Founder; it is something that enters into us and our works, not something that is tacked on. When a Hospital fails to provide appropriate benefits of science and technology, it offends against law and justice, as well as against man. If a Hospital is not hospitable, and does not possess *humanitas*, it offends against justice and charity at one and the same time.

And so we commit a grave sin when we merely restrict our work to keeping the patient in care (the function of the prison) or dealing with him efficiently (the function of corporate managers) in our hospitals, which are often funded by the civil authorities, who also provide them with all their physical and technical needs. A grave sin against justice and charity.

Our duty is to ensure that the patient is treated with justice, and that every skill is devoted to healing him. But it is also our duty — above and beyond all human laws — to respect suffering man's sacrosanct right to respect, dedication, love, understanding, transparency and solidarity, following the example of St. John of God. It is for the sake of man that we have to enliven our enthusiasm, not to gain power or earn diplomas: sometimes we get all enthusiastic about things, and then cool off as far as people are concerned. We have to offer man bread, but we also have to offer him our person. So if you ask me whether Humanization is an act of justice or of charity, I will answer unhesitatingly, "*Both*".

It is an act of justice, because through Humanization we respect the rights of man enshrined in man-made laws; it is an act of charity, because we respect the need for personal attention which no law is able to regulate and impose on us. Loving charity can fill up all the gaps where man's needs are not yet covered by human rights, and it can signpost and pave the way for justice. Charity is therefore a much more effective means of ensuring justice than any reform or social revolution.

The commandment to love God and all men serves as a reminder to men, and leads their thoughts and deeds towards justice.

And on the subject of charity, we should remember that St. John of God followed the teaching of St. Paul to the very letter, and was firmly convinced that it is simply not enough to practise good works and observe the law: he did not wait for the advent of that social justice that the Christian must desire and bring about (*charity . . . does not revel in injustice*”).

Our revolution, as followers of Jesus, is a revolution of the heart, taking the side of the poor, the alienated and the suffering: as Pope John Paul II has said, our revolution has to be construed in the light of the Gospel, *“without yielding to socio-political radicalism which, sooner or later, turns out to be inopportune, and produces effects that clash with those one desires, and generates new forms of oppression”*.

My dear brothers, we see so much injustice in our works in the Third World and Latin America! Sometimes we seem to be doing so little, to be caught up with our own apostolate, and we feel the urge to change things more directly and forcefully, not to say violently, when we see man's violence to man being perpetrated for so many centuries.

In those countries, there is a strong urge to stand shoulder to shoulder with the poor and fight against the rich and the unjust. This is certainly not a blameworthy tension, by any means. Let us keep this drive alive in us: but let us never forget that when we consecrated ourselves to God and man, we made the choice of combating evil with good, of bearing witness to and communicating with our sick, with those who draw near to us; let us never forget that man is sacred, that man's humanity is the value we treasure, and that man has to become free, true and loving. If we give back to those who suffer grave injustice the sense of their own personal dignity, their rights as human persons, their sacred character, the poor and oppressed will become inwardly rich and will no longer stand for any kind of oppression, and in time they will become the craftsmen of their own authentic liberation. For no authentic liberation can be delegated to others by proxy. We are already acting as revolutionaries when we make the sacred character of man shine forth, loving and out of love, in the people we minister to in our Hospitals. Jesus did not spark off any revolutions against slavery, or embark on military crusades. But the apparent 'inactivity' of the

early Christians gave slavery one of the most violent jolts that it has ever received in the history of mankind.

Our crusade in countries with a high level of social injustice is to enhance our charitable works: they should not stand in for, or postpone, the process of injustice, but pre-empt it, anticipate it, urge it onwards. A poor, weak man being cared for by another man needs to be treated as a man. A poor man being treated like a baby, is being morally raped by our sadism, which can very subtly happen in our desire to help the poorest of the poor.

It is such a subtle pleasure we feel when we help the poor, the third world, feeling so strong at the expense of the weakness and ignorance of others! Indeed, true sadism means thinking that others are so weak, so small, that they cannot stand up for themselves, or even learn to defend themselves. This enslaves them to our power and goodness. We enslave these people, or at least we hardly do anything to help them to wield their own power and glory in their own greatness.

It is our lust for power that belittles people in this way, apparently out of benevolence towards them. But our duty is to raise men up — high up: to tell them that their duty and right is to stay aloft, and to face all men without feeling inferior to anyone.

We are called to be prophets and, if necessary, martyrs, like our Founder: not to bear arms and fight. Our lives in those countries (and elsewhere too) must reveal the sense that has to be given to human existence.

This is the programme of life which St. John of God has given us: he did not kill the unjust rulers of his day. He did not embark on crusades after his conversion; he did not struggle with hatred in his heart, but he wrought physical and moral salvation with the aid of his successors to millions of persons, forcing the mighty to see that it was right, just and sacrosanct to enable everyone to enjoy their right to good health, rich and poor alike.

Because of our attitude, and our conviction that has to transfigure us and our works, and because of our Order that follows closely in the footsteps of the Good Samaritan, we should like all our patients to be able to echo the words of Hezekiah on being rescued from death: "*my spirit is restored to life . . . you have given me health and life; you have preserved my life from the pit of destruction*" (Is 13, 16-17). May they be able to echo these words even though they may not have been restored to bodily health, for reasons known only to Our Lord; and may they echo them because they have been cared for by the Brothers of St. John of God: for the spiritual comfort they have received, rather than mere assistance and our sharing in their fate.

CHAPTER TWO

A NEW ROLE FOR OUR BROTHERS

In these concluding words, I should like to tell you what I feel about the road that lies ahead of us to practise our charism of Hospitality.

Discussing our charism, I have been trying to show you how much we fail in our relations with the sick, our lay colleagues, the patients' relatives, the laity in general, and ourselves.

So many areas of human concern are ignored by medicine: the problems of day-to-day existence, both moral and spiritual, that no-one bothers about, even though they often play an important part in the patient's sickness and physical suffering. And this is despite the fact that these very problems are always more keenly felt when a person is in Hospital, and can delay the healing process.

Of course, the patient's day-to-day problems are often forbidden entry into the hospitals of the Hospitaller Order of St. John of God! Just as the problems connected with the patient's death may fail to find a willing listener: the problem of death is another enthralling problem that is changing the Hospital, and that demands our utmost concern.

The highly industrialized society caters for a great many human needs, but it also creates new groups of alienated people. And this is where we, Hospitaller Brothers, come into the picture, faced with the sick man, who has lost his wellbeing, his health, and is exposed to alienation, because understanding and love are not the kinds of commodities that the industrialized society normally bothers about.

But to provide understanding and love to the suffering and needy, we have to believe, without being afraid to love and be loved, or to misunderstood; we have to be creative. There is no love without creativity; without creativity we cannot give love, either! This is a truth that we have to repeat over and over again in our hearts, throughout our lives.

There can be no genuine health or wellbeing, unless the sick man is able to enjoy meaningful personal relationships, full of empathy and love. But there can be no such love if we Religious are alienated, and if our Community is alienated, and if our collaborators are alienated from us:

When we no longer believe in the power of love — that is to say, when we no longer believe in the Gospel, our Founder, and in ourselves — we become alienated.

In today's de-humanized society, our Hospitals fail to offer Humanitas to the sick, not because they are short of material resources, but because we Religious have stifled too many ideals, and because Christians in general have followed suit.

We have to play our part in human history by making our ideals shine out, for they are ideals that will never fade. We must play our part in history by becoming filled with humanity. We have to share in the hopes and the disappointments of mankind. The world has always needed Religious, and will always continue to need them; but it needs Religious who are not alienated, not stricken with fear, not opposed to change, not passive. It needs Religious who are filled to overflowing with that freedom which springs from their faith. A freedom which does not bind them to one particular role, but which gives them the capacity to be prophets, and to constantly wonder at man and at life. A great scientist has said that the man who is no longer able to wonder, or to feel amazement, is as good as dead: his eyes dulled.

How true this insight is! Just as it is true that we become de-humanized when we fully identify with our role, and when we become completely immune to people, to the patients, to our colleagues and to the local Church. The Religious becomes de-humanizing when he is completely tied up in role-playing: each one of us runs this fatal risk at one time or another. Instead of doing what we can to improve our relations with the sick, making them more genuine and authentic, we use our role to hide our personalities, which we have crushed and cast aside. If we become over-involved in role-playing, we become prisoners, captives . . . and we can hardly hope to captivate others.

How many Religious have struggled and fought to defend their role instead of expanding their own personality, to offer the sick a little humanity, attention and love! How many Religious feel that they are being condemned to death when they have to leave active duty! This goes to show that we have failed to find our real place — at the service of man, not of power, duty or authority.

Let us never tire of repeating this truth to ourselves: the sick certainly do need competent people in the appropriate roles, but what they expect from us is the presence of a living human being above all, full of hope, and particularly when they are beyond hope of a cure. Anyone who comes to our Hospitals and fails to find humanity, falls victim to our treachery.

We are lifeless and traitors when we go into the wards in the morning, and

talk about our sick as if they were so many numbers, and when we say that we have so many admissions, so many to discharge, that a new man has been admitted, or that we have to give so many injections. We must find the courage to stop going into the ward any more: for we have become mere robots. We are no longer moved to compassion, we can no longer experience joy, we no longer joke or identify with the sick. We have become immune, and have lost the most beautiful part of ourselves — our own person, our feelings. Perhaps we try to tell ourselves that we have reached a high level of personal/professional maturity, because we are able to take everything into our stride, even death; we feel superior, and we expect the patients to behave themselves, and not to be too demanding on us, and not to dare to think of themselves and think that they are somehow unique, or special cases deserving of special attention from us. And if the ward requires us all to be equal, we manage to create the most pitiless and subtle form of dictatorship, without even realizing it. This is no exaggeration: every dictator, whether known or unknown, great or small, is convinced that everyone needs the same things, and so once they have them, why should they ask for more?

But what does the patient really lack? He has his bed, doctors, medicine and food; what more could he possibly want? What has he to complain about? Naturally he suffers pain, but he has to learn to live with it . . . If only we knew how much pain he has to put up with from us!

If only we knew how much suffering we sow when we are immune to our patients, when our eyes no longer shine! Is it not natural for these Religious who are tied to their roles, and who have become immune in this way, to start wondering "*what is the point of staying here any longer? Would it not be more worthwhile to take up some other form of the apostolate and fulfill ourselves better?*" Apart from the fact that we are our house and our Hospital, one thing is certain: we shall never become saints without a change of life. But this is much more than changing our nationality or our patients. We all know that if we are in the Hospital to "*struggle with God against disease*" (Teilhard de Chardin), we have to combat evil wherever we find it, and whatever it may be, physical, psychological, moral, existential or spiritual. And if we find that our collaborators are falling short of their duty, we have to struggle until they do what is expected of them. The real evil is the failure to struggle to improve ourselves and our Community. Only by doing this shall we manage to improve the way our work is organized, and to enhance the efficiency and the efficacy of our Hospitals.

What more is there to be said, apart from the fact that the Religious shows his hospitality by being with the patient, by acknowledging him for what he is, defending him from the attacks he is inevitably subjected to when he enters Hospital; when he gives him his due sense of dignity by offering him this time, in addition to food, medicine, a bed and a roof?

Who are the people we become fond of? A writer has given this answer, *"the man who devotes his time to us"*. Let us add to this, *"the man who devotes his time to us, and has a friendly, caring and willing attitude towards us"*.

The Brother of St. John of God also exercises hospitality when he carries out his duty by enabling the hospital and the people working in it to offer the maximum humanity, technical skills and attention to the patients.

Let me repeat once again, that to care properly for our sick we have to be fully at one with ourselves, with God and with our confrères.

The renewal that all of us are engaged in must lead us to bring about this far-reaching transformation which involves above all a change of heart, although this in itself is not enough. *"You are worth as much as your heart is worth"* said Pope John Paul on his pastoral visit to Paris. *"The whole history of mankind is the history of the need to love and be loved"*. How much are we worth? We can never answer this question of course, but we can say that every one of us has to concentrate on re-educating our hearts. Let us imagine for one moment that man has learned how to love, and that the heart has defeated selfishness, power and cold calculation, as a superficial glance at the world of today's young people might tempt us to believe.

There is still so much violence, made all the more serious by the subtlety with which it is wrought; so much alienation, social illness, and so many millions of starving men and women just because the heart has not yet won the battle! Our heart, which is afraid to love, needs a long period of rehabilitation and re-education, because it has lost the habit of loving: it is afraid of God. And so our heart is afraid to look in the direction of our neighbour. It is a gift of God to have a heart dedicated to love, and it is something that we have to possess, for we are consecrated to long service. It is, as I have said, a dangerous and lengthy matter to have a heart dedicated to love: one cannot love someone else, unless one first loves oneself, and one cannot love oneself without loving others. Our hearts can be protected by a fairly thick shell, but we have to break out of it if we really want to call ourselves Christians and truly serve the sick.

"I shall remove your heart of stone, and give you a heart of flesh", said the prophet Ezekiel. Only God can remove our heart of stone, but only if we really want Him to. Remember this: we can always say 'no' to God.

If we say 'yes', we have to educate ourselves, and keep our hearts new and young all the time: hearts that are the very centre of our spiritual lives. A Religious, a Confrère, educates himself by educating his heart, first and foremost. Are we truly convinced that in the Hospital we are exposed to the

risk of our hearts becoming immune and stoney? All of us are. So what can we do to stave off the threat of routine and habit? A Religious undertaking renewal to become humanizing, and hence truly hospitable, pauses to reflect on the reasons why his heart has turned to stone, or he discusses it with the community, his friends or his collaborators. He turns his thoughts to God, to St. John of God, and to his fellow Religious; he takes courses, he is constantly searching by reading and discussing; he plans his holidays intelligently, going to see the Hospitals that are undergoing Humanization (within and outside the Order). The Religious undergoing Humanization learns to listen to the sick, lending his ear to him and to the human sciences. A Religious who wishes to become humanized in order to humanize others is not afraid of anything new; he fears fads and fashions, but he has a great respect for himself, for his own person. It is not possible to love others more than oneself.

The fullness of humanity becomes the temple of the divine, by analogy with the person of Christ.

To love oneself, one has to break away from selfish narcissism or spiritual masochism (which is only another side of narcissism); one has to set about becoming another person with our own, others' and God's aid.

We have to take our own decision to become persons, and not colourless characters out of a history book. Becoming persons means considering our desires and our dreams and aspirations, and admitting our real greatness and limitations.

And it means being afraid of only one thing: the fear of committing wrong.

Every man has the right and duty to become a person, with a heart of flesh and a passion for his neighbour.

This has absolutely nothing to do with sentimentality. We can start to work for recognition and self-recognition at any age. Beyond fear and guilt, albeit accepting the risks and possibilities, the Religious who is undergoing renewal places an exciting prospect before him: his growth, his expansion, the broadening of his heart and his intelligence. The Religious undergoing renewal sooner or later realizes that he does not have to show off the interior wealth within him: it comes out on its own, without words, without fuss, without forcing anyone's hand. His neighbours, and particularly the sick, wholeheartedly welcome this change. Their hearts will feel something welling up that will lead them to speak their mind, question us, and enjoy our presence with them.

The Religious who does not make interior progress will never be able to create anything attractive and appealing; he may be appointed to posts of great responsibility, but because he has shied away from the tiring uphill path towards his own Humanization to fulfil himself as a person, he can never have that overall view of persons and things that is only granted to those who continue upwards to reach their goal.

It is therefore quite obvious that he can never describe these horizons to the sick, or to his neighbour, because he has never seen them himself. The first major duty of the Religious is to become a man, a person. Our mission to enlarge our 'domus' to cater for the needs of man necessarily requires an enlargement of our hearts and our whole being, in addition to our knowledge, through education and experience.

Only then shall we be certain that we are truly living our faith. Because *"we believe(d) in love"* (1 Jn 4).

When a Religious working in the nursing profession is faced with suffering, and tries to dispel his distress and establish a more solid base on which to build his physical and psychological welfare, his skills and self-awareness make him an instrument of the Spirit: the evangelizing action of Christ continues to operate through him, 'doing good' and healing".

It is not a question of becoming more efficient, or undertaking new activities, but rather of being present in a new individual manner, based solely on faith. Everything here is a question of faith, and the new meaning that this faith attributes to human behaviour. Without the faith, the most altruistic professional work, full of self-giving, performed by a Religious is no different from what anyone else might do, including unbelievers. Indeed, there are many atheists who burn up all their energies serving the sick, even sacrificing their lives to defend the poorest of the poor, running all manner of risks in the cause of human rights. Religious have a particular distinguishing feature: first, they link these activities to the mystery of Jesus Christ, in whose name they perform them, and secondly, they do everything for the kingdom of God which will reach its fullness over and above the fullness of our earthly lives. And it is faith which inspires this attitude.

If faith is so important to 'following Christ', it is vital to make sure that it remains vigorously alive. Traditionally this duty has been ascribed to the Community as such. Before Religious fellowship becomes a sharing of goods and charisms, it is a community faith. This is something that tends to be overlooked in discussions on community living. We said earlier that the world of health-care stands at the crossroads of unbelief, where doubts may erode the faith of the Religious who operate in the nursing profession. We might now add the fact that they will not be able to withstand the doubts if they are not provided with places in which they can declare their faith and

nature it in a way that is not pure pious sentiment. If there is one section of the Church that needs to approach the faith with intelligence and not only with sentiment, it is precisely the people whose daily work brings them into direct contact with life, sickness and death. As we have seen, the faithfulness of the Church to the path laid out by Jesus is at stake.

By mysteriously partaking in God's struggle against death and in the defence of life, these Christians rediscover the presence of God's love in a human heart and in human deeds (Jesus'), and in the compassion for man from which the whole Gospel springs. These people naturally have to believe. And their faith must be genuine.

"Man is called to experience with God the sufferings which the world inflicts on Him . . . This is what metanoia means: not having the primary idea of being involved in the life of Jesus Christ, and in the Messianic event (. . .). When we have completely given up the idea of becoming someone, . . . we can then fully entrust ourselves into the hands of GOD, taking seriously not our own sufferings, but the sufferings of God in the world; keeping watch with Christ in Gethsemani. This is what I understand by faith, by metanoia; this is the way one becomes a man, and a Christian" (D. Bonhoeffer).

And this is the way to truly live then *"it is I on the path of my gospel"*.

CONCLUSION

**THE NEW COVENANT
WITH THE SICK**

The main purpose of this paper on Humanization was to remind our Brothers of one specific duty: to boldly set about changing their personal and professional lives, and their structures, in order to rebuild a new covenant with suffering man.

I should just like to repeat two things: 1) far-reaching changes have to be made within the Order and within our Community; 2) Humanizing the Hospital is an act of charity, and of justice. It is an act which we owe to the sick today, whether they are rich or poor. If we can learn to stand by the sick every day, to take the part of man in flesh and blood (in addition to all the other professionals who hover around him) our Hospital will become a great hospitable Community, in the fullest sense of the word.

Humanizing the Hospital certainly involves overhauling the structures. Above all it means changing our relationship with the hospital staff, visiting relatives and the sick themselves.

We have to learn to take on our own humanity, so that we can offer it to the sick and identify our lack of humanity so that we can contain it, and reduce it with the aid of a life of prayer, study and continual formation, which — I repeat — not only has to do with what we KNOW, but with what we ARE.

What we should concentrate on is earnestly trying to strike up a new relationship with our patients, to place them at the very centre of the Hospital, and make them the centre of the attention of everyone who works in it. It might seem trivial to say this, and to maintain that the sick occupy the central place in the Hospital, but I am quite sure that in many of our Hospitals this central position is somewhat neglected. If this should be so, we should never allow ourselves to sleep with a clear conscience until we put the sick back where they belong, the place that St. John of God staked out for them. As his followers, we should boldly set about breaking cherished habits and ill-conceived customs; we can and must renew our long-standing covenant with the people who turn to us every day, in the knowledge that they can find that central position in our Hospitals, which is so hard to find anywhere else.

The Hospital can only be humanized to the extent that we are humanized. There is no miracle cure on sale anywhere in the world that will humanize the hospital for us! While it is true that the Humanized Hospital is a different Hospital from all the others, radically different as far as communication, the exercise of power, decision-making, and affectivity etc. are concerned, it is equally true to say that in order to become different and to change, it needs people who are changed. It needs, in particular, Religious who are mature or determined to become mature, and a resourceful community which is always in readiness to grow in humanity and spirituality.

How can we become more mature in terms of our affectivity, if we are unable to become more human and more humanizing without this increased humanity, stability and affectivity?

There does not exist any one path that is suitable for everyone; and so this question requires several answers if we are to come to grips with humanization — a sphere that we are so committed to, and which is so important for our patients, for our Hospitals and for the relationships we have with our colleagues in the hospital and the outside world.

One possibility, as I see it, is to become as outward-looking as we possibly can, towards the world, towards the laity who live and work with us in the Hospital, and towards their families; but we should never allow these friendships to take the place of our fundamental friendship among ourselves, with our Communities, and with God.

And let us open outwards towards the other Religious Orders, to our own relations and to the sick, without using them or allowing ourselves to be used for any other purpose save those to which we have dedicated our lives. Loving our neighbours and allowing ourselves to be loved: this is the exercise which is indispensable — and harder than it might seem at first sight — if we really wish to enhance our humanity.

“Christians who care for the sick, particularly the Religious, are among the main workers on behalf of the Gospel. These have the particular duty of ensuring that the Church of God is in constant harmony with the evangelizing path begun in Jesus and perpetrated by the early Christian community. Thanks to them, the Good News takes root in the midst of poverty and human hopes, which is its privileged place. Without them, and without those who have first-hand experience of poverty, the Gospel might run the risk of becoming something wonderful, but lose its impact on the contemporary world — an abstract religion worshipping a distant God, but no longer a Saviour.

It is interesting to see how the Church has always given a special status (as deacons and deaconesses in institutes specially created for their work) to

men and women who try to bring the Gospel down to sorrows and sufferings of mankind, and how she has never ceased to exhort the bishops to be extremely vigilant in their regard, If the term 'praxis' has not been so frequently misused and never been devalued, we might say that the Christians who work in the field of health care in the name of the Gospel provide that nucleus of "praxis" without which the Good News would simply remain pure theory. Here again, the Christian tradition, prompted by the Spirit of God, and with different interpretations from one age to another, has always attributed great honour to the service known as 'corporal works of mercy'. She has always seen this mercy as the sacramentum of the Salvation of God" (by J.M.R. TILLARD O.P.).

And Jesus said:

"Go and do likewise" (Lk, 10, 37).

**. . . from the final Declaration
adopted at the Rome meeting
of the Provincial Fathers**

(26 January - 4 February 1981)

We, the Provincials and Vice Provincials of the Order, having spent several days' reflection with the Father General and his Council, thinking, working, and praying together, are aware that the renewal process in the Order has now reached an important turning point, and that it is necessary to unite everyone's efforts and ideas in order to attain the objectives that the Church and more specifically the Extraordinary General Chapter, have indicated.

Urged on by the Spirit to perform our mission at the service of our brethren in tangible form, we have jointly taken upon ourselves the whole problem of our Order and the basic directions along which our charism and ends have to be expressed — overlooking the bounds of individual Provinces — with an initial practical awareness that we share joint responsibility for animating and directing the Order in communion with the Father General and his Council.

We realize that this is only the first step towards that sense of collegiality which has been so insistently urged on us in the 9th objective of the Extraordinary General Chapter. We know that it is not easy to break with ingrained and long-standing ways of expressing authority. Nevertheless, we are convinced that the unity of the Order demands that each of us, as full members, must do everything to ensure that we bear genuine witness to fellowship, expressed in terms of personal behaviour and solidarity and co-responsibility between the Provinces, Communities and our confrères, and the Central Government of the Order.

We concentrated particularly on the following topics: review of the Plan of the Extraordinary General Chapter, and the study of the preliminary draft of a document on humanization, presented by the Father General and director of the members of the Order.

HUMANIZATION — A UNIFYING BOND

Our meeting restated its hope in, and commitment to, the continual renewal of the Order. We are convinced that it can only be carried out if every single member of the Institute lives in a continual attitude of heeding the needs that arise as a result of our consecration to God as Hospitaller

Brothers and if we try to translate this attitude into a concrete response to the hopes which the Church and Society place in us.

Considering that the world is going through an important period in its history, in which fundamental personal values are being both demanded and crushed, we hereby undertake a definite commitment as the concrete expression of the charism of the Order, to defend and promote forthwith the respect due to the dignity of man.

This has made us firmly convinced that humanization, in the sense it acquired in the person of Jesus of Nazareth, is the unifying and integrating bond that will help us to put the renewal process into practice, in the moment of history through which we are passing.

THE DOCUMENT OF HUMANIZATION

Convinced of the importance of humanization, and the need to ensure that it is understood and practised throughout the Order according to certain well-defined human criteria, we, the brothers attending this Meeting, have welcomed the Fr. General's preliminary draft of his document with great trust. Having reflected privately and in groups on the contents of the document, we hereby call on the Brothers of the Order:

- a) to welcome it as an expression of our own thoughts, and of our attachment to the Fr. General and his Council;
- b) to accept it, in its final redrafted version, as the practical expression of the Order's renewal process;
- c) to study it personally and in the communities, to identify its contents and to put it enthusiastically into practice in their daily lives.

In conclusion, we hereby declare our whole-hearted solidarity with each and every one of our Brothers, and with them, all of the professionals who share our mission of charity, and in particular, with the suffering and the hopes of the sick, and needy whoever they may be, to whom we devote our service in the name of the Church and of Christ, animated by the same spirit as our Founder, St. John of God.

**Pierluigi Marchesi O.H.,
Father General.**

**Narciso Petrillo O.H.,
Secretary.**

Rome, 4 February 1981.

INDEX

— Letter addressed to the persons attending the Study Meeting in Rome	1
— Foreword: the underlying purpose of this document	5
 Part One	
HUMANIZATION — A MISSION THAT WILL NOT WAIT	11
 Chapter One	
The central place of man	13
The human person in the humanization process	13
A de-humanizing culture	15
 Chapter Two	
Who are the sick?	19
 Chapter Three	
The de-humanized Hospital	25
Prison versus business enterprise	25
 Chapter Four	
Our mission: to make sure we do not pass man by	31
 Part Two	
WE MUST BECOME FULLY HUMAN IN ORDER TO HUMANIZE OTHERS	37
 Chapter One	
Our environment as a source of encouragement to us	41
Our 'life-style' leaves much to be desired	42
A number of ways in which affective/emotional immaturity is manifested	44
Signs of a lack of maturity in the faith	48
Repercussions on our apostolate	49

Cont . . .

Chapter Two	
How to enhance our humanization potential	53
The central position of the human person	53
The central position of God in our lives	55
Actually experiencing the presence of Christ	56
The importance of the community	57
Our communities as a stimulus and support	58

Part Three

TOWARDS A COVENANT WITH THE SICK	61
---	----

Chapter One

The humanized Hospital	63
The distinctive features of a humanized Hospital	63
The humanized Hospital believes in group work	65
The humanized Hospital provides continual formation	66
The humanized Hospital is a 'home from home'	67
Humanizing the Hospital: an act of justice or charity?	69

Chapter Two

A new role for our Brothers	73
---	----

Conclusion

TOWARDS A COVENANT WITH THE SICK	81
---	----

FROM THE FINAL DECLARATION ADOPTED AT THE ROME MEETING OF THE PROVINCIAL FATHERS	87
--	----