

2014

218th Annual Oration

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ORATION: From the Roadside to the Bedside: Following the Saint of the Gutters

Let me turn back the hands of time. Nikolle Bojaxhiu was born in 1874 and became a pharmacist and a successful businessman. He married Dranafie Bernai and had three children, the youngest being Agnes (b. 1910). Bojaxhiu died prematurely and unexpectedly. After their father's death, the three children were raised Catholic by their mother. Agnes Gonxha, meaning "rosebud" or "little flower" was only 8 when she was fascinated by stories of missionaries' service in Bengal. By age 12, she became convinced that she should commit herself to a religious life.

She left home at 18 to join the Sisters of Loreto as a missionary. She never again saw her mother or sister. She arrived in India in 1929 and taught at the St. Teresa's School. She took her first religious vows as a nun on May 24, 1931. At that time, she chose to be named after Thérèse de Lisieux, the patron saint of missionaries. Because one nun in the convent had already chosen that name, Agnes opted for the Spanish spelling, *Teresa*.

Teresa served at the school for almost 20 years and was appointed headmistress in 1944. Although Teresa enjoyed teaching at the school, she was increasingly disturbed by the poverty surrounding her in Calcutta.

On Sept. 10, 1946, Teresa experienced what she later described as "the call within the call." She said, "I was to leave the convent and help the poor while living among them. It was an order. To fail would have been to break the faith."

She began her missionary work with the poor in 1948, replacing her traditional Loreto habit with a simple white cotton sari decorated with a blue border (blue is the color of the Virgin Mary), with white habits to be worn under the sari. Later, she adopted the sari design with three blue stripes but chose to wear it in the rural Bengali women's style, which is different from how a contemporary sari is worn.

A nun's possessions include: three saris (one to wear, one to wash, one to mend), a pair of sandals, a crucifix and rosary. Nuns also have a plate and metal spoon, a canvas bag and prayer book. In cold countries, possessions also include a cardigan. Nuns never wear anything but sandals on their feet.

Mother Teresa adopted Indian citizenship, spent a few months receiving basic medical training and then ventured out into the slums. In the beginning of 1949, she was joined in her effort by a group of young women and laid the foundations to create a new religious community helping the "poorest among the poor."

Teresa wrote in her diary that her first year was fraught with difficulties. She had no income and had to resort to begging for food and supplies. Teresa experienced doubt, loneliness and the temptation to return to the comfort of convent life during these early months. She wrote in her diary: "... While looking for a home, I walked and walked till my arms and legs ached. ... Of free choice, my God, and out of love for you, I desire to remain and do whatever be your will in my regard. I did not let a single tear come."

On Oct. 7, 1950, Teresa received Vatican permission to start the congregation that would become the Missionaries of Charity. Its mission was to care for, in her own words, "the hungry, the naked, the homeless, the crippled, the blind, the lepers ~ all those people who feel unwanted, unloved, uncared for throughout society; people that have become a burden to the society and are shunned by everyone."

In 1952, Mother Teresa opened the first Home for the Dying in space converted from an abandoned Hindu temple. She named it Kalighat Nirmal Hriday, (The Home of the Pure Heart). She soon opened a home for those suffering from leprosy and called it Shanti Nagar (City of Peace). As the Missionaries of Charity took in increasing numbers of lost children, she opened the Nirmala Shishu Bhavan, The Children's Home of the Immaculate Heart, as a haven for orphans and homeless youth.

The congregation soon began to attract both recruits and charitable donations, and by the 1960s, had opened hospices, orphanages and leprosy homes all over India. Mother Teresa then expanded the order across the globe. The first Missionaries of Charity home in the United States was established in the South Bronx, N.Y. By 1984, the order operated 19 establishments throughout the country.

In 1983, while visiting Pope John Paul II, Mother Teresa suffered a heart attack in Rome. After a second attack in 1989, she received a pacemaker. She offered to resign her position as head of the Missionaries of Charity, but the nuns of the order, in a secret ballot, voted for her to stay, and she agreed to continue her work as head of the order. However, on March 13, 1997, she stepped down as the head of the Missionaries of Charity.

Mother Teresa was recognized by the Indian government with every major award, including India's highest civilian award, the Bharat Ratna (Jewel of India), in 1980. Indian views on Mother Teresa were not uniformly favorable. Her critics blamed her for promoting a negative image of Calcutta, exaggerating the work done by her mission and misusing the funds and privileges at her disposal. The Catholic world honored Mother Teresa with several awards. She was also honored by both governments and civilian organizations all over the world. The United States granted her honorary citizenship, one of only five people to be so honored. Universities in both the west and in India granted her honorary degrees.

In 1979, Mother Teresa was awarded the Nobel Peace Prize "for work undertaken in the struggle to overcome poverty and distress, which also constitutes a threat to peace." She refused the conventional ceremonial banquet given to laureates and asked that the \$192,000 funds be given to the poor in India, stating that earthly rewards were important only if they helped her help the world's needy. When Mother Teresa received the prize, she was asked, "What can we do to promote world peace?" She answered, "Go home and love your family."

However, not everyone was equally laudatory. and Mother Teresa had her share of critics. The German magazine *Stern* published a critical article on the first anniversary of Mother Teresa's death, concerning allegations regarding financial matters and the spending of donations.

The quality of care offered to terminally ill patients in the Homes for the Dying was criticized by the *Lancet*, and the *British Medical Journal* reported the reuse of hypodermic needles and poor living conditions, including the use of cold baths for all patients, etc.

On Sept. 5, 1997, after evening prayers at the Mother House, Mother Teresa went to her room complaining of chest pain and passed away soon after. She was granted a state funeral by the Indian government. Her body was carried to her funeral on the same gun carriage that carried Mahatma Gandhi when he died.

After Mother Teresa's death in 1997, the Holy See began the process of beatification, the third step toward possible canonization. In 2002, the Vatican recognized as a miracle the healing of a tumor in the abdomen of an Indian woman, Monica Besra, after the application of a locket containing Mother Teresa's picture. Besra said that a beam of light emanated from the picture, curing the cancerous tumor. Critics ~ including some of Besra's medical staff ~ stated that they had treated her for abdominal tuberculosis for nine months and that is why she got better. Mother Teresa's beatification took place on October 19, 2003, thereby bestowing on her the title "Blessed." A second miracle is required for her to proceed to canonization.

As a young medical student, I was influenced by Mother Teresa's work and started volunteering in a "leprosy community" close to my medical school. Every Sunday afternoon, a group of medical students (a couple of junior and a couple of the senior students and a couple of residents) would go to the gated community that served as the compound that housed several families with leprosy, where we would dispense simple medications as remedies for common ailments and dress open wounds, including auto-amputated fingers and toes due to the lack of sensation. Later, as a resident in internal medicine and then as a faculty member at the same school, I became the medical consultant to the Missionaries of Charity home, taking on their patients in hospital and making house calls for those who could not be brought in for one reason or the other. These experiences, and many more, shaped a lot of my thinking. Given the constraints of time, I choose to focus on two observations: "the dignity of death" and "the intersect between spirituality and health."

When I moved on from India to Singapore, I worked in the Communicable Diseases Center, where we dealt with advanced HIV disease. Like the U.S., perspectives of dying with dignity had partially taken hold there, although the strong stigma of dying with HIV was entrenched in the culture. People with AIDS-defining illnesses were admitted to the center in isolation rooms, with no one family or friends to visit them ~basically wasting away in loneliness.

A lot has been done here in the U.S. in terms of end of life care. The Worcester District Medical Society has been a leader in the same through the good work of so many, led by Dr. H. Brownell Wheeler, former President of WDMS. However, there are other dimensions that are worth exploring and thinking about, especially in the context of the example of Mother Teresa.

Many of us have heard of Dr. Siddhartha Mukherjee, Pulitzer Prize-winning oncologist for his bestseller, *The Emperor of All Maladies*. On the Moth Radio Hour, which broadcasts on National

Public Radio (NPR), he speaks of the concept of actively dying, of what it feels like to watch someone die, of holding up a dead body that weighs down on you. Additionally, the concept of using added strength to hold up the body with its dead weight bearing down could metaphorically represent the added strength of mind that is required when dealing with those who may be dying out of poor lifestyle choices they made or misfortunes in life ~ that our judgment and compassion is not fatigued by our impressions of patients' value systems.

The second aspect that got me thinking was the intersection between spirituality and health. In clinical practice, we encounter occasions when patients have gone on pilgrimages to offer prayers for their health or carry a picture or some other memorabilia of a spiritual soul or saint that they feel heals them of disease or prevents illness. We have also encountered patients who speak of praying often and more fervently when they or a loved one is seriously ill or on their deathbed. Many of us are familiar with the biblical and Torah reference to Numbers 21: 4-9, where Moses made a bronze serpent coiled upon a staff during the plague when the Israelites were bitten by snakes, so that people could look at it and be healed.

Data seems to suggest that in the U.S., 95 percent believe in God and 57 percent pray at least once a day. A few years ago, a *USA Today* poll of 1,000 adults revealed that 79 percent believed that spiritual faith can help recovery from disease and 63 percent believed that physicians should talk to patients about spirituality.

A study of 10,000 people in Washington County, Md., by the late George Comstock, of Johns Hopkins Bloomberg School of Public Health, evaluated the relationship between church attendance and illness. Of those attending church, there were 50 percent fewer deaths from coronary events, emphysema and suicide and 75 percent fewer deaths from cirrhosis. However, Comstock himself later reported that he failed to control for functional capacity, thus leading to a bias in the results.

In one of the few randomized double-blind studies published in this area, patients in a CCU were randomly assigned to standard care or to daily intercessory prayer ministered by three to seven "born-again" Christians. Of the 29 outcome variables measured, the prayer group had fewer problems in six of the variables, including new CHF, new prescriptions of diuretics, new pneumonia, etc. In a more comprehensive analysis of results, however, the authors could not control for the problem of confounding, and multivariate analysis did not substantiate the results as presented.

A recent review has revealed more than 1,200 studies on the effects of prayer on health. Systematic reviews have demonstrated statistically significant positive associations between religion and a lower incidence of heart disease, hypertension, stroke, cancer, etc. Findings are so robust that the science is now called the "epidemiology of religion."

Irrespective of our religious persuasion, I'd like to pose some questions for us to ponder. What prevents a conversation regarding spirituality between patients and providers?

- Do we consider it too private?
- Do we consider it irrelevant?
- Is it only to be discussed in terminal situations?

- Is it because we don't have answers for the questions asked, especially why there is suffering?
- Is suffering because of wrongdoing?
- Is sickness a punishment from God?
- Does God exist at the bedside?
- Does spirituality connote a physician's inability to give a scientific explanation for phenomena?
- Does the use of modern medical interventions preclude the need for religion?
- Do I risk invoking a patient's ire by "God talk?"

I don't have the answers to any of these questions, and I leave it to each of you to form your own opinions in the light of your personal beliefs and values. Suffice it to say, sometimes, we are caught flat-footed when we are at the bedside at the time of an impending death, an adverse event or an unexpected complication or outcome, and we often become what T.S. Eliot wrote about in "The Love Song of J. Alfred Prufrock":

*"Deferrential, glad to be of use
 Politic, cautious and meticulous
 Full of high sentence, but a bit obtuse
 At times, indeed, almost ridiculous
 Almost, at times, the Fool.*

The words of Sir William Osler are apropos: "Cultivate, then, such a judicious measure of obtuseness as will enable you to meet the exigencies of practice with firmness and courage, without, at the same time, hardening the human heart by which we live."

Mother Teresa said, "It is not how much we do but how much love we put in the doing; it is not how much we give but how much love we put in the giving. I alone cannot change the world, but I can cast a stone across the waters to create many ripples. We ourselves feel that what we are doing is just a drop in the ocean, but the ocean would be less because of that missing drop."