

On Healing and Being Cured

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As many of you know, this past fall I had my first experience as a patient in a hospital. I was born at home and until this fall, I had avoided this particular form of incarceration. Then, last November, my record was shattered. It was not all that serious a matter, and I had not thought to burden you with a report of my experience. After all, one of our most abiding cultural cliches defines the quintessential bore as someone who goes on interminably about some recent surgery. However, when I returned to my duties here with the congregation, a number of people indicated that they were anxious to hear my "hospital sermon." I didn't know I had one, but after that remark had been repeated several times, I began to suspect that perhaps I ought to examine my experience for its sermonic potential. So, this morning, for good or for ill, I am prepared to inflict the results upon you.

Last November, Beverly and I were at a Unitarian Universalist ministers retreat a few miles north of here. Early on Wednesday morning of the retreat I awoke with severe abdominal pains, and after a few moments spent trying to figure what I had eaten the night before that could account for such distress, I quickly concluded that this was not punishment for over-eating. Beverly and I discussed our options and decided that the best course of action was to leave immediately and return to Summit, going directly to the Summit Medical Group.

After a brief examination and some x-rays and some lab work, the consulting physician came into the cubicle where I had been waiting, busily memorized the brightly colored anatomical charts decorating the wall. He poked me a bit more, as if to assure himself I was still there. I commented, a bit hopefully, that the pain had lessened significantly since I had first arrived. He nodded and then said, "It's a hell of a way to practice medicine!" I said, "Excuse me?" He replied, "Well, there is strong indication that you have appendicitis. If this were twenty years ago, I'd put you in the hospital for a day or two of observation. But in these days, no insurance company would pay for that, so I will have to send you to see the surgeon."

I trotted down the hall and into another cubicle, where the surgeon, who looked disturbingly young, poked and prodded me some more. "Well," he said, "it may be your appendix; it probably is your appendix. We'll schedule you for surgery this afternoon. We'll go in there and if it is your appendix, we'll take it out. And," he added as if it were an afterthought, "if it isn't your appendix, we'll take it out anyway." I betrayed my naivete when I asked if he thought I would be able to conduct services the following Sunday. He opined that I might be a little sore and perhaps I ought to think about letting someone else do that.

A little after noon, I was sitting in the admissions area of Overlook Hospital, thinking that when you consider it from the point of view of a patient, "Overlook" is not really a comforting name for a hospital. Eventually the clerical staff returned from lunch and invited me to the counter where they could obtain vital information, especially the name of my insurance company. Beverly went off to call the insurance company, whose minion wanted to know why we hadn't alerted them sooner, so they could have determined whether surgery was really necessary. It took Beverly a while to convince them that we didn't know a week ago that I would be sick today.

Before long, I found myself in another waiting room, and then was invited into the surgical prep area. This time, my little cubicle was defined by cloth suspended from a track. I was told to undress, to get into a skimpy, thin little gown which opened down the back and to lie down on a plastic-covered gurney. Lying there with fluid dripping into a vein, I could hear conversations going on around me.

On one side of the cloth wall, a strident male voice was haranguing a nurse about the poor quality care his elderly mother was receiving, how unfeeling and clumsy the technician had been who had inserted the IV and insisting upon knowing the reason for every single procedure. On the other side of the cloth wall was a young man--I guessed a high-school athlete--who was facing surgery for an injury he had received in some athletic contest. The nurse was asking him if he had had anything to eat in the last twelve hours. The young man must have indicated that nothing had passed his lips. The nurse, her voice betraying skepticism, went on to impress upon the young man how important it was that he answer the question honestly. She described in graphic detail the things that could go wrong even with the most common surgical procedure and the dire possible consequences.

She was effective. The young man confessed to several items of junk food that had passed his lips. And I, on the other side of the wall, found myself remembering that paper I had signed in the surgeon's office--the one which described the procedure he planned to do--the one that warned me that medicine is an art not a science and that surgery is like rather remodeling an old house, you never really know what you will find until you tear into the walls. I remember thinking, "OK, David, if you are ever going to panic, this is probably a good time."

But strangely enough, I could not gin up a respectable level of apprehension, let alone a panic. It was as if my mind divided itself into three parts. One part stood aside and observed as the other two discussed my situation. I remember thinking, "True, this is a common procedure, done hundreds of times a day with no untoward results, but people make mistakes, and people die unexpectedly in the midst of common procedures. Remember those stories about the doctor who amputated the wrong leg and the doctor who replaced the wrong hip. After all, you have never had a broken bone or a single stitch and now these people, whom you do not even know, propose to open you up like a ripe melon."

And I remember responding to myself, "I know. This could be the last day of my life. But that's true of every day. And while I still have a great many things I want to do and places I want to go, and that huge stack of books I've bought and have yet to find time to read, if I were to die tonight it would be all right. I have had a good life. I have accomplished more than I had ever dreamed possible. I have traveled a long way from the place of my beginnings. I have been loved and I have learned how to love and however it comes out, it has been good."

And off in a corner, the third part of my mind was watching and listening to this internal dialogue with a kind of detached amazement at the calm I was feeling. And then the thought passed through my mind, "These are good people who have my best interests at heart. There come times when there is no choice but to place yourself into the hands of others and trust that what can be done will be done."

About six pm, they came for me and wheeled me down the hall to begin a one-hour procedure which, I'm told, eventually took three hours. (I may have been calm, but my appendix had gone into hiding.) I remember very little of the next hours, of course. I remember someone giving me a shot in the hip and commenting that this would help the pain. It must have worked for the next time I woke up, I was so drugged I couldn't even find my face.

In the morning, the first time I tried to move I understood why the surgeon had smiled when I asked if I would be able to conduct the Sunday service. I wasn't sure I would ever stand again. But, of course, I could and did--a lot sooner than I wanted to. The surgeon breezed into the room to check on his handiwork, peered at the four places where I was stapled back together, left word concerning my diet and instructions that they should get me up on my feet as soon as possible, and then as quickly as he had come, he was gone.

I was not in the hospital long; no one ever is these days. But I did have a chance to speak briefly with several of the nurses. I could not believe how busy they all seemed, all the time. I asked one of them if new cost-cutting procedures were resulting in fewer nurses per patient. She said she didn't think that was the case, but she was quite certain that though she cared for the same number of patients, they were all sicker and in greater need of care. I asked her why that should be. She explained that it used to be that a nurse would have patients in various stages of recovery--some who needed a great deal of care, and others who were about ready to go home and needed little attention. Now, with much of the recovery being done outside the hospital, the patients on the ward *all* needed a high level of care and thus the burden of nursing the same number of patients had grown substantially. She was not complaining; she was simply describing her experience as a way to respond to my questions.

On Friday I knew I was about ready to go home. I was beginning to notice the mended spots on the curtains and the marred paint on the walls behind the bed. By Saturday, I was home being cared for by Beverly. A few out-patient visits with the doctor and it was all over--except for a few scars and an on-going battle with the insurance company which, because of a computer glitch, miscalculated its liability, and after three months

still has not corrected the problem with the computer.

Reflecting on this experience, I discover several tentative insights have emerged. The first and most important of these is that there is a very real distinction to be drawn between the process of healing and the process of being cured. Healing has to do with the reality of being or becoming whole. Being cured, on the other hand has to do with eliminating a threat to life. Both are important but they are two different things. If we are lucky, both things can happen at once. But sometimes, one can be cured of a condition without being healed. And sometimes one can be healed without being cured.

Somewhere, recently, I heard an interview with a young man who is living with AIDS. He told the interviewer that he lives in hope that someone soon will find a cure for his disease, some treatment which will defeat this terrible virus which invades the human immune system, making its host prey to any number of diseases which can cause immense suffering and which always ends in death. But at the same time, he said, there is a part of him which is strangely, perversely grateful for the unexpected gift which has come to him because of his encounter with this terrible affliction. "Life for me," he said, "has become sweeter, more precious. I know that I do not have all the time in the world. I feel my mortality in my bones and I know that I need to make the best use of the time that is given me. I live, now, at a higher pitch, with a greater intensity, a deeper awareness. I live with a richer appreciation. I really see things, things I might not otherwise have noticed. And I allow myself to take time for the truly important things. I am not going to give up hoping for a cure for this disease, but I am not going to stop living while I wait for that cure"

As I listened to that interview, it occurred to me that the odds are this young man will never be cured of his disease. The odds are that he will die too soon, of one of those opportunistic diseases which exploit the weaknesses caused by the AIDS virus. But whether or not he is ever cured, in a fundamental sense, he has been healed. He has confronted his mortality; he has seen the glory of this world and sacred nature of his journey through it. He has become clear about his priorities. He has knitted together the raveled pieces of his life and made his days rich with meaning and purpose. He has not been cured, but he has been healed--made whole in a way that many of us could envy.

The second insight that has come to me in reflecting on my experience is that, as medicine has become a practice of technique and of technology, the practitioners of that ancient vocation are increasingly focused on curing rather than healing. Healing, after all, requires time, requires patience, requires attention to the soul, requires an opportunity see the fullness of the other person and to value results which cannot be quantified or measured or weighed. Our profit-driven culture, with its focus on the near-term, has little time for such concerns. The medical community is driven by the climate in which it functions to quick diagnosis and efficient response: Find out what is wrong and fix it.

As a consequence of this attitude, increasingly the healing process is handed over to others--to the family, to friends, to the church, to support groups--and heaven help those who do not have such supportive structures in their lives. I suspect that a great many

people entered upon careers in medicine because they wanted not only to cure, but to help heal as well. It may be the frustration of this larger ambition which is echoed in the doctor's bitter comment to me that this "is a hell of a way to practice medicine." But since this is the way medicine is increasingly practiced in our time, it behooves those of us who are part of religious communities to recognize that the care of the human soul, the process of healing and making whole whether or not cure is possible, is our responsibility.

And a third insight concerns the nature of the healing process itself. Healing seems to require two things and they are suggested by Reinhold Neibhur's famous prayer in which he asks for the power to change that which can be changed, the courage to accept what cannot be changed, and the wisdom to know one from the other. Healing is a paradoxical process which involves a stubborn holding on to life and its possibilities and an gracious acceptance of the fact of our inescapable mortality.

I was fortunate in my first experience as a hospital patient. I could be both cured and healed. They diagnosed the problem; they devised an effective strategy to deal with it; eventually they found that elusive appendix and cut it out and then stapled me back together and I was cured. But the healing, for me, had occurred earlier, while I was lying in the surgery prep area waiting for an operating room to open up. In the dialogue that went on in my head, I was able to affirm that I love life, that I want to live it to the full--and that includes not only doing the work that is mine to do, but embracing the times when I can vegetate, when I can stop all the doing and simply be. I learned how precious is a good night's sleep and that a quiet nap in the afternoon is not to be considered a waste of time, but a gift. I learned that the presence of those you love is never to be taken for granted. I learned that the work I do is important to me and to my own sense of worth and meaning but I learned that I am more than the work I do. At the same time, I found myself affirming and accepting that part of the sweetness of life is that it is not forever, that life is always fragile and fleeting and there are never any guarantees. As someone reminded me, the outcome might have been very different had the appendix acted up in September when I was in Transylvania. To be human is to know that life is chancy, that all you love is finite and will someday die or go away. To be human is to know that there is an end to all the doing and being. To be whole is to embrace this reality with gratitude for what has been given. To be healed and made whole is to be determined to make a life in the context of the circumstances in which you find yourself, to focus on the possibilities rather than the limitations, to give thanks for what has been given rather than to mourn for what has been taken away and to see yourself within a larger framework which makes it possible to affirm that life is so good and so precious that even the reality of death is not too high a price to pay for having lived and loved.

Finally, while being cured is often a one-time thing--my doctor assures me that I will never again have appendicitis--being healed is an on-going process. Every hurt, every loss, every disappointment requires that the healing process be renewed. Every success, every triumph, every victory may tempt us to loose sight of what is truly important in our lives. And this is true, not only in individual lives. It is true in society as well. It is not an accident that we refer metaphorically to the body politic. The fact is that all levels we are driven to seek quick cures for our ills and have little patience for the long-term, on going

process of healing, of make whole our existence together. Thus, we hear all about us these days the anger and disappointment over failed social policies. LyndonJohnson's Great Society was supposed to be a cure for poverty. Richard Nixon's War on Cancer, modeled on the effort to find a cure for polio, was supposed to end cancer. The welfare system was supposed to prevent dependency. Why didn't they measure up to our expectations? Well, some things can be cured and some cannot and we do not always know which is which. But always there is a need for healing, for the endless effort to make whole the individual and the society. And that calls for patience and ongoing attention to what is truly important, and what is right in the long run, and a determination to discover and serve the sacred and holy in the midst of the ordinary and the commonplace.

Lying in the hospital bed, I remembered that someone once said that "Life is a terminal condition; the most we can do is make the patient comfortable." Indeed that is the most we can do for ourselves, for each other, for the society in which we live. It is the most we can do and it is the least we can do.