

Homily: CDA Mass 10 October 2010

Twenty-Eighth Sunday in Ordinary Time, Year C

Gospel

Jesus travels along border of Israelite territory and Gentile land - so it is reasonable that at least one of the lepers he meets will be a Samaritan (a gentile), but the rest may well have been Jewish. In some respects the political situation in Palestine in Jesus' time mirrors that in our own time, where Jewish and non-Jewish communities live in close proximity - sometimes even in the one town.

There is no indication that the other nine lepers failed to give thanks to God for their healing - they would surely have done so if they were Israelites - only that they did not come back to Jesus in order to do that.

The one leper who returns does so because he recognizes in Jesus the presence of God who heals. So the evangelist says the leper *'threw himself at the feet of Jesus and thanked him'*. But notice that Jesus himself says *'no-one has come back to give praise to God except this foreigner'* - that is, Jesus identifies himself with the presence of God, which the healed leper obviously recognized.

Jesus' next words (*'go on your way, your faith has saved you'*) are very important.

Faith is relationship with God. It begins with God reaching into our life in some way, inviting us to relationship with him. Here, God had reached into the life of the leper through Jesus. Salvation - 'to be saved' - is something deeper than physical healing: it is an action of God in the most profound depths of the person. So while the healed man is cured of his physical pathology, what 'saves' him is the fact that he responds to God's personal invitation in Jesus in a personal way - he allows God to touch not only his external pathology, but the depths of his heart and soul as well. And it is from those depths that he gives thanks to God in Jesus.

This is a constant theme in Luke's Gospel, which the Australian scholar Brendan Byrne calls the Gospel of 'The Hospitality of God' - God inviting into relationship via offering hospitality to us in human terms (eg in a meal), and our response / acceptance or rejection of that

First Reading

In the First Reading we have a slightly different situation. Naaman the leper (a gentile) is made whole, so again a gentile recognizes the God of Israel - again, a spiritual dynamic accompanies physical healing.

But at first Naaman credits the prophet Elisha with the healing. However, Elisha knows that the origin of the miracle is not himself, but God. So he directs Naaman to that source - again, a physical healing leading to spiritual depth.

What converts Naaman to belief in the God of Israel is not his miraculous cure so much as Elisha's conviction that it is all God's work. Elisha keeps the focus where it belongs, and his humility in recognizing God touches Naaman and changes him.

Second Reading

Saint Paul too keeps the focus where it belongs - not on the physical trials he has endured as an apostle, but on the faithfulness of God who more than compensates those who remain faithful (= maintain relationship with God despite challenges and trials).

Application to CDA

The Catholic medical professional, like all medical professionals, brings the science of medicine to bear on the sick in order to bring about healing.

Responding to the needs of the sick in compassion, it isn't technical excellence that distinguishes the RC med professional.

Nor does the RC Med Professional use medicine to proselytize - to make converts. As Pope Benedict XVI has said elsewhere,

'Those who practise charity in the Church's name will never seek to impose the Church's faith upon others. They realize that a pure and generous love is the best witness to the God in whom we believe and by whom we are driven to love.' (Deus caritas est 31.)

What the RC medical professional brings to the art and science of medicine is the knowledge that physical healing is only one aspect of the deeper needs of the human person marked by frailty and destined to die. Beyond the pathology itself, it is always the whole person, including their spiritual depths and their eternal destiny, who stands in need of healing.

Like Elisha, we do not work the miracles - that is up to God - but we do play our part, and like Paul we understand that fidelity to this vocation is the only thing we can control - the rest is up to God.

The recent public debate on euthanasia is a case in point : it showed that we in Western Australia are a whole society in need of spiritual healing. In fact, experience around the world indicates that purely human or physical or political arguments always struggle to withstand the pressure for euthanasia.

What we need is a new view of illness, a recovered connection with death and dying, and a new sense of what compassion can reveal about the human person.

At the Annual General Meeting of Palliative Care WA earlier this week I made the following comments - I was talking about palliative care, but these words apply to all medical care - indeed to any situation in which one person suffers and another stops to offer compassionate help:

“It is about rediscovering a truth of our deepest human nature: we are not isolated individuals, each having to face our end relying on our own resources; we are persons connected in networks of relationship, relationships marked by goodness and generosity and compassion, networks in which we support one another, and which sustain and lift us up when we are frail.

It is about learning again the immense power of simply doing good for others: how in great human darkness even small acts of kindness take on an incredible brilliance; and how in that light - the light shed by kindness - even the shadow of death loses its power to intimidate.

I thought palliative care was about ‘people who are living’ helping out ‘people who are dying’, but that doesn’t capture it fully. And I was told that palliative care is not about ‘dying well’ but about ‘living well’, and I initially thought that it was just about helping the dying to live well. But it isn’t.

What I have come to know - not because anyone told me, but because I experienced it for myself (if somewhat vicariously) during a ward round at Murdoch - is this: when we offer compassionate care to the best of our ability, we all live well. We engage in truly being human, with all that ‘being human’ means at its best, when we embrace those in need.

When we do palliative care well, we are the best kind of human society we can be - a true human community. We aren’t vanquished by the thought of dying, or by the experience of suffering, because we as a community - not we as individuals who happen to live in the same city, but we as a community of persons - find within our collective goodness all the strength and courage we need to face even our own dissolution. And if we can face that, we can face anything.”

What distinguishes the nine lepers who did not come back to Jesus from the one leper who did is this: the one who was healed recognized in Jesus the presence of God whose compassion heals the whole person.

To this one man, Jesus is truly the incarnation of God, the Word made flesh for his healing, his salvation. We are not Jesus, we are not God. Like Elisha, we know where true healing comes from.

What we may not always be conscious of, however, is that in the Catholic medical professional, our compassionate God is present to the patient, offering a way to healing the whole person. And some patients may even recognize, as Naaman recognized it in Elisha, that God works through the hands of the medical professional.

Today we pray the fidelity, and a constant awareness of the mysteries we handle in touching the human person. We pray consciousness of our role as instruments of the God who heals far more deeply than medicine can heal. And we pray faith enough to leave the fullness of healing - the wholeness we all seek - in the hands of God