

THE VIRTUE OF ACCEPTING

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We live in an age that is losing, or has lost, the ability (or willingness) to receive and accept the kindness and love of others.

When we show someone kindness and are refused, or offhandedly spurned, we feel hurt. We may well become hesitant to offer anyone such a kindness in the future lest we be rejected, even sometimes brusquely. Conversely, when we are offered a kindness it often takes us by surprise and leaves us embarrassed or speechless! 'Can I pay you for it?' 'Can I do anything to make up it in return?' We may even turn away and pretend we haven't noticed. At root a refusal of kindness suggests a doubt about the offeror's sincerity and motives. If kindnesses are seen as no more than the fulfilment of obligations then the idea of anyone doing us a kindness, beyond contractual obligations, may be

viewed with suspicion. Consequently people are less willing to accept 'kindnesses' – to allow other people to perform such acts of generosity to them.

Before medicine became a truly scientific pursuit the main things doctors and nurses could provide were kindness, love and care. These are no longer seen as so important, but how did they get so seriously devalued? The advent of the welfare state, 60 years ago, led to the expectation that everything would be provided by the State. Outcome based medicine made practice more 'mechanical'. When additional payments to junior doctors 'for overtime' were introduced in the late 60's it was to penalise those health authorities that were not providing locum cover for absences (sickness or leave) and expecting the remaining staff to fill the gaps without extra payment – thus saving themselves the money. In the course of time, the reason for the payments was forgotten and they came to be seen as payments per item of service. Similarly certain services by GPs (contraceptives, IUDs, etc) came to be individually remunerated because they were for things outside the standard contract and which the GP could opt to provide (or not) and be paid accordingly. Finally, in 1990 much of the GP Contract was based on payment by item of service. Thus, those who 'provided' were seen as no more than paid minions of the State. What they did was the fulfilment of a duty to the 'customer'. Formerly it had always been understood that that the care of the patient was the primary (if not the only) goal of medicine and the job was 'as long as it took'. Recently older members of the profession have stood by and seen – disbelieving – that some NHS staff and even some junior doctors will apparently down tools at the end of their contracted duty time, leaving patients unseen or jobs half done. Thank goodness they still seem to be the minority.

At the last supper Christ humbled himself by taking off his outer garment and washing the feet of his disciples. This was really the job of a slave. To Peter's reaction (John 13, 8) "You shall never wash my

feet”, Jesus replied “If I do not wash you, you have no part in me.” Christ was showing us his humility and love for others – but he also wanted to teach us to accept the ‘services’ others can do for us. We must show our mutual love of others by accepting the kindness they offer. The Canaanite woman in St Matthew did not stand on her dignity, but was willing to accept the smallest act of kindness, even after being likened to a dog: (Mt 15, 26-27) ‘Yes master, but even the dogs eat the crumbs that fall from their Master’s table.’ Christ himself was willing to accept the ministrations of ‘a woman of the city’ when she came and wept over his feet and then anointed them. (Lk 7, 37-38)

Does this point the way? Is it that when we refuse to accept the kindness of others we cut ourselves off: off from the offerer and off, beyond that even, from society as a whole? Are we prepared to accept help from others when it’s offered? Are we too proud to ask for help when we need it? Remember that Christ usually waited to be asked before performing a cure. The culmination of the refusal to accept care and attention from others must be suicide or requested euthanasia.

Dignity is surely that which is given to us by others: by caring for us, by doing services for us, fundamentally by loving us. But dignity is largely seen nowadays as something you give to yourself, by retaining your faculties or physical capabilities, most especially bodily function such as bowels and water-works. St Luke endows all the suffering people in his case notes with dignity. It is something which each human being is awarded by others. It is not acquired by loudly announcing one’s own dignity and at the same time cutting oneself off from all human love.

In Lourdes, the sick and handicapped show us the great virtues of ‘accepting’ kindness. We cannot view the whole of life as ‘items of service’, some done by machines and the rest with unthinking routine. Is this a difference between Christian (maybe all religious) society and the humanist/atheist world – where we are all just isolated individuals with no inherent relation with or to others? Christian doctors and nurses must retain their heart: perhaps we could ourselves set an example by more willingly accepting service of others?

..”we need to love the frail elderly because we need to relearn the conditions of accepting debility and dependence as ways to spiritual transformation. We need to discover what an oppressive idol autonomy is by helping to liberate others from it. For to do so is the surest way of liberating ourselves. ”

Dr Luke Gormally once said
<http://www.linacre.org/elderly.html>

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