When miracles cease …

Cameron D, MBChB, MPrax Med, MPhil(Pall Med)
Associate Professor, Family Medicine, University of Pretoria
de Klerk E, MBChB, MPhil(Pall Med)
Palliative Care Physician, Little Company of Mary Hospital, Pretoria
Paley J, MA
Senior lecturer, Dept of Nursing and Midwifery, University of Stirling, Scotland.
Correspondence to: Prof David Cameron, e-mail: david.cameron@up.ac.za

Abstract

Some patients believe firmly in miracles and are convinced that they have a right to a miraculous cure of their illness. Such believers are often encouraged by their religious leaders to proclaim their "cure" in public. Belief in this type of miraculous healing may make the person reject conventional medical treatment or effective pain relief. When healing does not occur and the decline becomes obvious, such a person may feel overwhelmed with guilt and frustration. They will begin to question themselves, "Didn't I have enough faith?" They may feel that their faith was undermined by a family member or even by the doctor who seemed to doubt their claim of a cure. This article discusses the concepts of miracles, healing, cure and faith and gives the reader a basic classification system for miracles.

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Part 1: David Cameron and Era de Klerk*

Introduction

Do you believe in miracles? Some readers will probably answer in the affirmative without a second thought – "Anything is possible if you believe." Miracles are not only possible, they actually happen frequently. In fact, a "believer" has the right to "claim" a miracle. For such a believer, considering any other option may be seen as sinful doubting and unbelief.

Other readers may be a little more cautious. While they may feel that temporary remission or a slightly longer prognosis may follow specific prayers for healing, a complete cure is seldom possible. They may feel that one can pray, but that there is no guarantee of a cure. Demanding a cure is definitely not part of their approach to prayer.

Still others may see things entirely differently. Such readers will say that everything that happens can be explained in terms of the physical laws of the universe. An unexpected improvement or "cure" is merely a random event that occurs occasionally in the natural course of any illness, even a potentially fatal disease such as cancer. For such a person, prayer for healing may seem entirely futile.

Who believes in miracles?

What is a miracle and how commonly do miracles occur? What is faith? What does one need to do to experience a miracle? Is there a specific doctrinal content that has to be believed or is it just a matter of having "faith"? Does a "believer" have the right to a cure or is miraculous healing only an infrequent possibility? Does one pray for a cure or merely that the doctors will have skill and wisdom? Is sickness and suffering a normal part of life, are they part of God's will or are they a direct attack by Satan?

These questions were discussed at a workshop during the recent international conference on palliative care held in Cape Town in December 2005. Of the 110 participants at the workshop, 60% (66/110) believed that miracles happened frequently, and 30% (33/110) felt that miracles were possible, but only happened occasionally under very special circumstances. The remaining 10% (11/110) would not define anything as a miracle.

Miracles and healing

How do those who believe in miracles actually define healing? Is it the complete, instantaneous cure of an obvious physical defect such as blindness or paralysis? Can prayer cure cancer? Can any unexpected improvement in an illness be classed as miraculous healing? Could the change in a broken relationship be regarded as healing? If an estranged husband is reconciled with his ex-wife just before he dies, is that a miracle?

In the general discussion, the workshop participants proposed a wide definition of healing. Healing can be seen as a spectrum that includes physical, emotional, social and spiritual dimensions. Words such as restoration and reconciliation were included. One participant even commented, "You can be healed today and die tomorrow."

Were the differences regarding the frequency of miracles expressed at the beginning of the workshop merely a matter of different definitions? As most of the participants were people whose daily work involved dealing with dying people, had they redefined miracles and healing in a way that would fit this reality?

Miracles and faith

The actual purpose of the workshop was to help participants to understand the difficulties being faced by that group of patients who firmly believe in miracles and are convinced that they have a right to a miraculous cure of their illness. Such believers are often encouraged by their religious leaders to proclaim their "cure" in public. Belief in this type of miraculous healing may make the person reject conventional medical treatment or effective pain relief. When healing does not occur and the decline becomes obvious, such a person may feel overwhelmed with guilt and frustration. They will begin to question themselves, "Didn't I have enough faith?" They may feel that their faith was undermined by a family member or even by the doctor who seemed to doubt their claim of a cure.

In a survey of 169 patients admitted to an oncology unit in a private hospital in Pretoria over a period of three months, 10% (17/169) said they belonged to a Pentecostal or charismatic church that advocated miraculous healing.* It is thus not uncommon for doctors and nurses, working in such a setting, to have to manage dying patients who may have to deal with a major conflict of belief.

Consider the following situation: Mrs X, a 60-year-old lady with widespread breast cancer is obviously deteriorating and is admitted to the ward. She has previously proclaimed in public that she had been cured of cancer. She feels ashamed and

appears in distress. She is not at peace with God and does not want to contact her pastor or members of her church.

The participants in the workshop were asked to make suggestions for dealing with such a patient. What advice would they give to a junior colleague who might have to care for such a patient?

Suggestions ranged from helping her to explore her "misguided" beliefs so as to rediscover spiritual peace, and not try to "fix" the situation. The participants favouring the latter approach felt that it would be better just to listen and allow this lady to vent her anger, even if this did not result in complete resolution of the situation. These participants felt that carers needed to embrace the "messy complexities of dying".

Although most participants acknowledged the difficulty of such a situation, only one person felt that palliative sedation was indicated. Other suggestions were to get advice from more experienced colleagues and to involve the whole caring team, including the family, in developing a management plan. Some considered calling the patient's pastor, although many were not happy with this suggestion.

It is obvious from such diverse responses that research is needed to help us develop practical ways of addressing such spiritual or existential distress.

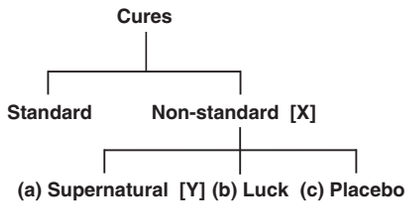
Part 2: John Paley

Getting closer to a definition and classification

The semantic ambiguity around 'miracle' has to be resolved in order to get a proper discussion going. There's clearly a distinction between cures that can be accounted for by what can be called standard explanations (biomedical, largely) and those which can't. This latter category can be subdivided into three different views that would explain these non-standard occurrences: (a) supernatural intervention; (b) a statistically unlikely fluctuation in outcomes (luck); and (c) a version of the placebo effect, by which belief (or faith, or whatever) has a biological effect.

There is a fair amount of evidence now for (c). In fact, recent Canadian research shows that, for people suffering from Parkinson's disease, believing that they have been given an intervention is as effective in the control of symptoms as really being given it, and sometimes even more effective.[1]

Some people will claim that supernatural intervention, (a), works through (b) or (c). As far as I'm concerned, if you claim that supernatural intervention was responsible, then it doesn't matter if it was direct or indirect. It still gets classified as (a). Thus, consider the following:



The question is: What do we describe as a miracle? There are two principal choices, as far as I can see. The term 'miracle' is attached to either X or Y. If you decide on X, then miracles undoubtedly occur; but it's an open question whether any of them are the result of supernatural intervention. If you decide on Y, then miracles, by definition, are the result of supernatural intervention; but it's an open question whether they occur.

Miracles of cure vs healing

But can we identify 'miracle' with 'miracle cure'? Apparently not. Sixty per cent of the workshop participants believe that miracles occur frequently, but they (naturally) accept that the vast majority of palliative care patients die. Obviously, then, the miracles they have in mind are not 'miracles of cure'. They must be miracles of some other kind. In other words, for palliative care professionals, 'miracle' does not connote 'cure'.

Neither does 'healed', for the participants were prepared to speak of 'healing' even when the patient died shortly afterwards. In neither case ('miracle' or 'healing'), it seems, does the word imply 'cure'. So miracles can happen often, as can examples of healing. It's just that, post-miracle or post-healing, the patient can still die. You can be healed one day, and dead the next.

An example would be somebody who, as a result of professional intervention, comes to be at peace about something: reconciliation with a member of the family after 20 years of no communication. The person would still be dying, but an emotional issue has been resolved. That's the 'secular' account, as it were, the plain vanilla version. But then this situation gets called 'healing'. Why do palliative care professionals have to go beyond the secular account? Helping the patient to become reconciled with the family member seems a legitimate part of the job, and a genuine achievement. But why does it have to be called 'healing'? What's the value added here?

Does it just reflect the religious roots of palliative care, a way of talking that's been inherited, or is there more to it than that? Adopting a non-secular account and talking about 'healing' does seem to add something. On the one hand, it coats it in a sort of mystic or spiritual gloss; on the other, it seems to surreptitiously borrow the usual connotations of 'healing' – that is, the idea of a cure. But it is not a cure of the body, but a cure of the soul. There's a certain irony in this, if it is right – because, despite the apparent hostility of palliative care professionals to the 'medical model', it looks like an attempt to hang on to the idea that we are curing/fixing something, even if this is only a subliminal nuance. We are curers, though clearly not curers of the body. So we call ourselves healers – which fudges the issue nicely.

That there is a fudge of some kind looks undeniable. If you go to a faith healer (and a friend of mine with a brain tumour did), you do not (presumably) want to be 'healed' in the sense of being reconciled with your estranged wife. You want to be cured. In this context, 'heal' is an unequivocal reference to (the hope of) cure. And yet we find an attenuated sense of 'heal' being used by palliative care professionals. Similarly, if you prayed for a miracle, it would be a cure you'd be hoping for, not something a bit less dramatic, a bit more routine. So 'healing' retains this semantic cloud – and the status that goes with it – even when it's being used to describe circumstances that can equally well, if not better, be described in secular terms. Wouldn't it be less tortuous, and more honest, to give them up, and say: no miracles, no healing … but we do excellent end-of-life care?

Closure

A final question: Who is the audience for this talk of miracles and healing, the non-secular account of palliative care? Does it impress patients or non-palliative care professionals? I doubt it. An alternative view might be: It is designed to impress the palliative care professionals themselves. It's a way of talking yourself up, to yourself. Home grown, for home consumption. This makes it a sort of ideology, in which palliative care professionals are portrayed (to themselves) as special. Possibly there's no real harm in this – unless, perhaps, one takes it too seriously or too literally – but it is, to my mind, quite seriously misleading.

Reference

1. De la Fuente-Fernandez R, Ruth TJ, Sossi V, Schulzer M, Calne DB, Stoessl AJ. Expectation and dopamine release: mechanism of the placebo effect in Parkinson's disease. Science 2001;293(5532):1164-6.