
Entertaining Angels Unawares

Hebrews 13.2

A Sermon preached in Duke University Chapel on September 2, 2007 by the Revd Dr Sam Wells

The mission of Duke Chapel is to keep the heart of the university listening to the heart of God. It's been my custom, in the short time I've been here, to offer around this time of year a "Heart of the University" sermon. I'm not assuming the Chapel is the heart of the university, but I am assuming that the university has a heart and that the role of the Chapel is to speak to and listen to that heart. So this is the moment for my and the university's annual heart-to-heart.

For the undergraduate and graduate students and faculty of this university, Duke is an outstanding undergraduate and research institution with thriving professional schools. It has every reason to take a sideways glance at the ubiquitous lists of top one hundred everything with an expectation it will appear in the top ten of most things. But this is not how many people in our state and region see us. For them, Duke is a basketball team and a hospital with some professional schools and a liberal arts college off to the side somewhere.

I'm not going to explore the wonder and mystery of basketball this morning but I do want to talk about our hospital. Duke Hospital covers, as I understand it, around half of the university's budget, so it really needs to fill a significant part of the university's imagination – and I'm not convinced that it always does. I want to read to you the second verse of today's passage from the Letter to the Hebrews. "Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing it." I'm going to be so bold as to name the three most important words in medicine, and I want to show how these three words and the whole practice of medicine are deeply immersed in the Christian tradition.

Medicine today is a victim of its own success. If you think of novels set in the nineteenth century, to the world of *Little Women* or *Gone with the Wind*, there's always a scene where a physician in a black overcoat emerges from the bedroom of a much-loved but sickly sibling or parent and somberly announces "I'm afraid there's nothing we can do." In nineteenth-century fiction that's all doctors ever say - "I'm afraid there's nothing we can do." These days physicians dress in white coats and are more likely to say, "There's a new drug that's just come on the market and I think it could be just the thing to have you back on your feet in a few days." Catastrophic diseases like tuberculosis have now been virtually wiped out in the developed world; better diet and safer living and working conditions mean that most of us can expect to live a lot longer than people once did; and medicine has been transformed from the discipline of managing tragedy to the offer of perpetual remedy. The clinician's drug and the surgeon's knife have done so many wholesome things and saved so many lives, my own included. Only one thing has moved faster than medical skill and innovation, and that's the public expectation that medicine can solve pretty much everything.

People look to physicians today the way they looked to priests in the distant past: as those who carry the keys to the kingdom. When confidence in the resurrection of the body was almost universal, a long and healthy life first time around was not the only or even the most important thing to be wished for. The real life was the one to come, and this life was just the introduction – so if it was uncomfortable or even harsh, that wasn't an insuperable problem. But medicine rose to prominence at about the same time that confidence in the bodily resurrection of the dead began to falter. Over the last 150 years people have increasingly come to place their hope on this life more than the next, and those that seem to have the key to the door of longer, healthier life have become the new priests of our culture. And so medicine is in danger of being transformed from a practice conducted by those whose faith in the life to come enabled them to cope with the tragedies of this life, into a new religion that seeks to extend this present life for as long as possible.

And that brings us to the first key word in medicine. And that word is, "care." The fact that medicine can do so many new things raises a host of questions about what it should or should not do. Most of these surround the beginning and end of life. Should the foetus die if the mother's health is at risk, should the foetus die even sometimes when the mother's health isn't at risk, should the patient be brought to an early death if he or she is

overwhelmed by pain, and so on. These are the stuff of the ethics textbook and the single-issue campaign manual. But together they miss the most significant issue in all of medical ethics. And that is, the commitment on the part of those in society who are not sick to care for those who are, particularly for those who are not likely to be economically productive again in any measurable way. This is not a commitment that hard-nosed economics can comprehend. It goes against the principle of the survival of the fittest. And yet it's the most basic assumption of medicine, and is at the core of the vocations of the huge majority of people who work at Duke Hospital. Medicine is fundamentally about caring for people, even if one can't cure them – perhaps *especially* if one can't cure them. In my experience very few health professionals ever forget this, but the same is not true of the general public, many of whom have come to see medicine is precisely about curing. And to be fair the quantity of investment that goes into research and development towards more and more extensive forms of treatment for more and more previously untouchable ailments does give the impression that curing has become a much bigger part of the culture of medicine. But the truth the general public struggles to grasp is that most common diseases are incurable with current countermeasures, and most of what physicians do is to try to help people manage a bit better with the burden of the chronic but incurable illnesses that they bear.

Don't get me wrong – I want my physician to give me a cure as much as anyone else. When a loved one is facing pain and distress, of course we yearn for a cure. But when curing becomes the heart of medicine, medicine loses its heart. Health professionals become service providers, and hospitals become hives of hyperactivity, because anything that could possibly be done must be done, or else the attorneys will bang on the door. More and more drastic kinds of interventions start to be described as cures, and patients can forget that a cure is worthless without the care that accompanies it. A system obsessed by curing will always be critically short of money and resources, whereas a system that continues to assert the primacy of care will be able to rejoice in the gifts that money can't buy – gifts we will all need in the end, when we reach the moment when curing can do no more and we face dying alone.

And that brings us to the second key word in medicine, and that is “patient.” Medicine remains a moral practice rather than an economic transaction so long as the physician remembers the duty to care and the patient remembers to be exactly that – patient. Anyone who has endured a serious illness, or anyone who has cared for a loved one through such a time, will know that finding the patience is as trying as fighting the pain. When I was a teenager my mother knew for three years that the cancer she had long carried was going to kill her, but I found the strain of not knowing how long it was going to be almost unbearable. After she died I had nightmares in which she would come back to life and I would say to her, “Really, it's easier if you die, I just can't do this not knowing any more.” Patience is fundamentally about learning to live in God's time rather than our own. Like caring, it rests on Christian assumptions. Caring rests on the conviction that however tough life is this time round, God has something better in store beyond our own deaths, and so we can treasure each other's lives as gifts that invite us into new life. Patience rests on the conviction that we live our lives in the palm of God's hand and that God knows what he is doing. When medicine doesn't rest on this kind of faith, it's almost inevitable that it becomes a religion all of its own.

And the third key word in medicine is the one mentioned in today's reading from Hebrews. “Show hospitality to strangers, for thus have some entertained angels unawares.” A hospital is many things: a large employer, a scene of triumph and tragedy, a business always struggling to balance its books, a place of research and training, a theater of devoted care and anxiety and professionalism and pain and hope. But fundamentally, more than anything else, a hospital is a place of hospitality. If you go to France you will see, in town centers, medieval buildings with inscriptions inlaid by the front door, saying “Hôtel de Dieu.” These are the places where the sick were cared for, especially during the plague. And they were called God's hotels. Hospitals are God's hotels. Hospitals are the places God earmarks to stay when in town. And those who work in hospitals, if they do so in the spirit of Christian mission and charity, welcome strangers because they believe that in so doing they are entertaining angels. That doesn't necessarily mean they look at large bunching around the shoulder region and assume each new patient has a pair of wings tucked down the back of their vest. The word “angel” here has the more general meaning of “messenger.” So those who seek to serve God and their neighbor through being physicians and nurses and physical therapists and through a host of other health professions look to each new patient as a messenger – a person through whom God is bringing wisdom, grace, humanity, kindness, friendship, humility or many less immediately attractive gifts.

You may know the story of the monastery where the monks were tetchy and cross and at each other's throats until one night there was a knock at the monastery door. The monk who answered saw a shadowy figure who reached forward and whispered, "One of you is the Christ." The whole life of the monastery began to be transformed, as the monks came to treat each other in a very different way, conscious that in every conversation or gesture, they could be encountering Jesus. That's the practice of Christian hospitality – the belief that whenever a person comes to us in need or distress, the chances are they could be Jesus, so we'd better make sure we treat them as if they were, not out of fear of judgement but out of the wonder of being in the presence of God.

Duke Hospital is a remarkable institution, with outstanding leaders, dedicated staff and a record that matches its ambition. As I understand it, Duke Hospital faces the same three challenges any health system faces in our day – that is, our obsession with technology, our consumer culture, and our unresolved tension between public health and private insurance. In regard to these three great challenges I propose three ancient Christian practices. In relation to the obsession with technology, I wonder how Christians can help hospitals and society in general to remember medicine is fundamentally about caring and only secondarily about curing. In relation to consumer culture, I wonder how Christians can exhibit patience in such a way that shows that real health is fundamentally rooted in right relationships and only secondarily in dynamic drugs. And in relation to public health, I wonder how Christians can help make hospitals places of genuine hospitality, where the stranger is regarded not as a problem or a danger or simply a "case" but as a gift. I have suggested that belief in the resurrection is the key to medicine and that without faith in the resurrection the practice of medicine collapses into a host of insoluble dilemmas. But such an observation requires a response. It's up to Christians to embody what the resurrection means in medicine today – and I believe that embodiment lies in care, in patience, and in hospitality.

Duke often speculates on what it means for a major hospital to be part of a university, and there's much appropriate heartsearching about business models and profit motives and academic culture and serving the poor. I want to leave you by turning the question around and asking instead what it might mean for a university to include a hospital on its campus. Perhaps it might mean that the qualities I have been outlining – care, patience and hospitality – are crucial not just to medicine, but to what it means to be a healthy community. And perhaps it might mean that a vital place where people can learn such qualities is at a university. And perhaps it is partly because Christianity is so deeply invested in those qualities of care, patience and hospitality that it has such a cherished place at the university at all.