

a mother to his children, but none of them had been young when she entered their family. And she had no experience in patient care. It didn't matter. She learned everything she needed to know. And she ministered to her David with tenderness and care the like of which I'd rarely seen.

For weeks Clare looked after David at home. A visiting nurse came: once a week, three times a week, then daily. I came three times a week, then

This love story was like none I'd ever known.

near the end I visited daily too. I witnessed the tender loving care this once coarse woman gave to her dying husband.

I watched this dying love story, a love story I couldn't see while they were both full of life, but a love story like none I'd ever known.

And then he died.

At home, with Clare.

I had grown to love this couple. Clare had been hard to love initially, sometimes hard even to like. David

was the pleasant, easygoing one, but as I watched her head deeper and deeper into the world of palliative care, never once questioning whether she'd be able to pull this off, I bowed to her temerity and determination. And I came to love her, too.

Medical caregivers inhabit a curious world. We provide the most intimate of personal care, learn the most precious details of another person's life, then we must disappear at death. Death

and funerals are for families, not for doctors and nurses. I had become close to this family and did attend David's funeral, though I didn't for many other patients.

Months later, these many weeks with David and Clare came flooding back to me. I had the privilege of attending a multidisciplinary palliative care retreat. Johann Pachelbel's *Canon in D* played in the background. In a ceremony of remembrance, caregivers were invited to move to the centre of

the room where a man stood with a washbasin. Our hands were washed by the person already at the table, and, in turn, we washed the hands of the person who next came to the table. Each mutual giving and receiving of this care was done in remembrance of a patient we had cared for in death. This was a rare opportunity of open grieving and mourning arranged by this forgotten group for this forgotten group. It was a place for medical people to weep openly without further burdening an already mourning and grieving family.

As we participated in this mutual giving of and receiving of care, we were invited to speak the names of those we remembered. I spoke of David and of the woman who loved him so.

And of how much I'd learned about love from watching Clare give him his last wish.

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The names of both "David and "Clare" were changed. "Clare" gave permission for this story to be published.

BOOKS

Making a case for medical miracles

Previously published at www.cmaj.ca

Medical Miracles: Doctors, Saints and Healing in the Modern World

Jacalyn Duffin

Oxford University Press; 2008.

A paralyzed woman rose and walked after lying next to the corpse of Saint Diego d'Alcalá in 1555. A three-year-old boy came back to life after a mother's plea to Saint Andrea Avellino in 1678. A young woman was cured of meningitis following appeals to Saint Vincenza Maria Lopez y Vincuna in 1928.

Do you believe the Roman Catholic Church's accounts of medical miracles? After examining more than 1400 cases in the canonization files of the Vatican Archives and Library, physician and historian Jacalyn Duffin does, sort of.

Once skeptical, she says she now believes the stories — as a historian. That is, she believes in the honesty and accuracy of the players and people involved in experiencing and verifying the healing events. "These events were miracles for the people involved," she writes in *Medical Miracles: Doctors, Saints and Healing in the Modern World*.

On a broader level, what remains constant through time and place are human efforts to delay death. Sick people consult physicians, follow their advice, but also simultaneously seek cures from other possible sources, such as God, states Duffin, the Hannah Chair for the History of Medicine at Queen's University in Kingston, Ontario.

Focusing on healings from the 16th to the 20th century that led to the canonization of saints by the Catholic Church, this book is about the form and identification of medical miracles, the practice of the attending physicians and the man-

ner in which people sought divine help.

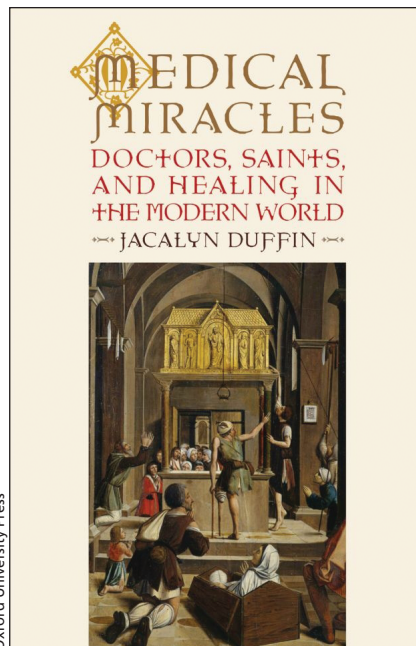
Duffin is less interested in verifying facts — did a medical miracle actually take place? — than in uncovering how the experience and scrutiny of miracle healings changed over four centuries as well as what was constant through the process.

Religion and medicine have never been on opposite sides of the process, Duffin notes, but “religion sits more comfortably with medical science than vice versa.”

Not surprisingly, many important changes occurred. Duffin says the Vatican placed increasing emphasis on medicine and physical healing in investigations of miracles. Over the years, it required greater medical testimony and detailed diagnoses. More doctors became involved in the investigations and more advanced technologies, from the stethoscope to imaging scans, contributed to the church’s demands for greater proof of disease healing.

The types of diseases recorded also changed over time, reflecting shifts in disease prevalence in society and disease classification (nosology) in medical science. For example, the description of diseases such as tuberculosis, smallpox, malaria or simply fevers faded in the records as effective treatments emerged. Evidence of cancer or tumours remained

failure to cure) and they express surprise at the outcome (for which medicine could not take credit). When the Vatican is confident that doctors have exhausted



the latest medical therapeutics and eliminated natural causes as an explanation, it can declare a healing miracle.

Another constant is the structure of the healing narrative in the canon record — or the “dramatic arc,” according to Duffin — in which

they all offered gifts of thanks — prayers, offerings, and so on.

So what prompted this self-professed atheist to become so interested in miraculous healing? Duffin unknowingly contributed to the successful canonization of Marie-Marguerite d’Youville, the first Canadian-born saint. Duffin confirmed severe acute leukemia — with a remission, a relapse and another remission — in a living patient, who attributed her subsequent cure to the intercession of d’Youville. After that, Duffin says, she decided to learn more about miraculous healings, admitting that many of her medical colleagues were baffled by her research interest.

Duffin’s study is good empirical history. She presents ample case narratives involving cancer, blindness, lung conditions and other debilitating diseases.

Based on her exhaustive research, Duffin challenges several historical assumptions, including that the Vatican was averse to the use of new medical therapeutics or technologies as standards of care. At a more mundane level, she explains the miracle record itself — what went into it, the role of doctors, the goal of Vatican leaders and the lives of the people seeking help. Indeed, as Duffin suggests, these records are rich sources for religious, medical and social historians alike.

Regardless of whether you believe in medical miracles, Duffin’s work should inspire further analysis in the convergence of medicine and religion.

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Shelley McKellar’s first book is *Surgical Limits: The Life of Gordon Murray* (University of Toronto Press; 2003). She is currently finishing a book on the history of artificial hearts, tentatively entitled, *Rebuilding Bodies*.

This book should inspire further analysis in the convergence of medicine and religion.

constant, although its descriptor ranged from scirrho, malignant ulcer or tumour to carcinoma and cancer.

One historical constant has been the key role played by doctors in the Vatican’s investigation process. Physicians perform two important steps: They diagnose the condition as hopeless (a medical

patients recovering from disease moved through “a solid structure of suffering, invocation, healing and thanksgiving.” Patients made similar pleas for divine intervention through prayer, pilgrimages or relics; they shared experiences of dreams or visions at their instant of recovery;