



# Burnout: Paying the Cost for Compassion

By James Londis

**T**here simply is not enough time. Time, the house in which one seeks to accomplish everything, is not spacious enough to satisfactorily fulfill all one's obligations. The week consists of a series of trade-offs between work and home and self. More often than not, self receives the least time because one does not feel guilty taking time away from one's self; one feels guilty taking time away from others. The virtue of self-denial easily becomes a vehicle of self-destruction.

As Parker Palmer put it in his book *The Active Life*.

For some of us, the primary path to aliveness is the active life of work, creativity, and caring. The active life is an extraordinary blessing and curse. The blessing is obvious: . . . the active life makes it possible to discover ourselves and our world, to test and extend our powers, to connect with other beings, to co-create a common reality. . . . Take away the opportunity to work, to create, or to care . . . and you have deprived someone of the chance to feel fully human. But the active life also carries a curse. Many of us know what it is to live lives not of action but of frenzy, to go from day to day exhausted and unfulfilled by our attempts to work, create, and care. Many of us know the violence of an active life. . . . Action poses some of our deepest spiritual crises as well as some of our most heartfelt joy.<sup>1</sup>

Caregivers—people who choose medicine, nursing, and other caregiving professions are particularly susceptible to the virtue dilemma posed by burnout. Examining their experience provides answers for major sources of stress, thus yielding an understanding of burnout and what is required to heal this chronic malady.

Why do people choose medicine, nursing, and other caregiving professions?<sup>2</sup> Let me offer the following propositions:



1. The vast majority of healing professionals care deeply about people in suffering.
2. Many acquire their compassion for sick, vulnerable people from wounded childhoods.
3. Many are drawn to medicine and allied health because they are intellectually and technically challenging and deal with life-and-death matters.
4. Many are at least not put off by the promise of a comfortable lifestyle, social status, and prestige.
5. Many find that the healing arts help them cope with their own mortality issues.
6. Some are attracted to the profession because they are committed to Jesus as the "model healer."

These factors create what I call an "ethical imperative" to heal the sick. One feels one "ought" to do this, that one is "called" to this service or ministry. Consequently, responding to this imperative becomes a virtue, one that more often than not contributes to burnout.

Although working longer hours to increase one's salary can be tempting, and putting in more time may mean another peer review journal publication or research grant, the most dangerous cause of burnout may in fact be caused by one's virtues. Making less money or being less notable within one's profession does not weigh on the physicians and other caregivers I know nearly so much as their concern for their patients, a concern that impels them to work beyond what they should. How can physicians say to their patients that they need to go home at a decent hour to get their rest?

### The "Supererogatory/Compassion" Temptation to Burnout

Their compassion for their patients urges caregivers to embody a supererogatory ethic, which, unlike one's professional obligations, is by definition limitless in its response to human need. Caregivers may understand and be able to perform their fiduciary duties as professionals, but how are they to be able to do all that the compassion of their vocation requires? I am not merely talking about long hours, but also about draining, depleting compassion.

Some time ago I had lunch with a physician's wife. We had been working with a palliative care group in the hospital that grew in the aftermath of Bill Moyer's "On Our Own Terms" PBS series. Herself a breast cancer survivor, she told me that she now had her husband at home since his retirement a few months earlier. Fascinated by Moyer's series, she tried to get him to watch it with her, but he would not. Finally, somewhat frustrated, she pressed him about his reluctance. Upset, he said to her: "You have no idea how hard it is to deliver bad news to patients time and time again for thirty years. I can't watch the series."

His reaction surprised her, because he had never mentioned his inner pain as a caregiver. As Naomi Remen has discovered in her retreats for physicians, even practice partners who struggle with these concerns may never talk about them with each other.<sup>2</sup> They may not even suspect that anyone else feels the way they do. Richard B. Steele points to the "double-sidedness" of compassion. It usually happens to us in a spontaneous and uncontrived way and is "a mark of my own vulnerability to another person's distress. Indeed, genuine compassion seems to be something that is almost torn out of us by the grievous circumstances under which someone else lives."<sup>3</sup>

In addition, Steele suggests, "there is a sense in which compassion is voluntary. Or at least it is a trait of character that we must intentionally cultivate and that typically grows in scope and intensity as we mature morally."<sup>4</sup> It is a disposition, and it cannot help but unfold in the caregiver if he or she does not consciously resist it. When one's life is dedicated to relieving the suffering of others, when the needs of others are the focus of one's daily efforts, one inevitably suffers with the suffering. One's need for balance, rest, or time with friends and family seems morally insignificant. The caregiver cannot help feeling selfish much of the time he or she is not serving the ill.

Ironically, then, the virtues and commitments that make for good caregivers may contribute to their self-destructing behavior. If they are caregivers of deep faith, they do not know how to say "yes" to their personal and private lives if that "yes" feels like a "no" to their needy patients or to God. One physician with

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whom I spoke struggled to control his emotions as he described this inner conflict. Even the religious imperative can become an obstacle to self-preservation. Suffering patients cause such physicians agony that they cannot easily dismiss, contain, or ignore.

### The "Wounded Healer" Temptation to Burnout

I indicated earlier that a variety of factors can contribute to one's ethical imperative to pursue medicine and other types of healing, including the emotional universe of one's childhood. Mixed with the ethical imperative that can lead to burnout is the need to relieve suffering because one's history provides fuel for the ethical imperative engine.

People in the helping professions have been the subject of considerable research by psychologists and sociologists. They note that a high percentage of such professionals are "wounded healers," that is, professionals who find healing for their personal wounds by helping to heal others. Whether in ministers, physicians, nurses, or social workers, the drive to serve others to the detriment of one's self may be partially fueled by inner needs distinct from altruism. Thus, caregivers come full circle: they start as "wounded" children whose need to heal is related to those wounds, then they become wounded "healers" with the license to practice medicine, nursing, or social work, and end up as "healers wounded" because they do not take care of themselves.

I wish to make it clear that being a wounded healer should not be considered altogether bad. Henri Nouwen has observed that healing agents can come into being either in spite of or because of their own vulnerabilities, weaknesses, and anguish. One can be led to the self-denying life through personal struggle with suffering. Once again, ironically, fulfillment of one's need to serve because of one's own anguish can lead to a self-destructive commitment to patients. Feeling fulfilled or feeling that one is doing all that one must does not often happen to wounded healers unless they also feel overworked and exhausted. When the suffering world cries out, caregiver hobbies, families, and needed rest produce guilt, not refreshment.

### The "Excellence" Temptation to Burnout

Caregivers, especially physicians, have another imperative that tempts them to overwork, but one no less deforming of their humanity, and that is the imperative to excel. It starts as early as high school, takes hold in the college premed program, and goes into overdrive in medical school. Average students are not accepted into quality medical schools and average students do not enter quality residency programs. The self-inflicted pressures to excel are enormous, and if they are exacerbated by the expectations of one's family, they can be overwhelming. One physician admitted to me that he had been driven to perform because his father expected so much. When he proudly told his father that he had graduated second in his class from Loma Linda University Medical School, the father, annoyed, asked: "Why weren't you number one?"

Excellence requires self-denial, and no one wants to be mediocre. If distinction in one's profession, if high quality in one's care of patients requires the sacrifice of the self, then that is the price one must pay if one is to possess any self-respect. It is difficult to think of any human endeavor that does not improve in quality because someone gives himself to it with a single-minded devotion. Nobel prize-winning medical research, superior outcomes in surgery, or more accurate diagnostics and treatments do not reward the caregiver who limits his efforts to fifty or even sixty hours a week.

Furthermore, most realms of endeavor have experienced an enormous upgrade in demands for performance in recent years. Staying on the cutting edge of one's profession requires more time than ever. It was once said: "Smith is the world's greatest physicist, but he's a boorish, tiresome nitwit. Better to be less of a physicist and get to work on the nitwit problem." But this is difficult for people who want to excel in our highly competitive culture.



Once again, an emotional need or even an ethical imperative to do one's best can conflict with the imperative to care for our relationships and our humanity. Torn between the needs of others and one's desire to be competent and caring the physician may hardly consider her own welfare. It seems like an impossible dilemma: If caring for others and pursuing excellence can be inimical to the self's need for rest and balance, not caring for others and being content with mediocrity are also inimical to the self's imperative to meet patient needs as proficiently as one can.

### The "Denial of Death" Temptation to Burnout

For some time now, psychologists and philosophers have known that our passion to serve with excellence may, at the preconscious level, be a way to cope with our own mortality. Written several decades ago, psychiatrist Ernest Becker's prize-winning book, *The Denial of Death*, persuaded me that it is our repression of our mortality—not our sexuality—that breeds our anxieties and neuroses. Promiscuity, the hunger for power, wealth, notoriety, and the need to work to the point of endangering health, Becker insists, are often due to the subconscious terror that haunts us in our finitude.

Morrie Schwartz echoed this sentiment when he said to his biographer Mitch Albom: "Well, the truth is, if you really listen to that bird on your shoulder, if you accept that you can die at any time—then you might not be as ambitious as you are."<sup>5</sup> We humans are gifted at escape from unpleasant realities, not the least of which is the fact that we are going to die, and may die at any moment. Only when faced with death as a very real and imminent prospect do we realize that our "escapes" are useless. It is then that we must discover our true selves and learn whether external events such as work successes and failures (or other disappointments, such as losing the presidential election in a suspicious manner) define the core of who we are. Much of our obsessive activity—even for the noblest ethical reasons—is to keep us from facing this reality. As Jerome Miller has so eloquently put it in "The Way of Suffering":

To be stricken by grief means precisely to have one's managerial control over one's life . . . incapacitated by it. The therapeutic effort to bring grief into the open, to talk about death without our old hesitations and reluctances, has, I think, the unintended effect of transforming the experi-

ence of death so that we can . . . undergo it without being ultimately upset by it. It judges suffering from the point of view of ordinary life and so tries to deprive it of its very capacity to rupture that life irreparably. In that sense, it never sees things from the point of view of the sufferer. For the sufferer may be close to a truth that the therapeutic way of thinking never leads us to suspect—that our whole ordinary way of life, with all its evasions and avoidances, is in some profound sense unreal. Suffering has a way of turning everything upside down. And from that overturned perspective, it makes no sense to resume one's ordinary life—because one knows now the truths it was designed to keep hidden. In that sense, someone who truly encounters death can never recover; for he cannot resume the way of life that sheltered him from the very intimation of it.<sup>6</sup>

### Burnout Exacerbated by the Health Care System

When one adds to these existential challenges the stress imposed by the efforts to contain health care costs, living out the ethical imperative becomes even more difficult and frustrating. It is no secret that deepening frustrations with paperwork, patient volume, decreasing income, and diminishing time for themselves and their families frustrate caregivers. Several physicians and nurses have told me that the primary source of their feelings of burnout was the tension between the contradictory expectations of the health care system and their patients. HMOs want less time per patient and greater efficiencies in the use of scarce resources, whereas patients want more time with their physicians and from their nurses, as well as access to any and all diagnostic procedures that might prove beneficial.

"It is not the money," one young physician commented, echoing the theme I had heard in other contexts. "If I had wanted money, I would have gotten an MBA, not an MD." Certainly, young physicians want to earn enough to support themselves and their families. But they are equally sure that they willingly make financial and personal sacrifices for their patients. They want to give their patients the time they need.

These caregivers know they have chosen a demanding, stressful profession filled with beepers, early morning phone calls, and a time-consuming reimbursement mechanism. They find much in the current system unintelligible and inimical to patient interests.

## The Sabbath must provide resolution for the reasons we do not rest, most especially those that grow out of the virtue of self-denial.

Well aware they cannot do it all, several have spoken of the coping mechanisms they have developed to help them when they feel overwhelmed.<sup>7</sup> What they want is “more” time. However, the health care “system,” added to everything else we have identified, prevents them from having more time.

### Time as an Enemy, Sabbath as a Friend

What, then, is to be done? How does one achieve balance in one’s life without feeling the remorse inherent in Jesus’ admonition: “This you ought to have done, and not left the other undone”? (Matt. 23:23). In my experience with resident physicians, this excruciating ethical dilemma plagues them, especially women with young children.

As a Seventh-day Adventist, I have been surprised at the number of contemporary writers (most of them not worshipping within a Sabbath tradition such as Judaism or Seventh-day Adventism) who recommend a return to the notion of the Sabbath as a remedy for overly busy and stressed people. As one writer put it,

God graces us with rest, and, as we respond with our gratitude, receiving the gift, we begin to enter into that balanced life which is our destiny as the people of a loving creator.<sup>8</sup>

However, if God’s gift is simply an invitation to rest, that is not sufficient. The Sabbath must provide resolution for the reasons we do not rest, most especially those that grow out of the virtue of self-denial. To show how it might do that, we need to examine the nature of the Sabbath commandment. Although the Sabbath is first mentioned in the creation narrative, we will note in particular the commandment’s historical roots in the books of Exodus and Deuteronomy. Then we will touch on its eschatological application in the Epistle to the Hebrews.

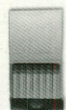
The first three commandments of the Decalogue make clear that God is to be worshipped as the Creator and Lord of the world. The fourth commandment concerns the Sabbath as a symbol of God as the Creator and Lord, and contains specific instruction about work and rest. In the Sabbath we see that the

ethical imperatives articulated in the last six commandments find their basis in the religious imperatives of the first four. To put it another way, the Law is structured to help us understand that the religious imperative both undergirds and transcends the ethical. In the Exodus version of the Sabbath commandment, for example, we are to keep the Sabbath holy first because God is the Creator of all, including human beings and the work that we do.

Remember to keep the sabbath day holy. You have six days to labour and do all your work. But the seventh day is a sabbath of the LORD your God; that day you shall not work, you, your son or your daughter, you slave or your slave-girl, your cattle or the alien within your gates; for in six days the LORD made heaven and earth, the sea, and all that is in them, and on the seventh day he rested. Therefore the LORD blessed the sabbath day and declared it holy. (Exod. 20:8-11 NEB)

The commandment points to God’s lordship and creative power as the authority that undergirds the Sabbath rest. It locates the imperative to “rest” within divinity itself; that is, if God rested as the Creator, humans made in God’s image must also rest. It is important to note that this “rest” is not cessation of activity. It is an “active” rest in the sense that one is intentional about how this time away from daily and “ordinary” work is to be spent. As a weekly event, it is to be so extraordinary that it teaches us the meaning and significance of ordinary time and labor. All creation—including animals, slaves, foreigners, and the land—is to be recreated and renewed by this rest. Refusing to rest is not an option. Doing so is tantamount to idolizing labor and defacing God’s image in the creation.

In the Deuteronomical version of the commandment, a different rationale is given for the Sabbath.



You have six days to labour and do all your work. But the seventh day is a sabbath of the LORD your God; that day you shall not do any work, neither you, your son or your daughter, your slave or your slave-girl, your ox, your ass, or any of your cattle, nor the alien within your gates, so that your slaves and slave-girls may rest as you do. Remember that you were slaves in Egypt and the LORD your God brought you out with a strong hand and an outstretched arm, and for that reason the LORD your God commanded you to keep the sabbath day. (Deut. 5:13-15 NEB)

Here we learn that the Hebrew slaves who had probably never had a day off in four hundred years had a right to rest. They could not regain their full humanity after slavery without regular, guaranteed rest. What was it like to be told that Yahweh, your redeemer and deliverer, commanded you to rest because you had been slaves? Such obligatory rest would be a joy, not a burden. As one Lubavitcher Rabbi said, "The Sabbath is a burden in the same way that pushing a wheelbarrow full of diamonds is a burden."

Unlike the book of Exodus, the focus in Deuteronomy is not on God's transcendence as Creator but on God's immanent activity in the world as the Redeemer of the Hebrew people from Egyptian oppression. When slave laborers are told that they are to rest out of gratefulness to Yahweh, they understand that labor must never be an absolute, not even labor for good things. God has acted on your behalf and you are to rest as God has commanded. A religious "indicative"—what God has done for us—undergirds a religious imperative of obedience that overflows into an ethical imperative: Those over whom we exercise power, especially in a patriarchal and hierarchical society, cannot be forced to work unremittently in disobedience to God's commandment.

The writer of Hebrews adapts the Sabbath concept to the new covenant in Christ by using it as a symbol of the eschatological rest that awaits God's people at the end of history (Heb. 4:1-6). The Creator will recreate the world, the liberator from slavery will liberate the cosmos from evil, the battle will be over and we shall all rest. If we have come from the rest of

creation week and passed through the rest of liberation from both physical and spiritual slavery, and if we look forward to our ultimate rest in God, how can we not hear the importance of rest for the present?

For these reasons, physicians and other caregivers may not justify or indulge in overwork when it is their compassion that drives them to it. Nor can labor-related self-destructive behavior be defended because we have heard the "call of God" to medicine or ministry. Further, I believe that embedded in the Sabbath are resources that speak to the emotional, existential, and intellectual factors that participate in and supplement our ethical and religious reasons to overwork. The Sabbath says clearly that even the caregiver's obligations to her patients must be subordinate to the commandment.

With apologies to Kierkegaard, I am suggesting that the Sabbath reminds us that there is a "religious dimension over the ethical" that takes priority. When God commands a Sabbath rest for us—even if it is more like the command of a loving parent who absolutely insists that his adult child caregiver "rest," than it is the order of a tyrant—God is reminding caregivers that no matter how hard they work, they will not cure all disease, they will not relieve all suffering, they will not prevent the death of all their patients. To work as if they are trying to assume this responsibility is to deny their creatureliness and pretend they are the Creator. It is to behave as if they are the deliverer and not Yahweh, that they are responsible for the ultimate victory over suffering and death in the world.

In this sense, the Sabbath commandment prohibits making one's own service to others an idol. It is as if God is saying: "It is enough that you have passionately participated in the work of the kingdom or reign of God by seeking to heal the wounded, weak, and vulnerable. It is my responsibility, not yours, to ensure that what you creatures do makes an ultimate difference. It is my responsibility to cure all disease, relieve all suffering, and ensure eternal life for your patients." The Sabbath is designed to be "fixed" and uncompromising when it orders us to interrupt regularly the daily grind that depletes us.

Like Mother Teresa's fixed daily prayers, Thomas

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Merton's contemplative retreats, or Billy Graham's habit of reading the Psalms every morning, the time is to be inviolate. It is meant to be a discipline, a corrective to our natural tendency to work too hard even for the noblest reasons. Because God makes this demand on me, I am allowed to feel I am not being selfish if I say "no" to the needs of others during this time. God is the Lord, not work, not even work to relieve the suffering of other people. One could probably make the case that if I worked longer hours I could help more people. That one was tried on Mother Teresa, who replied with spiritual insight that "God must take care of the world. I can only take care of those given to me."

But, you might say, this is all very well for believers who worship within a Sabbath tradition. However, the Sabbath cannot help those compassionate and ethical physicians who are not religious. The authority for the Sabbath clearly resides in God, so if one does not believe in God, what ground is there for coping with the self-destructive potential within the ethical imperative? With or without a divine reality, it seems to me that the same considerations are still valid. Reality itself suggests a Sabbath, a need for the cycle of work and rest. No caregiver can or should assume that she or he can fix the suffering and death of everyone who has need. That is a form of hubris that must be tempered by a humility before reality that gives the caregiver permission to rest and be recreated.

Saving others so that I need to be saved is the kind of "antinomy" that even Kant would appreciate. It is a form of arrogance that produces the self's enslavement to work. In this context, leisure is not frivolity, nor is it inherently narcissistic. One can only deny one's self if one rests sufficiently to have a self!

There is a paradox here. You cannot have a self if you are not self-giving. Denying my "self" is one way to establish a strong sense of my self. However, never receiving from others and never receiving rest is certain to make the "self" in self-giving short lived. With or without a religious faith, this insight seems self-evident to me (no pun intended).

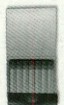
One contemporary witness to this insight comes from poet Kathleen Norris, who, as an agnostic, decided to enter a monastery in order to find she knew

not what. She left the world of work and entered the world of reflection and prayer. It was as if her life were telling her she needed a Sabbath.

So, for these reasons and more, the Sabbath invites us to live by a non-utilitarian thesis and beyond a duty-oriented one. Because we cannot accomplish the greatest good for the greatest number (whatever that means) or do our duty (let alone go beyond it) so diligently that we can meet the needs of all our patients, the Sabbath asks us to admit our finitude and, if we believe in God, to trust God. What we can do is respond to the needs of those who see us as their neighbor-caregiver as suggested in the parable of the Good Samaritan.

The Sabbath also speaks powerfully to the other sources of our tendency to idolize work, such as the wounded healer syndrome. If God is the Creator and Redeemer who establishes the Sabbath to remind us of God's power and grace, then one of God's tasks is to transform even our most painful personal experiences into occurrences that are creative and redemptive for other people. Our vulnerabilities may make us more susceptible to overwork and burnout; they may also make us more sensitive to our patients and to other vulnerable human beings. Our spiritual work as caregivers must include confrontations of and attempts to deal with burnout as we confront pain in our patients. We must learn not to confuse taking care of others with taking care of ourselves, even though in our experience those points will often seem to coalesce. We must not become the "healer wounded," that is, the caregiver whose need to be healed through service becomes so pathological that the self is injured.

The Sabbath further addresses, I believe, how the desire for excellence in medicine and other health-related fields must be tempered with rest. When I was in college, there were few majors in premed not driven to superior grades in each class they took (most especially the sciences, of course). There is in health care a powerful demand for academic and technical





excellence. Human life is on the line—no trivial matter. People of compassion and virtue who go into health care feel not only that they must excel for their own self-respect and professional accomplishment, but also that they must do so for the sake of their patients. What does the Sabbath have to say to this issue?

Putting aside the much-challenged assumption that the biomedical and technical understanding of healing is adequate in today's culture, I would suggest that the Sabbath redefines excellence in terms of human existence as a whole by refusing to acknowledge that one-dimensional people who overwork can, in the end, effectively serve others as healers, or serve God faithfully.<sup>8</sup> One could conceivably argue that working seven days a week from sunup to sundown made the Hebrews the finest slaves ever conscripted and the weakest human beings ever called to be a nation. As we have all learned from a variety of endeavors, creative breakthroughs and incisive thinking come more often than not during moments of relaxation, when the mind is focused on other things. As Rollo May observed in his book on creativity, many mathematicians and physicists do their best work while walking the beach with the dog or shaving. To paraphrase John Milton, "They also excel who only stand and wait."

How does the Sabbath address our finitude and mortality? There is little doubt that one route to the sort of immortality conferred by historical significance is working hard on behalf of others, either as a moral and political leader or as a philanthropist. The scale of one's contribution is somewhat irrelevant; that is, a street named after you in your local town may memorialize you just as permanently as a president is memorialized on the mall. One's continuing in memory is limited only by the number of people who know and remember you. Especially as we age and the fact of our mortality becomes too obvious to ignore, we naturally look for our influence and memory to continue beyond our deaths. But does work to the point of self-destruction really accomplish this goal, or is such effort one of the illusions we must give up if we are to be integrated, whole selves? If we do achieve the goals we seek—even the presidency of the United States—does that really extend our lives beyond the grave?

The Sabbath reminds us that there is only one adequate solution to the problem of death: the reality of a Creator/Redeemer God. You may not believe in God, but you should not deceive yourself into thinking that you can do through effort what only God or deity can do in the future: achieve eternal life. There is no more immortality by works than there is righteousness by works; it is the gift of God.

Nonetheless, an objection may be raised to my proposal, even by caregivers sympathetic to it: namely, that the one very clear exception to the Sabbath rest commanded in Exodus and Deuteronomy is the teaching of Jesus that one should not use the fact that it is the Sabbath to refuse to heal on that day. We are not only free to lift the "ox out of the pit" and to relieve human suffering on the Sabbath, but we ought to. In Luke's Gospel, the man who for many years had suffered with the withered hand could easily have waited until sundown for his cure, but Jesus singled him out for healing in public on the Sabbath. Does not that understanding of the relationship between healing and the Sabbath reimpose the caregiver's burden? How can persons able to do the most physical healing on the Sabbath take a rest from healing those who need it?

The answer, I believe, is embedded in the Sabbath commandment itself. You will recall that after the commandment urges the Hebrews to keep the day holy, and to do no work, it also enjoins the Hebrews that no one in their families, their household staff, or their livestock should be made to work on the Sabbath. This dimension in the commandment, echoed powerfully in the notion of the Sabbath "jubilee" year, is proof that not only individuals, but also systems and entire societies are under the imperative to enter into God's rest.

This dimension suggests that the Sabbath requires that the health care system afford rest even to caregivers whose work of healing is the exception to the prohibition against work. It is a given that any physician, nurse, or therapist on any Sabbath would be morally and religiously required to "work" to heal and save life. What is not a given is that every caregiver on every Sabbath is required to do that work. Even when the caregiver does healing work on the Sabbath, it is



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not to be the same as work during the week, which is to say that healing on the Sabbath is to be viewed as itself an act of worship to God that fulfills the purpose of the day.

Although one is not to work on every Sabbath for one's own sake, when one does work on Sabbath for the sake of others, it is to be seen as a holy labor, much like the labor of the priests in the temple. Such labor is within the Sabbath rest more than it is an exception to that rest. It is a fulfillment of the rest, another way of resting, rather than work. Writer Marva Dawn has said it well:

Because God's eternity enfolds us in our Sabbath celebrations . . . we will delight in becoming agents for [God's] purpose of caring for the poor, delivering the oppressed, announcing the good news of salvation, building peace in the world—not with any false idealism that we can bring the kingdom of God to its culmination in the world, but with the sure hope that God is always at work to create peace and justice and freedom and that we can participate in his eternal purpose because of the Holy Spirit's power within and through us.<sup>9</sup>

In conclusion, let me say this: Physicians, nurses, and therapists called to healing by an ethical or religious imperative are easy targets for excessive self-denial, the kind that ends up in self-destruction. The invitation and command to keep the Sabbath rest is designed, in part, to provide balance for caregivers and to assure them that, even when they rest, God continues to work for their patients in ways that are mysterious and full of wonder. It is also designed to impose on the community the responsibility to design systems, policies, and procedures that provide rest for caregivers, so that they, too, can be healed even as they are healing.

### Notes and References

1. Parker Palmer, *The Active Life*, quoted in *Catch Your Breath: God's Invitation to Sabbath Rest* (Grand Rapids, Mich.: CRC, 1997), by Don Postema, 45.
2. See Rachel Naomi Remen's *Kitchen Table Wisdom: Stories that Heal* (New York: Riverhead Books, 1994).
3. Richard B. Steele, "Unremitting Compassion: The Moral Psychology of Parenting Children with Genetic

Disorders," *Theology Today* (June 2000): 162.

4. *Ibid.*, 164.

5. Mitch Albom, *Tuesdays with Morrie: An Old Man, A Young Man, and Life's Greatest Lesson* (New York: Doubleday, 1997), 83.

6. Jerome A. Miller, "The Way of Suffering," unpublished award-winning essay in *The Colloquium of the Basic Issues Forum*, Oct. 17-18, 1986, Washington and Jefferson College, 16.

7. Because so many women are entering medicine at this stage in our history, it is important to add that studies on physician burnout have identified gender itself as a significant issue. The June 2000 *Journal of General Internal Medicine* reported that female physicians were more likely to report satisfaction with their specialty and with patient and colleague relationships, but less likely to be satisfied with autonomy, relationships with the community, pay, and resources. Compared with male colleagues, female physicians also reported treating more female patients and more patients with complex psycho-social problems, but the same number of complex, medical patients. Time pressure in ambulatory settings was greater for women, who on average reported needing 36 percent more time than allotted to provide quality care for new patients or consultations, compared with 21 percent more time needed by men. When controlling for multiple factors, mean income for women was approximately \$22,000 less than that of men. Women had 1.6 times the odds of reporting burnout compared to men, with the odds of burnout by women increasing by 12 to 15 percent for each additional 5 hours worked per week over 40 hours. Lack of workplace control predicted burnout in women, but not in men. For female physicians with young children, odds of burnout were 40 percent less when support was present from colleagues, spouse, or significant other to balance work and home issues.

8. Elizabeth J. Canham, "A Rest Remaining," quoted in Postema, *Catch Your Breath*, 13.

9. See David B. Morris, "How to Speak Postmodern: Medicine, Illness and Cultural Change," *Hastings Center Report* (Nov.-Dec. 2000): 7-16.

10. Marva J. Dawn, *Keeping the Sabbath Wholly: Ceasing, Resting, Embracing, Feasting* (Grand Rapids, Mich.: Eerdmans, 1989), 104-5.

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