



Bringing Home the Word

Fifteenth Sunday in Ordinary Time July 10, 2016

Everybody Is Your Neighbor

By Janel Esker

“Who is my neighbor?” the scholar asked Jesus. If he’d asked me, I’d have answered, “A neighbor watches your house while you’re tending to a loved one in the hospital. A neighbor cares for your baby while you get emergency medicine. A neighbor comes over at 10 PM to investigate why your water is off.” That fits with Jesus’ answer: “The one who treated him with mercy.”

When we’re in need or on mercy’s receiving end, the provider doesn’t much matter—we’re just glad to receive it. We accept it without complaint,

no matter who it comes from. The bogeyman could have come over to fix my water at 10 PM, and I’d have been grateful.

Then why are we sometimes stingy, judgmental, or discriminating against those in need of mercy? We would like to think we’re the Good Samaritan, merciful even to someone we dislike. But if we’re honest, we’d admit we’re often the priest or the Levite, not just passing by someone in need, but going out of our way to “pass on the opposite side.” We forget how strongly Jews and Samaritans hated each other—and that we are capable of such distaste and disregard.

May we learn to be generous with mercy and never attempt to determine whether someone is worthy of it. For God has showered mercy on us and we, as sinners, are undeserving of such grace. If God is so generous, who are we to withhold anything from others? †

Sunday Readings

Deuteronomy 30:10–14

“Return to the LORD, your God, with all your heart and all your soul.”

Colossians 1:15–20

“He is before all things, and in him all things hold together. He is the head of the body, the church. He is the beginning, the firstborn.”

Luke 10:25–37

“He said to Jesus, ‘And who is my neighbor?’ Jesus replied....”

“We would like to think we are like the Good Samaritan, merciful even to someone we dislike.”

A Word From Pope Francis

There is no room for individualism; team coordination is paramount. Perhaps these three qualities: beauty, generosity and camaraderie can be summed up in a sports term that we must not forget: “amateur,” enthusiast. When an athlete, even a professional one, cultivates this dimension of being an “amateur,” society benefits and that person strengthens the common good....Before being champions, you are men, human beings with your merits and defects, with a heart and ideas, hopes and problems. And so, even though you are famous, you must always remain men in sports and in life. Men, heralds of humanity.

—Address to delegations of the national football [soccer] teams of Argentina and Italy, August 13, 2013



REFLECTION QUESTIONS



- Who are my neighbors?
- Have I neglected any of my duties as a disciple, family member, citizen, student, or worker?



Bioethics in Brief: Is Stopping Treatment the Same as Giving Up?

By Fr. Mark Miller, CSsR

Picture yourself in the waiting room of the hospital intensive-care unit (ICU). Your beloved Aunt Mary is critically ill and unconscious. The doctor, a nurse, and a social worker come to speak to you and your family about her treatment options. The doctor does not offer much hope for recovery. After a long explanation of her condition he states, “We think it might be best to stop treatment and accept that she is dying. Do you agree with our suggestion?”

Often this is stunning news, a development nobody wants to hear. Invariably, somebody from the family will state firmly, “Aunt Mary is a fighter. We do not want to stop treatment.” The conference breaks up, and the family goes off to talk angrily about the doctor’s message. Quickly the health-care team feels like a huge gulf has opened up—to the point that it is almost impossible to talk about treatment options for Aunt Mary, whose condition is deteriorating.

This scenario is not uncommon. The medical personnel have done everything to stabilize Aunt Mary’s condition, to determine what is wrong, and to initiate appropriate treatment. Their patient is in a critical situation, and the chances of recovery are poor. They also know, from professional experience, that too much treatment can become a form of torture that drags out an almost-certain

dying process. They want the family to be involved, and they want them to know that a decision hangs in the balance: Continue treatment as Aunt Mary’s condition deteriorates or care for her properly while she is dying. The latter choice usually means ending more aggressive forms of treatment.

What a family hears at such times is the health-care team saying, “We give up.” Often in shock from the serious illness of their loved one, they are not ready to “give up.” Ethically, this is a breakdown in communication. If you find yourself in such a situation, here are some questions to ask the doctor:

- What are the clinical indications for possible recovery?
- What are the chances (how much hope is there) for recovery?
- What side effects may accompany a recovery (for example, full recovery, brain damage, paralysis, loss of function)?
- What are the options—including choosing palliative care?

The last question is key because sometimes the only option you might have is when to stop treatment because the patient is dying and the treatment (such as a ventilator) is only prolonging the process. There may be other options, though, that allow some time to see if there will be improvement.

Whether continuing treatment or providing comfort care for the dying, one essential question for the family remains: “What would be the patient’s wishes in these circumstances?” In Aunt Mary’s situation, if she truly is a fighter and would want to “try everything,” then your choice should be to try everything until it is clinically certain that treatment will not work. If she has made it more or less clear that the burdens and consequences of treatment are greater than what she would accept, then it becomes a matter of timing: when is the best time to remove treatment, and how can we do it while caring for the dying person?

At times, ICU doctors present situations as if there were no choice. They might be saying, “This is what I would choose.” Or they might honestly believe that treatment will not work. Since they are very experienced in these things, one should be able to trust their judgment. Their job, however, is to inform rather than make or direct decisions that really belong to the patient. That is why it is important to get the facts straight and to make sure that the patient’s wishes guide the final decisions. †



Lord, you are near to the brokenhearted. Help me to be a good neighbor to all people.

—From *Faithful Meditations for Every Day in Ordinary Time*,
Rev. Warren J. Savage
and Mary Ann McSweeney

WEEKDAY READINGS

July 11–16

Mon. St. Benedict:
Isaiah 1:10–17 / Matthew 10:34–11:1

Tue. Weekday:
Isaiah 7:1–9 / Matthew 11:20–24

Wed. Weekday: Isaiah 10:5–7, 13b–16 /
Matthew 11:25–27

Thu. St. Kateri Tekakwitha: Isaiah 26:7–9, 12,
16–19 / Matthew 11:28–30

Fri. St. Bonaventure:
Isaiah 38:1–6, 21–22, 7–8 /
Matthew 12:1–8

Sat. Weekday:
Micah 2:1–5 / Matthew 12:14–21