



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

Jacalyn Duffin (2009)

Everyone—devout and skeptic alike—knows that their hour will come. If we are unlucky, death will be a deliberate or accidental killing. If we are lucky, the best possible end will be to die of illness in old age under the care of wise and kindly people.

These healing narratives, which the subjects chose to call “miraculous,” are temporary postponements of the inevitable; as described above, they are stories of life improved and death delayed. They bespeak a *longue durée* that could serve as the very definition of medical practice: medicine, like life, has always been (and may always remain) a noble but losing struggle against our mortality. Many medical practitioners are uncomfortable with that definition too; they gloss over it when they claim to “save lives.”

The *processi* reveal striking similarities between the actual performance of both religion and medicine on the personal level. Clerics and doctors together are tasked with bringing their elaborate systems of knowledge to bear upon an individual problem of suffering. Confronted with a sick person, both doctors and saint makers must observe each situation carefully, gathering evidence, reading “signs” that connect the particular to the

established canons of wisdom from their respective disciplines. The evidence is the same; the method is the same; it is the interpretation that differs.

In the symptoms and the physical examination, the doctor searches for signs to confirm the diagnosis and the prognosis, and for signs of recovery and decline. To elicit the patient's history, the doctor asks a set of routine questions and performs physical manouvers in a specific way that allows the tale to be ordered and the body explored according to the demands of the diagnostic process. The resulting evidence can more easily be juxtaposed to prevailing wisdom about disease, investing the particular with interpretive power, turning observations into signs. This practice used to be called medical semiology in English, as it still is in many other European languages. Similarly through their formal approach and rigorous questions, the clerics look for signs of sanctity to be found in evidence that the case was truly desperate, that the best medicine was given, that an appeal was indeed made, and that no scientific explanation can be found. Beyond passive observation, the examinations in both medicine and religion are active: the canonical wisdom of both traditions participates in the process, directing the inquiry and investing the particular circumstances with meaning, transforming them into signifiers for deeper interpretation.

The difference between these two perspectives does not require us to discredit any of the testimony as lying or wishful thinking. Rather, it resides in the interpretation of the evidence. For doctors, the medical canon is immersed in an antideistic tradition, as described above:

only nature—not God—can ever be the cause or cure of diseases. For religion, all plausible scientific explanations, be they human or natural, must first be eliminated before the case becomes a contender as a reliable sign of transcendence or holiness. In both cases, what is left is that which is unknown; religious observers are prepared to call it God. They accept divine agency within their interpretive framework through belief in God and the inspirational nature of scripture; such faith is often described as a miracle itself. It is the source of a burgeoning, hoary literature of theological explication on such questions as “Why does God send plague?”^{[11](#)}

But medical scientists are not prepared to attribute the unknown to God. As described above, their discomfort also arises from a kind of faith—the absolute belief in the nontranscendence of earthly events. Like those who believe in God, they *believe in* the existence of a natural explanation, as yet unknown but open for discovery. A commitment to this article of secular faith is found in the popular writing of atheists, who strive to contrast religion with reason.^{[12](#)} But as Mark Corner wrote, “there can be no certainty (since we obviously cannot anticipate what medical science will know in a century’s time) that a miracle has taken place. At the same time, however, there is no certainty that a miracle has *not* taken place.”^{[13](#)} As outlined above, only another form of belief sustains that interpretation.

Although these miracle stories emerged through the Roman Catholic tradition, I think that they also represent human response to illness everywhere, and assimilating this message could be useful to doctors. Sick people from many times and places consult physicians

and carefully follow their advice. But they simultaneously look for other ways out of their predicaments. They may see doctors as instruments of healing, but they are equally comfortable with, if not more inclined to, the opinion that cures are effected by ourselves, by nature, or by deities with help from saints and long-lost predecessors. Getting better is directly connected to gestures of personal history, lifestyle, sacrifice, supplication, penance, and worship. The Lord helps those who help themselves.

It is these personal gestures of appeal to medicine and beyond that link the illness and healing experiences of all people, whenever or wherever they may have lived and whether they are religious or not. Those who eat tofu, run marathons, practice yoga, quit smoking, avoid the sun, watch their weight, curb their alcohol, play sports, make sacrifices—or swallow aspirin, multivitamins, antioxidants, and hormones—are also pilgrims and penitents actively hedging their bets against the inevitable. Those gestures may have nothing to do with religion, but they have everything to do with interpretation and faith; they instill and enrich our existence with meaning because they are connected to beliefs about how the world works. This struggle for continuity in the face of death marks our lives. The Roman Catholic process of inquiry is shaped by it. I believe that the static structure of the healing stories reflects this timeless and pervasive reality of human experience.