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Welcome the stranger

Rediscovering the art of hospitality in a 21st century hospital

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There is an irony implicit in contemporary hospitals, namely, that hospitals – which historically were places of welcome and refuge for pilgrims and strangers (*hospes*) – are themselves often strange and uninviting places. Hospitals are the sort of place that we might, ironically, avoid like the plague. The situation has been exacerbated by the COVID-19 pandemic, in which hospital staff have been placed under unprecedented levels of stress.

I will begin this lecture by answering the question, 'what is hospitality?'. I will explore the view that human beings are wayfarers, and will consider how this conditions our experience of the world. I will explore how sickness can make a person feel like a stranger in their own body. Hospitality, I will argue, amounts to respite from the isolation and disorientation of human existence; the human connection at the heart of hospitality is especially important when someone is ill. I will consider how the art of hospitality might be recovered even in the midst of the pressures and constraints of a busy hospital.

I believe the virtue of hospitality is intertwined with the spiritual dimension of the human person, and so I will focus on spirituality in healthcare in addition to an exploration of hospitality. When I use the word "spiritual" I mean that aspect of human psychology that leads us to know ourselves as an 'I' and to yearn for communion with a 'Thou'. This dimension of the human person can be expressed in religion but is also expressed through authentic and attentive connection between persons.

Just a clarification before I begin: I do not intend in any way to imply that healthcare professionals are, in some sense, failing at their job. On the contrary, I want to affirm and encourage something which many healthcare professionals are already doing. This is, namely, compassionately accompanying their patients as they face the journey of illness.

Part I: What is hospitality?

My research has led me to focus on a specific definition of hospitality that I believe is embedded in the ethos of healthcare. There was a very deep conception of the human condition at play when Catholic institutions first got involved in the business of healthcare and I want to capture what these institutions were aiming to achieve when they were first established.

An initial definition of hospitality

Superficially, hospitality might be understood as a set of social norms concerning the welcoming of guests into one's home. This notion has a rich historical pedigree. The ancient Greeks and Romans had the concept of *hospitium*, or a right to hospitality that travellers had when seeking lodging in a foreign land.[1] Hosts had a social obligation to accept travellers into their home. In some instances there were elaborate rituals surrounding the institution of *hospitium*, such as the giving of gifts to the visitor when they departed or the breaking of a die to symbolise the connection between the host and their guests. Hospitality also took the form of a public institution whereby a distinguished foreigner was made a citizen of Rome by decree of the senate.

Today something like a welcoming of foreign citizens exists in the form of the granting of humanitarian visas and asylum. We might, for example, think of the welcome that has been provided to Ukrainian refugees in Australian homes in recent months.

In general, though, people would associate hospitality with the practice of privately welcoming a friend or stranger into one's home. Hospitality of this kind is not necessarily predicated on a prior existing friendship, though we do of course welcome friends into our home. In other cases, however, we might extend friendship to a complete stranger who is in need of support at a time of adversity.

[1] J. Nicholls. "The practice of hospitium on the Roman Frontier". In Ted Kazier and Olivier Hekster (eds.). *Frontiers in the Roman World* Leiden: Brill, 2011.

That is a fairly straightforward definition of hospitality. It is profitable, however, to examine more closely the precise character of the strangeness of the stranger and the welcome of the welcomer at the heart of the hospitality dyad. Indeed, herein lies a central claim of this paper, that hospitality amounts to existential respite from the strangeness of the human condition.

Homo Viator

A truth at the heart of Christian teaching on the human condition is that human beings are *wayfarers* – travellers here on earth. That is to say, the world is not the final destination for the human person. On the contrary, the human person is destined for union with God in Heaven, and, to invoke the oft-quoted words of St Augustine, "our hearts are restless until they rest in Thee".

Augustine's explicitly theological language may not be particularly accessible to a secular audience. But there is a certain strangeness to human existence that all human beings can relate to. Our lives often have an interrupted, incomplete and fragile character, and this can give rise to a conviction that we are not quite at home here on earth. The American novelist Walker Percy once wrote:

> *"...man is more than an organism in an environment, more than an integrated personality, more even than a mature and creative individual, as the phrase goes. He is a wayfarer and a pilgrim."*

Percy's contention is precisely the notion that human life has the character of a journey through a strange and foreign land. One need not accept the existence of God or a transcendent dimension to life. Suffice to say that all human beings are in search of something that ultimately lies beyond themselves and beyond the world. No amount of self-discovery, self-realisation or even character development is sufficient to end this search. The endpoint of our journey lies elsewhere.

The hostility of sickness

There are many things in life that can make us feel unwelcome and anxious. But certainly our lives take on a decidedly harsh and unwelcoming complexion at times of physical or moral suffering. This brings into focus the central preoccupation of this lecture: healthcare and illness. In illness and injury, the body shifts from the role of friend to role of foe. The body of a very sick person no longer cooperates with that person's desires and aspirations. A patient might lose control over their motory functions. They may become immobile or incontinent. They may lose vision or the ability to speak. The body becomes an obstacle to action in the world and connection with others. Interestingly, one of the main reasons why patients request euthanasia is 'a loss of control' and a 'loss of autonomy'. Pain may be hard to deal with; but there is nothing more viscerally repellent to the human ego that losing control over one's most basic bodily functions.

Eric Cassell famously described illness as a threat to the integrity of the person. That is to say, illness affects not just the body but the whole person, mind and body. Conceived of in this way, illness makes a person *a stranger to themselves*. The psychosomatic integrity of the person is threatened in the face of biological and psychological dysfunction. The governing principle of the body is no longer the mind but rather some foreign or endogenous but malignant somatic force.

It is instructive at this juncture to draw on the work of New York Times columnist Ross Douthat, whose experience of chronic Lyme disease gave rise to his most recent book *The Deep Places: A Memoir of Illness and Discovery*. Douthat's Lyme disease led him to experience intense and crippling pain for several years, with limited relief from medication or therapy. In one of several passages in the book describing his day to day experience of illness, Douthat writes:

> *"[T]he reality was pain that didn't let you relax, let alone sleep; pain that made your body feel like a cage around your consciousness; tension, always tension, the opposite of a Victorian lady picturesquely swooning on a couch. All this was an education, an experience of what it meant to be an embodied human being that could be endured but not really explained to someone whose body was still a home, a co-operator, a friend."*

Douthat's vivid depiction of his autoimmune pain captures in a disturbing but poetic manner the sense of the body becoming an alien place for sufferers of pain. In a manner that's hard to capture in words, the body itself becomes a strange and inhospitable land in which the self is not welcome and yet cannot escape.

Indeed, illness and injury are a paradigm case of isolation and alienation. On the one hand illness isolates us from ourselves. On the other hand, it isolates us from others. This is particularly the case where illness is accompanied by stigma, as, for example, HIV-AIDS was in the early days of the AIDS epidemic. On the other hand, illness may isolate us from others simply because others have limited literacy in the medical condition in question (consider again Lyme Disease). Perhaps the most profound sense in which illness can isolate us from the world is when it compromises our cognitive capacities, as in the case of dementia. There is a very literal sense in which friends become strangers in the case of dementia, and the motif of the world *qua* inhospitable comes into sharp relief.

Much more could be said about illness, but suffice to say that it brings into focus the isolated and disoriented character of our experience of the world. In sickness, the world and, indeed, the body, becomes a hostile place.

Hospitality as human connection

Where does hospitality fit within this picture? Hospitality is a tentative answer to the fragmented and isolated character of human existence. No one can change the fundamental parameters of human life. Human existence will always involve some degree of alienation and isolation. But human presence can create a sense of 'being at home' even in the most inauspicious circumstances.

Hospitality is, in the most general sense, the human connection that occurs between two persons who are both open to an encounter with each other. The notion of *welcoming the stranger into one's home* is ultimately *a metaphor*, and it's a metaphor for human connection. Thus, the philosopher Gabriel Marcel wrote, "to provide hospitality is truly to communicate something of oneself to the other".[2] In genuine hospitality, we make a space within our own sphere of consciousness in which the other person can take up residence.

This opening of a space in our soul for the other speaks directly to the existential isolation that all human beings experience. As theologian Henri Nouwen wrote,

> *"In our world full of strangers, estranged from their own past, culture and country, from their neighbours, friends and family, from their deepest self and their God, we witness a painful search for a hospitable place where life can be lived without fear and where community can be found…"*

Hospitality brings familiarity, warmth and connectedness to the lives of people who would otherwise feel alone, disengaged and disorientated. It helps us to overcome *"the darkness of not feeling truly welcome in human existence".*

Trust is a basic element of hospitality. You have to trust the person who you are showing hospitality toward because you are welcoming them into your inner life. Hospitality is inherently risky. We cannot know the mind or intentions of the other; this is part of the human condition. We must take a chance on humanity. This trust in our fellow human beings and willingness to make ourselves vulnerable is an essential part of hospitality. Without trust, true hospitality is impossible.

There are many potential barriers to hospitality, but for the purposes of this lecture I would like to focus on one in particular. Marcel argued that it was symptomatic of persons immersed in modern scientifically and technologically advanced societies that we interact with others in a transactional manner that fails to acknowledge the subjectivity of the other. Human communication is often mediated and interrupted and framed by social roles that make genuine human interaction difficult. To treat someone as an object, for Marcel, is to see them only in terms of one characteristic or set of characteristics rather than seeing them as a person with their own unique view on the world. To treat a patient as an object, for example, would be to see them merely as a presentation of a particular pathology – a patient with terminal cancer or a urinary tract infection, say – rather than to acknowledge the fact that they are also a human person, just like us, with emotions and a story and fears and aspirations, just like us. We need to make an effort to overcome the tendency of objectification that is inherent to the

[2] The discussion of Gabriel Marcel's work in this paper was partly informed by Dr Maria Francesca Schwartz' PhD thesis 'Marcel's Metaphysics of Hospitality', available from https://www.proquest.com/openview/c550bf8f0b7fb3b7d02798abf65a67e0/1?pq-origsite=gscholar&cbl=44156.

modern world. According to Marcel, we need to open ourselves up to the other in their inexhaustible richness. Marcel argued that this required what he called "availability" or "spiritual availability" (*disponibilite*). All personal relationships exist on a spectrum ranging from alienation to communion, and they are to some extent defined by the manner in which each subject makes themselves "available" to the other. To say that a subject is truly available to the other is to say that they have put all their resources, material, intellectual, emotional and spiritual, at the service of the other. We might, for example, contrast the way in which we interact with the bus driver each day with the way in which we interact with our significant other. Somewhere along that spectrum will lie the way in which a healthcare professional interacts with their patients.

What availability brings about, according to Marcel, is metaphysical healing. Marcel argued that the human person as a default, not at home with themselves. When we come into this world, we are not quite comfortable in our own skin. What we require is a genuine welcome from another person. What we are talking about here is not just any relationship between two otherwise isolated individuals. On the contrary, what we are talking about is a communion between persons. When genuine ontological communion is achieved, the brokenness of the human person is healed.

Part II: Hospitality in a 21st century hospital

Challenges

To what extent can hospitality be provided in the 21st century hospital? The increasing bureaucratisation and technologisation of healthcare has brought with it the spectre of depersonalisation in hospital care. The very idea of the doctor-patient relationship is to some extent in jeopardy. Acute care is provided by complex teams of specialists each bringing their own unique medical expertise to the medical 'problem' that the patient is experiencing. This multidisciplinary, multispeciality approach to care facilitates comprehensive treatment, but it runs the risk of leaving the patient asking – who specifically is responsible for my care? Who is the person to whom I should voice my concerns and in whom I should seek assurance?

Related to this, we should also acknowledge the inherent limitations that hospitals face in providing hospitality to patients. Hospital is the place you go to when you are very ill. Increasingly, hospitals are beyond capacity and at risk of providing substandard care to patients. It's hard for an emergency physician to 'welcome a patient', even to smile, when their ED is bed-blocked and they're fourteen hours into a ten hour shift. One might see hospitality as a nice idea that in the present context is simply unrealistic.

Hospitality and the hospital project

Hospitality, however, is part of the DNA of hospitals. The West's first hospitals were not solely focused on the provision of healthcare but rather the broader provision of humanitarian care to people in positions of vulnerability. Church institutions in the early Middle Ages established

xenodochia, or halfway houses for travellers, people experiencing hardship and those subject to social ostracism. These guesthouses functioned as all-purpose social welfare institutions. They were places where food and drink were handed out to needy people, where lodging was provided to displaced persons, and where healthcare was provided. Hospitality was part and parcel of the care that these institutions provided. These institutions emphasised fraternal care and spiritual support for the sick and were deeply cognizant of the connection between health of body and health of soul.

Evidence of the emphasis on hospitality in these institutions can be found in the strictures of early religious orders. The Rule of St Benedict, when discussing the welcome of strangers to monasteries, states that "in the reception of the poor and of pilgrims the greatest care and solicitude should be shown, because it is especially in them that Christ is received." (Rule of St Benedict, Chapter 53). The Rule of St John of Jerusalem instructs members of the order to receive the sick "as if they were the Lord" even to the extent that they would eat first at any mealtime, just as a Lord would.

Toward a rediscovery of hospitality in the 21st century hospital

How might we 'rediscover' the virtue of hospitality in 21st century hospitals? To treat patients as unique and unrepeatable individuals in the context of contemporary healthcare settings is a difficult task. Yet it is precisely on account of these difficulties that thinking about hospitality in medical care is of paramount importance.

At the level of individual practice, hospitality ought to inform the way in which staff interact with patients. It requires that we pay attention to patients. Attention is not an impartial gaze. On the contrary, as Iris Murdoch argued, attention involves a just and loving gaze. It is a moral vision that captures the whole person. "To attend to something", as one commentator wrote, "is to approach it with a just and loving eye, and therewith to perceive it in its unbounded particularity and complexity and so as it truly is". Sometimes we might focus on what we say to people or what we do for people. But how we look at people matters as well. Alternatively, hospitality can be expressed in gestures or even the tone of our voice. As Marcel writes, "[p]resence is something which reveals itself immediately and unmistakably in a look, a smile, an intonation or a handshake".

Listening is also a very important dimension of hospitality. To be present to someone means listening attentively, making an effort to perceive the human person behind the signs and symptoms, and making an effort to acknowledge and affirm their experience and story. I am not going to give a lecture on effective listening, but I do think that there is a lot to be said for letting someone know that they've been heard. Importantly, there will be times in healthcare where medicine has reached its limits, and this may be difficult to accept. But at these times, it's good to remember that "I hear you" can be even more consoling for a patient than "I will make you better". To quote Henri Nouwen,

"When we honestly ask ourselves which person in our lives means the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares."

There may come a time when the role of the healthcare professional is simply to let a patient know that they are not alone and that there is someone who genuinely cares about them. It is apposite at this juncture to make a nod to the significant body of research on the value of spiritual care for patients. There is strong empirical evidence to suggest that spirituality is important to most patients, that spiritual needs are infrequently addressed in medical care, and that unaddressed spiritual needs are associated with poorer patient quality of life.[3] It is worth noting that Marcel's notion of availability is perhaps better translated as "spiritual availability", and that it implies a spiritual connection in the hospitality dyad. Perhaps this is not something that we can expect clinicians to provide, but certainly it is something that an appropriate referral to chaplains can help facilitate. Some scholars suggest that doctors could take a brief spiritual history of patients with questions like, "Is spirituality or faith important to you in thinking about your health and illness?" and "Do you have, or would you like to have, someone to talk to about spiritual or faith matters?". These questions would facilitate referrals to appropriate chaplaincy staff. But we should also not close off the possibility that clinical staff themselves could be trained to provide basic spiritual care for patients where appropriate. Indeed, this may be one factor that helps shore up the precarious character of the doctor-patient relationship in contemporary hospitals.

From the perspective of medical education, we should engage positively with students who approach their professional role from the perspective of a particular religious or spiritual tradition. Spiritual beliefs are an important psychological reservoir on which doctors and nurses can draw at times of crisis. One's spiritual and philosophical commitments will not yield an answer to issues like staffing problems or resource constraints. But they can sustain personability and existential engagement in one's work in the face of difficulties. And they can assist healthcare practitioners in providing basic spiritual care for patients.

Hospitality also concerns the way in which one relates to the environment. For someone to 'feel at home' in an environment, someone must recognise something of themselves and their story and identity in their environment. Otherwise, the environment retains a cold and unfamiliar appearance. As Marcel writes:

[3] Tracey Balboni *et al*. "Spirituality in Serious Illness and Health". *JAMA* published online first 12th July 2022.

> *"I cannot refer to* my feeling at home *unless I grant or imply that the self does or can seem to itself to impregnate its environment with its own quality, thereby recognizing itself in its surroundings and entering into an intimate relationship with it."*

Feeling at home, in other words, implies a personal connection with one's surrounding environment. One must be able to see something of one's own social and cultural background in the physical space they inhabit.

How might this be achieved in hospitals? This might be a very minor example to illustrate the point, but recently St Vincent's Hospital Melbourne's Healy Wing was renovated to become a more welcoming and culturally sensitive space for first nations peoples.[4] Artworks by indigenous artists from different parts of Australia now line the walls of the Aboriginal Health Unit. Art is a language that can move and inspire people and has an immense power to alleviate a sense of unfamiliarity. The presence of culturally sensitive artwork is perhaps one practical way in which we can realise Marcel's ideal of allowing people to see something of themselves in the environment around them.

We should also note here just how important it is for patients who are experiencing cognitive decline to be given special attention in acute care settings. It is very disorienting for a patient with dementia to go to hospital particularly if they are quite ill. Very simple steps can help, like ensuring the person's surroundings are familiar to them by bringing in objects from their home, or seeing if they can receive visits from people who they recognise. Good communication between carers and staff is vital to ensure that the patient's stay in hospital is as peaceful as possible.

We can also consider at a structural level how hospitality can be present throughout a patient's journey through hospital. We do well to identify ways in which vulnerable patients might be compassionately accompanied on their journey through acute illness and the hospital system.

The hardest step for vulnerable patients is often the first: connecting with the relevant health service. In this context, I would like to draw your attention to the work of Tierney House, a facility on the St Vincent's campus in Sydney that provides accommodation and health care to people who are experiencing homelessness but who are also suffering from serious illness. Tierney House is funded by both NSW Health and private donations. The 12-bed health service is not staffed by doctors or nurses but staff do help residents to attend to their medical care. As one journalist wrote,

> *"Rather than a homelessness service looking to house people, it's a health service whose staff work with those experiencing homelessness. People can stay for short-to-medium*

[4] Each year St Vincent's Hospital Melbourne and St Vincent's Private Hospital Melbourne register more than 5,000 episodes of care for Indigenous patients.

periods while they recuperate or receive ongoing, integrated care to stabilise a chronic health condition."

The integrated character of the service provided by Tierney House meets the unique needs of a population group that may find it exceedingly difficult to navigate the healthcare system. An initiative like Tierney House is a good example of how vulnerable population groups can be accompanied as they battle serious and/or chronic illness. It is a non-judgemental, free and friendly approach to ensuring that people experiencing homelessness are able to receive adequate medical care and get back on their feet in the community.

It is also valuable to create spaces within the hospital that are tailored to particular vulnerable patient groups and provide them with respite opportunities during their hospital stay. St Vincent's Melbourne, for example, recently opened its new Gadigal Room, a quiet and private space where First Nations patients and families and carers can take some respite and share and support each other, while a loved one is in hospital. The space is open to all Indigenous patients and families visiting St Vincent's Hospital.

Hospitality is perhaps of greatest importance when the resources of medicine have reached their limits and patients are nearing the end of life. To some extent hospice care is uniquely embedded within the tradition of hospitality in healthcare. Hospice care is especially attuned to the spiritual and existential dimensions of illness, and the importance of engaging with these concerns in an attempt to ameliorate suffering at the end of life. Dame Cicely Saunders wrote a note to patients in her book *Beyond the Horizon: A Search for Meaning in Suffering* (1990), which stated:

"You matter because you are you and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."

This emphasis on the unique identity of the patient as the basis of worth and dignity, as well as the commitment to do all that one can to allow patients to flourish in their final days, is a paradigm of hospitality, and succinct articulation of the ethos of palliative care. Hospice care includes a careful attentiveness to the importance of place and space in optimising patient wellbeing. That patients can, to the extent possible, do what they want to do in their final days is of immense importance, as is a patient's desire to die in a congenial environment – whether that be in the hospice or at home in their bed.

A recent report by the PM Glynn Institute noted significant deficits in palliative care coverage nationwide, and also a shortage of doctors and nurses pursuing palliative care as a speciality. The report proposed the development of innovative and integrated models of palliative care that address the problems of access, equity and fragmentation and, indeed, *a move away from current reliance on hospital-based care*. The report also noted the need to develop a national policy framework or strategy for paediatric palliative care. As the report states,

"While there are national strategies, guidelines and service development standards for palliative care in general, there is a lack of the same specific to palliative care for children and young people who may have chronic or life-limiting illnesses."

There is a certain sense in which being away from home is hardest for the youngest members of the community. The need to provide excellent, tailored palliative care for this patient population is therefore, all the more important.

Conclusion

Hospitality answers to one of the deepest longings of the human person – a desire for human communion. In the context of healthcare, hospitality speaks to the all-encompassing nature of illness and injury and ensures that medicine is able to provide true healing for patients. Medical miracles are often thought of in terms of events that defy science. But miracles also take the form of newfound hope in response to the love and concern of others.

I have offered a philosophical account of the nature of hospitality and considered how hospitality can be integrated into praxis in contemporary hospitals. This project is already well underway. But hospitality is not just a task for hospital administrators or health department policymakers. Hospitality is, ultimately, a deeply human and personal virtue and one that everyone working in healthcare must strive to cultivate. We may not believe that we can make a world of difference. But we can make a difference to the inner world of our patients by welcoming them into our hearts.

Naysayers may categorise this idea as an economically naïve proposition ("how many billions of dollars would such a proposal cost?"). But to quote Oscar Wilde, "there are some people who know the cost of everything and the value of nothing". I hope to have shown the indispensability of hospitality in human healing. In any case, this is ultimately not a question of additional funding, but of what money can't buy — the human face of healthcare.[5]

[5] In this article I have discussed the virtue of hospitality with a focus on hospitals and healthcare. Some of the material is taken from an article I published early this year on the ABC's Religion and Ethics website. I would also like to acknowledge research that I have undertaken with Professor Sandra Lynch on the topic of hospitality while working at the University of Notre Dame's Institute for Ethics and Society. Lastly, I'd like to acknowledge my colleagues Dr Marija Kirjanenko and Dr Steve Matthews for their invaluable feedback on an earlier draft of this paper.

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